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RH/CL

P.L. 2021, CHAPTER 118, *approved June 24, 2021*
Senate, No. 619 (*Third Reprint*)

1 AN ACT concerning medical cannabis and amending P.L.2019,
2 c.153 and P.L.2009, 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.2019, c.153 (C.24:6I-5.1) is amended to
8 read as follows:

9 5. a. A health care practitioner shall not be required to be
10 listed publicly in any medical cannabis practitioner registry as a
11 condition of authorizing patients for the medical use of cannabis.

12 b. No authorization for the medical use of cannabis may be
13 issued by a health care practitioner to the practitioner's own self or
14 to a member of the practitioner's immediate family.

15 c. The commission shall establish a process to allow medical
16 cannabis to be dispensed to a patient who has been authorized for
17 the medical use of cannabis and who has initiated the process of
18 registering with the commission pursuant to section 4 of P.L.2009,
19 c.307 (C.24:6I-4), but whose registration has not been completed or
20 subject to other final action by the commission. A patient may be
21 dispensed medical cannabis in quantities of up to a two-week
22 supply during the pendency of the patient's registration, after which
23 time the patient may be dispensed medical cannabis in an amount
24 consistent with the requirements of section 10 of P.L.2009, c.307
25 (C.24:6I-10). The commission shall impose such restrictions on
26 access to medical cannabis pursuant to this subsection as shall be
27 necessary to protect against fraud, abuse, and diversion.

28 d. ³For ¹a period of ¹ 270 days following the ¹effective¹ date
29 of ¹enactment of ¹ P.L. , c. (C.) (pending before the
30 Legislature as this bill), a health care practitioner may authorize a
31 patient who is a ¹child,¹ resident of a long-term care facility,
32 ¹developmentally disabled¹ has a developmental disability¹ , ¹is¹
33 terminally ill, ¹is¹ receiving hospice care ¹through a licensed
34 hospice care provider¹ , or ¹is¹ housebound as certified by the
35 patient's physician, for the medical use of cannabis ¹in the course
36 of the health care practitioner's practice of ¹using¹ telemedicine or
37 telehealth. ¹Following the 270 day period after the date of
38 enactment of P.L. , c. (C.) (pending before the Legislature
39 as this bill) ¹Thereafter,¹ a health care practitioner may ²initially²
40 authorize any patient for the medical use of cannabis ¹in the
41 course of the health care practitioner's practice of ¹using¹
42 telemedicine or telehealth, provided that, and except in the case of a

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 SHH committee amendments adopted January 27, 2020.

²Assembly AHE committee amendments adopted March 5, 2020.

³Senate amendments adopted in accordance with Governor's recommendations June 3, 2021.

1 patient who is a ¹【child, developmentally disabled】 resident of a
2 long-term care facility, has a developmental disability¹ ,
3 ¹is¹terminally ill, ¹is¹ receiving hospice care ¹from a licensed
4 hospice care provider¹ , or ¹is¹ housebound ¹as certified by the
5 patient's physician¹, the patient has had at least one previous in-
6 office ¹【visit】 consultation¹ with the health care practitioner prior
7 to the ¹【patient's authorization】 practitioner authorizing the
8 patient¹ for the medical use of cannabis ¹using telemedicine or
9 telehealth¹ . ²Following the initial authorization, the patient shall
10 have at least one in-office consultation with the practitioner on an
11 annual basis in order for the patient to receive continued
12 authorization for the use of medical cannabis. The practitioner may
13 require more frequent in-office consultations if additional
14 consultations are necessary to continue to authorize the patient's
15 use of medical cannabis.²】 A health care practitioner may initially
16 authorize any qualifying patient for the medical use of cannabis
17 using telemedicine or telehealth, provided that the use of
18 telemedicine or telehealth, rather than an in-person visit, is
19 consistent with the standard of care required for assessment and
20 treatment of the patient's condition. Following the initial
21 authorization, the practitioner may provide continued authorization
22 for the use of medical cannabis via telemedicine or telehealth if the
23 practitioner determines that an in-person visit is not required,
24 consistent with the standard of care. The practitioner may require
25 in-office consultations if additional consultations are necessary to
26 continue to authorize the patient's use of medical cannabis.³

27 As used in this subsection, “telehealth” and “telemedicine” shall
28 have the same meaning as is provided in section 1 of P.L.2017,
29 c.117 (C.45:1-61).

30 (cf: P.L.2019, c.153, s.5)

31

32 2. Section 10 of P.L.2009, c.307 (C.24:6I-10) is amended to
33 read as follows:

34 10. a. A health care practitioner shall provide written
35 instructions for a registered qualifying patient or the patient's
36 designated caregiver, or an institutional caregiver acting on behalf
37 of the patient, to present to a medical cannabis dispensary or a
38 clinical registrant concerning the total amount of usable cannabis
39 that a patient may be dispensed, in weight, in a 30-day period,
40 which amount shall not exceed the maximum amount that may be
41 authorized for the patient pursuant to subsection f. of this section.

42 b. A health care practitioner may issue multiple written
43 instructions at one time authorizing the patient to receive a total of
44 up to a one-year supply, provided that the following conditions are
45 met:

1 (1) Each separate set of instructions shall be issued for a
2 legitimate medical purpose by the health care practitioner, as
3 provided in P.L.2009, c.307 (C.24:6I-1 et al.);

4 (2) Each separate set of instructions shall indicate the earliest
5 date on which a dispensary or clinical registrant may dispense the
6 cannabis, except for the first dispensation if it is to be filled
7 immediately; and

8 (3) The health care practitioner has determined that providing
9 the patient with multiple instructions in this manner does not create
10 an undue risk of diversion or abuse.

11 c. A registered qualifying patient or the patient's designated
12 caregiver, or an institutional caregiver acting on behalf of a
13 qualifying patient, shall present verification of the patient's or
14 caregiver's registration with the commission, as applicable, and
15 these written instructions to any medical cannabis dispensary or
16 clinical registrant at the time the patient or caregiver requests the
17 dispensing or delivery of medical cannabis, which medical cannabis
18 dispensary or clinical registrant shall verify and log the
19 documentation presented. An institutional caregiver shall
20 additionally present an authorization executed by the patient
21 certifying that the institutional caregiver is authorized to obtain
22 medical cannabis on behalf of the patient. A health care
23 practitioner may provide a copy of a written instruction by
24 electronic or other means, including ^{1,1} but not limited to,
25 telemedicine and telehealth, as determined by the commission,
26 directly to a medical cannabis dispensary or a clinical registrant on
27 behalf of a registered qualifying patient. The dispensation of
28 medical cannabis pursuant to any written instructions shall occur
29 within one year of the date that the instructions were written or
30 become eligible for dispensing, whichever is later, or the
31 instructions are void.

32 d. (Deleted by amendment, P.L.2019, c.153)

33 e. Prior to dispensing medical cannabis to a qualifying patient,
34 the patient's designated caregiver, or an institutional caregiver, the
35 medical cannabis dispensary or clinical registrant shall access the
36 system established pursuant to section 11 of P.L.2009, c.307
37 (C.45:1-45.1) to ascertain whether medical cannabis was dispensed
38 to or on behalf of the patient by any medical cannabis dispensary or
39 clinical registrant within the preceding 30 days. Upon dispensing
40 medical cannabis to a qualifying patient, the patient's designated
41 caregiver, or an institutional caregiver, the medical cannabis
42 dispensary or clinical registrant shall transmit to the patient's health
43 care practitioner information concerning the amount, strain, and
44 form of medical cannabis that was dispensed.

45 f. (1) Except as provided in paragraph (2) of this subsection,
46 for a period of 18 months after the effective date of P.L.2019,
47 c.153 (C.24:6I-5.1 et al.), the maximum amount of usable cannabis
48 that a patient may be dispensed, in weight, in a 30-day period, shall

1 be three ounces. Commencing 18 months after the effective date of
2 P.L.2019, c.153 (C.24:6I-5.1 et al.), the maximum amount of usable
3 cannabis that a patient may be dispensed shall be prescribed by the
4 commission by regulation.

5 (2) The monthly limits set forth in paragraph (1) of this
6 subsection shall not apply to patients who are terminally ill or who
7 are currently receiving hospice care through a licensed hospice,
8 which patients may be dispensed an unlimited amount of medical
9 cannabis. Qualifying patients who are not receiving hospice care or
10 who are not terminally ill may petition the commission, on a form
11 and in a manner as the commission shall require by regulation, for
12 an exemption from the monthly limits set forth in paragraph (1) of
13 this paragraph, which petition the commission shall approve if the
14 commission finds that granting the exemption is necessary to meet
15 the patient's treatment needs and is consistent with the provisions of
16 P.L.2009, c.307 (C.24:6I-1 et al.).

17 g. The commission shall establish, by regulation, curricula for
18 health care practitioners and for staff at medical cannabis
19 dispensaries and clinical registrants:

20 (1) The curriculum for health care practitioners shall be
21 designed to assist practitioners in counseling patients with regard to
22 the quantity, dosing, and administration of medical cannabis as
23 shall be appropriate to treat the patient's qualifying medical
24 condition. Health care practitioners shall complete the curriculum
25 as a condition of authorizing patients for the medical use of
26 cannabis; and

27 (2) The curriculum for employees of medical cannabis
28 dispensaries and clinical registrants shall be designed to assist the
29 employees in counseling patients with regard to determining the
30 strain and form of medical cannabis that is appropriate to treat the
31 patient's qualifying medical condition. Employees of medical
32 cannabis dispensaries and clinical registrants shall be required to
33 complete the curriculum as a condition of registration with the
34 commission. Completion of the curriculum may constitute part of
35 the annual training required pursuant to paragraph (1) of subsection
36 j. of section 7 of P.L.2009, c.307 (C.24:6I-7).

37 h. Commencing July 1, 2020, the amount of the sales tax that
38 may be imposed under the "Sales and Use Tax Act," P.L.1966, c.30
39 (C.54:32B-1 et seq.) on medical cannabis dispensed by a medical
40 cannabis dispensary or clinical registrant shall not exceed four
41 percent.

42 Commencing July 1, 2021, the amount of the sales tax that may
43 be imposed under the "Sales and Use Tax Act," P.L.1966, c.30
44 (C.54:32B-1 et seq.) on medical cannabis dispensed by a medical
45 cannabis dispensary or clinical registrant shall not exceed two
46 percent.

47 Commencing July 1, 2022, medical cannabis dispensed by a
48 medical cannabis dispensary or clinical registrant shall not be

1 subject to any tax imposed under the "Sales and Use Tax Act,"
2 P.L.1966, c.30 (C.54:32B-1 et seq.).

3 Any revenue collected pursuant to a tax imposed on the sale of
4 medical cannabis under the "Sales and Use Tax Act," P.L.1966,
5 c.30 (C.54:32B-1 et seq.), shall be exclusively appropriated to
6 programs for the treatment of mental health and substance use
7 disorders.

8 i. A municipality in which a medical cannabis dispensary is
9 located may adopt an ordinance imposing a transfer tax on any
10 medical cannabis dispensed by the dispensary, including medical
11 cannabis that is furnished by the dispensary to a medical cannabis
12 handler for delivery to a registered qualifying patient or the patient's
13 caregiver. The rate of a transfer tax established pursuant to this
14 subsection shall be at the discretion of the municipality, except that
15 in no case shall the rate exceed two percent of the purchase price of
16 the medical cannabis.

17 (cf: P.L.2019, c.153, s.18)

18

19 3. This act shall take effect immediately.

20

21

22

23

24 _____
25 Permits use of telemedicine and telehealth to authorize patients
26 for medical cannabis and to issue written instructions for dispensing
medical cannabis.

SENATE, No. 619

STATE OF NEW JERSEY

219th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2020 SESSION

Sponsored by:

Senator DECLAN J. O'SCANLON, JR.

District 13 (Monmouth)

SYNOPSIS

Permits authorization for dispensation of medical marijuana through telemedicine and telehealth under certain circumstances.

CURRENT VERSION OF TEXT

Introduced Pending Technical Review by Legislative Counsel.



1 AN ACT concerning medical cannabis and amending P.L.2019,
2 c.153 and P.L.2009, c.307.

3

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

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7 1. Section 5 of P.L.2019, c.153 (C.24:6I-5.1) is amended to
8 read as follows:

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10 listed publicly in any medical cannabis practitioner registry as a
11 condition of authorizing patients for the medical use of cannabis.

12 b. No authorization for the medical use of cannabis may be
13 issued by a health care practitioner to the practitioner's own self or
14 to a member of the practitioner's immediate family.

15 c. The commission shall establish a process to allow medical
16 cannabis to be dispensed to a patient who has been authorized for
17 the medical use of cannabis and who has initiated the process of
18 registering with the commission pursuant to section 4 of P.L.2009,
19 c.307 (C.24:6I-4), but whose registration has not been completed or
20 subject to other final action by the commission. A patient may be
21 dispensed medical cannabis in quantities of up to a two-week
22 supply during the pendency of the patient's registration, after which
23 time the patient may be dispensed medical cannabis in an amount
24 consistent with the requirements of section 10 of P.L.2009, c.307
25 (C.24:6I-10). The commission shall impose such restrictions on
26 access to medical cannabis pursuant to this subsection as shall be
27 necessary to protect against fraud, abuse, and diversion.

28 d. For 270 days following the date of enactment of P.L. _____,
29 c. (C. _____) (pending before the Legislature as this bill), a health
30 care practitioner may authorize a patient who is a child, resident of
31 a long-term care facility, developmentally disabled, terminally ill,
32 receiving hospice care, or housebound as certified by the patient's
33 physician, for the medical use of cannabis in the course of the
34 health care practitioner's practice of telemedicine or telehealth.
35 Following the 270 day period after the date of enactment of P.L. _____,
36 c. (C. _____) (pending before the Legislature as this bill), a health
37 care practitioner may authorize any patient for the medical use of
38 cannabis in the course of the health care practitioner's practice of
39 telemedicine or telehealth, provided that, and except in the case of a
40 patient who is a child, developmentally disabled, terminally ill,
41 receiving hospice care, or housebound, the patient has had at least
42 one previous in-office visit with the health care practitioner prior to
43 the patient's authorization for the medical use of cannabis.

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.

1 As used in this subsection, “telehealth” and “telemedicine” shall
2 have the same meaning as is provided in section 1 of P.L.2017,
3 c.117 (C.45:1-61).
4 (cf: P.L.2019, c.153, s.5)

5
6 2. Section 10 of P.L.2009, c.307 (C.24:6I-10) is amended to
7 read as follows:

8 10. a. A health care practitioner shall provide written
9 instructions for a registered qualifying patient or the patient's
10 designated caregiver, or an institutional caregiver acting on behalf
11 of the patient, to present to a medical cannabis dispensary or a
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13 that a patient may be dispensed, in weight, in a 30-day period,
14 which amount shall not exceed the maximum amount that may be
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16 b. A health care practitioner may issue multiple written
17 instructions at one time authorizing the patient to receive a total of
18 up to a one-year supply, provided that the following conditions are
19 met:

20 (1) Each separate set of instructions shall be issued for a
21 legitimate medical purpose by the health care practitioner, as
22 provided in P.L.2009, c.307 (C.24:6I-1 et al.);

23 (2) Each separate set of instructions shall indicate the earliest
24 date on which a dispensary or clinical registrant may dispense the
25 cannabis, except for the first dispensation if it is to be filled
26 immediately; and

27 (3) The health care practitioner has determined that providing
28 the patient with multiple instructions in this manner does not create
29 an undue risk of diversion or abuse.

30 c. A registered qualifying patient or the patient's designated
31 caregiver, or an institutional caregiver acting on behalf of a
32 qualifying patient, shall present verification of the patient's or
33 caregiver's registration with the commission, as applicable, and
34 these written instructions to any medical cannabis dispensary or
35 clinical registrant at the time the patient or caregiver requests the
36 dispensing or delivery of medical cannabis, which medical cannabis
37 dispensary or clinical registrant shall verify and log the
38 documentation presented. An institutional caregiver shall
39 additionally present an authorization executed by the patient
40 certifying that the institutional caregiver is authorized to obtain
41 medical cannabis on behalf of the patient. A health care
42 practitioner may provide a copy of a written instruction by
43 electronic or other means, including but not limited to, telemedicine
44 and telehealth, as determined by the commission, directly to a
45 medical cannabis dispensary or a clinical registrant on behalf of a
46 registered qualifying patient. The dispensation of medical cannabis
47 pursuant to any written instructions shall occur within one year of

1 the date that the instructions were written or become eligible for
2 dispensing, whichever is later, or the instructions are void.

3 d. (Deleted by amendment, P.L.2019, c.153)

4 e. Prior to dispensing medical cannabis to a qualifying patient,
5 the patient's designated caregiver, or an institutional caregiver, the
6 medical cannabis dispensary or clinical registrant shall access the
7 system established pursuant to section 11 of P.L.2009, c.307
8 (C.45:1-45.1) to ascertain whether medical cannabis was dispensed
9 to or on behalf of the patient by any medical cannabis dispensary or
10 clinical registrant within the preceding 30 days. Upon dispensing
11 medical cannabis to a qualifying patient, the patient's designated
12 caregiver, or an institutional caregiver, the medical cannabis
13 dispensary or clinical registrant shall transmit to the patient's health
14 care practitioner information concerning the amount, strain, and
15 form of medical cannabis that was dispensed.

16 f. (1) Except as provided in paragraph (2) of this subsection,
17 for a period of 18 months after the effective date of P.L.2019,
18 c.153 (C.24:6I-5.1 et al.), the maximum amount of usable cannabis
19 that a patient may be dispensed, in weight, in a 30-day period, shall
20 be three ounces. Commencing 18 months after the effective date of
21 P.L.2019, c.153 (C.24:6I-5.1 et al.), the maximum amount of usable
22 cannabis that a patient may be dispensed shall be prescribed by the
23 commission by regulation.

24 (2) The monthly limits set forth in paragraph (1) of this
25 subsection shall not apply to patients who are terminally ill or who
26 are currently receiving hospice care through a licensed hospice,
27 which patients may be dispensed an unlimited amount of medical
28 cannabis. Qualifying patients who are not receiving hospice care or
29 who are not terminally ill may petition the commission, on a form
30 and in a manner as the commission shall require by regulation, for
31 an exemption from the monthly limits set forth in paragraph (1) of
32 this paragraph, which petition the commission shall approve if the
33 commission finds that granting the exemption is necessary to meet
34 the patient's treatment needs and is consistent with the provisions of
35 P.L.2009, c.307 (C.24:6I-1 et al.).

36 g. The commission shall establish, by regulation, curricula for
37 health care practitioners and for staff at medical cannabis
38 dispensaries and clinical registrants:

39 (1) The curriculum for health care practitioners shall be
40 designed to assist practitioners in counseling patients with regard to
41 the quantity, dosing, and administration of medical cannabis as
42 shall be appropriate to treat the patient's qualifying medical
43 condition. Health care practitioners shall complete the curriculum
44 as a condition of authorizing patients for the medical use of
45 cannabis; and

46 (2) The curriculum for employees of medical cannabis
47 dispensaries and clinical registrants shall be designed to assist the
48 employees in counseling patients with regard to determining the

1 strain and form of medical cannabis that is appropriate to treat the
2 patient's qualifying medical condition. Employees of medical
3 cannabis dispensaries and clinical registrants shall be required to
4 complete the curriculum as a condition of registration with the
5 commission. Completion of the curriculum may constitute part of
6 the annual training required pursuant to paragraph (1) of subsection
7 j. of section 7 of P.L.2009, c.307 (C.24:6I-7).

8 h. Commencing July 1, 2020, the amount of the sales tax that
9 may be imposed under the "Sales and Use Tax Act," P.L.1966, c.30
10 (C.54:32B-1 et seq.) on medical cannabis dispensed by a medical
11 cannabis dispensary or clinical registrant shall not exceed four
12 percent.

13 Commencing July 1, 2021, the amount of the sales tax that may
14 be imposed under the "Sales and Use Tax Act," P.L.1966, c.30
15 (C.54:32B-1 et seq.) on medical cannabis dispensed by a medical
16 cannabis dispensary or clinical registrant shall not exceed two
17 percent.

18 Commencing July 1, 2022, medical cannabis dispensed by a
19 medical cannabis dispensary or clinical registrant shall not be
20 subject to any tax imposed under the "Sales and Use Tax Act,"
21 P.L.1966, c.30 (C.54:32B-1 et seq.).

22 Any revenue collected pursuant to a tax imposed on the sale of
23 medical cannabis under the "Sales and Use Tax Act," P.L.1966,
24 c.30 (C.54:32B-1 et seq.), shall be exclusively appropriated to
25 programs for the treatment of mental health and substance use
26 disorders.

27 i. A municipality in which a medical cannabis dispensary is
28 located may adopt an ordinance imposing a transfer tax on any
29 medical cannabis dispensed by the dispensary, including medical
30 cannabis that is furnished by the dispensary to a medical cannabis
31 handler for delivery to a registered qualifying patient or the patient's
32 caregiver. The rate of a transfer tax established pursuant to this
33 subsection shall be at the discretion of the municipality, except that
34 in no case shall the rate exceed two percent of the purchase price of
35 the medical cannabis.

36 (cf: P.L.2019, c.153, s.18)

37

38 3. This act shall take effect immediately.

39

40

41

STATEMENT

42

43 This bill permits patients to be authorized for medical cannabis
44 through telemedicine and telehealth and under certain
45 circumstances.

46 Under the bill, for 270 days following the date of the bill's
47 enactment, a health care practitioner may authorize a patient who is
48 a child, resident of a long-term care facility, developmentally

1 disabled, terminally ill, receiving hospice care, or housebound as
2 certified by the patient's physician, for the medical use of cannabis
3 using telemedicine and telehealth. Thereafter, a health care
4 practitioner may authorize any patient for the medical use of
5 cannabis using telemedicine and telehealth, provided that, except in
6 the case of a patient who is a child, developmentally disabled,
7 terminally ill, receiving hospice care, or housebound, the patient has
8 had at least one previous in-office visit with the health care
9 practitioner prior to the patient's authorization for the medical use
10 of cannabis. The bill additionally allows written instructions for
11 medical cannabis to be provided to or on behalf of a patient using
12 telemedicine and telehealth.

13 Under current statutes, "telehealth" means the use of information
14 and communications technologies, including telephones, remote
15 patient monitoring devices, or other electronic means, to support
16 clinical health care, provider consultation, patient and professional
17 health-related education, public health, health administration, and
18 other services in accordance with the provisions of P.L.2017, c.117
19 (C.45:1-61 et al.). "Telemedicine" means the delivery of a health
20 care service using electronic communications, information
21 technology, or other electronic or technological means to bridge the
22 gap between a health care provider who is located at a distant site
23 and a patient who is located at an originating site, either with or
24 without the assistance of an intervening health care provider, and in
25 accordance with the provisions of P.L.2017, c.117 (C.45:1-61 et
26 al.). "Telemedicine" does not include the use, in isolation, of audio-
27 only telephone conversation, electronic mail, instant messaging,
28 phone text, or facsimile transmission.

ASSEMBLY HEALTH COMMITTEE

STATEMENT TO

[First Reprint]

SENATE, No. 619

STATE OF NEW JERSEY

DATED: MARCH 5, 2020

The Assembly Health Committee reports favorably Senate Bill No. 619 (1R).

As amended by the committee, this bill permits patients to be authorized for medical cannabis and to have written instructions for medical cannabis issued to the patient using telemedicine and telehealth.

Specifically, for a period of 270 days following the effective date of the bill, a health care practitioner may authorize a patient who is a resident of a long-term care facility, has a developmental disability, is terminally ill, is receiving hospice care from a licensed hospice care provider, or is housebound as certified by the patient's physician, for the medical use of cannabis using telemedicine and telehealth. Thereafter, a health care practitioner may initially authorize any patient for the medical use of cannabis using telemedicine and telehealth, provided that, except in the case of a patient who is a resident of a long-term care facility, has a developmental disability, is terminally ill, is receiving hospice care from a licensed hospice care provider, or is housebound as certified by the patient's physician, the patient has had at least one previous in-office consultation with the health care practitioner prior to the patient's authorization for the medical use of cannabis.

Following the initial authorization, the patient is to have at least one in-office consultation with the practitioner on an annual basis in order for the patient to receive continued authorization for the use of medical cannabis. The practitioner may require more frequent in-office consultations if additional consultations are necessary to continue to authorize the patient's use of medical cannabis. The bill additionally allows written instructions for medical cannabis to be provided to or on behalf of a patient using telemedicine and telehealth.

As reported by the committee, Senate Bill No. 619 (1R) is identical to Assembly Bill No. 1635 which was reported by the committee on this date.

COMMITTEE AMENDMENTS:

The committee amendments provide that following the initial authorization, the patient is to have at least one in-office consultation

with the practitioner on an annual basis in order for the patient to receive continued authorization for the use of medical cannabis. The practitioner may require more frequent in-office consultations if additional consultations are necessary to continue to authorize the patient's use of medical cannabis.

SENATE HEALTH, HUMAN SERVICES AND SENIOR
CITIZENS COMMITTEE

STATEMENT TO

SENATE, No. 619

with committee amendments

STATE OF NEW JERSEY

DATED: JANUARY 27, 2020

The Senate Health, Human Services and Senior Citizens Committee reports favorably and with committee amendments Senate Bill No. 619.

As amended by the committee, this bill permits patients to be authorized for medical cannabis and to have written instructions for medical cannabis issued to the patient using telemedicine and telehealth.

Specifically, for a period of 270 days following the effective date of the bill, a health care practitioner may authorize a patient who is a resident of a long-term care facility, has a developmental disability, is terminally ill, is receiving hospice care from a licensed hospice care provider, or is housebound as certified by the patient's physician, for the medical use of cannabis using telemedicine and telehealth. Thereafter, a health care practitioner may authorize any patient for the medical use of cannabis using telemedicine and telehealth, provided that, except in the case of a patient who is a resident of a long-term care facility, has a developmental disability, is terminally ill, is receiving hospice care from a licensed hospice care provider, or is housebound as certified by the patient's physician, the patient has had at least one previous in-office consultation with the health care practitioner prior to the patient's authorization for the medical use of cannabis. The bill additionally allows written instructions for medical cannabis to be provided to or on behalf of a patient using telemedicine and telehealth.

This bill was pre-filed for introduction in the 2020-2021 session pending technical review. As reported, the bill includes the changes required by technical review, which has been performed.

COMMITTEE AMENDMENTS:

The committee amendments revise the list of patients who can be approved for medical cannabis using telemedicine and telehealth in the first 270 days after the effective date of the bill to remove children from the list. The amendments also revise the list of patients who can be approved for medical cannabis using telemedicine and telehealth

after the initial 270-day period without the requirement for an initial in-person consultation to remove children, add residents of long-term care facilities, and clarify that patients who are housebound require certification of that condition by their physicians. The amendments further revise both lists to clarify that they apply to hospice patients who are receiving services from a licensed hospice care program.

The committee amendments make various technical changes involving grammar and syntax.

The committee amendments make a technical change to the synopsis to update it to reflect the terminology used under current law and to more fully reflect the scope of the bill.

ASSEMBLY, No. 1635

STATE OF NEW JERSEY 219th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2020 SESSION

Sponsored by:

Assemblywoman PAMELA R. LAMPITT

District 6 (Burlington and Camden)

Assemblywoman JOANN DOWNEY

District 11 (Monmouth)

SYNOPSIS

Permits authorization for dispensation of medical marijuana through telemedicine and telehealth under certain circumstances.

CURRENT VERSION OF TEXT

Introduced Pending Technical Review by Legislative Counsel.



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2 c.153 and P.L.2009, 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.2019, c.153 (C.24:6I-5.1) is amended to
8 read as follows:

9 5. a. A health care practitioner shall not be required to be
10 listed publicly in any medical cannabis practitioner registry as a
11 condition of authorizing patients for the medical use of cannabis.

12 b. No authorization for the medical use of cannabis may be
13 issued by a health care practitioner to the practitioner's own self or
14 to a member of the practitioner's immediate family.

15 c. The commission shall establish a process to allow medical
16 cannabis to be dispensed to a patient who has been authorized for
17 the medical use of cannabis and who has initiated the process of
18 registering with the commission pursuant to section 4 of P.L.2009,
19 c.307 (C.24:6I-4), but whose registration has not been completed or
20 subject to other final action by the commission. A patient may be
21 dispensed medical cannabis in quantities of up to a two-week
22 supply during the pendency of the patient's registration, after which
23 time the patient may be dispensed medical cannabis in an amount
24 consistent with the requirements of section 10 of P.L.2009, c.307
25 (C.24:6I-10). The commission shall impose such restrictions on
26 access to medical cannabis pursuant to this subsection as shall be
27 necessary to protect against fraud, abuse, and diversion.

28 d. For 270 days following the date of enactment of P.L. , c.
29 (C.) (pending before the Legislature as this bill), a health care
30 practitioner may authorize a patient who is a child, resident of a
31 long-term care facility, developmentally disabled, terminally ill,
32 receiving hospice care, or housebound as certified by the patient's
33 physician, for the medical use of cannabis in the course of the
34 health care practitioner's practice of telemedicine or telehealth.
35 Following the 270 day period after the date of enactment of P.L. ,
36 c. (C.) (pending before the Legislature as this bill), a health
37 care practitioner may authorize any patient for the medical use of
38 cannabis in the course of the health care practitioner's practice of
39 telemedicine or telehealth, provided that, and except in the case of a
40 patient who is a child, developmentally disabled, terminally ill,
41 receiving hospice care, or housebound, the patient has had at least
42 one previous in-office visit with the health care practitioner prior to
43 the patient's authorization for the medical use of cannabis.

44 As used in this subsection, "telehealth" and "telemedicine" shall

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.

1 have the same meaning as is provided in section 1 of P.L.2017,
2 c.117 (C.45:1-61).

3 (cf: P.L.2019, c.153, s.5)

4

5 2. Section 10 of P.L.2009, c.307 (C.24:6I-10) is amended to
6 read as follows:

7 10. a. A health care practitioner shall provide written
8 instructions for a registered qualifying patient or the patient's
9 designated caregiver, or an institutional caregiver acting on behalf
10 of the patient, to present to a medical cannabis dispensary or a
11 clinical registrant concerning the total amount of usable cannabis
12 that a patient may be dispensed, in weight, in a 30-day period,
13 which amount shall not exceed the maximum amount that may be
14 authorized for the patient pursuant to subsection f. of this section.

15 b. A health care practitioner may issue multiple written
16 instructions at one time authorizing the patient to receive a total of
17 up to a one-year supply, provided that the following conditions are
18 met:

19 (1) Each separate set of instructions shall be issued for a
20 legitimate medical purpose by the health care practitioner, as
21 provided in P.L.2009, c.307 (C.24:6I-1 et al.);

22 (2) Each separate set of instructions shall indicate the earliest
23 date on which a dispensary or clinical registrant may dispense the
24 cannabis, except for the first dispensation if it is to be filled
25 immediately; and

26 (3) The health care practitioner has determined that providing
27 the patient with multiple instructions in this manner does not create
28 an undue risk of diversion or abuse.

29 c. A registered qualifying patient or the patient's designated
30 caregiver, or an institutional caregiver acting on behalf of a
31 qualifying patient, shall present verification of the patient's or
32 caregiver's registration with the commission, as applicable, and
33 these written instructions to any medical cannabis dispensary or
34 clinical registrant at the time the patient or caregiver requests the
35 dispensing or delivery of medical cannabis, which medical cannabis
36 dispensary or clinical registrant shall verify and log the
37 documentation presented. An institutional caregiver shall
38 additionally present an authorization executed by the patient
39 certifying that the institutional caregiver is authorized to obtain
40 medical cannabis on behalf of the patient. A health care
41 practitioner may provide a copy of a written instruction by
42 electronic or other means, including but not limited to, telemedicine
43 and telehealth, as determined by the commission, directly to a
44 medical cannabis dispensary or a clinical registrant on behalf of a
45 registered qualifying patient. The dispensation of medical cannabis
46 pursuant to any written instructions shall occur within one year of
47 the date that the instructions were written or become eligible for
48 dispensing, whichever is later, or the instructions are void.

- 1 d. (Deleted by amendment, P.L.2019, c.153)
- 2 e. Prior to dispensing medical cannabis to a qualifying patient,
3 the patient's designated caregiver, or an institutional caregiver, the
4 medical cannabis dispensary or clinical registrant shall access the
5 system established pursuant to section 11 of P.L.2009, c.307
6 (C.45:1-45.1) to ascertain whether medical cannabis was dispensed
7 to or on behalf of the patient by any medical cannabis dispensary or
8 clinical registrant within the preceding 30 days. Upon dispensing
9 medical cannabis to a qualifying patient, the patient's designated
10 caregiver, or an institutional caregiver, the medical cannabis
11 dispensary or clinical registrant shall transmit to the patient's health
12 care practitioner information concerning the amount, strain, and
13 form of medical cannabis that was dispensed.
- 14 f. (1) Except as provided in paragraph (2) of this subsection, for
15 a period of 18 months after the effective date of P.L.2019, c.153
16 (C.24:6I-5.1 et al.), the maximum amount of usable cannabis that a
17 patient may be dispensed, in weight, in a 30-day period, shall be
18 three ounces. Commencing 18 months after the effective date of
19 P.L.2019, c.153 (C.24:6I-5.1 et al.), the maximum amount of usable
20 cannabis that a patient may be dispensed shall be prescribed by the
21 commission by regulation.
- 22 (2) The monthly limits set forth in paragraph (1) of this
23 subsection shall not apply to patients who are terminally ill or who
24 are currently receiving hospice care through a licensed hospice,
25 which patients may be dispensed an unlimited amount of medical
26 cannabis. Qualifying patients who are not receiving hospice care or
27 who are not terminally ill may petition the commission, on a form
28 and in a manner as the commission shall require by regulation, for
29 an exemption from the monthly limits set forth in paragraph (1) of
30 this paragraph, which petition the commission shall approve if the
31 commission finds that granting the exemption is necessary to meet
32 the patient's treatment needs and is consistent with the provisions of
33 P.L.2009, c.307 (C.24:6I-1 et al.).
- 34 g. The commission shall establish, by regulation, curricula for
35 health care practitioners and for staff at medical cannabis
36 dispensaries and clinical registrants:
- 37 (1) The curriculum for health care practitioners shall be
38 designed to assist practitioners in counseling patients with regard to
39 the quantity, dosing, and administration of medical cannabis as
40 shall be appropriate to treat the patient's qualifying medical
41 condition. Health care practitioners shall complete the curriculum
42 as a condition of authorizing patients for the medical use of
43 cannabis; and
- 44 (2) The curriculum for employees of medical cannabis
45 dispensaries and clinical registrants shall be designed to assist the
46 employees in counseling patients with regard to determining the
47 strain and form of medical cannabis that is appropriate to treat the
48 patient's qualifying medical condition. Employees of medical

1 cannabis dispensaries and clinical registrants shall be required to
2 complete the curriculum as a condition of registration with the
3 commission. Completion of the curriculum may constitute part of
4 the annual training required pursuant to paragraph (1) of subsection
5 j. of section 7 of P.L.2009, c.307 (C.24:6I-7).

6 h. Commencing July 1, 2020, the amount of the sales tax that
7 may be imposed under the "Sales and Use Tax Act," P.L.1966, c.30
8 (C.54:32B-1 et seq.) on medical cannabis dispensed by a medical
9 cannabis dispensary or clinical registrant shall not exceed four
10 percent.

11 Commencing July 1, 2021, the amount of the sales tax that may
12 be imposed under the "Sales and Use Tax Act," P.L.1966, c.30
13 (C.54:32B-1 et seq.) on medical cannabis dispensed by a medical
14 cannabis dispensary or clinical registrant shall not exceed two
15 percent.

16 Commencing July 1, 2022, medical cannabis dispensed by a
17 medical cannabis dispensary or clinical registrant shall not be
18 subject to any tax imposed under the "Sales and Use Tax Act,"
19 P.L.1966, c.30 (C.54:32B-1 et seq.).

20 Any revenue collected pursuant to a tax imposed on the sale of
21 medical cannabis under the "Sales and Use Tax Act," P.L.1966,
22 c.30 (C.54:32B-1 et seq.), shall be exclusively appropriated to
23 programs for the treatment of mental health and substance use
24 disorders.

25 i. A municipality in which a medical cannabis dispensary is
26 located may adopt an ordinance imposing a transfer tax on any
27 medical cannabis dispensed by the dispensary, including medical
28 cannabis that is furnished by the dispensary to a medical cannabis
29 handler for delivery to a registered qualifying patient or the patient's
30 caregiver. The rate of a transfer tax established pursuant to this
31 subsection shall be at the discretion of the municipality, except that
32 in no case shall the rate exceed two percent of the purchase price of
33 the medical cannabis.
34 (cf: P.L.2019, c.153, s.18)

35
36 3. This act shall take effect immediately.
37
38

39 STATEMENT
40

41 This bill permits patients to be authorized for medical cannabis
42 through telemedicine and telehealth and under certain
43 circumstances.

44 Under the bill, for 270 days following the date of the bill's
45 enactment, a health care practitioner may authorize a patient who is
46 a child, resident of a long-term care facility, developmentally
47 disabled, terminally ill, receiving hospice care, or housebound as
48 certified by the patient's physician, for the medical use of cannabis

1 using telemedicine and telehealth. Thereafter, a health care
2 practitioner may authorize any patient for the medical use of
3 cannabis using telemedicine and telehealth, provided that, except in
4 the case of a patient who is a child, developmentally disabled,
5 terminally ill, receiving hospice care, or housebound, the patient has
6 had at least one previous in-office visit with the health care
7 practitioner prior to the patient's authorization for the medical use
8 of cannabis. The bill additionally allows written instructions for
9 medical cannabis to be provided to or on behalf of a patient using
10 telemedicine and telehealth.

11 Under current statutes, "telehealth" means the use of information
12 and communications technologies, including telephones, remote
13 patient monitoring devices, or other electronic means, to support
14 clinical health care, provider consultation, patient and professional
15 health-related education, public health, health administration, and
16 other services in accordance with the provisions of P.L.2017, c.117
17 (C.45:1-61 et al.). "Telemedicine" means the delivery of a health
18 care service using electronic communications, information
19 technology, or other electronic or technological means to bridge the
20 gap between a health care provider who is located at a distant site
21 and a patient who is located at an originating site, either with or
22 without the assistance of an intervening health care provider, and in
23 accordance with the provisions of P.L.2017, c.117 (C.45:1-61 et
24 al.). "Telemedicine" does not include the use, in isolation, of audio-
25 only telephone conversation, electronic mail, instant messaging,
26 phone text, or facsimile transmission.

ASSEMBLY HEALTH COMMITTEE

STATEMENT TO

ASSEMBLY, No. 1635

with committee amendments

STATE OF NEW JERSEY

DATED: MARCH 5, 2020

The Assembly Health Committee reports favorably and with committee amendments to Assembly Bill No. 1635.

As amended by the committee, this bill permits patients to be authorized for medical cannabis and to have written instructions for medical cannabis issued to the patient using telemedicine and telehealth.

Specifically, for a period of 270 days following the effective date of the bill, a health care practitioner may authorize a patient who is a resident of a long-term care facility, has a developmental disability, is terminally ill, is receiving hospice care from a licensed hospice care provider, or is housebound as certified by the patient's physician, for the medical use of cannabis using telemedicine and telehealth. Thereafter, a health care practitioner may initially authorize any patient for the medical use of cannabis using telemedicine and telehealth, provided that, except in the case of a patient who is a resident of a long-term care facility, has a developmental disability, is terminally ill, is receiving hospice care from a licensed hospice care provider, or is housebound as certified by the patient's physician, the patient has had at least one previous in-office consultation with the health care practitioner prior to the patient's authorization for the medical use of cannabis.

Following the initial authorization, the patient is to have at least one in-office consultation with the practitioner on an annual basis in order for the patient to receive continued authorization for the use of medical cannabis. The practitioner may require more frequent in-office consultations if additional consultations are necessary to continue to authorize the patient's use of medical cannabis. The bill additionally allows written instructions for medical cannabis to be provided to or on behalf of a patient using telemedicine and telehealth.

This bill was pre-filed for introduction in the 2020-2021 session pending technical review. As reported, the bill includes the changes required by technical review, which has been performed.

As reported by the committee, Assembly Bill No. 1635 is identical to Senate Bill No. 619 (1R) which was reported by the committee on this date.

COMMITTEE AMENDMENTS:

The committee amendments revise the list of patients who can be approved for medical cannabis using telemedicine and telehealth in the first 270 days after the effective date of the bill to remove children from the list. The amendments also revise the list of patients who can be approved for medical cannabis using telemedicine and telehealth after the initial 270-day period without the requirement for an initial in-person consultation to remove children, add residents of long-term care facilities, and clarify that patients who are housebound require certification of that condition by their physicians. The amendments further revise both lists to clarify that they apply to hospice patients who are receiving services from a licensed hospice care program.

The amendments provide that following the initial authorization, the patient is to have at least one in-office consultation with the practitioner on an annual basis in order for the patient to receive continued authorization for the use of medical cannabis. The practitioner may require more frequent in-office consultations if additional consultations are necessary to continue to authorize the patient's use of medical cannabis.

The committee amendments make a technical change to the synopsis and make various technical changes involving grammar and syntax.

Governor Murphy Takes Action on Legislation

04/19/2021

TRENTON - Today, Governor Phil Murphy signed the following bills and resolutions into law:
SJR-93/AJR-180 (Lagana, Cunningham, Pou/Wimberly, Reynolds-Jackson, Quijano) Designates February 14 of each year as Frederick Douglass Day in NJ.

S-275/A-2142 (Kean, Cruz-Perez/Tully, Swain, Dancer) Provides resident tuition rate to certain non-resident dependent children of United States military personnel attending public institutions of higher education.

S-551/A-1057 (Codey, Bucco/Jasey, McKeon, Dunn) Permits appointment of nonresident municipal emergency management coordinators in municipalities with populations under 5,000 persons in certain circumstances.

S-699/A-5245 (Ruiz, Singleton/Sumter, Reynolds-Jackson, Stanley) Requires training for DOE arbitrators to include issues related to cultural diversity and bias.

S-1017/A-2562 (Gopal, Lagana/DeAngelo, Dancer, Chaparro) Provides retirement allowance after 20 years of service regardless of age for current members of PFRS who retire within two years.

S-1851/A-4407 (Ruiz, Cryan/Jasey, Moriarty) Eliminates eligibility of postsecondary students and other individuals for State student assistance, training, and employment services if school or training provider requires student to consent to arbitration agreement or proceeding or to waive certain rights.

S-2323/A-3869 (Gopal, Bucco/Armato, Vainieri Huttle, Verrelli) Requires opioid antidote prescriptions for certain patients.

S-2476/A-3998 (Singleton, Addiego/Murphy, Giblin, Verrelli) Concerns certain workers' compensation supplemental benefits for surviving dependents of essential employees who die in course of employment.

[Copy of Statement](#)

S-2831/A-4783 (Ruiz, Beach/Quijano, Lampitt, Jasey) Requires DOE to establish Alternate Route Interstate Reciprocity Pilot Program

S-2973/A-4895 (Beach/Armato) Creates office of deputy superintendent of elections in counties of fifth class.

S-3004/A-4947 (Sarlo, Pou/Johnson, Wirths, Reynolds-Jackson) Establishes retroactive date for provisions of P.L.2018, c.165, which clarifies provisions of "Predatory Towing Prevention Act."

Governor Murphy vetoed the following bills:

S-347/A-1992 (Smith, Vitale/Stanley, Conaway, Houghtaling) - CONDITIONAL - Establishes "NJ One Health Task Force."

[Copy of Statement](#)

S-619/A-1635 (O'Scanlon/Lampitt, Downey) - CONDITIONAL - Permits use of telemedicine and telehealth to authorize patients for medical cannabis and to issue written instructions for dispensing medical cannabis.

[Copy of Statement](#)

S-2725/A-4473 (Gopal/Houghtaling, Downey) - CONDITIONAL - Concerns assessment of real property in counties operating under "Real Property Assessment Demonstration Program."

Copy of Statement

April 19, 2021

SENATE BILL NO. 619
(Second Reprint)

To the Senate:

Pursuant to Article V, Section I, Paragraph 14 of the New Jersey Constitution, I am returning Senate Bill No. 619 (Second Reprint) with my recommendations for reconsideration.

This bill permits, for a period of 270 days following the bill's enactment, vulnerable patients, including patients with a developmental disability, patients residing in long-term care facilities, and patients receiving hospice care to receive authorization or continued authorization via telehealth and telemedicine for the use of medical cannabis. Thereafter, the bill permits all other patients to receive continued authorization via telehealth and telemedicine for the use of medical cannabis, provided that the patient has had at least one previous in-office consultation with a health care practitioner prior to the patient's initial authorization and the patient continues to have at least one in-office consultation on an annual basis for as long as the authorization continues.

To minimize exposure to Coronavirus disease 2019 ("COVID-19"), and under the authority of P.L.2020, c.3, which authorized the Director of the Division of Consumer Affairs ("Director") to waive any requirement of State law or regulation that may be necessary to facilitate the provision of health care services using telemedicine and telehealth during the Public Health Emergency declared in response to COVID-19, the Director issued Administrative Order 2020-15 on August 11, 2020. The Administrative Order permits a physician issuing a certification for the use of medical cannabis to utilize a telemedicine encounter to satisfy the prescribing requirements, provided it is consistent with the standard of care and that certain other conditions are satisfied. Administrative Order 2020-15 took effect immediately

and remains in place through the end of the Public Health Emergency and State of Emergency declared in Executive Order No. 103 (2020), or the end of the telemedicine allowance designated by the United States Secretary of Health and Human Services, whichever occurs first.

I commend the bill's sponsors for working to facilitate access to medical cannabis for those who need it and I agree that telehealth authorization should continue even after the emergencies in response to COVID-19 are lifted. I am concerned, however, that the bill places undue limitations on the use of telehealth in this context that are overly restrictive and unnecessary for patient safety. For example, the bill would immediately, and for a period of nine months, disqualify many patients who have been successfully utilizing telehealth and telemedicine services in accordance with the authorization provided by the Director's Administrative Order. These patients would subsequently be required to submit to mandatory in-person office visits when their eligibility resumes. I do not agree with resurrecting old barriers to access, particularly as the pandemic continues.

I am therefore recommending revisions that will mirror the broad telehealth and telemedicine authorization granted in the Administrative Order. My amendments will authorize telehealth and telemedicine for all patients, provided it is otherwise consistent with the standard of care. Importantly, my revisions allow practitioners to require in-person visits either as part of the initial consultation or the continued authorization, when the practitioner determines an in-person visit is necessary for a particular patient.

Accordingly, I herewith return Senate Bill No. 619

(Second Reprint) and recommend that it be amended as follows:

Page 2, Section 1, Line 28:

Delete "For a period of 270 days following the effective date of" and insert "A health care practitioner may initially authorize any qualifying patient for the medical use of cannabis using telemedicine or telehealth, provided that the use of telemedicine or telehealth, rather than an in-person visit, is consistent with the standard of care required for assessment and treatment of the patient's condition. Following the initial authorization, the practitioner may provide continued authorization for the use of medical cannabis via telemedicine or telehealth if the practitioner determines that an in-person visit is not required, consistent with the standard of care. The practitioner may require in-office consultations if additional consultations are necessary to continue to authorize the patient's use of medical cannabis."

Page 2, Section 1, Lines 29-44:

Delete in their entirety

Page 3, Section 1, Lines 1-11:

Delete in their entirety

[seal]

Respectfully,

/s/ Philip D. Murphy

Governor

Attest:

/s/ Parimal Garg

Chief Counsel to the Governor

Governor Murphy Takes Action On Legislation

06/24/2021

TRENTON – Today, Governor Phil Murphy signed the following bills into law:

A-2116/S-2009 w/GR (Tully, Swain, Armato/Lagana) Requires State Treasurer to submit report to Legislature every six months identifying deadlines for applications for federal funds by State agencies.

A-4745/S3277 (Armato, Chaparro, Danielsen/Bucco, Singleton, Doherty) Raises from 45 to 57 maximum eligibility age for exempt fireman certificates and membership in New Jersey State Fireman's Association.

A-5590/S-3819 (Mazzeo, Armato, Greenwald/Sweeney, Beach) Extends period of municipal stabilization and recovery, with certain modifications, under "Municipal Stabilization and Recovery Act."

S-347/A-1992 w/GR (Smith, Vitale/Stanley, Conaway, Houghtaling) Establishes "NJ One Health Task Force."

S-619/A1635 w/GR (O'Scanlon/Lampitt, Downey) Permits use of telemedicine and telehealth to authorize patients for medical cannabis and to issue written instructions for dispensing medical cannabis. *

S-853/A-5064 w/GR (Sweeney, Beach/Verrelli, Giblin, Danielsen) "New Jersey Buy American Act"; requires certain State agency highway and bridge construction contracts to include iron and steel products made in U.S.

S-890/A-1061 w/GR (Pou, Codey/Jasey, Johnson, Verrelli) Requires DOH and DHS to identify and take appropriate steps to secure federal sources of funding to support maternal mental health.

S-3686/A-5540 (Sweeney/ Burzichelli, Freiman) Supplements Department of Transportation language provisions in FY 2021 Appropriations Act to provide flexibility for debt service payments.

Governor Murphy conditionally vetoed the following bill:

S-2682/A-4016 (Gopal, Kean/Dancer, Benson, Verrelli) – CONDITIONAL - Establishes the New Jersey Rare Disease Advisory Council.

[Copy of Statement](#)

Governor Murphy will deliver the following conditional veto to the Senate on Monday, June 28:

S-3658/A-5641 (Cunningham, Scutari/ Chiaravalloti, Mukherji, Carter) – CONDITIONAL - Eliminates mandatory minimum terms of imprisonment determined by Legislature to be of non-violent nature.

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