THE WEEK IN MEDICAL MARIJUANA (APRIL 10-14, 2017)

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By: Colin M. Roopnarine

“The more things change, the more they stay the same.” Another week has passed and the legislature continues to wrestle with the dilemma known as “Implementing Amendment 2.”

Currently, the Committee Substitute for SB 406 provides the following (this is not inclusive of all of the provisions of the Bill): It appears that the 90-day requirement of being treated by a physician preceding a patient’s registration in the compassionate use registry has been stricken. There are advertising requirements, prohibited actions by physicians and users, physician education requirements and penalties for violations of the statute. There is also extensive language regarding the role of caregivers upon implementation of the statute. There is a provision for registering five additional “medical marijuana treatment centers” (“MMTC”) (defined extensively in Amendment 2), with a graduated scale to increase this number based on an increase in patients. It would allow MMTC’s to produce and dispense “marijuana as an edible or food product but may not produce such items in a format designed to be attractive to children.” (Smoking as a delivery method is still a point of contention being raised by advocates) It also provides guidance for the Department of Health as it works to promulgate rules to implement the statute.

Despite the extensive nature of the Bill, there remain points of contention raised by a variety of proponents and opponents of both Amendment 2 and the manner in which the legislature and Department of Health are approaching the issue. Some include: Should the state remain with the current dispensaries? Should there be a graduated approach of increase of the number of dispensaries based upon the likely and dramatic increase in patients requiring medicinal marijuana? Should the state transition to a horizontal model of dispensaries, wherein the dispensaries may be “independent” of a growing facility? Should the model remain vertically integrated, and the dispensaries remain tethered to growing facilities as the number increases throughout the state?

With all of these uncertainties, there is growing dissatisfaction with the pace and content from the Amendment 2 advocates who have raised a concern that the anti-drug group, Drug-Free America, is lobbying the legislature with suggestions that may not encompass the will of the “pro-Amendment 2 voters.”

It is a complex issue working its way through a convoluted process with Florida’s elected officials, and those at the Department of Health, who are tirelessly educating themselves on the subject in the hope of doing what is best for the State of Florida, all the while attempting to avoid the mistakes other states have made…and within the parameters of Amendment 2

Other Related Matters:

- Florida Congressmen Matt Gaetz (R) and Darren Soto (D) have introduced legislation in the U.S. House of Representatives to reclassify marijuana to a Schedule III drug. Schedule III drugs are defined as, “Drugs with accepted medical use,” and include anabolic steroids, Vicodin, ketamine and Tylenol with codeine. Marijuana is currently classified as a Schedule I drug which is defined as, “Drugs with no currently accepted medical use,” and has been determined to present the highest potential for abuse. Schedule I drugs include heroin, LSD, peyote and ecstasy, along with marijuana. Reclassifying marijuana could result in the lifting of

restrictions and heightened scrutiny financial institutions currently encounter when banking a medical marijuana or other marijuana business.

- Aphria, Inc., a Canadian marijuana corporation, last week announced a deal to purchase CHT Medical, a Florida licensed dispensary that began selling low-THC marijuana ("Charlotte's Web") in January.
- Prime Minister Justin Trudeau has also recently introduced legislation to begin the legalization of recreational marijuana use in Canada. If the legislation passes, Canada will become only the second country to completely legalize the recreational use of marijuana. Uruguay was the first.

For more information on this topic, please contact the author, Colin Roopnarine, on the firm's Government and Regulatory team.

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Colin M. Roopnarine

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