

[Third Reprint]

**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)**

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**District 6 (Burlington and Camden)**

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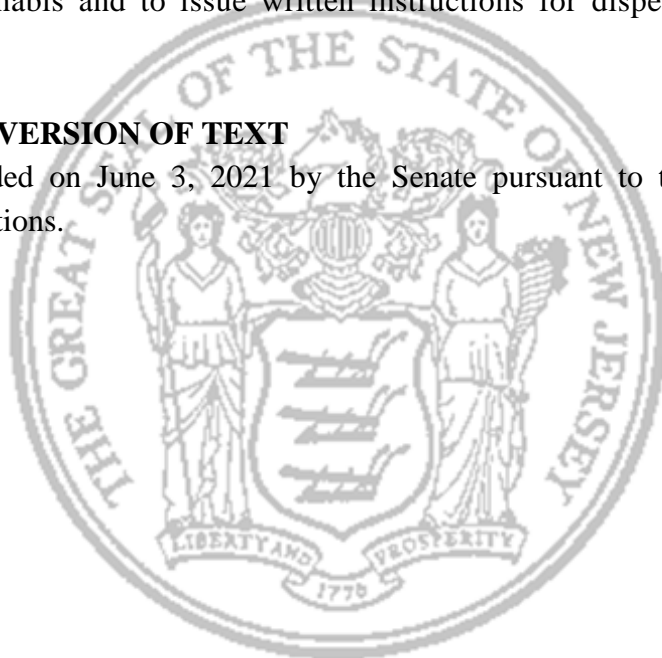
**Assemblywoman Jasey, Assemblyman Freiman and Assemblywoman Swain**

**SYNOPSIS**

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

**CURRENT VERSION OF TEXT**

As amended on June 3, 2021 by the Senate pursuant to the Governor's recommendations.



**(Sponsorship Updated As Of: 9/24/2020)**

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

**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:

<sup>1</sup>Senate SHH committee amendments adopted January 27, 2020.

<sup>2</sup>Assembly AHE committee amendments adopted March 5, 2020.

<sup>3</sup>Senate amendments adopted in accordance with Governor's recommendations June 3, 2021.

1 'is' terminally ill, 'is' receiving hospice care 'from a licensed  
2 hospice care provider' , or 'is' housebound 'as certified by the  
3 patient's physician', the patient has had at least one previous in-  
4 office 'visit] consultation' with the health care practitioner prior  
5 to the '[patient's authorization] practitioner authorizing the  
6 patient' for the medical use of cannabis 'using telemedicine or  
7 telehealth' . <sup>2</sup>Following the initial authorization, the patient shall  
8 have at least one in-office consultation with the practitioner on an  
9 annual basis in order for the patient to receive continued  
10 authorization for the use of medical cannabis. The practitioner may  
11 require more frequent in-office consultations if additional  
12 consultations are necessary to continue to authorize the patient's  
13 use of medical cannabis.<sup>2</sup> A health care practitioner may initially  
14 authorize any qualifying patient for the medical use of cannabis  
15 using telemedicine or telehealth, provided that the use of  
16 telemedicine or telehealth, rather than an in-person visit, is  
17 consistent with the standard of care required for assessment and  
18 treatment of the patient's condition. Following the initial  
19 authorization, the practitioner may provide continued authorization  
20 for the use of medical cannabis via telemedicine or telehealth if the  
21 practitioner determines that an in-person visit is not required,  
22 consistent with the standard of care. The practitioner may require  
23 in-office consultations if additional consultations are necessary to  
24 continue to authorize the patient's use of medical cannabis.<sup>3</sup>

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

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

29

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

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

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

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

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

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

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

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

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

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

1 cannabis that a patient may be dispensed shall be prescribed by the  
2 commission by regulation.

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

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

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

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

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

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

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

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

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

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

16

17 3. This act shall take effect immediately.