

SENATE
STATE OF MINNESOTA
NINETY-FOURTH SESSION

S.F. No. 2372

(SENATE AUTHORS: DIBBLE)

DATE
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Introduction and first reading
 Referred to Commerce and Consumer Protection
 See SF2372

OFFICIAL STATUS

1.1 A bill for an act

1.2 relating to cannabis; modifying medical cannabis and cannabis provisions;

1.3 amending Minnesota Statutes 2024, sections 152.22, subdivisions 4, 7, 10, 13;

1.4 152.24; 152.25; 152.26; 152.261; 152.27, subdivisions 2, 7; 152.28, subdivisions

1.5 1, 3; 152.29, subdivisions 1, 2, 3a, 4; 152.31; 152.32, subdivision 2; 152.33,

1.6 subdivisions 1a, 4; 152.35; 152.37; 342.01, subdivisions 9, 47, 54, by adding a

1.7 subdivision; 342.02, subdivision 3; 342.12; 342.14, subdivisions 3, 6; 342.151,

1.8 subdivisions 2, 3; 342.22, subdivision 3; 342.28, subdivisions 1, 8; 342.29,

1.9 subdivisions 1, 7; 342.30, subdivision 1; 342.33, subdivision 1; 342.44, subdivision

1.10 1; 342.46, subdivision 6; 342.52, by adding a subdivision; 342.57, subdivision 2;

1.11 342.59, subdivision 2; 342.61, subdivision 4; 342.63, subdivisions 2, 3, 6; repealing

1.12 Minnesota Statutes 2024, sections 152.22, subdivision 2; 342.01, subdivision 71;

1.13 342.151, subdivision 1.

1.14 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

Sec. 3. Minnesota Statutes 2024, section 152.22, subdivision 10, is amended to read:

Subd. 10. **Patient registry number.** "Patient registry number" means a unique identification number assigned by the ~~commissioner~~ office to a patient enrolled in the registry program.

Sec. 4. Minnesota Statutes 2024, section 152.22, subdivision 13, is amended to read:

Subd. 13. **Registry verification.** "Registry verification" means the verification provided by the ~~commissioner~~ office that a patient is enrolled in the registry program and that includes the patient's name, registry number, and, if applicable, the name of the patient's registered designated caregiver or parent, legal guardian, or spouse.

Sec. 5. Minnesota Statutes 2024, section 152.24, is amended to read:

152.24 FEDERALLY APPROVED CLINICAL TRIALS.

The ~~commissioner~~ office may prohibit enrollment of a patient in the registry program if the patient is simultaneously enrolled in a federally approved clinical trial for the treatment of a qualifying medical condition with medical cannabis. The ~~commissioner~~ office shall provide information to all patients enrolled in the registry program on the existence of federally approved clinical trials for the treatment of the patient's qualifying medical condition with medical cannabis as an alternative to enrollment in the patient registry program.

Sec. 6. Minnesota Statutes 2024, section 152.25, is amended to read:

152.25 ~~COMMISSIONER~~ OFFICE DUTIES.

Subdivision 1. **Medical cannabis manufacturer registration.** (a) The ~~commissioner~~ office shall register two in-state manufacturers for the production of all medical cannabis within the state. A registration agreement between the ~~commissioner~~ office and a manufacturer is nontransferable. The ~~commissioner~~ office shall register new manufacturers or reregister the existing manufacturers by December 1 every two years, using the factors described in this subdivision. The ~~commissioner~~ office shall accept applications after December 1, 2014, if one of the manufacturers registered before December 1, 2014, ceases to be registered as a manufacturer. The ~~commissioner's~~ office's determination that no manufacturer exists to fulfill the duties under sections 152.22 to 152.37 is subject to judicial review in Ramsey County District Court. Data submitted during the application process are private data on individuals or nonpublic data as defined in section 13.02 until the manufacturer is registered under this section. Data on a manufacturer that is registered

(b) As a condition for registration, a manufacturer must agree to:

(1) begin supplying medical cannabis to patients by July 1, 2015; and

(2) comply with all requirements under sections 152.22 to 152.37.

(c) The ~~commissioner~~ office shall consider the following factors when determining which manufacturer to register:

(1) the technical expertise of the manufacturer in cultivating medical cannabis and converting the medical cannabis into an acceptable delivery method under section 152.22, subdivision 6;

(2) the qualifications of the manufacturer's employees;

(3) the long-term financial stability of the manufacturer;

(4) the ability to provide appropriate security measures on the premises of the manufacturer;

(5) whether the manufacturer has demonstrated an ability to meet the medical cannabis production needs required by sections 152.22 to 152.37; and

(6) the manufacturer's projection and ongoing assessment of fees on patients with a qualifying medical condition.

(d) If an officer, director, or controlling person of the manufacturer pleads or is found guilty of intentionally diverting medical cannabis to a person other than allowed by law under section 152.33, subdivision 1, the ~~commissioner~~ office may decide not to renew the registration of the manufacturer, provided the violation occurred while the person was an officer, director, or controlling person of the manufacturer.

(e) The ~~commissioner~~ office shall require each medical cannabis manufacturer to contract with an independent laboratory to test medical cannabis produced by the manufacturer. The ~~commissioner~~ office shall approve the laboratory chosen by each manufacturer and require that the laboratory report testing results to the manufacturer in a manner determined by the ~~commissioner~~ office.

Subd. 1a. **Revocation or nonrenewal of a medical cannabis manufacturer registration.** If the ~~commissioner~~ office intends to revoke or not renew a registration issued under this section, the ~~commissioner~~ office must first notify in writing the manufacturer against whom the action is to be taken and provide the manufacturer with an opportunity to request a hearing under the contested case provisions of chapter 14. If the manufacturer does not request a hearing by notifying the ~~commissioner~~ office in writing within 20 days

after receipt of the notice of proposed action, the ~~commissioner~~ office may proceed with the action without a hearing. For revocations, the registration of a manufacturer is considered revoked on the date specified in the ~~commissioner's~~ office's written notice of revocation.

Subd. 1b. **Temporary suspension proceedings.** The ~~commissioner~~ office may institute proceedings to temporarily suspend the registration of a medical cannabis manufacturer for a period of up to 90 days by notifying the manufacturer in writing if any action by an employee, agent, officer, director, or controlling person of the manufacturer:

(1) violates any of the requirements of sections 152.22 to 152.37 or the rules adopted thereunder;

(2) permits, aids, or abets the commission of any violation of state law at the manufacturer's location for cultivation, harvesting, manufacturing, packaging, and processing or at any site for distribution of medical cannabis;

(3) performs any act contrary to the welfare of a registered patient or registered designated caregiver; or

(4) obtains, or attempts to obtain, a registration by fraudulent means or misrepresentation.

Subd. 1c. **Notice to patients.** Upon the revocation or nonrenewal of a manufacturer's registration under subdivision 1a or implementation of an enforcement action under subdivision 1b that may affect the ability of a registered patient, registered designated caregiver, or a registered patient's parent, legal guardian, or spouse to obtain medical cannabis from the manufacturer subject to the enforcement action, the ~~commissioner~~ office shall notify in writing each registered patient and the patient's registered designated caregiver or registered patient's parent, legal guardian, or spouse about the outcome of the proceeding and information regarding alternative registered manufacturers. This notice must be provided two or more business days prior to the effective date of the revocation, nonrenewal, or other enforcement action.

Subd. 2. **Range of compounds and dosages; report.** The office shall review and publicly report the existing medical and scientific literature regarding the range of recommended dosages for each qualifying condition and the range of chemical compositions of any plant of the genus cannabis that will likely be medically beneficial for each of the qualifying medical conditions. The office shall make this information available to patients with qualifying medical conditions beginning December 1, 2014, and update the information every three years. The office may consult with the independent laboratory under contract with the manufacturer or other experts in reporting the range of recommended dosages for each qualifying medical condition, the range of chemical compositions that will likely be

under sections 152.22 to 152.37 are found in possession of medical cannabis. The rules must identify professionals required to report, the information they are required to report, and actions the reporter must take to secure the medical cannabis.

(b) The ~~commissioner of health~~ office shall adopt rules to establish requirements for law enforcement officials and health care professionals to report incidents involving an overdose of medical cannabis to the ~~commissioner of health~~ office.

(c) Rules must include the method by which the ~~commissioner~~ office will collect and tabulate reports of unauthorized possession and overdose.

Sec. 9. Minnesota Statutes 2024, section 152.27, subdivision 2, is amended to read:

Subd. 2. **Office duties.** (a) The office shall:

(1) give notice of the program to health care practitioners in the state ~~who are eligible to serve as health care practitioners and explain the purposes and requirements of the program;~~

(2) allow each health care practitioner who meets or agrees to meet the program's requirements and who requests to participate, to be included in the registry program ~~to collect data for the patient registry;~~

(3) provide explanatory information and assistance to each health care practitioner in understanding the nature of therapeutic use of medical cannabis within program requirements;

(4) create and provide a certification to be used by a health care practitioner for the practitioner to certify whether a patient has been diagnosed with a qualifying medical condition;

(5) supervise the participation of the health care practitioner in conducting patient treatment and health records reporting in a manner that ensures stringent security and record-keeping requirements and that prevents the unauthorized release of private data on individuals as defined by section 13.02;

(6) develop safety criteria for patients with a qualifying medical condition as a requirement of the patient's participation in the program, to prevent the patient from undertaking any task under the influence of medical cannabis that would constitute negligence or professional malpractice on the part of the patient; and

(7) conduct research and studies based on data from health records submitted to the registry program and submit reports on intermediate or final research results to the legislature and major scientific journals. The office may contract with a third party to complete the

(b) Upon notification from the office of the patient's enrollment in the registry program, the health care practitioner shall:

(1) participate in the patient registry reporting system under the guidance and supervision of the office;

(2) report health records of the patient throughout the ongoing treatment of the patient to the office in a manner determined by the ~~commissioner~~ office and in accordance with subdivision 2;

(3) determine, every three years, if the patient continues to suffer from a qualifying medical condition and, if so, issue the patient a new certification of that diagnosis; and

(4) otherwise comply with all requirements developed by the office.

(c) A health care practitioner may utilize telehealth, as defined in section 62A.673, subdivision 2, for certifications and recertifications.

(d) Nothing in this section requires a health care practitioner to participate in the registry program.

Sec. 12. Minnesota Statutes 2024, section 152.28, subdivision 3, is amended to read:

Subd. 3. **Advertising restrictions.** (a) A health care practitioner shall not publish or cause to be published any advertisement that:

(1) contains false or misleading statements about medical cannabis or about the medical cannabis registry program;

(2) uses colloquial terms to refer to medical cannabis, such as pot, weed, or grass;

(3) states or implies the health care practitioner is endorsed by the ~~Department of Health~~ office or by the medical cannabis registry program;

(4) includes images of cannabis in its plant or leaf form or of cannabis-smoking paraphernalia; or

(5) contains medical symbols that could reasonably be confused with symbols of established medical associations or groups.

(b) A health care practitioner found by the ~~commissioner~~ office to have violated this subdivision is prohibited from certifying that patients have a qualifying medical condition for purposes of patient participation in the registry program. The ~~commissioner's~~ office's decision that a health care practitioner has violated this subdivision is a final decision of the ~~commissioner~~ office and is not subject to the contested case procedures in chapter 14.

(m) Before a manufacturer acquires hemp from a hemp grower or hemp products from a hemp processor, the manufacturer must verify that the hemp grower or hemp processor has a valid license issued by the commissioner of agriculture under chapter 18K.

(n) Until a state-centralized, seed-to-sale system is implemented that can track a specific medical cannabis plant from cultivation through testing and point of sale, the ~~commissioner~~ office shall conduct at least one unannounced inspection per year of each manufacturer that includes inspection of:

(1) business operations;

(2) physical locations of the manufacturer's manufacturing facility and distribution facilities;

(3) financial information and inventory documentation, including laboratory testing results; and

(4) physical and electronic security alarm systems.

Sec. 14. Minnesota Statutes 2024, section 152.29, subdivision 2, is amended to read:

Subd. 2. **Manufacturer; production.** (a) A manufacturer of medical cannabis shall provide a reliable and ongoing supply of all medical cannabis needed for the registry program through cultivation by the manufacturer and through the purchase of hemp from hemp growers.

(b) All cultivation, harvesting, manufacturing, packaging, and processing of medical cannabis must take place in an enclosed, locked facility at a physical address provided to the ~~commissioner~~ office during the registration process.

(c) A manufacturer must process and prepare any medical cannabis plant material or hemp plant material into a form allowable under section 152.22, subdivision 6, prior to distribution of any medical cannabis.

Sec. 15. Minnesota Statutes 2024, section 152.29, subdivision 3a, is amended to read:

Subd. 3a. **Transportation of medical cannabis; transport staffing.** (a) A medical cannabis manufacturer may staff a transport motor vehicle with only one employee if the medical cannabis manufacturer is transporting medical cannabis to either a certified laboratory for the purpose of testing or a facility for the purpose of disposal. If the medical cannabis manufacturer is transporting medical cannabis for any other purpose or destination,

(g) The office by rule may permit the relocation of a licensed cannabis business; permit the relocation of an approved operational location, including a cultivation, manufacturing, processing, or retail location; adopt requirements for the submission of a license relocation application; establish standards for the approval of a relocation application; and charge a fee not to exceed \$250 for reviewing and processing applications. Relocation of a licensed premises pursuant to this paragraph does not extend or otherwise modify the license term of the license subject to relocation.

Sec. 29. Minnesota Statutes 2024, section 342.14, subdivision 3, is amended to read:

Subd. 3. **Review.** (a) After an applicant submits an application that contains all required information and pays the applicable ~~licensing~~ application fee, the office must review the application.

(b) The office may deny an application if:

(1) the application is incomplete;

(2) the application contains a materially false statement about the applicant or omits information required under subdivision 1;

(3) the applicant does not meet the qualifications under section 342.16;

(4) the applicant is prohibited from holding the license under section 342.18, subdivision 2;

(5) the application does not meet the minimum requirements under section 342.18, subdivision 3;

(6) the applicant fails to pay the applicable application fee;

(7) the application was not submitted by the application deadline;

(8) the applicant submitted more than one application for a license type; or

(9) the office determines that the applicant would be prohibited from holding a license for any other reason.

(c) If the office denies an application, the office must notify the applicant of the denial and the basis for the denial.

(d) The office may request additional information from any applicant if the office determines that the information is necessary to review or process the application. If the applicant does not provide the additional requested information within 14 calendar days of the office's request for information, the office may deny the application.

