

**SENATE
STATE OF MINNESOTA
NINETY-SECOND SESSION**

S.F. No. 2412

(SENATE AUTHORS: KUNESH)

DATE
04/14/2021

D-PG
2780

OFFICIAL STATUS
Introduction and first reading
Referred to Health and Human Services Finance and Policy

1.1 A bill for an act
1.2 relating to health care; recognizing Tribal medical cannabis programs and
1.3 coordinating Tribal medical cannabis programs with the state medical cannabis
1.4 program; amending Minnesota Statutes 2020, sections 152.22, by adding a
1.5 subdivision; 152.25, by adding a subdivision; 152.27, subdivision 6; 152.32,
1.6 subdivision 3.

1.7 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.8 Section 1. Minnesota Statutes 2020, section 152.22, is amended by adding a subdivision
1.9 to read:

1.10 Subd. 13a. Tribal medical cannabis program. "Tribal medical cannabis program"
1.11 means a medical cannabis program operated by a federally recognized Indian Tribe located
1.12 within the state that has been recognized by the commissioner of health in accordance with
1.13 section 152.25, subdivision 5.

1.14 Sec. 2. Minnesota Statutes 2020, section 152.25, is amended by adding a subdivision to
1.15 read:

1.16 Subd. 5. Tribal medical cannabis programs. Upon the request of an Indian Tribe
1.17 operating a Tribal medical cannabis program, the commissioner shall determine if the
1.18 standards for the Tribal medical cannabis program meet or exceed the standards required
1.19 under sections 152.22 to 152.37 in terms of qualifying for the medical cannabis program,
1.20 allowable forms of medical cannabis, production and distribution requirements, product
1.21 safety and testing, and security measures. If the commissioner determines that the Tribal
1.22 medical cannabis program meets or exceeds the standards in sections 152.22 to 152.37, the
1.23 commissioner shall recognize the Tribal medical cannabis program and shall post the Tribal

2.1 medical cannabis programs that have been recognized by the commissioner on the
2.2 Department of Health's website.

2.3 Sec. 3. Minnesota Statutes 2020, section 152.27, subdivision 6, is amended to read:

2.4 Subd. 6. **Patient enrollment.** (a) After receipt of a patient's application, application fees,
2.5 and signed disclosure, the commissioner shall enroll the patient in the registry program and
2.6 issue the patient and patient's registered designated caregiver or parent, legal guardian, or
2.7 spouse, if applicable, a registry verification. The commissioner shall approve or deny a
2.8 patient's application for participation in the registry program within 30 days after the
2.9 commissioner receives the patient's application and application fee. The commissioner may
2.10 approve applications up to 60 days after the receipt of a patient's application and application
2.11 fees until January 1, 2016. A patient's enrollment in the registry program shall only be
2.12 denied if the patient:

2.13 (1) does not have certification from a health care practitioner that the patient has been
2.14 diagnosed with a qualifying medical condition;

2.15 (2) has not signed and returned the disclosure form required under subdivision 3,
2.16 paragraph (c), to the commissioner;

2.17 (3) does not provide the information required;

2.18 (4) has previously been removed from the registry program for violations of section
2.19 152.30 or 152.33; or

2.20 (5) provides false information.

2.21 (b) The commissioner shall give written notice to a patient of the reason for denying
2.22 enrollment in the registry program.

2.23 (c) Denial of enrollment into the registry program is considered a final decision of the
2.24 commissioner and is subject to judicial review under the Administrative Procedure Act
2.25 pursuant to chapter 14.

2.26 (d) A patient's enrollment in the registry program may only be revoked upon the death
2.27 of the patient or if a patient violates a requirement under section 152.30 or 152.33.

2.28 (e) The commissioner shall develop a registry verification to provide to the patient, the
2.29 health care practitioner identified in the patient's application, and to the manufacturer. The
2.30 registry verification shall include:

2.31 (1) the patient's name and date of birth;

3.1 (2) the patient registry number assigned to the patient; and

3.2 (3) the name and date of birth of the patient's registered designated caregiver, if any, or
3.3 the name of the patient's parent, legal guardian, or spouse if the parent, legal guardian, or
3.4 spouse will be acting as a caregiver.

3.5 (f) The commissioner shall not deny a patient's application for participation in the registry
3.6 program or revoke a patient's enrollment in the registry program solely because the patient
3.7 is also enrolled in a Tribal medical cannabis program.

3.8 Sec. 4. Minnesota Statutes 2020, section 152.32, subdivision 3, is amended to read:

3.9 Subd. 3. **Discrimination prohibited.** (a) No school or landlord may refuse to enroll or
3.10 lease to and may not otherwise penalize a person solely for the person's status as a patient
3.11 enrolled in the registry program under sections 152.22 to 152.37, unless failing to do so
3.12 would violate federal law or regulations or cause the school or landlord to lose a monetary
3.13 or licensing-related benefit under federal law or regulations.

3.14 (b) For the purposes of medical care, including organ transplants, a registry program
3.15 enrollee's use of medical cannabis under sections 152.22 to 152.37 is considered the
3.16 equivalent of the authorized use of any other medication used at the discretion of a physician
3.17 or advanced practice registered nurse and does not constitute the use of an illicit substance
3.18 or otherwise disqualify a patient from needed medical care.

3.19 (c) Unless a failure to do so would violate federal law or regulations or cause an employer
3.20 to lose a monetary or licensing-related benefit under federal law or regulations, an employer
3.21 may not discriminate against a person in hiring, termination, or any term or condition of
3.22 employment, or otherwise penalize a person, if the discrimination is based upon either of
3.23 the following:

3.24 (1) the person's status as a patient enrolled in the registry program under sections 152.22
3.25 to 152.37; or

3.26 (2) a patient's positive drug test for cannabis components or metabolites, unless the
3.27 patient used, possessed, or was impaired by medical cannabis on the premises of the place
3.28 of employment or during the hours of employment.

3.29 (d) An employee who is required to undergo employer drug testing pursuant to section
3.30 181.953 may present verification of enrollment in the patient registry as part of the employee's
3.31 explanation under section 181.953, subdivision 6.

4.1 (e) A person shall not be denied custody of a minor child or visitation rights or parenting
4.2 time with a minor child solely based on the person's status as a patient enrolled in the registry
4.3 program under sections 152.22 to 152.37. There shall be no presumption of neglect or child
4.4 endangerment for conduct allowed under sections 152.22 to 152.37, unless the person's
4.5 behavior is such that it creates an unreasonable danger to the safety of the minor as
4.6 established by clear and convincing evidence.

4.7 (f) This subdivision applies to any person enrolled in a Tribal medical cannabis program
4.8 to the same extent as if the person was enrolled in the registry program under sections 152.22
4.9 to 152.37.