

Summary of HB 30

What Would The Compassionate Use of Medical Cannabis Pilot Program Act Do?

Sponsored by Rep. Lou Lang, HB 30 would create a limited exception to Illinois' criminal laws to permit the doctor-advised medical use of cannabis by patients with serious medical conditions.

Decriminalizing Patient Use: A patient is granted protection from arrest only if his or her physician certifies, in writing, that the patient has a specified debilitating medical condition and that the patient would receive therapeutic benefit from medical cannabis. The patient would send a copy of the written certification to the Illinois Department of Public Health (DPH), and DPH would issue an ID card after verifying the information. Patients would only be able to obtain a recommendation from a physician who is treating them for the underlying qualifying condition and with whom the patient has a "bona fide physician-patient relationship." This would prevent doctors from specializing or practicing exclusively in providing recommendations, as has happened in other states.

Qualifying Medical Conditions: Unlike previous versions of the bill, there is no general category for "pain." The specific conditions included in HB 30 are: cancer; glaucoma; HIV/AIDS; hepatitis C; amyotrophic lateral sclerosis (ALS); Crohn's disease; agitation of Alzheimer's disease; cachexia/wasting syndrome; muscular dystrophy; severe fibromyalgia; spinal cord disease, including but not limited to arachnoiditis; Tarlov cysts; hydromyelia; syringomyelia; spinal cord injury; traumatic brain injury and post-concussion syndrome; multiple sclerosis; Arnold Chiari malformation and Syringomyelia; Spinocerebellar Ataxia (SCA); Parkinson's disease; Tourette's syndrome; Myoclonus; Dystonia; Reflex Sympathetic Dystrophy (RSD); Causalgia; Neurofibromatosis; Chronic Inflammatory Demyelinating Polyneuropathy; Sjogren's syndrome; Lupus; Interstitial Cystitis; Myasthenia Gravis; Hydrocephalus; nail patella syndrome; or the treatment of these conditions.

Non-Profit Medical Cannabis Organizations (Dispensaries): Unlike previous iterations of medical cannabis legislation in Illinois, HB 30 would not permit patients or caregivers to cultivate marijuana. Instead, patients would purchase medical cannabis from state-regulated Medical Cannabis Organizations (MCOs), which would cultivate the medical cannabis. MCOs are limited to one per state senate district (maximum 59), must be non-profit, and must be issued a registration by the Department of Public Health to operate. MCO applicants must pay a \$5,000 application fee (successful applicants must also submit a \$20,000 registration fee) and submit a valid application, including a location that complies with local zoning laws and planned procedures for oversight, security, and recordkeeping. The Department would conduct background checks on prospective MCO agents and must deny the application if any principal officer has been convicted of a violent crime or a felony involving a controlled substance. The facilities would be subject to random inspections, and all of their staff must undergo background checks. MCOs may not locate within 2,500 feet of a school or share office space with physicians. All cannabis would have to be cultivated in enclosed, locked facilities with appropriate security measures in place. Any MCO that fails to comply with the Act could have its registration suspended or revoked by the Department.

Finally, the bill would also create enhanced penalties for any MCO agent who illegally possesses or distributes marijuana under the guise of medical cannabis. For example, manufacturing or delivering 2.5-10 grams of cannabis is typically a Class A misdemeanor, but would become a Class 3 felony if committed by an MCO agent.

Medical Marijuana Possession Limits: A patient must designate only one MCO where s/he would be able to receive medical cannabis, and MCOs could distribute no more than 2.5 ounces to any patient during any 14-day period, unless the patient's physician certifies the patient needs a specific higher

quantity. Caregivers, who may serve only one patient, would be permitted to pick up medicine for very ill, homebound patients and would also be subject to this possession limit.

Registry ID Cards: In order to ensure patients are protected from arrest and give law enforcement officers an easy way to verify a person's status, anyone permitted to possess cannabis – patients, caregivers, and MCO agents – would be issued ID cards by the Department of Public Health. These cards would include an issue and expiration date, as well as a random alphanumeric identification number, which could be used to help confirm the card's validity. The Department may also require the cards to contain a photograph of the cardholder.

Restrictions on driving: The bill prohibits anyone from operating any motor vehicle while under the influence of cannabis. Moreover, separate amendments to the Illinois Vehicle Code would prohibit a patient from operating a motor vehicle within six hours of ingesting cannabis or with a concentration of 15 nanograms per milliliter of cannabis in the person's urine or 5 nanograms per milliliter of whole blood.

Impact on employers: The bill states specifically that it does not “prohibit an employer from enforcing a policy concerning drug testing, zero-tolerance, or a drug free workplace provided such policy is applied in a nondiscriminatory manner.” It also does not prohibit disciplining an employee for “ingesting cannabis in the workplace, working while under the influence, or for otherwise violating the proper standard of care.” Finally, the bill states that it does not interfere with federal restrictions and regulations on employment.

Department of Public Health Oversight: In addition to the statutory restrictions, cardholders and MCOs would also be required to comply with DPH rules issued pursuant to the Act governing program elements such as MCO oversight, recordkeeping and security requirements, procedures for suspending or terminating registrations and ID cards for those who fail to comply with the Act, the amount of plants MCOs can cultivate at any given time, and the fees paid by patients and MCOs. With respect to this last point, **the Department must set fees high enough to offset all costs of implementation and administration of the Act.**

As it implements and administers the program, the Department is tasked with meeting and consulting with stakeholders, including doctors, nurses, law enforcement officers, and representatives of the business community. These stakeholders would provide input regarding the sufficiency of patients' access to medical cannabis, the effectiveness of MCOs and whether they are receiving complaints, the reasonableness of fees on patients, the sufficiency of safeguards, new research in the field of medical cannabis, and any recommended additions or revisions to the Department's rules regarding security, safe handling, labeling, and nomenclature. Finally, the Department would submit an annual report to the General Assembly outlining key information on the program, such as the number of applications and renewals filed for registry ID cards and the number of physicians providing written certifications.

Common sense restrictions: While the Act would protect qualifying patients from arrest and prosecution, it maintains common sense restrictions. For example, all persons, including cardholders, would be prohibited from smoking cannabis on the premises of an MCO or in any public place, or undertaking any task under the influence of cannabis when doing so would constitute negligence or professional malpractice. Landlords could prohibit smoking on the premises of leased property. Additionally, cardholders would be prohibited from providing cannabis to anyone not authorized by the Act, and those who do so would be subject to enhanced penalties.