

VETO MESSAGE: Yes

GOVERNOR'S PRESS RELEASE ON SIGNING: No

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REPORTS: No

HEARINGS: No

NEWSPAPER ARTICLES: Yes

"1 Change to NJ medical pot laws could be major," The Trentonian, 9-8-13

"Christie signs new pot bill," The Philadelphia Inquirer," 9-11-13

"Christie signs bill to ease pot treatments for kids," The Record, 9-11-13

"Christie signs changes to medical marijuana law," Asbury Park Press, 9-11-13

LAW/RWH

P.L.2013, CHAPTER 160, *approved September 10, 2013*
Senate, No. 2842 (*Second Reprint*)

1 AN ACT concerning medical marijuana and amending P.L.2009,
2 c.307.

3
4 **BE IT ENACTED** by the Senate and General Assembly of the State
5 of New Jersey:

6
7 1. Section 5 of P.L.2009, c.307 (C.24:6I-5) is amended to read
8 as follows:

9 5. a. Medical use of marijuana by a qualifying patient may be
10 authorized pursuant to a certification which meets the requirements
11 of this act. In order to provide such certification, a physician shall
12 be licensed and in good standing to practice in the State.

13 The certification shall attest that the above criteria have been
14 met.

15 b. ²**[(1)]**² The provisions of subsection a. of this section shall
16 not apply to a qualifying patient who is a minor unless the custodial
17 parent, guardian, or person who has legal custody of the minor **[,]**
18 receives from the physician an explanation of the potential risks and
19 benefits of the medical use of marijuana and consents in writing
20 that the minor patient has that person's permission for the medical
21 use of marijuana and that the person will control the acquisition and
22 possession of the medical marijuana and any related paraphernalia
23 from the alternative treatment center. The physician shall document
24 the explanation of the potential risks and benefits in the minor
25 patient's medical record.

26 ²**[(2)]** Except as provided by paragraph (1) of this subsection, a
27 patient who is a minor, or a physician seeking to authorize the
28 medical use of marijuana by a patient who is a minor, shall not be
29 subject to any requirements for the medical use of marijuana
30 beyond those that would apply to a patient who is an adult, or to a
31 physician seeking to authorize the medical use of marijuana by a
32 patient who is an adult, as appropriate.]²

33 (cf: P.L.2009, c.307, s.5)

34
35 2. Section 7 of P.L.2009, c.307 (C.24:6I-7) is amended to read
36 as follows:

37 7. a. The department shall accept applications from entities for
38 permits to operate as alternative treatment centers, and may charge
39 a reasonable fee for the issuance of a permit under this section. The
40 department shall seek to ensure the availability of a sufficient

EXPLANATION – Matter enclosed in bold-faced brackets **[thus]** in the above bill is
not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

¹Senate SJU committee amendments adopted June 6, 2013.

²Senate amendments adopted in accordance with Governor's
recommendations August 19, 2013.

1 number of alternative treatment centers throughout the State,
2 pursuant to need, including at least two each in the northern,
3 central, and southern regions of the State. The first two centers
4 issued a permit in each region shall be nonprofit entities, and
5 centers subsequently issued permits may be nonprofit or for-profit
6 entities.

7 An alternative treatment center shall be authorized to acquire a
8 reasonable initial and ongoing inventory, as determined by the
9 department, of marijuana seeds or seedlings and paraphernalia,
10 possess, cultivate, plant, grow, harvest, process, display,
11 manufacture, deliver, transfer, transport, distribute, supply, sell, or
12 dispense marijuana, or related supplies to qualifying patients or
13 their primary caregivers who are registered with the department
14 pursuant to section 4 of this act. An alternative treatment center
15 'shall not be limited in the number of strains of medical marijuana
16 cultivated, and¹ may package and directly dispense marijuana to
17 qualifying patients in dried form, oral lozenges, topical
18 formulations, or edible form, or ²[another form permitted by the
19 commissioner.] any other form as authorized by the commissioner.
20 Edible form shall include tablets, capsules, drops or syrups and any
21 other form as authorized by the commissioner. Edible forms shall
22 be available only to qualifying patients who are minors.²

23 Applicants for authorization as nonprofit alternative treatment
24 centers shall be subject to all applicable State laws governing
25 nonprofit entities, but need not be recognized as a 501(c)(3)
26 organization by the federal Internal Revenue Service.

27 b. The department shall require that an applicant provide such
28 information as the department determines to be necessary pursuant
29 to regulations adopted pursuant to this act.

30 c. A person who has been convicted of a crime involving any
31 controlled dangerous substance or controlled substance analog as
32 set forth in chapter 35 of Title 2C of the New Jersey Statutes except
33 paragraph (4) of subsection a. of N.J.S.2C:35-10, or any similar law
34 of the United States or any other state shall not be issued a permit to
35 operate as an alternative treatment center or be a director, officer, or
36 employee of an alternative treatment center, unless such conviction
37 occurred after the effective date of this act and was for a violation
38 of federal law relating to possession or sale of marijuana for
39 conduct that is authorized under this act.

40 d. (1) The commissioner shall require each applicant seeking a
41 permit to operate as an alternative treatment center to undergo a
42 criminal history record background check. For purposes of this
43 section, the term "applicant" shall include any owner, director,
44 officer, or employee of an alternative treatment center. The
45 commissioner is authorized to exchange fingerprint data with and
46 receive criminal history record background information from the
47 Division of State Police and the Federal Bureau of Investigation
48 consistent with the provisions of applicable federal and State laws,

1 rules, and regulations. The Division of State Police shall forward
2 criminal history record background information to the
3 commissioner in a timely manner when requested pursuant to the
4 provisions of this section.

5 An applicant shall submit to being fingerprinted in accordance
6 with applicable State and federal laws, rules, and regulations. No
7 check of criminal history record background information shall be
8 performed pursuant to this section unless the applicant has
9 furnished his written consent to that check. An applicant who
10 refuses to consent to, or cooperate in, the securing of a check of
11 criminal history record background information shall not be
12 considered for a permit to operate, or authorization to be employed
13 at, an alternative treatment center. An applicant shall bear the cost
14 for the criminal history record background check, including all
15 costs of administering and processing the check.

16 (2) The commissioner shall not approve an applicant for a
17 permit to operate, or authorization to be employed at, an alternative
18 treatment center if the criminal history record background
19 information of the applicant reveals a disqualifying conviction as
20 set forth in subsection c. of this section.

21 (3) Upon receipt of the criminal history record background
22 information from the Division of State Police and the Federal
23 Bureau of Investigation, the commissioner shall provide written
24 notification to the applicant of his qualification for or
25 disqualification for a permit to operate or be a director, officer, or
26 employee of an alternative treatment center.

27 If the applicant is disqualified because of a disqualifying
28 conviction pursuant to the provisions of this section, the conviction
29 that constitutes the basis for the disqualification shall be identified
30 in the written notice.

31 (4) The Division of State Police shall promptly notify the
32 commissioner in the event that an individual who was the subject of
33 a criminal history record background check conducted pursuant to
34 this section is convicted of a crime or offense in this State after the
35 date the background check was performed. Upon receipt of that
36 notification, the commissioner shall make a determination regarding
37 the continued eligibility to operate or be a director, officer, or
38 employee of an alternative treatment center.

39 (5) Notwithstanding the provisions of subsection b. of this
40 section to the contrary, the commissioner may offer provisional
41 authority for an applicant to be an employee of an alternative
42 treatment center for a period not to exceed three months if the
43 applicant submits to the commissioner a sworn statement attesting
44 that the person has not been convicted of any disqualifying
45 conviction pursuant to this section.

46 (6) Notwithstanding the provisions of subsection b. of this
47 section to the contrary, no employee of an alternative treatment
48 center shall be disqualified on the basis of any conviction disclosed

1 by a criminal history record background check conducted pursuant
2 to this section if the individual has affirmatively demonstrated to
3 the commissioner clear and convincing evidence of rehabilitation.
4 In determining whether clear and convincing evidence of
5 rehabilitation has been demonstrated, the following factors shall be
6 considered:

7 (a) the nature and responsibility of the position which the
8 convicted individual would hold, has held or currently holds;

9 (b) the nature and seriousness of the crime or offense;

10 (c) the circumstances under which the crime or offense
11 occurred;

12 (d) the date of the crime or offense;

13 (e) the age of the individual when the crime or offense was
14 committed;

15 (f) whether the crime or offense was an isolated or repeated
16 incident;

17 (g) any social conditions which may have contributed to the
18 commission of the crime or offense; and

19 (h) any evidence of rehabilitation, including good conduct in
20 prison or in the community, counseling or psychiatric treatment
21 received, acquisition of additional academic or vocational
22 schooling, successful participation in correctional work-release
23 programs, or the recommendation of those who have had the
24 individual under their supervision.

25 e. The department shall issue a permit to a person to operate as
26 an alternative treatment center if the department finds that issuing
27 such a permit would be consistent with the purposes of this act and
28 the requirements of this section are met and the department has
29 verified the information contained in the application. The
30 department shall approve or deny an application within 60 days
31 after receipt of a completed application. The denial of an
32 application shall be considered a final agency decision, subject to
33 review by the Appellate Division of the Superior Court. The
34 department may suspend or revoke a permit to operate as an
35 alternative treatment center for cause, which shall be subject to
36 review by the Appellate Division of the Superior Court.

37 f. A person who has been issued a permit pursuant to this
38 section shall display the permit at the premises of the alternative
39 treatment center at all times when marijuana is being produced, or
40 dispensed to a registered qualifying patient or the patient's primary
41 caregiver.

42 g. An alternative treatment center shall report any change in
43 information to the department not later than 10 days after such
44 change, or the permit shall be deemed null and void.

45 h. An alternative treatment center may charge a registered
46 qualifying patient or primary caregiver for the reasonable costs
47 associated with the production and distribution of marijuana for the
48 cardholder.

1 i. The commissioner shall adopt regulations to:

2 (1) require such written documentation of each delivery of
3 marijuana to, and pickup of marijuana for, a registered qualifying
4 patient, including the date and amount dispensed, to be maintained
5 in the records of the alternative treatment center, as the
6 commissioner determines necessary to ensure effective
7 documentation of the operations of each alternative treatment
8 center;

9 (2) monitor, oversee, and investigate all activities performed by
10 an alternative treatment center; and

11 (3) ensure adequate security of all facilities 24 hours per day,
12 including production and retail locations, and security of all
13 delivery methods to registered qualifying patients.

14 (cf: P.L.2009, c.307, s.7)

15

16 3. This act shall take effect immediately.

17

18

19

20

21 Prohibits limitations on number of strains of medical marijuana
22 cultivated, and expands available means of packaging and
23 distribution thereof.

SENATE, No. 2842

STATE OF NEW JERSEY 215th LEGISLATURE

INTRODUCED MAY 30, 2013

Sponsored by:

Senator NICHOLAS P. SCUTARI
District 22 (Middlesex, Somerset and Union)
Senator JOSEPH F. VITALE
District 19 (Middlesex)

Co-Sponsored by:

Senator Gill

SYNOPSIS

Provides for similar requirements for minor and adult patients in medical marijuana program.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 6/7/2013)

1 AN ACT concerning medical marijuana and amending P.L.2009,
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4 **BE IT ENACTED** by the Senate and General Assembly of the State
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12 be licensed and in good standing to practice in the State.

13 The certification shall attest that the above criteria have been
14 met.

15 b. (1) The provisions of subsection a. of this section shall not
16 apply to a qualifying patient who is a minor unless the custodial
17 parent, guardian, or person who has legal custody of the minor **[,]**
18 receives from the physician an explanation of the potential risks and
19 benefits of the medical use of marijuana and consents in writing
20 that the minor patient has that person's permission for the medical
21 use of marijuana and that the person will control the acquisition and
22 possession of the medical marijuana and any related paraphernalia
23 from the alternative treatment center. The physician shall document
24 the explanation of the potential risks and benefits in the minor
25 patient's medical record.

26 (2) Except as provided by paragraph (1) of this subsection, a
27 patient who is a minor, or a physician seeking to authorize the
28 medical use of marijuana by a patient who is a minor, shall not be
29 subject to any requirements for the medical use of marijuana
30 beyond those that would apply to a patient who is an adult, or to a
31 physician seeking to authorize the medical use of marijuana by a
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39 a reasonable fee for the issuance of a permit under this section. The
40 department shall seek to ensure the availability of a sufficient
41 number of alternative treatment centers throughout the State,
42 pursuant to need, including at least two each in the northern,
43 central, and southern regions of the State. The first two centers
44 issued a permit in each region shall be nonprofit entities, and

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2 entities.

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8 dispense marijuana, or related supplies to qualifying patients or
9 their primary caregivers who are registered with the department
10 pursuant to section 4 of this act. An alternative treatment center
11 may package and directly dispense marijuana to qualifying patients
12 in dried form, oral lozenges, topical formulations, or edible form, or
13 another form permitted by the commissioner.

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15 centers shall be subject to all applicable State laws governing
16 nonprofit entities, but need not be recognized as a 501(c)(3)
17 organization by the federal Internal Revenue Service.

18 b. The department shall require that an applicant provide such
19 information as the department determines to be necessary pursuant
20 to regulations adopted pursuant to this act.

21 c. A person who has been convicted of a crime involving any
22 controlled dangerous substance or controlled substance analog as
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39 consistent with the provisions of applicable federal and State laws,
40 rules, and regulations. The Division of State Police shall forward
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43 provisions of this section.

44 An applicant shall submit to being fingerprinted in accordance
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6 costs of administering and processing the check.

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22 (4) The Division of State Police shall promptly notify the
23 commissioner in the event that an individual who was the subject of
24 a criminal history record background check conducted pursuant to
25 this section is convicted of a crime or offense in this State after the
26 date the background check was performed. Upon receipt of that
27 notification, the commissioner shall make a determination regarding
28 the continued eligibility to operate or be a director, officer, or
29 employee of an alternative treatment center.

30 (5) Notwithstanding the provisions of subsection b. of this
31 section to the contrary, the commissioner may offer provisional
32 authority for an applicant to be an employee of an alternative
33 treatment center for a period not to exceed three months if the
34 applicant submits to the commissioner a sworn statement attesting
35 that the person has not been convicted of any disqualifying
36 conviction pursuant to this section.

37 (6) Notwithstanding the provisions of subsection b. of this
38 section to the contrary, no employee of an alternative treatment
39 center shall be disqualified on the basis of any conviction disclosed
40 by a criminal history record background check conducted pursuant
41 to this section if the individual has affirmatively demonstrated to
42 the commissioner clear and convincing evidence of rehabilitation.
43 In determining whether clear and convincing evidence of
44 rehabilitation has been demonstrated, the following factors shall be
45 considered:

46 (a) the nature and responsibility of the position which the
47 convicted individual would hold, has held or currently holds;

48 (b) the nature and seriousness of the crime or offense;

- 1 (c) the circumstances under which the crime or offense
2 occurred;
- 3 (d) the date of the crime or offense;
- 4 (e) the age of the individual when the crime or offense was
5 committed;
- 6 (f) whether the crime or offense was an isolated or repeated
7 incident;
- 8 (g) any social conditions which may have contributed to the
9 commission of the crime or offense; and
- 10 (h) any evidence of rehabilitation, including good conduct in
11 prison or in the community, counseling or psychiatric treatment
12 received, acquisition of additional academic or vocational
13 schooling, successful participation in correctional work-release
14 programs, or the recommendation of those who have had the
15 individual under their supervision.
- 16 e. The department shall issue a permit to a person to operate as
17 an alternative treatment center if the department finds that issuing
18 such a permit would be consistent with the purposes of this act and
19 the requirements of this section are met and the department has
20 verified the information contained in the application. The
21 department shall approve or deny an application within 60 days
22 after receipt of a completed application. The denial of an
23 application shall be considered a final agency decision, subject to
24 review by the Appellate Division of the Superior Court. The
25 department may suspend or revoke a permit to operate as an
26 alternative treatment center for cause, which shall be subject to
27 review by the Appellate Division of the Superior Court.
- 28 f. A person who has been issued a permit pursuant to this
29 section shall display the permit at the premises of the alternative
30 treatment center at all times when marijuana is being produced, or
31 dispensed to a registered qualifying patient or the patient's primary
32 caregiver.
- 33 g. An alternative treatment center shall report any change in
34 information to the department not later than 10 days after such
35 change, or the permit shall be deemed null and void.
- 36 h. An alternative treatment center may charge a registered
37 qualifying patient or primary caregiver for the reasonable costs
38 associated with the production and distribution of marijuana for the
39 cardholder.
- 40 i. The commissioner shall adopt regulations to:
- 41 (1) require such written documentation of each delivery of
42 marijuana to, and pickup of marijuana for, a registered qualifying
43 patient, including the date and amount dispensed, to be maintained
44 in the records of the alternative treatment center, as the
45 commissioner determines necessary to ensure effective
46 documentation of the operations of each alternative treatment
47 center;

1 (2) monitor, oversee, and investigate all activities performed by
2 an alternative treatment center; and

3 (3) ensure adequate security of all facilities 24 hours per day,
4 including production and retail locations, and security of all
5 delivery methods to registered qualifying patients.

6 (cf: P.L.2009, c.307, s.7)

7

8 3. This act shall take effect immediately.

9

10

11

STATEMENT

12

13 This bill amends the “New Jersey Compassionate Use Medical
14 Marijuana Act” to promote access to medical marijuana by severely
15 ill children.

16 Specifically, the bill requires that minors be subject to the same
17 requirements as adults when seeking to participate in the State’s
18 medical marijuana program, except that a parent or guardian must
19 receive an explanation of the potential risks and benefits of the
20 medical use of marijuana, and must grant permission for the child’s
21 medical use of marijuana. In effect, this would preempt
22 N.J.A.C.8:64-2.5(b)(1), which requires that a physician seeking to
23 authorize the medical use of marijuana by a minor obtain written
24 confirmation from a pediatrician and a psychiatrist establishing, in
25 their professional opinions, following the review of the patient’s
26 medical record or examination of the patient, that the patient is
27 likely to receive therapeutic or palliative benefits from the medical
28 use of marijuana.

29 The bill would also permit the distribution of medical marijuana
30 in dried form, oral lozenges, topical formulations, or edible form, or
31 another form permitted by the Commissioner of Health. Pursuant to
32 N.J.A.C.8:64-10.8(e), medical marijuana may not currently be
33 dispensed in edible form, which in some cases may be the most
34 appropriate form for a young child to receive the treatment.

35 To date, no minors have received medical marijuana through the
36 program, in part because of a lack of formal recommendations by
37 pediatricians and psychiatrists for the medical use of marijuana by
38 minors. Recommendations by medical specialists are not required
39 for adults to participate in the program. Recent news reports have
40 described the efforts of Brian and Meghan Wilson, parents of a two-
41 year-old child with Dravet Syndrome, a rare and severe form of
42 epilepsy, to obtain for their daughter a treatment that has been
43 reported to be helpful in preventing seizures in children with Dravet
44 Syndrome in Colorado and California. This bill would facilitate
45 access to potentially beneficial treatment for children in New Jersey
46 with Dravet Syndrome and other debilitating conditions.

SENATE JUDICIARY COMMITTEE

STATEMENT TO

SENATE, No. 2842

with committee amendments

STATE OF NEW JERSEY

DATED: JUNE 6, 2013

The Senate Judiciary Committee reports favorably and with committee amendments Senate Bill No. 2842.

This bill, as amended, makes changes to the “New Jersey Compassionate Use Medical Marijuana Act,” P.L.2009, c.307 (C.24:6I-1 et al.), to: promote easier access to medical marijuana by minor patients; prohibit limitations on the number of strains of medical marijuana cultivated by alternative treatment centers; and expand the available means by which such marijuana is packaged and distributed to qualifying patients.

Specifically, the bill provides that minors would be subject to the same requirements as adults when seeking to participate in the State’s medical marijuana program, except that a parent, guardian, or other person with legal custody must receive an explanation of the potential risks and benefits of the medical use of marijuana, and must grant permission for the minor’s use. Additionally, the bill provides that physicians seeking to authorize the medical use of marijuana by a minor could not be subject to any additional requirements beyond those that would apply to a physician seeking to authorize the medical use of marijuana by an adult, except for the third-party explanation and receipt of permission as explained above.

These provisions would preempt the current requirements set forth in N.J.A.C.8:64-2.5(b)(1), mandating that a physician seeking to authorize a minor’s medical use of marijuana obtain written confirmation from a pediatrician and a psychiatrist establishing, in their professional opinions, following the review of the minor patient’s medical record or examination of the minor, that the minor is likely to receive therapeutic or palliative benefits from the marijuana use.

The bill would also prohibit any limitations on the number of strains of medical marijuana cultivated by alternative treatment centers. This would preempt the current cultivation limitations set forth in N.J.A.C.8:64-10.7(a), which prevents an alternative treatment center from cultivating more than three strains.

Finally, the bill would permit the packaging and distribution of medical marijuana in edible form, intended as a means by which a minor, particularly one who is very young, could receive treatment.

Under the current regulation set forth in N.J.A.C.8:64-10.8(e), an authorized alternative treatment center may only package and distribute medical marijuana in dried form, oral lozenges, or topical formulations. The bill incorporates these means of packaging and distribution, and then expands upon these means by including the aforementioned edible form as well as any other form as permitted by the Commissioner of Health.

The committee amendments:

- provide that an alternative treatment center shall not be limited in the number of strains of medical marijuana cultivated; and
- update the bill's synopsis to better reflect the changes made to the bill by the amendments.

ASSEMBLY, No. 4241

STATE OF NEW JERSEY 215th LEGISLATURE

INTRODUCED JUNE 13, 2013

Sponsored by:

Assemblywoman LINDA STENDER

District 22 (Middlesex, Somerset and Union)

SYNOPSIS

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CURRENT VERSION OF TEXT

As introduced.



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25 patient's medical record.

26 (2) Except as provided by paragraph (1) of this subsection, a
27 patient who is a minor, or a physician seeking to authorize the
28 medical use of marijuana by a patient who is a minor, shall not be
29 subject to any requirements for the medical use of marijuana
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32 patient who is an adult, as appropriate.

33 (cf: P.L.2009, c.307, s.5)

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17 organization by the federal Internal Revenue Service.

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19 information as the department determines to be necessary pursuant
20 to regulations adopted pursuant to this act.

21 c. A person who has been convicted of a crime involving any
22 controlled dangerous substance or controlled substance analog as
23 set forth in chapter 35 of Title 2C of the New Jersey Statutes except
24 paragraph (4) of subsection a. of N.J.S.2C:35-10, or any similar law
25 of the United States or any other state shall not be issued a permit to
26 operate as an alternative treatment center or be a director, officer, or
27 employee of an alternative treatment center, unless such conviction
28 occurred after the effective date of this act and was for a violation
29 of federal law relating to possession or sale of marijuana for
30 conduct that is authorized under this act.

31 d. (1) The commissioner shall require each applicant seeking a
32 permit to operate as an alternative treatment center to undergo a
33 criminal history record background check. For purposes of this
34 section, the term "applicant" shall include any owner, director,
35 officer, or employee of an alternative treatment center. The
36 commissioner is authorized to exchange fingerprint data with and
37 receive criminal history record background information from the
38 Division of State Police and the Federal Bureau of Investigation
39 consistent with the provisions of applicable federal and State laws,
40 rules, and regulations. The Division of State Police shall forward
41 criminal history record background information to the
42 commissioner in a timely manner when requested pursuant to the
43 provisions of this section.

44 An applicant shall submit to being fingerprinted in accordance
45 with applicable State and federal laws, rules, and regulations. No
46 check of criminal history record background information shall be
47 performed pursuant to this section unless the applicant has
48 furnished his written consent to that check. An applicant who

1 refuses to consent to, or cooperate in, the securing of a check of
2 criminal history record background information shall not be
3 considered for a permit to operate, or authorization to be employed
4 at, an alternative treatment center. An applicant shall bear the cost
5 for the criminal history record background check, including all
6 costs of administering and processing the check.

7 (2) The commissioner shall not approve an applicant for a
8 permit to operate, or authorization to be employed at, an alternative
9 treatment center if the criminal history record background
10 information of the applicant reveals a disqualifying conviction as
11 set forth in subsection c. of this section.

12 (3) Upon receipt of the criminal history record background
13 information from the Division of State Police and the Federal
14 Bureau of Investigation, the commissioner shall provide written
15 notification to the applicant of his qualification for or
16 disqualification for a permit to operate or be a director, officer, or
17 employee of an alternative treatment center.

18 If the applicant is disqualified because of a disqualifying
19 conviction pursuant to the provisions of this section, the conviction
20 that constitutes the basis for the disqualification shall be identified
21 in the written notice.

22 (4) The Division of State Police shall promptly notify the
23 commissioner in the event that an individual who was the subject of
24 a criminal history record background check conducted pursuant to
25 this section is convicted of a crime or offense in this State after the
26 date the background check was performed. Upon receipt of that
27 notification, the commissioner shall make a determination regarding
28 the continued eligibility to operate or be a director, officer, or
29 employee of an alternative treatment center.

30 (5) Notwithstanding the provisions of subsection b. of this
31 section to the contrary, the commissioner may offer provisional
32 authority for an applicant to be an employee of an alternative
33 treatment center for a period not to exceed three months if the
34 applicant submits to the commissioner a sworn statement attesting
35 that the person has not been convicted of any disqualifying
36 conviction pursuant to this section.

37 (6) Notwithstanding the provisions of subsection b. of this
38 section to the contrary, no employee of an alternative treatment
39 center shall be disqualified on the basis of any conviction disclosed
40 by a criminal history record background check conducted pursuant
41 to this section if the individual has affirmatively demonstrated to
42 the commissioner clear and convincing evidence of rehabilitation.
43 In determining whether clear and convincing evidence of
44 rehabilitation has been demonstrated, the following factors shall be
45 considered:

46 (a) the nature and responsibility of the position which the
47 convicted individual would hold, has held or currently holds;

48 (b) the nature and seriousness of the crime or offense;

- 1 (c) the circumstances under which the crime or offense
2 occurred;
- 3 (d) the date of the crime or offense;
- 4 (e) the age of the individual when the crime or offense was
5 committed;
- 6 (f) whether the crime or offense was an isolated or repeated
7 incident;
- 8 (g) any social conditions which may have contributed to the
9 commission of the crime or offense; and
- 10 (h) any evidence of rehabilitation, including good conduct in
11 prison or in the community, counseling or psychiatric treatment
12 received, acquisition of additional academic or vocational
13 schooling, successful participation in correctional work-release
14 programs, or the recommendation of those who have had the
15 individual under their supervision.
- 16 e. The department shall issue a permit to a person to operate as
17 an alternative treatment center if the department finds that issuing
18 such a permit would be consistent with the purposes of this act and
19 the requirements of this section are met and the department has
20 verified the information contained in the application. The
21 department shall approve or deny an application within 60 days
22 after receipt of a completed application. The denial of an
23 application shall be considered a final agency decision, subject to
24 review by the Appellate Division of the Superior Court. The
25 department may suspend or revoke a permit to operate as an
26 alternative treatment center for cause, which shall be subject to
27 review by the Appellate Division of the Superior Court.
- 28 f. A person who has been issued a permit pursuant to this
29 section shall display the permit at the premises of the alternative
30 treatment center at all times when marijuana is being produced, or
31 dispensed to a registered qualifying patient or the patient's primary
32 caregiver.
- 33 g. An alternative treatment center shall report any change in
34 information to the department not later than 10 days after such
35 change, or the permit shall be deemed null and void.
- 36 h. An alternative treatment center may charge a registered
37 qualifying patient or primary caregiver for the reasonable costs
38 associated with the production and distribution of marijuana for the
39 cardholder.
- 40 i. The commissioner shall adopt regulations to:
- 41 (1) require such written documentation of each delivery of
42 marijuana to, and pickup of marijuana for, a registered qualifying
43 patient, including the date and amount dispensed, to be maintained
44 in the records of the alternative treatment center, as the
45 commissioner determines necessary to ensure effective
46 documentation of the operations of each alternative treatment
47 center;

1 (2) monitor, oversee, and investigate all activities performed by
2 an alternative treatment center; and

3 (3) ensure adequate security of all facilities 24 hours per day,
4 including production and retail locations, and security of all
5 delivery methods to registered qualifying patients.

6 (cf: P.L.2009, c.307, s.7)

7

8 3. This act shall take effect immediately.

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STATEMENT

12

13 This bill amends the “New Jersey Compassionate Use Medical
14 Marijuana Act” to promote access to medical marijuana by severely
15 ill children.

16 Specifically, the bill requires that minors be subject to the same
17 requirements as adults when seeking to participate in the State’s
18 medical marijuana program, except that a parent or guardian must
19 receive an explanation of the potential risks and benefits of the
20 medical use of marijuana, and must grant permission for the child’s
21 medical use of marijuana. In effect, this would preempt
22 N.J.A.C.8:64-2.5(b)(1), which requires that a physician seeking to
23 authorize the medical use of marijuana by a minor obtain written
24 confirmation from a pediatrician and a psychiatrist establishing, in
25 their professional opinions, following the review of the patient’s
26 medical record or examination of the patient, that the patient is
27 likely to receive therapeutic or palliative benefits from the medical
28 use of marijuana.

29 The bill would also permit the distribution of medical marijuana
30 in dried form, oral lozenges, topical formulations, or edible form, or
31 another form permitted by the Commissioner of Health. Pursuant to
32 N.J.A.C.8:64-10.8(e), medical marijuana may not currently be
33 dispensed in edible form, which in some cases may be the most
34 appropriate form for a young child to receive the treatment.

35 To date, no minors have received medical marijuana through the
36 program, in part because of a lack of formal recommendations by
37 pediatricians and psychiatrists for the medical use of marijuana by
38 minors. Recommendations by medical specialists are not required
39 for adults to participate in the program. Recent news reports have
40 described the efforts of Brian and Meghan Wilson, parents of a two-
41 year-old child with Dravet Syndrome, a rare and severe form of
42 epilepsy, to obtain for their daughter a treatment that has been
43 reported to be helpful in preventing seizures in children with Dravet
44 Syndrome in Colorado and California. This bill would facilitate
45 access to potentially beneficial treatment for children in New Jersey
46 with Dravet Syndrome and other debilitating conditions.

ASSEMBLY BUDGET COMMITTEE

STATEMENT TO

ASSEMBLY, No. 4241

with committee amendments

STATE OF NEW JERSEY

DATED: JUNE 20, 2013

The Assembly Budget Committee reports favorably Assembly Bill No. 4241, with committee amendments.

As amended, the bill modifies the “New Jersey Compassionate Use Medical Marijuana Act” to promote access to medical marijuana by severely-ill children.

Specifically, the bill requires that minors be subject to the same requirements as adults when seeking to participate in the State’s medical marijuana program, except that a parent or guardian must receive an explanation of the potential risks and benefits of the medical use of marijuana, and must grant permission for the child’s medical use of marijuana. In effect, this would preempt N.J.A.C.8:64-2.5(b)(1), which requires that a physician seeking to authorize the medical use of marijuana by a minor obtain written confirmation from a pediatrician and a psychiatrist establishing, in their professional opinions, following the review of the patient’s medical record or examination of the patient, that the patient is likely to receive therapeutic or palliative benefits from the medical use of marijuana.

The bill would also prohibit any limitations on the number of strains of medical marijuana cultivated by alternative treatment centers. This would supersede the current cultivation limitations set forth in N.J.A.C.8:64-10.7(a), which prevents an alternative treatment center from cultivating more than three strains.

The bill also permits the distribution of medical marijuana in dried form, oral lozenges, topical formulations, or edible form, or another form permitted by the Commissioner of Health. Pursuant to N.J.A.C.8:64-10.8(e), medical marijuana may not currently be dispensed in edible form, which in some cases may be the most appropriate form for a young child to receive the treatment.

To date, no minors have received medical marijuana through the program, in part because of a lack of formal recommendations by pediatricians and psychiatrists for the medical use of marijuana by minors. Recommendations by medical specialists are not required for adults to participate in the program. Recent news reports have described the efforts of Brian and Meghan Wilson, parents of a two-year-old child with Dravet Syndrome, a rare and severe form of

epilepsy, to obtain for their daughter a treatment that has been reported to be helpful in preventing seizures in children with Dravet Syndrome in Colorado and California. This bill would facilitate access to potentially beneficial treatment for children in New Jersey with Dravet Syndrome and other debilitating conditions.

FISCAL IMPACT:

The bill is not certified as requiring a fiscal note.

COMMITTEE AMENDMENTS:

The amendments provide that an alternative treatment center shall not be limited in the number of strains of medical marijuana cultivated.

SENATE BILL NO. 2842
(First Reprint)

To the Senate:

Pursuant to Article V, Section I, Paragraph 14 of the New Jersey Constitution, I am returning Senate Bill No. 2842 (First Reprint) with my recommendations for reconsideration.

The "New Jersey Compassionate Use Medical Marijuana Act" was signed into law in January 2010 with the intent to help provide relief for individuals suffering from certain debilitating medical conditions. Tasked with implementing this law, the Department of Health carefully crafted regulations to launch a sound and viable program. Since then, patients across the State have been able to register with Alternative Treatment Centers ("ATCs") and receive the therapeutic benefits of participation. Marijuana, of course, remains a controlled substance under federal law. Implementing a State-sanctioned system of marijuana sales while the drug remains illegal across the country has raised numerous challenges, and necessitated thoughtful and legally sound regulations. As a result of the superb work by both the Department of Health and the Department of Law and Public Safety, New Jersey has been able to offer seriously ill patients this new form of treatment in a manner that is medically based, appropriately focused, and sufficiently supervised. These core principles are fundamental to the long-term success of this program, and will allow New Jersey's ATCs to continue to withstand federal scrutiny and avoid adverse action by the federal Drug Enforcement Agency and prosecution by the Department of Justice. I am pleased that, because of these efforts, New Jersey has avoided the abuses that have befallen other states.

I am mindful, however, that not every circumstance could have been anticipated when drafting the current regulations governing the sale of medical marijuana. Now, based on the State's experiences designing and implementing this new and novel program, certain limited modifications are appropriate. Our regulations should address the needs of all qualifying patients, both minors and adults, while continuing the necessary safeguards from abuse, addiction, and unforeseen harm. Accordingly, removing the current three-strain limitation on medical marijuana that may be cultivated by an ATC will allow dispensaries to develop products tailored to the needs of particular patient populations, and thus provide additional options to those in need.

Similarly, qualified minors should be allowed access to products in appropriate edible forms to ensure that children can receive treatments consistent with their age and medical needs, as well as the individual preferences of their guardians. As I have repeatedly noted, I believe that parents, and not government regulators, are best suited to decide how to care for their children. While many will disagree with the decision to allow minors access to marijuana, even for serious illnesses, parents should remain empowered to make a choice based on their own reflections, study, and physician consultation.

However, while certain components of the program warrant revision, the need for children to benefit from additional, specialized review prior to entry into the program must be maintained. Recent reports inaccurately citing the current requirements for children reveal misunderstanding of our regulations. To be admitted in the Medical Marijuana Program, a qualifying minor must receive approval from a pediatrician and a

psychiatrist. If either doctor is registered with the program, no additional approvals are needed for treatment. This approach is endorsed by the New Jersey chapter of the American Academy of Pediatrics, which advises that children are at particular risk from the use of marijuana because their reactions to medications often differ from adults. Notably, at least one recent study has indicated a rise in emergency hospitalizations in Colorado for accidental marijuana ingestion in children. Protection of our children remains my utmost concern, and our regulations must make certain that children receive the care they need, while remaining well guarded from potential harm.

I commend the countless public officials and private partners who have worked tirelessly to make the New Jersey Compassionate Use Medical Marijuana Act a sound, safe, and scientifically driven success. The regulatory improvements I recommend today will continue to build on these accomplishments, and guarantee that the program operates in a safe and effective manner.

Accordingly, I herewith return Senate Bill No. 2842 (First Reprint) and recommend that it be amended as follows:

<u>Page 2, Section 1, Line 15:</u>	Delete "(1)"
<u>Page 2, Section 1, Lines 26-32:</u>	Delete in their entirety
<u>Page 3, Section 2, Lines 14-15:</u>	Delete "another form permitted by the commissioner" and insert "any other form as authorized by the commissioner. Edible form shall include tablets, capsules, drops or syrups and any other form as authorized by the commissioner. Edible forms shall be available only to qualifying patients who are minors."

[seal]

Respectfully,
/s/ Chris Christie
Governor

Attest:

/s/ Charles B. McKenna
Chief Counsel to the Governor