Florida Medical Marijuana Law:  
What Physicians and Their Patients Need to Know  
Presented Friday, June 23rd, 2017

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Mr. Lester Perling is a Partner in the Fort Lauderdale office of Broad and Cassel. He is a member of the Firm's Health Law and White Collar Defense and Compliance Practice Groups.

Mr. Perling is a board-certified health law attorney with extensive experience as a health care executive. He holds a master's degree in Health Care Administration. He has had significant experience with Medicare and Medicaid reimbursement and fraud and abuse issues, privacy of health care information (HIPAA), federal and state administrative proceedings, provider operations issues, corporate compliance programs, physician credentialing, transactions between health care providers, and related matters for health care providers.

Mr. Perling had more than 10 years of experience as a health care executive. He held various administrative positions, including Chief Executive Officer, with investor-owned and community hospitals of all types.

Mr. Perling is a member of the Adjunct Faculty at Florida Atlantic University and teaches health law in its Health Care MBA program. Mr. Perling has also taught courses at Florida Atlantic University and Nova Southeastern University, School of Business and Entrepreneurship in provider group practice dynamics, fraud and abuse, and risk management.

Alan S. Gassman is a board certified estate planning and trust lawyer who practices in Clearwater, Florida. He has an LLM. in taxation from the University of Florida, and practices in the areas of trust and estate planning, business and medical practice representation, taxation, wealth preservation and has represented well over 1,000 physicians for the last 28 years.

Mr. Gassman speaks for many tax conferences and national programs, including over 15 Bloomberg BNA webinars in the past 4 years, 3 times at the Notre Dame Tax and Estate Planning Institute in the past 2 years, and at many other national and Florida Bar conferences.

He was the lead author on Bloomberg BNA’s Estate Tax Planning for 2011 and 2012, and is the author of several other books, including Gassman & Markham on Florida and Federal Asset Protection Law, Creditor Protection for Florida Physicians, and A Practical Guide to Kickback and Self-Referral Laws for Florida Physicians. He has been published multiple times in Medical Economics and has been quoted on numerous occasions in Modern Healthcare, the Wall Street Journal, the New York Times and many other publications.
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Moderated by Alan S. Gassman

Jerome Hesch

Joy Spence
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Prof. Hesch on Charitable Planning Techniques 4:00 PM—4:50 PM
Mr. Gassman on Asset Protection for Businesses and their Owners 5:00 PM—5:50 PM
Networking Opportunities 5:50 PM—6:00 PM
Cocktail Hour 6:00 PM—7:00 PM

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Alan Gassman, J.D., LL.M.
Florida’s Medical Marijuana History

- June 16, 2014 – The Compassionate Medical Cannabis Act of 2014
  - s. 371.986
  - Legalization of low-THC cannabis (“Charlotte’s Web”) for certain diseases (i.e. cancer).
- March 25, 2016 – The Right to Try Act
  - s. 499.0295
  - Expansion of legalization of medical marijuana for terminally ill patients.
- Nov. 8, 2016 – The Florida Medical Marijuana Legalization Initiative
  - Voters passed Amendment 2 with a supermajority vote of 71.3%.
  - Expands access to medical marijuana to patients with debilitating diseases.
- June 16, 2017 – Notice of Proposed Regulation
  - DoH Office of Compassionate Use laying the groundwork for implementing SB 8-A.
- June 19, 2017 – SB 8-A (Medical Use of Marijuana)
  - Amending s.381.986
  - Passed House and Senate on June 9th.
  - Currently presented to Governor for signing.
- June 19, 2017 – SB 6-A (Public Records Exemption)
  - Amending s. 381.987
  - Passed House and Senate on June 9th.
  - Currently presented to Governor for signing.
The Compassionate Medical Cannabis Act

• s. 381.986 – Compassionate use of low-THC and medical cannabis.
• Physicians were allowed to order low-THC cannabis (“Charlotte’s Web”) to treat a qualified patient suffering from cancer or a physical medical condition that chronically produces symptoms of seizures or severe and persistent muscle spasms.
• Could only order not more than a 45-day supply and a cannabis delivery device needed by the patient for the medical use of low-THC cannabis.
• Had to have treated the patient for at least 3 months immediately preceding the patient’s registration in the compassionate use registry.
• Had to complete an 8-hour course and exam.
The Right to Try Act

- s. 499.0295 – Experimental treatments for terminal conditions.

- A physician can prescribe medical cannabis, not just Charlotte’s Web, but only to a narrowly defined “eligible patient.”

- An “eligible patient” is defined as a person who has a terminal condition that is determined by the patient’s physician and confirmed by a second independent evaluation by a board-certified physician in an appropriate specialty for that condition.

- Under the Act, a “terminal condition” is defined as a progressive disease or medical or surgical condition that causes significant functional impairment, is not considered by a treating physician to be reversible even with the administration of available treatment options currently approved by the FDA, and, without the administration of life-sustaining procedures, will result in death within 1 year after diagnosis if the condition runs its normal course.
Amendment 2
The Florida Medical Marijuana Legalization Initiative

- Approved by Florida voters during the 2016 general election.
- Allows medical use of marijuana for individuals with debilitating medical conditions as determined by a licensed Florida physician.
  - No longer need to have a terminal disease to receive something other than Charlotte’s Web.
- Allows caregivers to assist patients’ medical use of marijuana.
- The Department of Health will register and regulate centers that produce and distribute marijuana for medical purposes and will issue identification cards to patients and caregivers. To receive an identification card, the patient must:
  - Be a permanent FL resident; and,
    - A seasonal resident may provide the department with proof of residency.
  - Be diagnosed with a qualifying physical medical condition.
Important Dates

- By July 3, 2017 – DoH must begin licensing medical marijuana treatment centers.
- By October, 2017 – DoH must begin issuing identification cards.

SB 8-A amends s. 385.212 to read: the DoH “will establish an Office of Medical Marijuana Use under the direction of the Deputy State Health Officer.”

- The Office of Compassionate Use is now the Office of Medical Marijuana Use.

SB 8-A amends several aspects of s. 381.986, including:

- Definitions
  - Marijuana (formerly “medical cannabis”)
  - Medical Marijuana Treatment Centers (formerly “dispensing facilities”)

- Qualifying Medical Conditions
  - The list of qualifying medical conditions has increased.

- Who Can Prescribe
  - Education requirements have been changed.

- Requirements for Prescribing

- Informed Consent Requirements

- Dosage Limits
  - There has been an increase in supply limits.

- Registry
  - The Compassionate Use Registry is now the Medical Marijuana Use Registry.

- Review Panel
  - There will be a physician certification pattern review panel.
Low- THC Cannabis
"Charlotte's Web"

- Defined as a plant of the genus Cannabis, the dried flowers of which contain 0.8 percent or less of tetrahydrocannabinol and more than 10 percent of cannabidiol weight for weight; the seeds thereof; the resin extracted from any part of such plant; or any compound, manufacture, salt, derivative, mixture, or preparation of such plant or its seeds or resin...
  - “That is dispensed only from a dispensing organization.”
  - Under the Compassionate Medical Cannabis Act.
  - “That is dispensed from a medical marijuana treatment.”
  - Under SB 8-A.
- Unlikely to provide a “high.”
- Named after Charlotte Figi, born in 2006, whose parents and physicians claimed a dose of medical marijuana at the age of five resulted in a decrease of her epileptic seizures caused by Dravet syndrome.
Medical Cannabis
“Marijuana”

Under the former s. 381.986, “medical cannabis” was defined as all parts of any plant of the genus *Cannabis*, whether growing or not; the seeds thereof; the resin extracted from any part of the plant; and every compound, manufacture, sale, derivative, mixture, or preparation of the plant or its seeds or resin that is dispensed only from a dispensing organization for medical use by an eligible patient.

Under the Compassionate Act, “eligible patients” were defined as terminal in accordance with s. 499.0295 (the Right to Try Act).

SB 8-A reclassifies “medical cannabis” as “marijuana” and defines it as all parts of any plant of the genus *Cannabis*, whether growing or not; the seeds thereof; the resin extracted from any part of the plant; and every compound, manufacture, salt, derivative, mixture, or preparation of the plant or its seeds or resin, including low-THC cannabis, which are dispensed from a medical marijuana treatment center for medical use by a qualified patient.
Qualifying Medical Conditions

A patient must be diagnosed with at least one of the following conditions to qualify to receive marijuana or a marijuana delivery device:

- Cancer
- Epilepsy
- Glaucoma
- HIV/AIDS
- PTSD
- Amyotrophic lateral sclerosis
- Crohn’s disease
- Parkinson’s disease
- Multiple sclerosis
- Medical conditions of the same kind or class as or comparable to those enumerated above
- A terminal condition diagnosed by a physician other than the qualified physician issuing the physician certification
- Chronic nonmalignant pain
A “Qualified” Physician

Only a “qualified physician” can prescribe marijuana, and a “qualified physician” is a person who...

- Holds an active, unrestricted license as an allopathic physician under chapter 458 or as an osteopathic physician under chapter 459.

- Is in compliance with the physician education requirements by successfully completing a 2-hour course and exam offered by the Florida Medical Association or the Florida Osteopathic Medical Association.
  - The course and exam will be administered at least annually and may be offered in a distance learning format, including an electronic, online format that is available upon request. The price of the course may not exceed $500.
  - Must also be passed before each license renewal.

- Has met the physician education requirements of former s. 381.986(4), and will be deemed to be in compliance until 90 days after the new course and exam become available.

- A qualified physician may not be employed by, or have any direct or indirect economic interest in, a medical marijuana treatment center or marijuana testing laboratory.
Requirements for Prescribing

A qualified physician may issue a physician certification only if the qualified physician:

- Conducted a physical examination while physically present in the same room as the patient and a full assessment of the medical history of the patient.
  - No telemedicine.
- Diagnosed the patient with at least one qualifying medical condition.
- Determined that the medical use of marijuana would likely outweigh the potential health risks for the patient.
  - If a patient is younger than 18 years of age, a second physician must agree with a terminal diagnosis.
- Determined whether the patient is pregnant.
  - Only allowed to prescribe low-THC cannabis to a pregnant patient.
- Reviewed the patient’s controlled drug prescription history in the prescription drug monitoring program database established pursuant to s. 893.055.
- Reviewed the medical marijuana use registry and confirmed that the patient does not have an active physician certification from another qualified physician.
Requirements for Prescribing

When issuing a physician certification to a patient, the physician must:

- Register as the issuer of the physician certification for the named qualified patient on the medical marijuana use registry.
- Enter into the registry the contents of the physician certification, including:
  - The patient’s qualifying condition and the dosage.
  - The amount and forms of marijuana authorized for the patient.
  - Any type of marijuana delivery devices needed by the patient.
- Update the registry within 7 days after any change is made to the original physician certification.
- Deactivate the registration of the qualified patient and the patient’s caregiver when the physician no longer recommends the medical use of marijuana for the patient.
- Obtain the voluntary and informed written consent of the patient each time the qualified physician issues a physician certification.
  - The patient, or the patient’s parent or legal guardian if the patient is a minor, must sign the informed consent acknowledging that the qualified physician has sufficiently explained its content.
  - The qualified physician must use a standardized informed consent form adopted in rule by the Board of Medicine and the Board of Osteopathic Medicine.
Informed Consent

In order to obtain “informed consent,” a physician must tell the patient:

- The Federal Government’s classification of marijuana as a Schedule I controlled substance.
- The approval and oversight status of marijuana by the FDA.
- The current state of research on the efficacy of marijuana to treat the qualifying condition(s).
- The potential for addiction.
- The potential effect that marijuana may have on a patient’s coordination, motor skills, and cognition, including a warning against operating heavy machinery, operating a motor vehicle, or engaging in activities that require a person to be alert or respond quickly.
  - In addition to other potential side effects of marijuana use.
- The risks, benefits, and drug interactions of marijuana.
- That the patient’s de-identified health information contained in the physician certification and medical marijuana use registry may be used for research purposes.
## Prior Acts’ Informed Consent

<table>
<thead>
<tr>
<th>The Right to Try Act</th>
<th>The Compassionate Act</th>
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<tbody>
<tr>
<td>Written informed consent means a document signed by a patient, parent of a minor,</td>
<td>Obtain the voluntary written informed consent of the patient or the patient’s legal</td>
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<tr>
<td>court-appointed guardian, or health care surrogated for a patient and must include:</td>
<td>representative to treatment with low-THC cannabis after:</td>
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<tr>
<td>1. An explanation of the currently approved products and treatments for the</td>
<td>1. Sufficiently explaining the current state of knowledge in the medical community of</td>
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<td>condition.</td>
<td>the effectiveness of treatment of the patient’s condition with low-THC cannabis,</td>
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<td>2. A statement that the patient agrees that all currently approved products and</td>
<td>2. The medically acceptable alternatives,</td>
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<td>treatments are unlikely to prolong the patient’s life.</td>
<td>3. The potential risks and side effects.</td>
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<td>3. Identification of the specific investigational drug, biological product, or</td>
<td>Obtain written informed consent as defined in and required under s. 499.0295 (The</td>
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<td>device.</td>
<td>Right to Try Act), if the physician is ordering medical cannabis for an eligible</td>
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<td>4. A realistic description of the most likely outcomes of using the investigational</td>
<td>patient pursuant to that section and is not a medical director employed by a</td>
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<td>drug, biological product, or device.</td>
<td>dispensing organization.</td>
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<td>5. A statement that the patient’s health plan or third-party administrator and</td>
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<td>physician are not obligated to pay for care or treatment unless required to do so</td>
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<td>by law or contract.</td>
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<td>6. A statement that the patient’s eligibility for hospice care may be withdrawn.</td>
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<td>7. A statement that the patient understands he or she is liable for all expenses</td>
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<td>consequential to the use of the investigational treatment and that liability</td>
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<td>extends to the patient’s estate, unless a contract between the patient and the</td>
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<td>manufacturer of the investigational drug, biological product, or device states</td>
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<td>otherwise.</td>
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Re-issuing Certifications

Before re-issuing a physician certification, a qualified physician must evaluate the existing qualified patient at least once every 30 weeks by...

- Determining if the patient still meets the physician certification requirements.
- Identifying and documenting if the patient experienced either of the following related to the medical use of marijuana:
  - An adverse drug interaction with any prescription or nonprescription medication; or,
  - A reduction in the use of, or dependence on, other types of controlled substances as defined in s. 893.02.
- Submitting a report with the findings required pursuant to the department. The department will submit such reports to the Coalition for Medical Marijuana Research and Education established pursuant to s. 1004.4351.
Dosage Guidelines

- A qualified physician may not issue a physician certification for more than three 70-day supply limits of marijuana, to be calculated using the daily dose amount.
  - The department will establish by rule a daily dose amount with equivalent dose amounts for each allowable form of marijuana.

- A qualified physician may request an exception to the daily dose amount limit. The request will be made electronically on a form adopted by the department in a rule and must include, at a minimum:
  - The qualified patient’s qualifying medical condition.
  - The dosage and route of administration that was insufficient to provide relief to the qualified patient.
  - A description of how the patient will benefit from an increased amount.
  - The minimum daily dose amount of marijuana that would be sufficient for the treatment.
  - A qualified physician must provide the qualified patient’s records upon the request of the department.

- The department will approve or disapprove the request within 14 days after receipt of the complete documentation.
  - The request will be deemed approved if the department fails to act within this time period.
The Medical Marijuana Use Registry

- Formerly known as the Compassionate Use Registry.
- The department will monitor physician registration in the medical marijuana use registry (formerly the compassionate use registry) and the issuance of physician certifications for practices that could facilitate unlawful diversion or misuse of marijuana or a marijuana delivery device.
- The registry will be a secure, electronic, and online medical marijuana use registry for physicians, patients, and caregivers.
- The medical marijuana use registry will be accessible to law enforcement agencies, qualified physicians, and medical marijuana treatment centers to verify the authorization of a qualified patient or a caregiver to possess marijuana or a marijuana delivery device and record the marijuana or marijuana delivery device dispensed.
The Review Panel

- The Board of Medicine and the Board of Osteopathic Medicine will jointly create a physician certification pattern review panel to review all physician certifications submitted to the medical marijuana use registry.

- The panel will track and report the number of physician certifications and the qualifying medical conditions, dosage, supply amount, and form of marijuana.
  - The data will be reported by individual qualified physician, by county, and by statewide findings.

- Beginning January 1, 2018, the review panel will submit an annual report of its findings and recommendations to the Governor, the President of the Florida Senate, and the Speaker of the Florida House of Representatives.
Potential for Discipline

- A qualified physician commits a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083, if the qualified physician issues a physician certification without a reasonable belief that the patient is suffering from a qualifying medical condition.

- A qualified physician who issues a physician certification and receives compensation from a medical marijuana treatment center related to the issuance of a physician certification is subject to disciplinary action under the applicable practice act and s. 456.072(1)(n).

- Issuing a physician certificate in a way that is not in compliance with s. 381.986 can result in a denial of license.
  - Added to subsection (1) of s. 458.331 (Medical Practice).
  - Added to subsection (1) of s. 459.015 (Osteopathic Medicine).

- Regarding unlicensed activity:
  - In addition to or in lieu of any other administrative remedy, the department may seek the imposition of a civil penalty for any violation that the department can issue a notice to cease and desist.
    - The civil penalty will be no less than $5,000 and no more than $10,000 for each offense.
  - In addition to the other remedies, the department or any state attorney may bring an action for an injunction to restrain any unlicensed activity or to enjoin the future or maintenance of the unlicensed activity.
Medical Marijuana Treatment Centers
“Dispensing Facilities”

- No later than July 3, 2017, the department will license any entity that holds an active, unrestricted license to cultivate, process, transport, and dispense low-THC cannabis, medical cannabis, and cannabis delivery devices, under former s. 381.986 as medical marijuana treatment centers.

- The department will license 10 applicants that meet the requirements of s. 381.986(8)(a)(2) as medical marijuana treatment centers.

- Within 6 months after the registration of 100,000 qualified patients in the medical marijuana use registry, the department will license 4 additional medical marijuana treatment centers that meet the requirements of this section.

  - Thereafter, the department will license 4 medical marijuana treatment centers within 6 months after the registration of each additional 100,000 active qualified patients.
An applicant for licensure as a medical marijuana treatment center must demonstrate that they have:

- Been registered to do business in the state for five consecutive years.
- The possession of a valid certificate of registration issued by the Department of Agriculture and Consumer Services pursuant to s. 581.131.
- The technical and technological ability to cultivate and produce marijuana, including, but not limited to, low-THC cannabis.
- The ability to secure the premises, resources, and personnel necessary to operate a medical marijuana treatment center.
- The ability to maintain accountability of all raw materials, finished products, and any byproducts to prevent diversion or unlawful access to or possession of the substances.
- An infrastructure reasonably located to dispense marijuana to registered patients statewide or regionally as determined by the department.
- The financial ability to maintain operations for the duration of the 2-year assessment cycle, including the provision of certified financial statements to the department.
Privacy & Confidentiality Concerns

Due to the concern that information regarding medical marijuana could be used as a discriminatory tool, the legislature moved to amend s. 381.987.

The resulting bill was SB 6-A, which aims to limit the availability of patient, caregiver, or physician information pertaining to medical marijuana involvement.
SB 6-A

- s. 381.957 Public records exemption for personal identifying information relating to medical marijuana held by the department
- June 19, 2017 – Passed by House and Senate and presented to Governor for signing.
- SB 6-A exempts from public records requirements personal identifying information related to physician certification and information in the medical marijuana use registry.
- There are exceptions that allow for access but that information must remain confidential.
- There will be a criminal penalty for breaching confidentiality.
- This exemption covers the information of:
  - Patients
  - Caregivers
  - Physicians
The following information is confidential and exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution:

- A patient’s or caregiver’s personal identifying information held by the medical marijuana user registry, including, but not limited to, the patient’s or caregiver’s name, address, date of birth, photograph, and telephone number.

- All personal identifying information collected for the purpose of issuing a patient’s or caregiver’s medical marijuana use registry identification card described in s. 381.896.

- All personal identifying information pertaining to the physician certification for marijuana held by the department, including, but not limited to, information related to the patient’s diagnosis, exception requests to the daily dose amount limit, and the qualified patient’s experience related to the medical use of marijuana.

- A qualified physician’s Drug Enforcement Administration number, residential address, and government-issued identification card.
There are exceptions that allow access to the confidential and exempt information in the medical marijuana use registry.

Example: A law enforcement agency that is investigating a violation of law regarding marijuana cannabis in which the subject of the investigation claims an exception established under s. 381.986, except for information related to the patient’s diagnosis.

All information released by the department remains confidential and exempt.

A person who receives access to such information must maintain the confidential and exempt status of the information received.

A person who willfully and knowingly violates this section commits a felony of the third degree, punishable as provided in s. 775.082 or, s. 775.083, or s. 775.084.
Moving Forward

- Although not yet signed into law, the DoH has already published a proposed regulation on administering SB 8-A.
- While SB 8-A allows for greater access to medical marijuana, several aspects of marijuana use are still illegal – both in Florida and federally.
- Furthermore, SB 8-A does not address, and in some way creates, a number of emerging issues.
1-1.01 Medical Marijuana for Debilitating Medical Conditions
Published on June 16, 2017.
Lays the groundwork for implementing SB 8-A.
Relevant to physicians patients:
- All MMTCs, physicians, patients, and caregivers must be registered in the online Compassionate Use Registry as required by Rule 64-4.009, F.A.C.
- All patients and caregivers must have a valid Compassionate Use Registry identification card to obtain medical marijuana or a medical marijuana delivery device as required by Rule 64-4.011, F.A.C.
- Each prospective caregiver will present to Fl. Department of Law Enforcement or one of its approved vendors for fingerprinting.
Relevant to medical marijuana treatment centers (MMTC):
- Any entity that holds an active, unrestricted license under s. 381.986 (2016) will be registered as an MMTC if it meets the requirements set forth by SB 8-A (2017)’s amendments.
- If SB 8-A becomes law, the DoH will immediately begin the process to implement regulations and/or rules as necessary to register additional medical marijuana treatment centers.
What Is Still Illegal?

- Use or administration of medical or low-THC cannabis by smoking.
  - Vaping is allowed.
- Transfer of low-THC or medical cannabis to a person other than the qualified patient for whom it was ordered or that qualified patient’s caregiver.
- Use on any form of public transportation, in any public place, in the patient's place of employment if it is restricted by the employer, in a state correctional institute, on the grounds of a preschool, primary school, or secondary school or any school bus or vehicle.
  - Some exceptions apply – low-THC (Charlotte’s Web) may be used in certain public spaces.
- Use of marijuana is still illegal under federal law.
  - Federal law classifies it as a Schedule I controlled substance (i.e. it does not have accepted medical use).
Emerging Issues

- Physician ventures with dispensaries or entities that attempt to facilitate face-to-face consultations? Fee-splitting? Illegal prescribing?
- Role of telemedicine in the initial consultation.
  - Currently illegal, but will this change?
- Role of physician extenders when conducting initial consultation.
- Physician involvement with ancillary businesses (for example, businesses that provide marketing services, training, and technology to growers and dispensaries).
- According to a Miami Herald article, by 2018, medical marijuana users will spend nearly $200 million in Florida, according to estimates by New Frontier, a financial analyst that focuses entirely on cannabis. By 2020, the state will make up 14% of the nation’s legal marijuana use.
- DEA Implications – Still on Schedule I and is unlawful to prescribe.
  - DOJ memos have indicated that this area is not a DOJ priority but Sen. Jeff Sessions is notoriously anti-marijuana – See Politico, "Jeff Sessions' Coming War on Legal Marijuana," (Dec. 5, 2016).
Links to the Bills & Proposed Regulation

- SB 8-A

- SB 6-A
  - [https://www.flsenate.gov/Session/Bill/2017A/6A/BillText/er/PDF](https://www.flsenate.gov/Session/Bill/2017A/6A/BillText/er/PDF)

- Proposed Regulation
  - [https://www.flrules.org/Gateway/View_notice.asp?id=19091363](https://www.flrules.org/Gateway/View_notice.asp?id=19091363)

- Notice & Comments
  - The department will give notice of its intended action at least 15 days prior to taking that action. Notice will be published in the Florida Administrative Register.
  - Any person may submit written comments on an action to the contact person identified in the notice within 3 days after the date of the notice.
  - For more information go to:
    [https://www.flrules.org/gateway/View_Notice.asp?id=19018807](https://www.flrules.org/gateway/View_Notice.asp?id=19018807)
Resources for Physicians

- DOH Office of Compassionate Use:  
  - Still the relevant website even though no longer the “Compassionate Use” Registry.

- University of Florida College of Pharmacy Templates for treatment plan forms: https://cca.pharmacy.ufl.edu/

- Florida Osteopathic Medical Course: http://www.foma.org/low-tch-cannabis-course-for-physicians.html  
  - New courses not yet available.

- Florida Medical Association Cannabis Course: https://www.flmedical.org/  
  - Select the Education Tab to locate the Cannabis Courses.  
  - New courses not yet available.
Questions?

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Financial & Estate Planning for Chronic Illness 5:00 PM—5:50 PM
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Jerome M. Hesch and Alan S. Gassman

- Prof. Hesch on Charitable Planning Techniques 4:00 PM—4:50 PM
- Mr. Gassman on Asset Protection for Businesses and their Owners 5:00 PM—5:50 PM
- Networking Opportunities 5:50 PM—6:00 PM
- Cocktail Hour 6:00 PM—7:00 PM

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Professor Jerome M. Hesch, J.D.

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Florida Medical Marijuana Law:
What Physicians and Their Patients Need to Know
Presented Friday, June 23rd, 2017

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