1.1	moves to amend H.F. No. 4757, the first engrossment, as follows:
1.2	Page 13, delete section 11 and insert:
1.3	"Sec Minnesota Statutes 2022, section 152.22, subdivision 11, is amended to read:
1.4	Subd. 11. Registered designated caregiver. "Registered designated caregiver" means
1.5	a person who:
1.6	(1) is at least 18 years old;
1.7	(2) does not have a conviction for a disqualifying felony offense;
1.8	(3) (2) has been approved by the commissioner office to assist a patient who requires
1.9	assistance in administering medical cannabis or obtaining medical cannabis from a
1.10	distribution facility; and
1.11	(4) (3) is authorized by the commissioner office to assist the patient with the use of
1.12	medical cannabis.
1.13	EFFECTIVE DATE. This section is effective July 1, 2024.
1.14	Sec Minnesota Statutes 2022, section 152.22, subdivision 14, is amended to read:
1.15	Subd. 14. Qualifying medical condition. "Qualifying medical condition" means a
1.16	diagnosis of any of the following conditions:
1.17	(1) Alzheimer's disease;
1.18	(2) autism spectrum disorder that meets the requirements of the fifth edition of the
1.19	Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric
1.20	Association;
1.21	(1) (3) cancer, if the underlying condition or treatment produces one or more of the
1.22	following:

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- 2.1 (i) severe or chronic pain;
- 2.2 (ii) nausea or severe vomiting; or
- 2.3 (iii) cachexia or severe wasting;
- 2.4 (4) chronic motor or vocal tic disorder;
- 2.5 (5) chronic pain;
- 2.6 (2) (6) glaucoma;
- 2.7 (3) (7) human immunodeficiency virus or acquired immune deficiency syndrome;
- 2.8 (8) intractable pain as defined in section 152.125, subdivision 1, paragraph (c);
- 2.9 (9) obstructive sleep apnea;
- 2.10 (10) post-traumatic stress disorder;
- 2.11 (4) (11) Tourette's syndrome;
- 2.12 (5) (12) amyotrophic lateral sclerosis;
- 2.13 (6) (13) seizures, including those characteristic of epilepsy;
- 2.14 (7) (14) severe and persistent muscle spasms, including those characteristic of multiple
- 2.15 sclerosis;
- 2.16 (8) (15) inflammatory bowel disease, including Crohn's disease;
- 2.17 (16) irritable bowel syndrome;
- 2.18 (17) obsessive-compulsive disorder;
- 2.19 (18) sickle cell disease;
- 2.20 (9) (19) terminal illness, with a probable life expectancy of under one year, if the illness
- 2.21 or its treatment produces one or more of the following:
- 2.22 (i) severe or chronic pain;
- 2.23 (ii) nausea or severe vomiting; or
- 2.24 (iii) cachexia or severe wasting; or
- 2.25 (10) (20) any other medical condition or its treatment approved by the commissioner.
- 2.26 <u>that is:</u>
- 2.27 (i) approved by a patient's health care practitioner; or

3.1	(ii) if the patient is a veteran receiving care from the United States Department of Veterans
3.2	Affairs, certified under section 152.27, subdivision 3a.
3.3	<b>EFFECTIVE DATE.</b> This section is effective July 1, 2024.
3.4	Sec Minnesota Statutes 2022, section 152.22, is amended by adding a subdivision to
3.5	read:
3.6	Subd. 19. Veteran. "Veteran" means an individual who satisfies the requirements in
3.7	section 197.447 and is receiving care from the United States Department of Veterans Affairs.
3.8	<b>EFFECTIVE DATE.</b> This section is effective July 1, 2024.
3.9	Sec Minnesota Statutes 2022, section 152.25, subdivision 2, is amended to read:
3.10	Subd. 2. Range of compounds and dosages; report. The commissioner office shall
3.11	review and publicly report the existing medical and scientific literature regarding the range
3.12	of recommended dosages for each qualifying condition and the range of chemical
3.13	compositions of any plant of the genus cannabis that will likely be medically beneficial for
3.14	each of the qualifying medical conditions. The commissioner office shall make this
3.15	information available to patients with qualifying medical conditions beginning December
3.16	1, 2014, and update the information annually every three years. The commissioner office
3.17	may consult with the independent laboratory under contract with the manufacturer or other
3.18	experts in reporting the range of recommended dosages for each qualifying medical condition,
3.19	the range of chemical compositions that will likely be medically beneficial, and any risks
3.20	of noncannabis drug interactions. The commissioner office shall consult with each
3.21	manufacturer on an annual basis on medical cannabis offered by the manufacturer. The list
3.22	of medical cannabis offered by a manufacturer shall be published on the Department of
3.23	Health Office of Cannabis Management website.
3.24	<b>EFFECTIVE DATE.</b> This section is effective July 1, 2024.

3.25 Sec. .... Minnesota Statutes 2022, section 152.27, subdivision 1, is amended to read:

3.26 Subdivision 1. **Patient registry program; establishment.** (a) The commissioner office 3.27 shall establish a patient registry program to evaluate data on patient demographics, effective 3.28 treatment options, clinical outcomes, and quality-of-life outcomes for the purpose of reporting 3.29 on the benefits, risks, and outcomes regarding patients with a qualifying medical condition 3.30 engaged in the therapeutic use of medical cannabis.

4.1	(b) The establishment of the registry program shall not be construed or interpreted to
4.2	condone or promote the illicit recreational use of marijuana.
4.3	EFFECTIVE DATE. This section is effective July 1, 2024."
4.4	Page 14, line 8, strike "Commissioner" and insert "Office" and strike "commissioner"
4.5	and insert "office"
4.6	Page 14, line 19, strike everything after "condition"
4.7	Page 14, strike lines 20 and 21
4.8	Page 14, line 22, strike everything before the semicolon
4.9	Page 15, lines 1, 4, 12, 14, 17, and 19, strike "commissioner" and insert "office"
4.10	Page 15, line 6, strike "task force on medical cannabis"
4.11	Page 15, line 7, strike "therapeutic research" and insert "Cannabis Advisory Council
4.12	under section 342.03"
4.13	Page 15, line 18, strike "task force on medical cannabis research" and insert "Cannabis
4.14	Advisory Council under section 342.03"
4.15	Page 15, after line 21, insert:
4.16	"Sec Minnesota Statutes 2022, section 152.27, subdivision 3, is amended to read:
4.17	Subd. 3. Patient application. (a) The commissioner office shall develop a patient
4.18	application for enrollment into the registry program. The application shall be available to
4.19	the patient and given to health care practitioners in the state who are eligible to serve as
4.20	health care practitioners. The application must include:
4.21	(1) the name, mailing address, and date of birth of the patient;
4.22	(2) the name, mailing address, and telephone number of the patient's health care
4.23	practitioner;
4.24	(3) the name, mailing address, and date of birth of the patient's designated caregiver, if
4.25	any, or the patient's parent, legal guardian, or spouse if the parent, legal guardian, or spouse
4.26	will be acting as a caregiver;
4.27	(4) a copy of the certification from the patient's health care practitioner that is dated
4.28	within 90 days prior to submitting the application that certifies that the patient has been
4.29	diagnosed with a qualifying medical condition; and

- 5.1 (5) all other signed affidavits and enrollment forms required by the <u>commissioner office</u> 5.2 under sections 152.22 to 152.37, including, but not limited to, the disclosure form required 5.3 under paragraph (c) (b).
- 5.4 (b) The commissioner shall require a patient to resubmit a copy of the certification from
  5.5 the patient's health care practitioner on a yearly basis and shall require that the recertification
  5.6 be dated within 90 days of submission.
- 5.7 (c) (b) The commissioner office shall develop a disclosure form and require, as a condition
  5.8 of enrollment, all patients to sign a copy of the disclosure. The disclosure must include:
- (1) a statement that, notwithstanding any law to the contrary, the commissioner office,
  or an employee of any state agency, may not be held civilly or criminally liable for any
  injury, loss of property, personal injury, or death caused by any act or omission while acting
  within the scope of office or employment under sections 152.22 to 152.37; and
- 5.13 (2) the patient's acknowledgment that enrollment in the patient registry program is
  5.14 conditional on the patient's agreement to meet all of the requirements of sections 152.22 to
  5.15 152.37.
- 5.16 **EFFECTIVE DATE.** This section is effective July 1, 2024."

5.17 Page 15, lines 25 and 30, delete "<u>commissioner</u>" and insert "<u>office</u>"

5.18 Page 15, after line 33, insert:

5.19 "Sec. .... Minnesota Statutes 2022, section 152.27, subdivision 4, is amended to read:

5.20 Subd. 4. **Registered designated caregiver.** (a) The <u>commissioner office</u> shall register 5.21 a designated caregiver for a patient if the patient requires assistance in administering medical 5.22 cannabis or obtaining medical cannabis from a distribution facility and the caregiver has 5.23 agreed, in writing, to be the patient's designated caregiver. As a condition of registration as 5.24 a designated caregiver, the commissioner shall require the person to:

- 5.25 (1) be at least 18 years of age;
- 5.26 (2) agree to only possess the patient's medical cannabis for purposes of assisting the5.27 patient; and

(3) agree that if the application is approved, the person will not be a registered designated
caregiver for more than six registered patients at one time. Patients who reside in the same
residence shall count as one patient.

6.1	(b) The commissioner shall conduct a criminal background check on the designated
6.2	caregiver prior to registration to ensure that the person does not have a conviction for a
6.3	disqualifying felony offense. Any cost of the background check shall be paid by the person
6.4	seeking registration as a designated caregiver. A designated caregiver must have the criminal
6.5	background check renewed every two years.
6.6	(c) (b) Nothing in sections 152.22 to 152.37 shall be construed to prevent a person
6.7	registered as a designated caregiver from also being enrolled in the registry program as a
6.8	patient and possessing and using medical cannabis as a patient.
6.9	<b>EFFECTIVE DATE.</b> This section is effective July 1, 2024."
6.10	Page 16, lines 3, 5, 16, 21, and 28, strike "commissioner" and insert "office"
6.11	Page 16, line 7, strike "commissioner" and insert "office" and strike everything after
6.12	"application"
6.13	Page 16, strike line 8
6.14	Page 16, line 9, strike "fees until January 1, 2016"
6.15	Page 17, after line 4, insert:
6.16	"Sec Minnesota Statutes 2023 Supplement, section 152.28, subdivision 1, is amended
6.17	to read:
<ul><li>6.17</li><li>6.18</li></ul>	to read: Subdivision 1. <b>Health care practitioner duties.</b> (a) Prior to a patient's enrollment in
6.18	Subdivision 1. Health care practitioner duties. (a) Prior to a patient's enrollment in
6.18 6.19	Subdivision 1. <b>Health care practitioner duties.</b> (a) Prior to a patient's enrollment in the registry program, a health care practitioner shall:
<ul><li>6.18</li><li>6.19</li><li>6.20</li></ul>	Subdivision 1. <b>Health care practitioner duties.</b> (a) Prior to a patient's enrollment in the registry program, a health care practitioner shall: (1) determine, in the health care practitioner's medical judgment, whether a patient suffers
<ul><li>6.18</li><li>6.19</li><li>6.20</li><li>6.21</li></ul>	Subdivision 1. <b>Health care practitioner duties.</b> (a) Prior to a patient's enrollment in the registry program, a health care practitioner shall: (1) determine, in the health care practitioner's medical judgment, whether a patient suffers from a qualifying medical condition, and, if so determined, provide the patient with a
<ul> <li>6.18</li> <li>6.19</li> <li>6.20</li> <li>6.21</li> <li>6.22</li> </ul>	Subdivision 1. <b>Health care practitioner duties.</b> (a) Prior to a patient's enrollment in the registry program, a health care practitioner shall: (1) determine, in the health care practitioner's medical judgment, whether a patient suffers from a qualifying medical condition, and, if so determined, provide the patient with a certification of that diagnosis;
<ul> <li>6.18</li> <li>6.19</li> <li>6.20</li> <li>6.21</li> <li>6.22</li> <li>6.23</li> </ul>	Subdivision 1. Health care practitioner duties. (a) Prior to a patient's enrollment in the registry program, a health care practitioner shall: (1) determine, in the health care practitioner's medical judgment, whether a patient suffers from a qualifying medical condition, and, if so determined, provide the patient with a certification of that diagnosis; (2) advise patients, registered designated caregivers, and parents, legal guardians, or
<ul> <li>6.18</li> <li>6.19</li> <li>6.20</li> <li>6.21</li> <li>6.22</li> <li>6.23</li> <li>6.24</li> </ul>	Subdivision 1. Health care practitioner duties. (a) Prior to a patient's enrollment in the registry program, a health care practitioner shall: (1) determine, in the health care practitioner's medical judgment, whether a patient suffers from a qualifying medical condition, and, if so determined, provide the patient with a certification of that diagnosis; (2) advise patients, registered designated caregivers, and parents, legal guardians, or spouses who are acting as caregivers of the existence of any nonprofit patient support groups
<ul> <li>6.18</li> <li>6.19</li> <li>6.20</li> <li>6.21</li> <li>6.22</li> <li>6.23</li> <li>6.24</li> <li>6.25</li> </ul>	Subdivision 1. Health care practitioner duties. (a) Prior to a patient's enrollment in the registry program, a health care practitioner shall: (1) determine, in the health care practitioner's medical judgment, whether a patient suffers from a qualifying medical condition, and, if so determined, provide the patient with a certification of that diagnosis; (2) advise patients, registered designated caregivers, and parents, legal guardians, or spouses who are acting as caregivers of the existence of any nonprofit patient support groups or organizations;
<ul> <li>6.18</li> <li>6.19</li> <li>6.20</li> <li>6.21</li> <li>6.22</li> <li>6.23</li> <li>6.24</li> <li>6.25</li> <li>6.26</li> </ul>	Subdivision 1. Health care practitioner duties. (a) Prior to a patient's enrollment in the registry program, a health care practitioner shall: (1) determine, in the health care practitioner's medical judgment, whether a patient suffers from a qualifying medical condition, and, if so determined, provide the patient with a certification of that diagnosis; (2) advise patients, registered designated caregivers, and parents, legal guardians, or spouses who are acting as caregivers of the existence of any nonprofit patient support groups or organizations; (3) provide explanatory information from the commissioner to patients with qualifying
<ul> <li>6.18</li> <li>6.19</li> <li>6.20</li> <li>6.21</li> <li>6.22</li> <li>6.23</li> <li>6.24</li> <li>6.25</li> <li>6.26</li> <li>6.27</li> </ul>	Subdivision 1. Health care practitioner duties. (a) Prior to a patient's enrollment in the registry program, a health care practitioner shall: (1) determine, in the health care practitioner's medical judgment, whether a patient suffers from a qualifying medical condition, and, if so determined, provide the patient with a certification of that diagnosis; (2) advise patients, registered designated caregivers, and parents, legal guardians, or spouses who are acting as caregivers of the existence of any nonprofit patient support groups or organizations; (3) provide explanatory information from the commissioner to patients with qualifying medical conditions, including disclosure to all patients about the experimental nature of

7.1	(4) agree to continue treatment of the patient's qualifying medical condition and report
7.2	medical findings to the commissioner.
7.3	(b) Upon notification from the commissioner of the patient's enrollment in the registry
7.4	program, the health care practitioner shall:
7.5	(1) participate in the patient registry reporting system under the guidance and supervision
7.6	of the commissioner;
7.7	(2) report health records of the patient throughout the ongoing treatment of the patient
7.8	to the commissioner in a manner determined by the commissioner and in accordance with
7.9	subdivision 2;
7.10	(3) determine, on a yearly basis every three years, if the patient continues to suffer from
7.11	a qualifying medical condition and, if so, issue the patient a new certification of that
7.12	diagnosis; and
7.13	(4) otherwise comply with all requirements developed by the commissioner.
7.14	(c) A health care practitioner may utilize telehealth, as defined in section 62A.673,
7.15	subdivision 2, for certifications and recertifications.
7.16	(d) Nothing in this section requires a health care practitioner to participate in the registry
7.17	program.
7.18	<b>EFFECTIVE DATE.</b> This section is effective July 1, 2024.
7.19	Sec Minnesota Statutes 2022, section 152.28, subdivision 2, is amended to read:
7.20	Subd. 2. Data. Data collected on patients by a health care practitioner and reported to
7.21	the patient registry, including data on patients who are veterans who receive care from the
7.22	United States Department of Veterans Affairs, are health records under section 144.291,
7.23	and are private data on individuals under section 13.02, but may be used or reported in an
7.24	aggregated, nonidentifiable form as part of a scientific, peer-reviewed publication of research
7.25	conducted under section 152.25 or in the creation of summary data, as defined in section
7.26	13.02, subdivision 19.
7.27	<b>EFFECTIVE DATE.</b> This section is effective July 1, 2024.
7.28	Sec Minnesota Statutes 2022, section 152.29, subdivision 3, is amended to read:
7.29	Subd. 3. Manufacturer; distribution. (a) A manufacturer shall require that employees

7.30 licensed as pharmacists pursuant to chapter 151 be the only employees to give final approval
7.31 for the distribution of medical cannabis to a patient. A manufacturer may transport medical

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cannabis or medical cannabis products that have been cultivated, harvested, manufactured, 8.1 packaged, and processed by that manufacturer to another registered manufacturer for the 8.2 other manufacturer to distribute. 8.3

(b) A manufacturer may distribute medical cannabis products, whether or not the products 8.4 have been manufactured by that manufacturer. 8.5

(c) Prior to distribution of any medical cannabis, the manufacturer shall: 8.6

8.7 (1) verify that the manufacturer has received the registry verification from the

commissioner office for that individual patient; 8.8

(2) verify that the person requesting the distribution of medical cannabis is the patient, 8.9 the patient's registered designated caregiver, or the patient's parent, legal guardian, or spouse 8.10 listed in the registry verification using the procedures described in section 152.11, subdivision 8.11 2d; 8.12

8.13

(3) assign a tracking number to any medical cannabis distributed from the manufacturer;

(4) ensure that any employee of the manufacturer licensed as a pharmacist pursuant to 8.14 chapter 151 has consulted with the patient to determine the proper dosage for the individual 8.15 patient after reviewing the ranges of chemical compositions of the medical cannabis and 8.16 the ranges of proper dosages reported by the commissioner office. For purposes of this 8.17 clause, a consultation may be conducted remotely by secure videoconference, telephone, 8.18 or other remote means, so long as the employee providing the consultation is able to confirm 8.19 the identity of the patient and the consultation adheres to patient privacy requirements that 8.20 apply to health care services delivered through telehealth. A pharmacist consultation under 8.21 this clause is not required when a manufacturer is distributing medical cannabis to a patient 8.22 according to a patient-specific dosage plan established with that manufacturer and is not 8.23 modifying the dosage or product being distributed under that plan and the medical cannabis 8.24 is distributed by a pharmacy technician only required: 8.25

## (i) if the patient is purchasing the medical cannabis flower or medical cannabinoid 8.26 product for the first time; 8.27

(ii) if the patient purchases medical cannabis flower or a medical cannabinoid product 8.28 that the patient must administer using a different method than the patient's previous method 8.29 of administration; 8.30

(iii) if the patient purchases medical cannabis flower or a medical cannabinoid product 8.31 with a cannabinoid concentration of at least double the patient's prior dosage; or 8.32

(iv) upon the request of the patient; and 8.33

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- (5) properly package medical cannabis in compliance with the United States Poison 9.1 Prevention Packing Act regarding child-resistant packaging and exemptions for packaging 9.2 for elderly patients, and label distributed medical cannabis with a list of all active ingredients 9.3 and individually identifying information, including: 9.4 (i) the patient's name and date of birth; 9.5 (ii) the name and date of birth of the patient's registered designated caregiver or, if listed 9.6 on the registry verification, the name of the patient's parent or legal guardian, if applicable; 9.7 (iii) the patient's registry identification number; 9.8 (iv) the chemical composition of the medical cannabis; and 9.9 (v) the dosage; and 9.10 (6) ensure that the medical cannabis distributed contains a maximum of a 90-day supply 9.11 of the dosage determined for that patient. 9.12 (d) A manufacturer shall require any employee of the manufacturer who is transporting 9.13 medical cannabis or medical cannabis products to a distribution facility or to another 9.14 registered manufacturer to carry identification showing that the person is an employee of 9.15 the manufacturer. 9.16 (e) A manufacturer shall distribute medical cannabis in dried raw cannabis form only 9.17 to a patient age 21 or older, or to the registered designated caregiver, parent, legal guardian, 9.18 or spouse of a patient age 21 or older. 9.19 **EFFECTIVE DATE.** This section is effective July 1, 2024. 9.20 Sec. .... Minnesota Statutes 2023 Supplement, section 152.30, is amended to read: 9.21 **152.30 PATIENT DUTIES.** 9.22 (a) A patient shall apply to the commissioner office for enrollment in the registry program 9.23 by submitting an application as required in section 152.27 and an annual registration fee as 9.24 determined under section 152.35. 9.25 (b) As a condition of continued enrollment, patients shall agree to: 9.26 (1) continue to receive regularly scheduled treatment for their qualifying medical 9.27
- 9.28 condition from their health care practitioner; and
- 9.29 (2) report changes in their qualifying medical condition to their health care practitioner.

- 10.2 Tribal medical cannabis program but is not required to receive medical cannabis products
- 10.3 from only a registered manufacturer or Tribal medical cannabis program.

## 10.4 **EFFECTIVE DATE.** This section is effective July 1, 2024."

- 10.5 Page 23, line 12, strike "medical cannabis retailer" and insert "cannabis business with
- 10.6 <u>a medical cannabis retail endorsement</u>"
- 10.7 Page 24, line 2, strike "medical cannabis business" and insert "cannabis business with
- 10.8 <u>a medical cannabis retail endorsement</u>"
- 10.9 Page 29, line 24, delete "2025" and insert "2024"
- 10.10 Page 40, line 6, delete "<u>11</u>" and insert "<u>25</u>"
- 10.11 Page 40, line 12, delete "25;" and insert "50; and"
- 10.12 Page 40, delete line 13
- 10.13 Page 40, line 14, delete "(10)" and insert "(9)"
- 10.14 Page 40, line 15, delete "preapproval is" and insert "the office adopts initial rules pursuant
- 10.15 <u>to section 342.02</u>, subdivision 5,"
- 10.16 Page 40, line 16, delete "granted"
- 10.17 Page 49, line 28, delete ", by rule,"
- 10.18 Page 49, line 32, delete "<u>The office must</u>" and insert "<u>For purposes of making a</u>
- 10.19 determination under this subdivision, and notwithstanding the data's classification under
- 10.20 chapter 13, the office may access civil investigatory data about an applicant maintained by
- 10.21 <u>any other government entity.</u>"
- 10.22 Page 49, delete line 33
- 10.23 Page 50, delete lines 1 to 3
- 10.24 Page 53, line 6, delete "by rule"
- 10.25 Page 54, lines 12 and 18, delete "<u>22</u>" and insert "<u>50</u>"
- 10.26 Page 72, line 28, after the period, insert "<u>Notwithstanding any law to the contrary</u>,
- 10.27 issuance of a medical cannabis combination business license to a medical cannabis

10.28 manufacturer registered pursuant to section 152.25 cancels the medical cannabis manufacturer

- 10.29 registration."
- 10.30 Page 81, line 5, strike "of each year" and insert "every three years"

- 11.1 Page 81, line 29, delete "2025" and insert "2024"
- 11.2 Page 82, line 25, strike "on a yearly basis" and insert ", every three years,"
- 11.3 Page 82, line 31, delete "2025" and insert "2024"
- 11.4 Page 97, after line 15, insert:
- "Sec. .... Laws 2023, chapter 63, article 6, section 10, the effective date, is amended to
- 11.6 read:
- 11.7 **EFFECTIVE DATE.** This section is effective <u>March July</u> 1, <u>2025</u> 2024."
- 11.8 Page 97, line 18, delete "July" and insert "December"
- 11.9 Page 99, after line 12, insert:
- 11.10 "(c) The director of the Office of Cannabis Management may use the good cause exempt
- 11.11 rulemaking process under Minnesota Statutes, section 14.388, subdivision 1, clauses (3)
- and (4), to copy and adopt any portions of Minnesota Rules, parts 4770.0100 to 4770.4030,
- 11.13 that are necessary to effectuate the transfer of authority granted under Minnesota Statutes,
- 11.14 section 342.02, subdivision 3. The commissioner may make technical changes and any
- 11.15 changes necessary to conform with the transfer of authority. Any change to the rules that
- 11.16 is not authorized under this paragraph must be adopted according to Minnesota Statutes,
- 11.17 sections 14.001 to 14.366 using the rulemaking authority granted by Minnesota Statutes,
- 11.18 <u>section 342.02</u>, subdivision 5.
- 11.19 (d) Unless otherwise specified in this section or Minnesota Statutes, section 342.02,
- 11.20 subdivision 3, transfer of the powers, duties, rights, obligations, and other authority imposed
- 11.21 by law on the Department of Health with respect to the medical cannabis program under
- 11.22 Minnesota Statutes 2022, sections 152.22 to 152.37, to the Office of Cannabis Management
- 11.23 <u>is subject to Minnesota Statutes, section 15.039.</u>"
- 11.24 Page 99, delete section 118 and insert:
- 11.25 "Sec. .... <u>REPEALER.</u>
- (a) Minnesota Statutes 2022, sections 152.22, subdivision 3; and 152.36, are repealed.
- (b) Minnesota Statutes 2023 Supplement, sections 342.01, subdivision 28; 342.18,
- 11.28 subdivision 1; 342.27, subdivision 13; and 342.29, subdivision 9, are repealed.
- 11.29 (c) Minnesota Statutes 2023 Supplement, sections 342.47; 342.48; 342.49; and 342.50,
- 11.30 are repealed.

- 12.1 (d) Laws 2023, chapter 63, article 7, sections 4; and 6, are repealed.
- 12.2 **EFFECTIVE DATE.** Paragraphs (a), (b), and (d) are effective the day following final
- 12.3 <u>enactment. Paragraph (c) is effective July 1, 2025.</u>"
- 12.4 Renumber the sections in sequence and correct the internal references
- 12.5 Amend the title accordingly