



**NORTH CAROLINA GENERAL ASSEMBLY
AMENDMENT
Senate Bill 711**

AMENDMENT NO. _____
(to be filled in by
Principal Clerk)

S711-ABP-31 [v.2]

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Amends Title [NO]
Fourth Edition

Date _____, 2021

Senator _____

1 moves to amend the bill on page 1, lines 26-27, by inserting the following between the lines:

2 "(5) It is the intent of the General Assembly to prioritize the protection of public
3 health and safety in the creation of a system for the cultivation, processing,
4 and selling of medical cannabis.

5 (6) It is the intent of the General Assembly that the regulatory system created by
6 this Article be nimble and able to respond quickly to changes in the
7 rapidly-evolving cannabis industry.";
8

9 And on page 3, lines 20-21, by rewriting the lines to read:

10 "(12) Physician. – A person licensed under Article 1 of Chapter 90 of the General
11 Statutes who is in good standing to practice medicine in the State, who has a
12 valid DEA registration, and who has completed continuing medical education
13 courses as required pursuant to G.S. 90-113.114.";
14

15 And on page 4, lines 11-12, by inserting the following between the lines:

16 "g. The physician's DEA number.
17 h. The physician's national provider identification number, if the
18 physician has a national provider identification number.
19 i. Any other information required by the Commission.";
20

21 and on page 4, lines 12-51, by rewriting the lines to read:

22 **""§ 90-113.113. Compassionate Use Advisory Board; membership; terms; meetings;**
23 **quorum; expenses.**

24 (a) Advisory Board Established. – The Compassionate Use Advisory Board is established
25 and shall consist of 11 members as follows:

26 (1) The Governor shall appoint members to the Advisory Board as follows:
27 a. A medical doctor or doctor of osteopathy licensed in the State.
28 b. A medical doctor or doctor of osteopathy licensed in the State
29 specializing in primary care.
30 c. A medical doctor or doctor of osteopathy who is board-certified to
31 practice addiction medicine in the State.



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- 1 e. A research scientist with expertise in the field of cannabinoid
2 medicine.
3 f. A pharmacist licensed in the State.
4 g. A registry identification cardholder or, for an appointment made
5 before registry identification cards are issued, one person with a
6 debilitating medical condition who intends to use cannabis.
7 h. A parent of a minor qualified patient or, for an appointment made
8 before registry identification cards are issued, one parent of a minor
9 with a debilitating medical condition who intends to use cannabis.
10 (2) Two members appointed by the General Assembly upon recommendation of
11 the Speaker of the House of Representatives in accordance with G.S. 120-121.
12 (3) Two members appointed by the General Assembly upon recommendation of
13 the President Pro Tempore of the Senate in accordance with G.S. 120-121.
14 (b) Terms. – Members of the Advisory Board shall serve a four-year term, beginning
15 effective July 1 of the year of appointment, and may be reappointed to a second four-year term.
16 (c) Chair. – The members of the Advisory Board shall elect a chair. The chair shall serve
17 a two-year term and may be reelected.
18 (d) Vacancies. – Any appointment to fill a vacancy on the Advisory Board created by the
19 resignation, dismissal, death, or disability of a member shall be made by the original appointing
20 authority and shall be for the balance of the unexpired term.
21 (e) Meetings. – The Advisory Board shall meet at least two times per year for the purpose
22 of reviewing petitions to add debilitating medical conditions.
23 (f) Power. – The Advisory Board shall have the power to approve adding a debilitating
24 medical condition by a majority vote of the members present and voting.
25 (g) Quorum. – Seven members of the Advisory Board shall constitute a quorum for the
26 transaction of business.
27 (h) Administration Support. – All administrative support and other services required by
28 the Advisory Board shall be provided by the Department.
29 (i) Expenses. – The members of the Advisory Board shall receive per diem and necessary
30 travel and subsistence expenses in accordance with the provisions of G.S. 138-5.";

31
32 and on page 5, lines 1-24, by rewriting the lines to read:

33 **""§ 90-113.114. Physician requirements.**

- 34 (a) Continuing Medical Education. – Before providing a written certification to a
35 qualified patient, a physician shall complete a ten-hour continuing medical education course on
36 the prescribing of medical cannabis. A physician shall complete a three-hour supplemental
37 continuing medical education course thereafter in any year in which the physician issues a written
38 certification. Records documenting compliance with continuing medical education requirements
39 must be maintained for six consecutive years and may be inspected by the Department or by the
40 NC Medical Board or its agents.
41 (b) Required Topics of Continuing Medical Education. – The initial 10-hour continuing
42 medical education course shall include, among other topics, training on the following:
43 indications, benefits, risks, and adverse outcomes of medical cannabis use; assessing mental

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1 health and substance use disorder patient and family history; screening for clinical high risk for
2 psychosis; assessing for development of mental health symptoms, including symptoms of
3 psychosis; and initial and ongoing assessment for substance use disorders, including cannabis
4 use disorder.

5 (c) Bona Fide Physician-Patient Relationship. – A physician shall issue a written
6 certification only for a patient with whom the physician has a bona fide physician-patient
7 relationship.

8 (d) Physical Location in State. – A physician shall have a physical office location in North
9 Carolina in which to conduct in-person examinations.

10 (e) Risk Screening. – A physician shall assess each patient for the initial and ongoing risk
11 of mental health and substance use disorders and for the development of mental health and
12 substance use disorders.

13 (f) Use of Electronic Registry. – A physician shall issue a written certification for a
14 qualified patient in the electronic medical cannabis registry database as specified by the
15 Department.

16 (g) Patient Education. – Upon initial written certification and at least annually thereafter,
17 a physician shall provide education to a qualified patient on the risk and symptoms of cannabis
18 use disorder; the risk and symptoms of cannabis-induced psychosis; and the risk of impairment
19 while operating a motor vehicle under the influence of cannabis or cannabis-infused products.

20 (h) Follow-up Care and Treatment. – A physician shall re-evaluate a patient for whom
21 the physician has issued a written certification as frequently as necessary to determine the
22 efficacy of the use of cannabis as a treatment for the patient's particular medical condition, the
23 appropriateness of the delivery method and dosage included in the written certification, and any
24 adverse side effects. Such re-evaluation shall occur at least quarterly in the first year and at least
25 annually thereafter. The physician shall check the patient's prescription history in the Controlled
26 Substances Reporting System when renewing a written certification. The Commission may set a
27 shorter interval for mandatory patient re-evaluations and may set requirements for in-person
28 physical examination during re-evaluations.

29 (i) Requirement to Update Registry. – A physician shall update the medical cannabis
30 registry database within three days after any change is made to the original written certification
31 to reflect such change, including deactivation of a written certification.

32 (j) Monitoring of Written Certifications. – The Department shall monitor physician
33 written certifications in the medical cannabis registry database for practices that could facilitate
34 diversion or misuse of cannabis or other harm and shall refer cases to the North Carolina Medical
35 Board and the State Bureau of Investigation as appropriate. The Department may conduct
36 outreach and education to physicians who represent statistical outliers in any manner of their
37 issuing of written certifications.

38 (k) Site of Evaluation. – A physician may not evaluate patients on the site of a medical
39 cannabis center.

40 (l) Advertising. – A physician may not advertise on the site of a medical cannabis center.

41 (n) Rules. – The Commission may adopt rules regarding physicians to ensure the
42 protection of individuals with a debilitating medical condition, the prevention of diversion, and
43 the integrity of the medical cannabis system.";

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1
2
3 And on page 5, line 38, by rewriting the line to read:

4 "approved application. An individual may serve as a designated caregiver for
5 a maximum of two qualified patients. The Commission may by rule create
6 exceptions to the limit on the number of designated caregivers a qualified
7 patient may have and exceptions to the limit on the number of qualified
8 patients a designated caregiver may serve. The Commission may establish
9 rules to allow a facility to serve as a designated caregiver.";

10
11 And on page 7, line 47 to page 8, line 2, by rewriting the lines to read:

12 "The database shall consist of at least the following information:";

13
14 And on page 8, line 13, by rewriting the line to read:

15 "agencies as allowed in this section.";

16
17 And on page 22, lines 9-11, by deleting the lines.
18
19

SIGNED _____
Amendment Sponsor

SIGNED _____
Committee Chair if Senate Committee Amendment

ADOPTED _____ FAILED _____ TABLED _____