



Summary of Nebraska's Medical Cannabis Bill

Qualifying for Medical Cannabis: To qualify, patients must have a qualifying medical condition and a written certification issued by a physician, nurse practitioner, or physician's assistant with whom they have a bona-fide relationship. Patients may voluntarily register.

Practitioners evaluating patients for certifications must perform physical exams. Other than for the terminally ill, practitioners must also assess the patient for alcohol and substance abuse, and for a personal or family history of schizophrenia or psychotic disorders.

Debilitating Medical Conditions: The bill's qualifying conditions are: cancer; glaucoma HIV/AIDS; epileptic seizures; PTSD (where at least one other treatment failed); ALS; Tourette's syndrome; Hepatitis C; Crohn's disease; ulcerative colitis; Huntington's disease; Parkinson's disease; autism with frequent or serious self-injurious or aggressive behavior; spinal cord injury or disease; severe or chronic pain lasting longer than two weeks that is not adequately managed by non-opioid medications; severe and persistent muscle spasms caused by multiple sclerosis, spinal cord injury, or muscular dystrophy; a terminal illness with less than a year to live; or a serious medical condition, or the treatment of a serious medical condition, that causes severe nausea or cachexia.

Designated Caregivers

- Patients could designate a single caregiver to pick up their cannabis from dispensaries via a signed affidavit. The caregiver would also need a copy of the patient's certification.
 - If the patient's age or medical condition necessitates more than one caregiver, the patient could submit evidence to regulators that one or more additional caregivers are needed.
 - A healthcare facility, residential care facility, or home health aide service may register with the Department of Cannabis Enforcement to serve as a caregiver for their patients.
-

Limitations and Penalties

- Patients would typically be limited to 2.5 ounces of cannabis or cannabis products containing no more than 2,000 mg of THC. The department could grant waivers to patients demonstrating a medical need for a greater quantity.
- Smoking would be illegal. It would carry a \$100 fine or 10 hours of community service.
- Patients could not drive, operate a boat, train, or aircraft, or undertake any task that would be negligent or malpractice while under the influence of cannabis.
- Employers would not have to change any policies to accommodate medical cannabis use.
- The bill would not allow the medical assistance program to cover medical cannabis, and it would

not require insurers to cover the costs of medical cannabis.

- A patient or caregiver who sells their medical cannabis would be banned from the program and would be subject to prosecution. Dispensaries would be provided a list of names, dates of birth, and addresses to ensure they do not sell to anyone who is banned.
 - Medical cannabis business licenses may be revoked for multiple or serious violations.
-

Legal Protections

- The bill protects patients, caregivers, medical cannabis establishments and staff, and physicians from arrest, prosecution, or penalties for actions allowed under the bill. Practitioners could be disciplined if they violate the standard of care or break the law.
 - State agencies could not deny patients or caregivers their gun rights.
 - Patients will have some protections from discrimination in child custody, eligibility for organ transplants, housing, and education. The protections do not apply if federal law, regulations, or contracts require otherwise.
-

Visiting Patients: Patients who aren't Nebraska residents — but who are certified to use medical cannabis in another state — qualify for legal protections while visiting the state.

Medical Cannabis Establishments

- There are four types of medical cannabis businesses: producers to grow cannabis; processors to make products such as salves, oils, tinctures, and edibles; dispensaries, to provide it to patients; and laboratories, to test for potency and contaminants.
 - Dispensaries must make pharmacists available to patients, in person or by telemedicine.
 - The Cannabis Enforcement Department will license and regulate 10 producers per Congressional district and up to 10 dispensaries per Congressional district. All qualified applicants to be processors would be licensed.
 - Applicants and 60% of investors must be Nebraska residents for at least two years.
 - In licensing dispensaries, the Department will consider the applicants' technical expertise, employees' qualifications, financial stability, and their security plans.
 - There will be at least three tiers of cannabis producers — based on the size or number of plants — with fees and security regulations tiered based on size.
-

Safeguards and Security

- The Cannabis Enforcement Department will create rules, including for oversight, recordkeeping, security, and labeling. It will restrict advertising, marketing, and signage.
- Medical cannabis businesses' security measures must include facility access controls, perimeter intrusion detection systems, alarms, and a personnel identification system.
- The Department will establish requirements for law enforcement and health professionals to

report of adverse events involving cannabis.

- Medical cannabis businesses may not locate within 1,000 feet of a school, unless a locality reduces the limit to 500 feet and a narrower buffer is needed for patients' access.
-

Local Control

- A county, city, or village governing body may adopt zoning restrictions on the locations of medical cannabis businesses. They may also ban medical cannabis establishments.
 - Localities could not ban home delivery.
-

Medical Cannabis Board

- A Medical Cannabis Board would meet at least quarterly to advise regulators on rules and:
 - create or approve continuing medical education courses, which would be mandatory for physicians who certify more than 10 patients per year.
 - create a scientifically accurate handout for patients that includes information about drug interactions, dosage guidance, and risks of cannabis, including impairment.
 - consider petitions to change qualifying conditions and hold hearings on them.
 - recommend legislative tweaks, including to the list of qualifying conditions. By the end of 2020, it would recommend whether to add anxiety and/or remove PTSD.
 - The board includes three physicians, two pharmacists, a law enforcement representative, and a patient or caregiver. The majority must support medical cannabis.
-

Taxation and Fees

- Application fees for larger producers, processors using most solvents, and dispensaries would be set at up to \$25,000. Annual fees are up to \$40,000 for larger producers and solvent-based processors and \$25,000 for dispensaries.
 - Both application and annual licensing fees would be no more than \$5,000 for smaller producers and processors that do not use certain solvents. Applications for laboratories would be up to \$10,000, with their annual fee up to \$15,000.
 - Medical cannabis would be subject to standard sales taxes. Patients who apply for and are granted a hardship waiver would get a discount and be exempt from the tax.
-

Timeline

- Upon passage, patients with certifications could possess and use medical cannabis.
- The Department must license producers, processors, and dispensaries by November 1, 2020, unless the Medical Cannabis Board extends the deadline by up to six months.
- Producers and dispensaries must begin supplying cannabis by May 1, 2021, unless the Medical Cannabis Board extends the deadline by up to six months.