Minnesota Medical Cannabis Registry Program: An Overview

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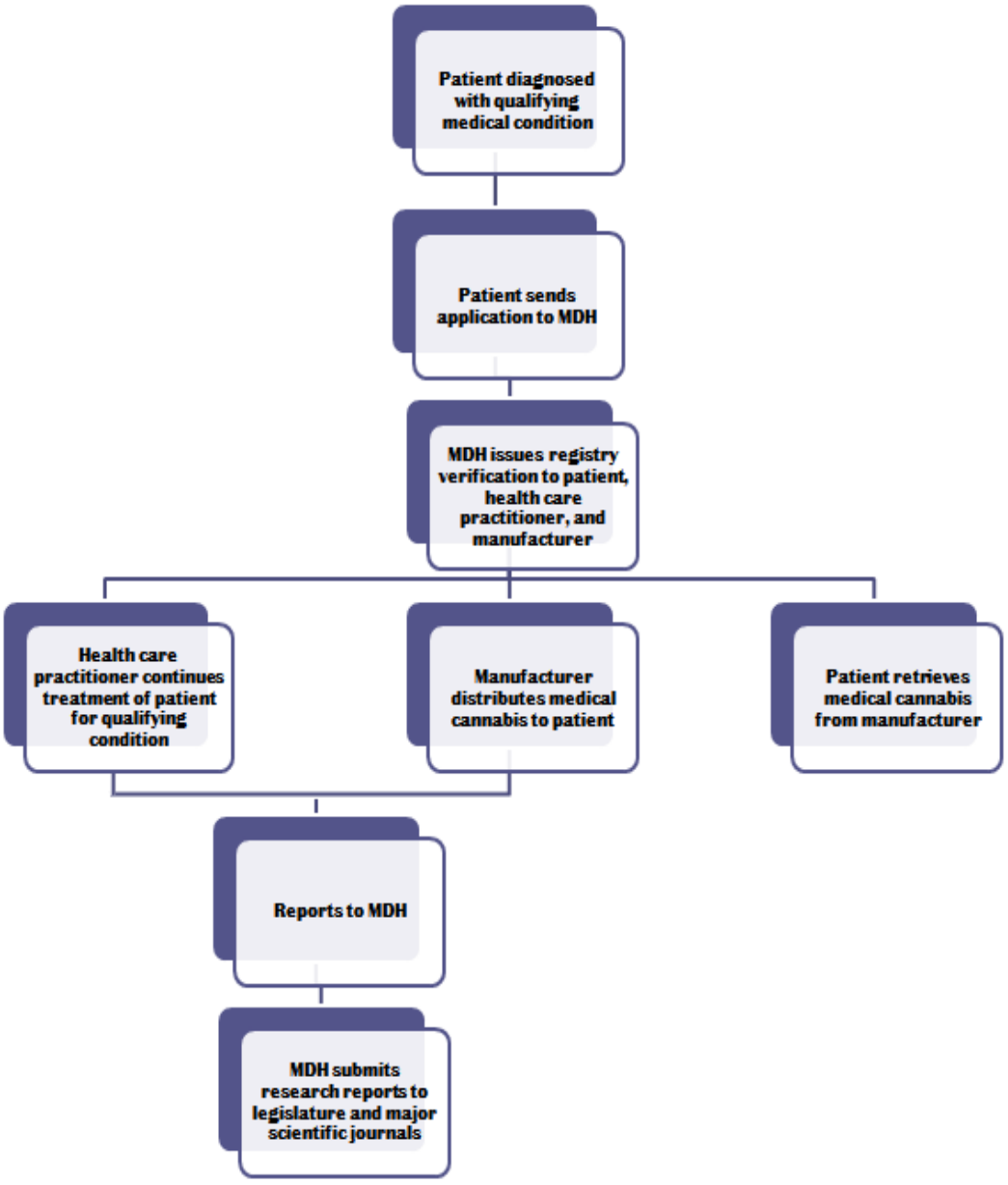
General Design of the Registry Program



Qualifying medical conditions

1. Cancer*
2. Glaucoma
3. HIV/AIDS
4. Tourette's
5. ALS
6. Seizures
7. Severe and persistent muscle spasms
8. Crohn's disease
9. Terminal illness with life expectancy of under one year*
10. Any other condition or its treatment approved by the commissioner (subject to legislative overview)

*Illness or treatment must produce one or more of the following: (1) severe or chronic pain; (2) nausea or severe vomiting; or (3) cachexia or severe wasting.

Patients

Participation in the registry program

A patient's first step is to consult with a health care practitioner regarding whether or not the patient suffers from one or more of the qualifying medical conditions. If the patent has been diagnosed with a qualifying medical condition, the patient must submit an application to the Minnesota Department of Health (MDH) in order to be enrolled in the registry program. The application must include a doctor's certification of diagnosis and other forms required by MDH.

Responsibilities during participation

The patient is required to resubmit a copy of the certification of diagnosis to MDH on a yearly basis. The patient must also continue to receive regularly scheduled treatment for that qualifying medical condition and report changes in that condition to their health care practitioner throughout enrollment in the registry program.

Civil and criminal protections

Once a patient is enrolled in the registry program, the patient is presumed to be engaging in the authorized use of medical cannabis. Possession of medical cannabis by a patient, registered designated caregiver, or, in some cases, the parent or legal guardian of the patient, is now exempt from criminal sanctions under Minnesota law. Medical cannabis and associated property is also not subject to forfeiture under Minnesota law. A patient's possession of a registry verification or application does not constitute probable cause or reasonable suspicion and cannot be used to support a search of the person or property. Note that the statutory definition of medical cannabis currently excludes any form of medical cannabis other than pills or liquids. If a patient is found in possession of any other form of cannabis, the patient may be subject to criminal penalties.

Health Care Practitioners

Participation in the registry program

A health care practitioner, for purposes of the registry program, is defined as a Minnesota licensed doctor of medicine, a Minnesota licensed physician assistant acting within the scope of practice, or a Minnesota licensed advanced practice registered nurse with the primary responsibility of care and treatment of the underlying qualifying medical condition. Prior to a patient's registration in the program, the health care practitioner must certify that the patient has

been diagnosed with a qualifying medical condition and agree to continue treatment for that qualifying medical condition. The health care practitioner must also determine whether the patient is developmentally or physically disabled so as to be unable to self-administer medication or acquire medical cannabis from a distribution facility. No health care practitioner is required to participate in the registry program.

Responsibilities during participation
Once the health care practitioner's patient has been enrolled in the registry program, the health care practitioner must continue treatment of the qualifying medical condition and report health records to MDH.

Civil and criminal protections
Health care practitioners are not included in the exemptions for criminal liability for possession as the health care practitioner does not come in contact with the medical cannabis under the design of the program. The health care practitioner is not subject to any civil or disciplinary penalties by any professional licensing board for participation in the registry program.

Manufacturers

Participation in the registry program
The law requires that, if medical cannabis is not secured from a federal source by August 1, 2014, two manufacturers must be registered by the commissioner of health by December 1, 2014 to produce all medical cannabis in Minnesota. Each manufacturer must have four distribution sites located in different regions of the state. Each manufacturer is permitted to have one cultivation center, which may or may not be connected to one of the four distribution sites. MDH is required to consider several factors when choosing which manufacturers to register.

Responsibilities during participation
Each manufacturer is required to begin distribution from at least one facility by July 1, 2015 and have all four distribution facilities operational by July 1, 2016. A manufacturer and all manufacturer employees are subject to several security requirements. The manufacturers must also contract with an independent laboratory for testing of medical cannabis. Each manufacturer must also have a licensed pharmacist on staff to consult with patients on proper dosages and the pharmacist must be the only employee to distribute medical cannabis to a patient. Pharmacists are only allowed to distribute medical cannabis to a patient, a registered designated caregiver, or, in some situations, a parent or legal guardian of a patient.

Civil and criminal protections
Employees of the manufacturer and the independent laboratory are exempted from criminal liability under Minnesota law for the possession, dosage determination, and sale of medical cannabis.

Task Force on Medical Cannabis Therapeutic Research

Deadline extensions
The task force is involved in extending two deadlines required under statute.

If the task force is notified by the commissioner of health that the commissioner is unable to register two manufacturers by December 1, 2014, and the commissioner requests an extension, the task force must give a single six month extension. The task force must be notified by the commissioner of the request by November 1, 2014, and the commissioner must provide a written statement as to the reasons why the deadline will not be met.

The commissioner of health must also notify the task force if the commissioner receives notification from a manufacturer that the manufacturer will not be able to distribute medical cannabis to patients by July 1, 2015. Upon notification from the commissioner, the task force must grant a single six month extension to the manufacturer.

Impact assessment
The task force is required to complete an impact assessment and make multiple reports to the legislature. The impact assessment will be conducted by holding hearings to evaluate the impact of medical cannabis use and evaluate Minnesota's and other states' activities involving medical cannabis. The impact assessment must offer analysis of:

- The program design and implementation
- The impact on the health care provider community
- Patient experiences
- The impact on the incidence of substance abuse
- Access to and quality of medical cannabis and medical cannabis products
- The impact on law enforcement and prosecutions
- Public awareness and perception
- Any unintended consequences

Reports to the legislature
The task force is required to make the following reports to the legislature:

- February 1, 2015
    - Report on the design and implementation of the registry program
- Every two years thereafter (starting 2017)
    - A complete impact assessment report
- Upon receipt from a commissioner of a state agency
    - A cost assessment report (assessing the financial impact the registry program has had on that state agency)

At any time, the task force may make recommendations to the legislature on whether to add or remove conditions from the list of qualifying medical conditions.