Title 10
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Subtitle 62 – NATALIE M. LAPRADE MEDICAL CANNABIS COMMISSION
Chapters 1 to 7

10.62.01 Definitions

Authority: Health General Article, §§13-3301—13-3303, Annotated Code of Maryland

.01 Scope.
This chapter defines terms used in COMAR 10.62.02 – 10.62.35.

.02 Definitions.
A. In this subtitle, the following terms have the meanings indicated.
B. Terms Defined.
(1) “Association” means employment or volunteer status at a licensed grower, licensed processor, or licensed dispensary.
(2) Batch.
(a) “Batch” means not more than 10 pounds of all of the plants of the same variety of medical cannabis that have been:
(i) Grown, harvested, and processed together; and
(ii) Exposed to substantially similar conditions throughout cultivation and processing.
(b) “Batch” includes all of the processed materials produced from those plants. Processed materials are produced in lots.
(3) “Bona fide physician provider-patient relationship” means a treatment or counseling relationship between a physician provider and a patient in which the physician provider has:
(a) Reviewed the patient’s relevant medical records and completed an in person assessment of the patient’s medical history and current medical condition;
(b) Created and maintained records of the patient’s condition in accord with medically accepted standards; and
(c) A reasonable expectation that the physician provider will monitor the progress of the patient while using medical cannabis and take any medically indicated action:
(i) To provide follow-up care to the patient;
(ii) Regarding the efficacy of the use of medical cannabis as a treatment of the patient’s severe or debilitating medical condition; and
(iii) Regarding any adverse event associated with the use of medical cannabis.
(4) Caregiver.
(a) “Caregiver” means an individual 21 years old or older designated by a patient who has agreed to assist with a qualifying patient’s medical use of medical cannabis.
(b) “Caregiver” means, for a qualifying patient younger than 18 years old, a parent, or legal guardian and those persons designated by a parent or guardian. Should the parental designation of caregivers for their minor
children be more carefully defined or restrictive? Do we want to limit this kind of caregiver to only permit administration of medical cannabis in school, day care, and camping or supervised recreational contexts?

(5) “Central Repository” means the Criminal Justice Information System Central Repository of the Department of Public Safety and Correctional Services.

(6) “Certifying physician” means a physician, as defined in Health Occupations Article, §14-101(i), Annotated Code of Maryland, who is registered by the Commission. “Certifying provider” means:

(a) A physician who:
   (i) Has an active, unrestricted license to practice medicine that was issued by the State Board of Physicians under Title 14 of the Health Occupations Article; and
   (ii) Is in good standing with the State Board of Physicians;

(b) A dentist who:
   (i) Has an active, unrestricted license to practice dentistry that was issued by the State Board of Dental Examiners under Title 4 of the Health Occupations Article; and
   (ii) Is in good standing with the State Board of Dental Examiners;

(c) A podiatrist who:
   (i) Has an active, unrestricted license to practice podiatry that was issued by the State Board of Podiatric Medical Examiners under Title 16 of the Health Occupations Article; and
   (ii) Is in good standing with the State Board of Podiatric Medical Examiners;

(d) A nurse who:
   (i) Has an active, unrestricted license to practice registered nursing and has an active, unrestricted certification to practice as a nurse practitioner or a nurse midwife that was issued by the State Board of Nursing under Title 6 of the Health Occupations Article; and
   (ii) Is in good standing with the State Board of Nursing; and

(e) Has a State controlled dangerous substances registration; and

(f) Is registered with the Commission.

(7) “Commission” means the Natalie M. LaPrade Medical Cannabis Commission.

(8) “Criminal history record information” has the meaning provided by Criminal Procedure Article, §10-201(d)(3), Annotated Code of Maryland.

(9) “Dispensary agent” means an owner, a member, an employee, a volunteer, an officer or a director of a licensed dispensary.

(10) “Fund” means the Natalie M. LaPrade Medical Cannabis Commission Fund.

(10A) “Immediate Family Member” has the meaning as defined in §1-301(j) of the Health Occupations Article.

(11) “Independent testing laboratory” means a facility, entity, or site that offers or performs tests of medical cannabis and products containing medical cannabis that is:

(a) Accredited as operating to ISO standard 17025 by an accreditation body that is:
   (i) Operating in accordance with the International Organization for Standardization (ISO) standard ISO/IEC 17011; and
   (ii) That is a signatory to the International Laboratory Accreditation Cooperation (ILAC) Mutual Recognition Arrangement (MRA);

(b) That is independent from all other persons involved in the Maryland cannabis industry; and

(c) Registered with the Commission.

(12) “Law enforcement agency” means a governmental police force, sheriff’s office, security force, or law enforcement organization of the State, a county, or a municipal corporation that by statute, ordinance, or common law is authorized to enforce the general criminal laws of the State.

(13) “Licensed dispensary” means an entity licensed by the Commission that acquires, possesses, repackages, processes, transfers, transports, sells, distributes, or dispenses, products containing medical cannabis, related supplies, related products including tinctures, aerosols, oils, or ointments, or educational materials for use by a qualifying patient or caregiver.

(14) “Licensed grower” means

(a) An entity that cultivates, manufactures, packages or distributes medical cannabis to licensed processors, licensed dispensaries or registered independent testing laboratories; and

(b) If licensed as a dispensary, may distribute to qualifying patients and caregivers.

(15) “Licensed premises” means the locations premises at which a licensed grower, licensed processor, or licensed dispensary operates.

(16) “Licensed processor” means an entity licensed by the Commission that:

(a) Transforms the medical cannabis into another product or extract; and

(b) Packages and labels medical cannabis.

(17) “Lot” means not more than 10 pounds, 5 quarts or 144 packaged units of all of a medical cannabis finished product that is uniform, that is intended to meet specifications, and that is manufactured, packaged, or labeled together during a specified time period according to a single lot record.
Should we be distinguishing between bud or whole cannabis that will be provided to patients and harvested cannabis that will be used for a medical cannabis infused product? Should these be tested differently since the latter won’t be burned, for example. Such cannabis can be reworked in a way that whole cannabis cannot. Is the term “usable cannabis” the wrong term.

(19) “Medical cannabis concentrate” means a product derived from medical cannabis that is kief, hashish, bubble hash, oil, wax, or other product derived from cannabis, produced by extracting or that includes cannabinoids extracted from the plant by any means through the use of:
   (a) Solvents;
   (b) Carbon dioxide; or
   (c) Heat, screens, presses or steam distillation.

(20) “Medical cannabis finished product” means any product containing a medical cannabis concentrate or a medical cannabis-infused product packaged and labeled for release to a qualifying patient.

(21) “Medical cannabis-infused product” means any oil, wax, ointment, salve, tincture, capsule, suppository, dermal patch, cartridge or other product, containing medical cannabis concentrate or usable cannabis, that has been processed so that the dried leaves and flowers are integrated into other material.

(22) “Medical cannabis grower agent” means an owner, an employee, a volunteer, an officer, or a director of a licensed grower.

(23) “Medical cannabis transport vehicle” means a vehicle owned, or leased by a licensee, for the purpose of transporting products containing cannabis that meets the criteria specified in Regulation .06 of this chapter.

(23A) “Medical facility” means a hospital, hospice, continuing care nursing facility, outpatient clinic, or professional office at which the certifying provider engages in professional practice.

(24) “Processing” means the manufacture of usable medical cannabis into a medical cannabis concentrate, or manufacture of a medical cannabis-infused product.

(25) “Qualifying patient” means an individual who:
   (a) Lives in the State or, during that time an individual is present in the State, is physically present in the State for the purpose of receiving medical care from at a medical facility in the State; Defined above in 23A
   (b) Has been provided with a written certification by a certifying provider in accordance with a bona fide provider-patient relationship; and
   (c) If younger than 18 years old, has a caregiver.

(26) “Registered dispensary agent” means a dispensary agent who is registered by the Commission in accordance with COMAR 10.62.26.

(27) “Registered grower agent” means a medical cannabis grower agent who is registered by the Commission in accordance with COMAR 10.62.09.

(28) “Registered processor agent” means a medical cannabis processor agent who is registered by the Commission in accordance with COMAR 10.62.20.

(29) “Serious adverse event” means an undesirable experience associated with the use of medical cannabis where the outcome was death, life-threatening, hospitalization, disability or permanent damage, congenital anomaly/birth defect; required intervention to prevent permanent impairment or damage, or any other important medical event. a medical event if the use of medical cannabis reasonably produced an outcome of death, a life-threatening adverse event, inpatient hospitalization or prolongation of existing hospitalization, a persistent or significant incapacity or substantial disruption of the ability to conduct normal life functions, or a congenital anomaly/birth defect; or a medical event that may not result in death, be life-threatening, or require hospitalization, that, based upon appropriate medical judgment, may jeopardize the patient and may require medical or surgical intervention to prevent one of these outcomes. I revised this to use the latest FDA regulatory language.

(30) “Shipment identification number” means a unique identification number created by the shipping licensee to track a shipment of products containing cannabis.

(31) “Transportation agent” means:
   (a) A registered grower agent, registered processor agent or a registered dispensary agent, authorized by the licensee to transport products containing medical cannabis, who meets the criteria specified in COMAR 10.62.18; or
   (b) A licensed and bonded courier of a secure transportation company.

(32) “Usable Cannabis” means:
   (a) “Usable cannabis” means the dried leaves and flowers of the cannabis plant.
   (b) “Usable cannabis” does not include seedlings, seeds, stems, stalks or roots of the plant, or the weight of any non-cannabis ingredients combined with cannabis, such as ingredients added to prepare a topical administration.

(33) “Variety” means the name of a cultivar or varietal of medical cannabis used by a licensed grower to consistently identify and control medical cannabis from batch to batch.
“Written certification” means a certification that is issued by a certifying physician provider for a qualifying patient with whom the physician certifying provider has a bona fide physician certifying provider-patient relationship.

“30-day supply” means:
(a) 120 grams of usable cannabis unless the physician certifying provider determines this amount would be inadequate to meet the medical needs of the qualifying patient; or
(b) In the case of a medical cannabis-infused product, 36 grams of Δ9-Tetrahydrocannabinol (THC) unless the physician certifying provider determines this amount would be inadequate to meet the medical needs of the qualifying patient; and
(c) Is available to a qualifying patient not more frequently than every 30-days during the validity of a written certification.

10.62.02 General Regulations

Authority: Health General Article, §§13-3301—13-3316, Annotated Code of Maryland

.01 Scope.
This subtitle governs operations of the Natalie M. LaPrade Medical Cannabis Commission.

.02 Donations.
A. The Commission may accept private donations to the Fund subject to the conditions established by the Commission.
B. Donations to the Fund may not be accepted from an individual or entity that:
   (1) Is licensed or approved by the Commission;
   (2) Is seeking licensure or approval by the Commission;
   (3) Has sought licensure or approval within the past 2 years, or
   (4) Is affiliated with an individual or entity described in §B(1)—(3) of this regulation.
C. An individual or entity that has made a donation to the Fund may not apply for licensure or approval by the Commission for a period of 2 years from the date of donation.

.03 HIPAA Compliance.
All Commission activities shall be conducted in compliance with HIPAA regulations.

.04 Encouragement of Applications.
A. The Commission shall broadly publicize that the Commission will be seeking:
   (1) The submission of applications for licenses to grow, process, and dispense medical cannabis; and
   (2) The submission of applications to register patients, physicians certifying providers, and independent testing laboratories from all interested persons throughout the State.
B. The Commission shall encourage applications from applicants who qualify as minority business enterprises, as defined in State Finance and Procurement Article, §14-301, Annotated Code of Maryland.
C. The Commission shall work with a wide variety of public and private agencies, organizations and groups to publicize the application and registration processes and encourage all interested persons to contact the Commission for additional information or assistance.

10.62.03 Certifying Physicians Providers

Authority: Health General Article, §§ 13-3301, 13-3302, and 13-3307, Annotated Code of Maryland

.01 Physician Certifying Provider Application for Registration.
A. A provider seeking registration as a certifying physician provider shall submit an application provided by the Commission that includes:
   (1) The provider’s:
      (a) Full name;
      (b) Social Security Number;
      (c) Office addresses and phone numbers;
      (d) Current email address;
      (e) Maryland Board of Physicians License number from their Maryland Board of licensure; and
      (f) Plan to assess patient outcomes, provide follow-up care, and to collect and analyze data;
   (2) An attestation that the:
      (a) Physician’s Maryland license to practice medicine their profession is active, unrestricted, and in good standing;
      (b) Physician Provider is registered to prescribe controlled substances by the State; and
      (c) Provider will complete a standard patient evaluation that will be completed and include:
         (i) A history;
(ii) A physical examination;
(iii) A review of symptoms; and
(iv) Any other pertinent medical information;
(3) The medical conditions for which the physician provider may issue written certifications for medical cannabis;
(4) The physician’s other inclusion criteria; and
(5) The reasons the provider may deny issuing a written certification of medical cannabis.

B. The Commission encourages physicians providers to apply to register as a certifying physician provider to treat patients who:
(1) Have a chronic or debilitating disease or medical condition that results in the patient being admitted into hospice or receiving palliative care;
(2) Have a chronic or debilitating disease or medical condition or are receiving treatment for a chronic or debilitating disease or medical condition that causes:
   (a) Cachexia;
   (b) Anorexia;
   (c) Wasting syndrome;
   (d) Severe or chronic pain;
   (e) Severe nausea;
   (f) Seizures; or
   (g) Severe or persistent muscle spasms;
(3) Have the following diseases and conditions:
   (a) Glaucoma; or
   (b) Post traumatic stress disorder (PTSD).

C. A physician provider may be registered as a certifying physician provider to treat a patient who has a condition that is:
(1) Severe;
(2) For which other medical treatments have been ineffective; and
(3) If the symptoms reasonably can be expected to be relieved by the medical use of cannabis.

D. A certifying physician provider may apply to amend the approval at any time.

E. The application shall be deemed approved unless the Commission notifies the applicant that the application has been denied.

.02 Compensation from a Licensed Grower, Licensed Processor or Licensed Dispensary.
A. A certifying physician provider or an immediate family member may not receive compensation, including promotion, recommendation, advertising, subsidized rent, or anything of value, from a licensed grower, licensed processor, or a licensed dispensary, or a registered independent testing laboratory unless the certifying physician provider submits an application to the Commission for approval for the compensation.
B. The application shall disclose:
(1) The specific type of compensation and specific amount or value of compensation and the services for which the compensation will be paid; and
(2) An attestation that the compensation does not violate the:
   (a) Maryland Medical Practice Act, codified at Health Occupations Article, §14-101 et. seq., Annotated Code of Maryland; or
   (b) Patient referral laws codified at Health Occupations Article, §1-301 et. seq., Annotated Code of Maryland.
C. The Commission shall deny an application for compensation if:
(1) The compensation is based on any agreement or arrangement for the certifying physician provider to refer, direct, or recommend qualifying patients to the licensed grower, licensed processor, or licensed dispensary to obtain medical cannabis;
(2) The physician provider refuses to attest that the compensation would not violate the Maryland Medical Practice Act, codified at Health Occupations Article, §14-101 et. seq., Annotated Code of Maryland or the patient referral laws codified at Health Occupations Article, §1-301 et. seq., Annotated Code of Maryland; or
(3) The compensation would violate the:
   (a) Maryland Medical Practice Act, codified at Health Occupations Article, §14-101 et. seq., Annotated Code of Maryland; or
   (b) Patient referral laws codified at Health Occupations Article, §1-301 et. seq., Annotated Code of Maryland.
D. The Commission may deny an application for compensation if the compensation agreement may create an appearance that the compensation compromises the independent judgment of the certifying physician provider in the treatment of a patient
E. If the Commission denies an application for compensation, the Commission shall provide the physician provider with written notice pursuant to State Government Article, §§10-201-10-226, Annotated Code of Maryland. The
physician provider shall be entitled to a hearing to review the denial pursuant to State Government Article, §§10-201-10-226, Annotated Code of Maryland.

.03 Renewal of Certifying Physician Provider Registration to Certify.
A. An approval A registration is valid for 2 years or until the provider’s license to practice expires.
B. A certifying physician provider shall apply to the Commission to renew a registration to certify at the time of renewal of the physician’s provider’s license to practice medicine by the Maryland Board of Physicians the provider’s profession with the provider’s Maryland Board of licensure.
C. The Commission shall provide a certifying physician provider with notice of renewal 90 business days before expiration of the registration.
D. The Commission shall grant the application for renewal of registration if:
   (1) The certifying physician provider attests that:
      (a) The certifying physician’s license to practice medicine their profession in Maryland is active, unrestricted and in good standing; and
      (b) The certifying physician’s provider’s registration by the State to prescribe controlled dangerous substances is valid; and
   (2) The certifying physician provider has otherwise complied with this chapter.
E. If a certifying physician provider fails to obtain a renewal of a registration to issue written certifications, the certifying physician provider may not issue written certifications.

10.62.04 Patient and Caregiver Registry

Authority: Health General Article. §§13-3301, 13-3302(d), 13-3303(g) and 13-3307(f)(3), Annotated Code of Maryland

.01 Registry.
The Commission shall establish a registry of qualifying patients and caregivers.

.02 Registration of Patients.
An individual seeking to become a qualifying patient shall register with the Commission by:
A. Logging onto the Commission website;
B. Providing name, address, date of birth, address; and
C. Uploading an image of a government identification document to establish identity.

.03 Patient Unique Identifier.
The Commission shall issue a unique patient identifier to each person who registers with the Commission.

.04 Registration of a Caregiver.
A. A qualifying patient may designate an individual 21 years old or older to serve as a caregiver by logging onto the Commission website.
B. Upon being designated a caregiver by a qualifying patient, a caregiver shall register with the Commission by logging onto the Commission website for caregiver registration and submitting:
   (1) The name and other details of the qualifying patient for whom the caregiver is:
      (a) Providing assistance; or
      (b) A parent or legal guardian;
   (2) Proof that the caregiver is authorized to act as a caregiver by the qualifying patient;
   (3) Details to identify the caregiver;
   (4) A current, clear photograph of the caregiver’s face taken within 6 months of application;
   (5) An attestation that the caregiver is not the caregiver for more than five qualifying patients;
   (6) A copy of the caregiver’s government identification card or other proof of identity;
   (7) The required fee as specified in COMAR 10.62.35; and
   (8) An attestation that the caregiver understands the restrictions on the use or redistribution of medical cannabis set forth in COMAR 10.62.30.05.
C. If designated to serve as a caregiver by another qualifying patient, a registered caregiver may update his or her registration by logging onto the Commission website and submitting the name and other details of the additional qualifying patient for whom the caregiver is providing assistance or for whom the caregiver is a parent or legal guardian.

.05 Addition or Termination of a Caregiver.
A. A qualifying patient may terminate a caregiver by logging onto the Commission website and making the change.
B. Provided the qualifying patient does not have more than two caregivers, a qualifying patient may add a caregiver by logging onto the Commission website and making the change.

.06 Law Enforcement Access to Registry.
The Commission shall provide access to the Commission’s register to a Maryland law enforcement agency on a real-time basis only for just cause to verify that a patient or caregiver is registered with the Commission.
10.62.05 Written Certifications

Authority: Health General Article, §§ 13-3301, 13-3302, and 13-3307, Annotated Code of Maryland

.A. A certifying physician provider may determine that a patient qualifies for a written certification only:
   (1) If the qualifying patient has registered with the Commission;
   (2) For whom the certifying physician provider has a bona fide physician-provider-patient relationship;
   (3) If the qualifying patient meets the certifying physician provider’s inclusion criteria;
   (4) If the qualifying patient does not meet the certifying physician provider’s exclusion criteria; and
   (5) If the certifying physician provider has determined that the potential benefits of the medical use of cannabis likely outweigh the health risks for the patient.

.B. The certifying physician provider shall:
   (1) Log onto the website of the Commission to transmit the written certification to the Commission; and
   (2) If requested, provide a copy of the written certification to the qualifying patient.

.C. A written certification shall include:

   (1) The certifying physician provider’s name, Maryland Board of Physicians license number of the Maryland Board which has licensed the provider, and office telephone number;
   (2) Qualifying patient’s name, date of birth, address, and county of residence;
   (3) Medical condition requiring medical cannabis; and
   (4) The date of qualification as a qualifying patient of issuance of the written certification.

.D. A written certification may contain, if applicable, a written statement certifying that, in the physician provider’s professional opinion, a 30-day supply of medical cannabis would be inadequate to meet the medical needs of the qualifying patient.

.E. A certifying physician provider may terminate a written certification if:
   (1) The qualifying patient meets the physician provider’s exclusion criteria;
   (2) Treatment with medical cannabis is no longer necessary for the qualifying patient;
   (3) Adverse effects of medical cannabis outweigh the benefits to the qualifying patient’s health; or
   (4) There is evidence that the qualifying patient engaged in diversion of medical cannabis.

.F. A certifying physician provider shall notify the Commission within 1 business day of the termination of a written certification.

.G. A qualifying patient shall have only one certifying physician provider at any time.

.02 Written Certification Renewal.

.A. A written certification remains valid for 365 days after it is issued. A qualifying patient may seek renewal of a written certification not less than 30 calendar days after it was issued by notifying the patient’s certifying physician.

.B. A certifying physician may renew the written certification for a qualifying patient if the certifying physician determines the patient still meets the criteria set forth in Regulation .01A of this chapter.

.C. Upon renewing a written certification for a qualifying patient, a certifying physician shall notify the Commission.

.D. A certifying physician provider may not renew a written certification unless the physician provider has made a full, in-person assessment of the qualifying patient within the 365 days before the reissuance.

10.62.06 Patient and Caregiver Identification Cards

Authority: Health General Article, §§13-3301, 13-3302(d), 13-3303(g) and 13-3307(f)(3), Annotated Code of Maryland

.A. A qualifying patient may apply to the Commission for an identification card as part of the qualifying process by logging onto the Commission website and submitting:

   (1) The completed application form as provided by the Commission;
   (2) A current, clear photograph of the applicant’s face taken within 6 months of application;
   (3) A copy of the qualifying patient’s government identification card or other proof of identity; and
   (4) The required fee as specified in COMAR 10.62.35.

.B. An identification card shall contain:

   (1) The name and date of birth of the cardholder;
   (2) An expiration date 2 years from the date of issue; If a written certification is only valid for one year, does this make sense??? Of course annual issuance of ID cards will be expensive and cumbersome.
   (3) A current, clear photograph of the applicant’s face taken within the previous 6 months; and
(4) The qualifying patient registry number assigned by the Commission.
C. A qualifying patient in hospice care is exempt from obtaining an identification card.

.02 Caregiver Identification Cards.
A. Upon being designated a caregiver by a qualifying patient, a caregiver shall:
   (1) Apply to the Commission for an identification card; and
   (2) Submit to the Commission:
      (a) The name of the qualifying patient for whom the caregiver is providing assistance or for whom the
caregiver is a parent or legal guardian;
      (b) Proof that the caregiver is authorized to act as a caregiver by the qualifying patient;
      (c) A current, clear photograph of the applicant’s face taken within 6 months of application;
      (d) The completed application in a format determined by the Commission;
      (e) An attestation that the caregiver is not the caregiver for more than five qualifying patients;
      (f) A copy of the caregiver’s government identification card or other proof of identity;
      (g) The required fee as specified in COMAR 10.62.35; and
      (h) An attestation that the caregiver understands the restrictions:
         (i) That it is illegal to transfer medical cannabis to any person, other than the transfer by a caregiver to a
qualifying patient; and
         (ii) On the use or redistribution of medical cannabis set forth in COMAR 10.62.30.05.
B. An identification card shall contain:
   (1) The name and date of birth of the cardholder;
   (2) An expiration date 2 years from the date of issue;
   (3) A current, clear photograph of the applicant’s face taken within the previous 6 months; and
   (4) The caregiver registration number assigned by the Commission.

.03 Loss, Destruction or Theft of Identification Card.
If an identification card is lost, destroyed or stolen, within 72 hours of becoming aware of the loss, destruction or
theft, the cardholder shall:
   A. Report the loss, destruction, or theft to the Commission; and
   B. Apply for a replacement card; and
   C. Pay the replacement card fee specified in COMAR 10.62.35.

.04 Change of Name or Address.
If there is any change in the qualifying patient or the caregiver name or address, the qualifying patient or caregiver
shall:
   A. Notify the Commission within 30 days; and
   B. If seeking a replacement identification card, pay the identification card replacement fee to obtain a new
identification card.

.05 Circumstances Requiring Return of Identification Card to Commission.
A. If a certifying physician provider fails to renew a qualifying patient certification, a qualifying patient shall return
an identification card to the Commission within 5 business days.
B. A caregiver shall return his or her identification card with respect to a qualifying patient to the Commission
within 5 business days if:
   (1) A certifying physician provider terminates or fails to renew a written certification of a qualifying patient; or
   (2) A caregiver is no longer assisting a qualifying patient.

.06 Renewal of Identification Card.
A. A qualifying patient shall renew their identification card before it expires.
B. A caregiver shall renew their identification card before it expires.

.07 Misuse of Identification Card.
A. If an individual attempts to use a qualifying patient or caregiver identification card to whom it has not been
issued, any registered dispensary agent to whom it is offered shall confiscate it and initiate the return of the card to the
Commission within 5 business days.
B. If a person presents to a law enforcement officer an identification card of a qualifying patient or caregiver to
whom it has not been issued, the law enforcement officer shall confiscate the identification card and initiate the return
of the card to the Commission as soon as possible.
C. The Commission may notify the certifying physician provider and revoke the identification card of a qualifying
patient or caregiver who allows another person to use an identification card which has been issued to the qualifying
patient or caregiver.

10.62.07 New Condition Approval Process
.01 Requirement of a Petition.
A person who wishes to suggest a medical condition, medical treatment, or disease for Commission consideration shall submit a petition to the Commission in a format determined by the Commission.

.02 Hearing.
At least once per year if needed, the Commission shall conduct a public hearing to evaluate any petition to consider other medical conditions, medical treatments, or diseases that may be treated by using medical cannabis and included in certifying physician provider applications.

.03 Petition Contents.
The Commission shall consider a petition that may include:
A. The severity of a condition or the treatments thereof;
B. The degree to which other medical treatments have been ineffective to alleviate pain, suffering, disability or the symptoms of the condition or the treatment thereof;
C. Evidence that supports a finding that the use of medical cannabis alleviates pain, suffering, disability or symptoms of the condition or the treatment thereof;
D. Any information or studies regarding any beneficial or adverse effects from the use of medical cannabis in patients with the medical condition, medical treatment, or disease that is the subject of the petition; and
E. Letters of support from physicians or other licensed health care professionals knowledgeable about the condition, treatment, or disease.

.04 Summary Denial.
The Commission may deny a petition, without submitting it for public comment if the petition:
A. Is facially insubstantial; or
B. Pertains to a medical condition, medical treatment, or disease that has been previously considered and rejected by the Commission, unless scientific research not previously considered in a prior Commission review is included in the petition.

.05 Additional Evidence.
In addition to information provided in a petition, the Commission may:
A. Examine scientific, medical, or other evidence and research pertaining to the petition; and
B. Gather information in-person or in writing, from other persons knowledgeable about the medical conditions, medical treatments, or diseases being considered.

.06 Commission Determination.
A. Following the public hearing, the Commission shall consider the public comments and any additional information or expertise available to the Commission for each proposed severe medical condition, medical treatment or disease considered at the hearing.
B. The Commission may conclude that physicians providers will be encouraged to apply to register with the Commission to treat the medical condition, medical treatment, or disease upon a determination that:
   (1) The medical condition, medical treatment, or disease is debilitating;
   (2) The pain, suffering and disability of the medical condition, disease or medical treatment thereof can reasonably be expected to be relieved by medical cannabis; and
   (3) Other medical treatments have been ineffective in providing relief.

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