THE WEEK IN MARIJUANA (APRIL 17-21, 2017)

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By: Colin M. Roopnarine

(As of the writing of this blog, there may be additional developments not reflected herein)

CORRECTION: The 90-day period for patients to maintain a relationship with a “registered” physician to obtain an order for medical marijuana is still creating contention. The outcry had settled for a short while, but is again in full force. So again, with all of the debates, there has been little movement on the more controversial aspects of Amendment 2 implementation.

Hearings were held in both chambers this week – House Bill 1397 was passed by the Appropriations Committee and has one more committee stop before being taken to the floor. Senate Bill 406 was heard on Tuesday April 18 and while there were some contentious moments, perhaps the most poignant argument supporting proponents for more relaxed access to medical marijuana came in the most unfortunate circumstance when an audience member had a seizure for which he required assistance. Audience members called for cannabis oil and the individual’s wife yelled that he was there to speak in support of greater access and that her husband cannot get the medical marijuana he needs to help treat his seizures. The Senate Bill would require the addition of five medical marijuana treatment centers by October 3, 2017, at least one of which is to be owned by an African-American farmer, the remaining four of which, per an amendment by Sen. Artiles, would be awarded to “veteran business enterprises.”

There are key differences between the House and Senate Bills. The House Bill bans smoking, vaping and edibles, while the Senate only bans smoking. From testimony, there is a concern that smoking is not the most efficient manner in which to administer medical marijuana, or many other drugs for that manner. The Senate did state, however, that edibles and vaping remain open for debate. The House Bill limits licenses for producers, but the Senate Bill would result in more licenses but with a limit on the number of dispensaries a producer may maintain.

For example, SB 406 would limit the number of retail facilities to three from any one producer. With the anticipated increase in patients, there is a concern that patients would be forced to order the product by mail.

It would appear that the legislature is concerned with the appearance that Florida may be following the California path. If medical marijuana is truly a medicine, why should it be offered in the most common manner in which it is utilized recreationally, i.e. smoking? The fact is, Floridians voted for the use of “medicinal marijuana” and the legislature and the Department of Health would like it to be considered legitimately so. While advocates tout the benefits of smoking and edibles, it was firmly pointed out that Amendment 2 never explicitly provided for those delivery mechanisms, and the general feeling is that some advocates may be trying to clear a path for legalizing recreational use.

Another matter that has quietly arisen is the idea of the state exploring reciprocity agreements with other state that would allow patients to obtain marijuana in reciprocal states.

Other Related Matters:

- April 20 was “World Cannabis Day.”

- Michigan believes marijuana could generate up to $1billion in revenue for the state

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

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