

## CHAPTER 118

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

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

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

C.24:6I-5.1 Authorization process for dispensation.

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

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

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

d. 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.

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

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

C.24:6I-10 Written instructions to registered qualifying patient, designated, institutional caregiver.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3. This act shall take effect immediately.

Approved June 24, 2021.