

## 96TH GENERAL ASSEMBLY State of Illinois 2009 and 2010 HB2514

Introduced 2/20/2009, by Rep. Lou Lang - Angelo Saviano

## SYNOPSIS AS INTRODUCED:

New Act 720 ILCS 550/8 720 ILCS 550/11 rep. 720 ILCS 550/15 rep.

from Ch. 56 1/2, par. 708

Creates the Compassionate Use of Medical Cannabis Pilot Program Act. Provides that when a person has been diagnosed by a physician as having a debilitating medical condition, the person and the person's primary caregiver may be issued a registry identification card by the Department of Public Health that permits the person or the person's primary caregiver to legally possess no more than 7 dried cannabis plants and 2 ounces of dried usable cannabis. Amends the Cannabis Control Act to make conforming changes. Provides that the provisions of the Act are severable. Provides that the Act is repealed 3 years after its effective date. Repeals the research provisions of the Cannabis Control Act. Effective immediately.

LRB096 11309 RLC 21742 b

CORRECTIONAL
BUDGET AND
IMPACT NOTE ACT
MAY APPLY

- 1 AN ACT concerning alternative treatment for serious 2 diseases causing chronic pain and debilitating conditions.
- Be it enacted by the People of the State of Illinois, represented in the General Assembly:
- Section 1. Short title. This Act may be cited as the Compassionate Use of Medical Cannabis Pilot Program Act.
- 7 Section 5. Findings.

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- 8 (a) Modern medical research has discovered beneficial uses
  9 for cannabis in treating or alleviating the pain, nausea, and
  10 other symptoms associated with a variety of debilitating
  11 medical conditions, as found by the National Academy of
  12 Sciences' Institute of Medicine in March 1999.
  - (b) Subsequent studies since the 1999 National Academy of Sciences' Institute of Medicine report continue to show the therapeutic value of cannabis in treating a wide array of debilitating medical conditions, including increasing the chances of patients finishing their treatments for HIV/AIDS and hepatitis C.
  - (c) Data from the Federal Bureau of Investigation's Uniform Crime Reports and the Compendium of Federal Justice Statistics show that approximately 99 out of every 100 cannabis arrests in the U.S. are made under state law, rather than under federal law. Consequently, changing state law will have the practical

- effect of protecting from arrest the vast majority of seriously ill people who have a medical need to use cannabis.
  - (d) Although federal law currently prohibits any use of cannabis except under very limited circumstances, Alaska, California, Colorado, Hawaii, Maine, Michigan, Montana, Nevada, New Mexico, Oregon, Vermont, Rhode Island, and Washington have removed state-level criminal penalties from the medical use and cultivation of cannabis. Illinois joins in this effort for the health and welfare of its citizens.
  - (e) States are not required to enforce federal law or prosecute people for engaging in activities prohibited by federal law. Therefore, compliance with this Act does not put the State of Illinois in violation of federal law.
    - (f) State law should make a distinction between the medical and non-medical uses of cannabis. Hence, the purpose of this Act is to protect patients with debilitating medical conditions, as well as their practitioners and primary caregivers, from arrest and prosecution, criminal and other penalties, and property forfeiture if such patients engage in the medical use of cannabis.
    - (g) The people of the State of Illinois declare that they enact this Act pursuant to the police power to protect the health of its citizens that is reserved to the State of Illinois and its people under the 10th Amendment to the United States Constitution.

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- Section 10. Definitions. The following terms, as used in 1 2 this Act, shall have the meanings set forth in this Section:
  - (a) "Adequate supply" means an amount of cannabis possessed by a qualified patient or collectively possessed by a qualified patient and the qualified patient's primary caregiver that is determined by rule of the Department to be no more than reasonably necessary to ensure the uninterrupted availability of cannabis for a period of 60 days and that is derived solely from an intrastate source. Until the Department determines what constitutes a 60-day supply of medicine, patients shall be presumed to be in compliance with this Act if they possess no more than 7 plants and 2 ounces of dried usable cannabis.
  - (a-1) "Cardholder" means a qualifying patient or a primary caregiver who has been issued and possesses a valid registry identification card.
  - (b) "Debilitating medical condition" means one or more of the following:
    - (1) cancer, glaucoma, positive status for human immunodeficiency virus, acquired immune deficiency syndrome, hepatitis C, amyotrophic lateral sclerosis, Crohn's disease, agitation of Alzheimer's disease, nail patella, or the treatment of these conditions;
    - (2) a chronic or debilitating disease or medical condition or its treatment that produces one or more of the following: cachexia or wasting syndrome; severe pain; severe nausea; seizures, including but not limited to those

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- characteristic of epilepsy; or severe and persistent muscle spasms, including but not limited to those characteristic of multiple sclerosis; or
  - (3) any other medical condition or its treatment approved by the Department, as provided for in subsection (a) of Section 20.
- 7 (c) "Department" means the Department of Public Health, or 8 its successor agency.
  - (d) "Enclosed, locked facility" means a closet, room, greenhouse, or other enclosed area equipped with locks or other security devices that permit access only by a registered primary caregiver or registered qualifying patient.
  - (e) "Felony drug offense" means a violation of a state or federal controlled substance law that was classified as a felony in the jurisdiction where the person was convicted. It does not include: (1) an offense for which the sentence, including any term of probation, incarceration, or supervised release, was completed 10 or more years earlier; or (2) an offense that involved conduct that would have been permitted under this Act.
  - (f) "Cannabis" has the meaning given to the term cannabis in Section 3 of the Cannabis Control Act.
- 23 (g) "Medical use" means the acquisition, possession, 24 cultivation, manufacture, use, delivery, transfer, or 25 transportation of cannabis or paraphernalia relating to the 26 administration of cannabis to treat or alleviate a registered

- 1 qualifying patient's debilitating medical condition or
- 2 symptoms associated with the patient's debilitating medical
- 3 condition.
- 4 (h) "Practitioner" means a person who is licensed with
- 5 authority to prescribe drugs under Article III of the Illinois
- 6 Controlled Substance Act.
- 7 (i) "Primary caregiver" means a person who is at least 21
- 8 years old, who has agreed to assist with a patient's medical
- 9 use of cannabis, and who has never been convicted of a felony
- 10 drug offense. A primary caregiver, other than a medical
- cannabis organization as defined in this Act may assist no more
- than one qualifying patient with their medical use of cannabis.
- 13 A patient may designate only one primary caregiver, except that
- 14 a patient may designate a medical cannabis organization and one
- individual primary caregiver.
- 16 (j) "Qualifying patient" means a person who has been
- diagnosed by a practitioner as having a debilitating medical
- 18 condition.
- 19 (k) "Registry identification card" means a document issued
- 20 by the Department that identifies a person as a registered
- 21 qualifying patient or registered primary caregiver.
- (1) "Usable cannabis" means the dried leaves and flowers of
- 23 the cannabis plant, and any mixture or preparation thereof, but
- does not include the seeds, stalks, and roots of the plant and
- does not include the weight of other ingredients in cannabis
- 26 prepared for consumption as food.

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- 1 (m) "Visiting qualifying patient" means a patient who is 2 not a resident of Illinois or who has been a resident of 3 Illinois less than 30 days.
  - (n) "Written certification" means a document signed by a practitioner, stating that in the practitioner's professional opinion the patient is likely to receive therapeutic or palliative benefit from the medical use of cannabis to treat or alleviate the patient's debilitating medical condition or symptoms associated with the debilitating medical condition. A written certification shall be made only in the course of a bona fide practitioner-patient relationship after the practitioner has completed a full assessment of the qualifying patient's medical history. The written certification shall qualifying patient's debilitating specify the condition.
- Section 15. Protections for the medical use of cannabis.
  - (a) A qualifying patient who has been issued and possesses a registry identification card shall not be subject to arrest, prosecution, or penalty in any manner, or denied any right or privilege, including but not limited to civil penalty or disciplinary action by a business or occupational or professional licensing board or bureau, for the medical use of cannabis in accordance with this Act, provided that the qualifying patient possesses an amount of cannabis that does not exceed an "adequate supply" as defined in subsection (a) of

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Section 10 of this Act of usable cannabis. Such plants shall be kept in an enclosed, locked facility, unless they are being transported because the qualifying patient is moving or if they are being transported to the qualifying patient's property. Any incidental amount of seeds, stalks, and unusable roots shall also be allowed under state law and shall not be included in this amount.

(b) A primary caregiver who has been issued and possesses a registry identification card shall not be subject to arrest, prosecution, or penalty in any manner, or denied any right or privilege, including but not limited to civil penalty or disciplinary action by а business or occupational professional licensing board or bureau, solely for assisting a qualifying patient to whom he or she is connected through the Department's registration process with the medical use of cannabis in accordance with this Act, provided that the primary caregiver possesses an amount of cannabis that does not exceed an "adequate supply" as defined in subsection (a) of Section 10 of this Act for the qualifying patient to whom he or she is connected through the Department's registration process. It is the intent of this provision that the total amount possessed between the qualifying patient and caregiver shall not exceed the patient's "adequate supply" as defined in subsection (a) of Section 10 of this Act. Such plants shall be kept in an enclosed, locked facility, unless they are being transported because the primary caregiver is moving or if they are being

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- transported to a primary caregiver's or a qualifying patient's property. Any incidental amount of seeds, stalks, and unusable roots shall also be allowed under state law and shall not be
- 4 included in this amount.
  - (c) (1) There shall be a presumption that a qualifying patient or primary caregiver is engaged in the medical use of cannabis in accordance with this Act if the qualifying patient or primary caregiver:
- 9 (A) is in possession of a registry identification card; and
  - (B) is in possession of an amount of cannabis that does not exceed the amount allowed under this Act.
  - (2) The presumption may be rebutted by evidence that conduct related to cannabis was not for the purpose of treating or alleviating the qualifying patient's debilitating medical condition or symptoms associated with the debilitating medical condition, in accordance with this Act.
  - A cardholder shall not be subject (d) to arrest, prosecution, or penalty in any manner, or denied any right or privilege, including but not limited to civil penalty or disciplinary action by a business or occupational professional licensing board or bureau, solely for giving cannabis to a registered qualifying patient or a registered primary caregiver for the registered qualifying patient's medical use where nothing of value is transferred in return, or

1 to offer to do the same.

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- 2 (e) No school, employer, or landlord may refuse to enroll
- 3 or employ or lease to, or otherwise penalize a person solely
- 4 for his or her status as a registered qualifying patient or a
- 5 registered primary caregiver, unless failing to do so would put
- 6 the school, employer, or landlord in violation of federal law
- 7 or cause it to lose a federal contract or funding.
- 8 (f) A person shall not be denied custody or visitation of a
- 9 minor for acting in accordance with this Act, unless the
- 10 person's behavior is such that it creates an unreasonable
- 11 danger to the minor that can be clearly articulated and
- 12 substantiated.
- 13 (g) A registered primary caregiver may receive
- 14 compensation for costs associated with assisting a registered
- 15 qualifying patient's medical use of cannabis, provided that
- 16 registered primary caregiver is connected to the registered
- 17 qualifying patient through the Department's registration
- 18 process. Any such compensation shall not constitute the sale of
- 19 controlled substances.
- 20 (h) A practitioner shall not be subject to arrest,
- 21 prosecution, or penalty in any manner, or denied any right or
- 22 privilege, including but not limited to civil penalty or
- 23 disciplinary action by the Medical Disciplinary Board or by any
- other business or occupational or professional licensing board
- or bureau, solely for providing written certifications or for
- otherwise stating that, in the practitioner's professional

- opinion, a patient is likely to receive therapeutic benefit from the medical use of cannabis to treat or alleviate the patient's serious or debilitating medical condition or symptoms associated with the serious or debilitating medical condition, provided that nothing shall prevent a professional licensing board from sanctioning a practitioner for failing to properly evaluate a patient's medical condition or otherwise violating the standard of care for evaluating medical conditions.
- (i) A person shall not be subject to arrest, prosecution, or penalty in any manner, or denied any right or privilege, including but not limited to civil penalty or disciplinary action by a business or occupational or professional licensing board or bureau, solely for providing a registered qualifying patient or a registered primary caregiver with cannabis paraphernalia for purposes of a qualifying patient's medical use of cannabis.
- (j) Any cannabis, cannabis paraphernalia, licit property, or interest in licit property that is possessed, owned, or used in connection with the medical use of cannabis, as allowed under this Act, or acts incidental to such use, shall not be seized or forfeited.
- (k) A person shall not be subject to arrest, prosecution, or penalty in any manner, or denied any right or privilege, including but not limited to civil penalty or disciplinary action by a business or occupational or professional licensing

- board or bureau, simply for being in the presence or vicinity
  of the medical use of cannabis as allowed under this Act, or
  for assisting a registered qualifying patient with using or
  administering cannabis. This provision, however, shall not be
  construed to allow the consumption of cannabis by persons other
  than qualifying patients.
  - (1) A registry identification card, or its equivalent, that is issued under the laws of another state, district, territory, commonwealth, or insular possession of the United States that allows the medical use of cannabis by a visiting qualifying patient, shall have the same force and effect as a registry identification card issued by the Department.
  - (m) Any cardholder who sells cannabis to a person who is not allowed to use cannabis for medical purposes under this Act shall have his or her registry identification card revoked, and is liable for any other penalties for the sale of cannabis. The Department may revoke the registry identification card of any cardholder who violates this Act, and the cardholder shall be liable for any other penalties for the violation.
- 20 Section 20. Department to issue rules.
  - (a) Not later than 120 days after the effective date of this Act, the Department shall promulgate rules governing the manner in which it shall consider petitions from the public to add debilitating medical conditions to the list of debilitating medical conditions set forth in subsection (b) of Section 10 of

- this Act. In considering such petitions, the Department shall include public notice of, and an opportunity to comment in a public hearing upon, such petitions. The Department shall, after hearing, approve or deny such petitions within 180 days of submission of the petition. The approval or denial of such a petition shall be considered a final Department action, subject to judicial review. Jurisdiction and venue for judicial review are vested in the Circuit Court.
- (b) Not later than 120 days after the effective date of this Act, the Department shall promulgate rules governing the manner in which it shall consider applications for and renewals of registry identification cards for qualifying patients and primary caregivers. The Department's rules shall establish application and renewal fees that generate revenues sufficient to offset all expenses of implementing and administering this Act. The fee shall include an additional \$2 per registry identification card which shall be allocated to drug treatment and prevention. The Department may establish a sliding scale of application and renewal fees based upon a qualifying patient's family income. The Department may accept donations from private sources in order to reduce the application and renewal fees.
- 22 Section 25. Administering the Department's rules.
- 23 (a) The Department shall issue registry identification 24 cards to qualifying patients who submit the following, in 25 accordance with the Department's rules:

1	(1) written certification;
2	(2) application or renewal fee;
3	(3) name, address, and date of birth of the qualifying
4	patient, except that if the applicant is homeless, no
5	address is required;
6	(4) name, address, and telephone number of the
7	qualifying patient's practitioner; and
8	(5) name, address, and date of birth of each primary
9	caregiver, if any, of the qualifying patient.
10	(b) The Department shall not issue a registry
11	identification card to a qualifying patient who is under the
12	age of 18 unless:
13	(1) The qualifying patient's practitioner has
14	explained the potential risks and benefits of the medical
15	use of cannabis to the qualifying patient and to a parent,
16	guardian, or person having legal custody of the qualifying
17	patient; and
18	(2) The parent, guardian, or person having legal
19	custody consents in writing to:
20	(A) allow the qualifying patient's medical use of
21	cannabis;
22	(B) serve as one of the qualifying patient's
23	primary caregivers; and
24	(C) control the acquisition of the cannabis, the
25	dosage, and the frequency of the medical use of

cannabis by the qualifying patient.

- (c) The Department shall verify the information contained 1 2 in an application or renewal submitted pursuant to this 3 Section, and shall approve or deny an application or renewal within 15 days of receiving it. The Department may deny an 4 5 application or renewal only if the applicant did not provide 6 the information required pursuant to this Section, or if the 7 Department determines that the information provided was 8 falsified. Rejection of an application or renewal is considered 9 a final Department action, subject to judicial review. 10 Jurisdiction and venue for judicial review are vested in the 11 Illinois Circuit Court.
- (d) The Department shall issue a registry identification card to each primary caregiver, if any, who is named in a qualifying patient's approved application, up to a maximum of 2 primary caregivers per qualifying patient.
- (e) The Department shall issue registry identification cards within 5 days of approving an application or renewal, which shall expire one year after the date of issuance. Registry identification cards shall contain all of the following:
- 21 (1) Name, address, and date of birth of the qualifying 22 patient;
- 23 (2) Name, address, and date of birth of each primary 24 caregiver, if any, of the qualifying patient;
  - (3) The date of issuance and expiration date of the registry identification card;

- 1 (4) A random identification number that is unique to 2 the cardholder; and
- 3 (5) A photograph, if the Department decides to require one.
  - (f) (1) A registered qualifying patient shall notify the Department of any change in the registered qualifying patient's name, address, or primary caregiver, or if the registered qualifying patient ceases to have his or her debilitating medical condition, within 10 days of such change.
    - (2) A registered qualifying patient who fails to notify the Department of any of these changes is responsible for a civil infraction, punishable by a fine of no more than \$150. If the registered qualifying patient's certifying practitioner notifies the Department in writing that the registered qualifying patient has ceased to suffer from a debilitating medical condition, the card shall become null and void upon notification by the Department to the qualifying patient.
    - (3) A registered primary caregiver shall notify the Department of any change in his or her name or address within 10 days of such change. A registered primary caregiver who fails to notify the Department of any of these changes is responsible for a civil infraction, punishable by a fine of no more than \$150.
    - (4) When a registered qualifying patient or registered primary caregiver notifies the Department of any changes

listed in this subsection, the Department shall issue the registered qualifying patient and each registered primary caregiver a new registry identification card within 10 days of receiving the updated information and a \$10 fee.

- (5) When a registered qualifying patient changes his or her registered primary caregiver, the Department shall notify the primary caregiver within 10 days. The registered primary caregiver's protections as provided in this Act shall expire 10 days after notification by the Department.
- (6) If a registered qualifying patient or registered primary caregiver loses his or her registry identification card, he or she shall notify the Department and submit a \$10 fee within 10 days of losing the card. Within 5 days after such notification, the Department shall issue a new registry identification card with a new random identification number.
- (g) Possession of, or application for, a registry identification card shall not constitute probable cause or reasonable suspicion, nor shall it be used to support the search of the person or property of the person possessing or applying for the registry identification card.
  - (h) The following confidentiality rules shall apply:
  - (1) Applications and supporting information submitted by qualifying patients, including information regarding their primary caregivers and practitioners, are confidential.

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- (2) The Department shall maintain a confidential list of the persons to whom the Department has issued registry identification cards. Individual names and other identifying information on the list shall be confidential, exempt from the Freedom of Information Act, and not subject to disclosure, except to authorized employees of the Department as necessary to perform official duties of the Department.
- (3) The Department shall verify to law enforcement personnel whether a registry identification card is valid, without disclosing more information than is reasonably necessary to verify the authenticity of the registry identification card.
- (4) It is a Class B misdemeanor for any person, including an employee or official of the Department or another state agency or local government, to breach the confidentiality of information obtained pursuant to this Act. Notwithstanding this provision, Department employees may notify law enforcement about falsified or fraudulent information submitted to the Department, so long as the employee who suspects that falsified or fraudulent information has been submitted confers with his or her (or at least one other supervisor employee of Department) and both agree that circumstances exist that warrant reporting.
- (i) The Department shall submit to the General Assembly an

- 1 annual report that does not disclose any identifying
- 2 information about qualifying patients, primary caregivers, or
- 3 practitioners, but does contain, at a minimum, all of the
- 4 following information:
- 5 (1) The number of applications and renewals filed for registry identification cards.
- 7 (2) The number of qualifying patients and primary 8 caregivers approved in each county.
  - (3) The nature of the debilitating medical conditions of the qualifying patients.
  - (4) The number of registry identification cards revoked.
    - (5) The number of practitioners providing written certifications for qualifying patients.
  - (j) Where a state-funded or locally funded law enforcement agency encounters an individual who, during the course of the investigation, credibly asserts that he or she is a registered qualifying patient or registered primary caregiver, the law enforcement agency shall not provide any information from any cannabis-related investigation of the person to any law enforcement authority that does not recognize the protection of this Act and any prosecution of the individual for a violation of this Act shall be conducted pursuant to the laws of this State.

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1	(a) This Act shall not permit any person to do any of the
2	following:
3	(1) Undertake any task under the influence of cannabis,
4	when doing so would constitute negligence or professional
5	malpractice.
6	(2) Possess cannabis, or otherwise engage in the
7	medical use of cannabis:
8	(A) in a school bus;
9	(B) on the grounds of any preschool or primary or
10	secondary school; or
11	(C) in any correctional facility.
12	(3) Smoke cannabis:
13	(A) on any form of public transportation; or
14	(B) in any public place.
15	(4) Operate, navigate, or be in actual physical control
16	of any motor vehicle, aircraft, or motorboat while under
17	the influence of cannabis. However, a registered
18	qualifying patient shall not be considered to be under the
19	influence of cannabis solely because of the presence of
20	metabolites or components of cannabis that appear in
21	insufficient concentration to cause impairment.
22	(b) Nothing in this Act shall be construed to require:
23	(1) A government medical assistance program or private
24	health insurer to reimburse a person for costs associated

(2) An employer to accommodate the ingestion of

with the medical use of cannabis; or

- cannabis in any workplace or any employee working while under the influence of cannabis, provided that a qualifying patient shall not be considered to be under the influence of cannabis solely because of the presence of metabolites or components of cannabis that appear in insufficient concentration to cause impairment.
- (c) Fraudulent representation to a law enforcement official of any fact or circumstance relating to the medical use of cannabis to avoid arrest or prosecution is a petty offense punishable by a fine of \$500, which shall be in addition to any other penalties that may apply for making a false statement or for the use of cannabis other than use undertaken pursuant to this Act.
- Section 35. Affirmative defense and dismissal for medical cannabis.
  - (a) Except as provided in Section 30, a patient and a patient's primary caregiver, if any, may assert the medical purpose for using cannabis as a defense to any prosecution involving cannabis, and this defense shall be presumed valid where the evidence shows that:
  - (1) A practitioner has stated that, in the practitioner's professional opinion, after having completed a full assessment of the patient's medical history and current medical condition made in the course of a bona fide practitioner-patient relationship, the patient

is likely to receive therapeutic or palliative benefit from the medical use of cannabis to treat or alleviate the patient's serious or debilitating medical condition or symptoms associated with the patient's serious or debilitating medical condition; and

- (2) The patient and the patient's primary caregiver, if any, were collectively in possession of a quantity of cannabis that was not more than was reasonably necessary to ensure the uninterrupted availability of cannabis for the purpose of treating or alleviating the patient's serious or debilitating medical condition or symptoms associated with the patient's serious or debilitating medical condition; and
- (3) The patient and the patient's primary caregiver, if any, were engaged in the acquisition, possession, cultivation, manufacture, use, delivery, transfer, or transportation of cannabis or paraphernalia relating to the administration of cannabis to treat or alleviate the patient's serious or debilitating medical condition or symptoms associated with the patient's serious or debilitating medical condition.
- (b) A person may assert the medical purpose for using cannabis in a motion to dismiss, and the charges shall be dismissed following an evidentiary hearing where the person shows the elements listed in subsection (a).
  - (c) If a patient or a patient's primary caregiver

- demonstrates the patient's medical purpose for using cannabis
- 2 pursuant to this Section, the patient and the patient's primary
- 3 caregiver shall not be subject to the following for the
- 4 patient's use of cannabis for medical purposes:
- 5 (1) disciplinary action by a business or occupational
- or professional licensing board or bureau; or
- 7 (2) forfeiture of any interest in or right to property.
- 8 Section 40. Enforcement of this Act.
- 9 (a) If the Department fails to adopt rules to implement
- 10 this Act within 120 days of the effective date of this Act, a
- 11 qualifying patient may commence an action in the Circuit Court
- 12 to compel the Department to perform the actions mandated
- pursuant to the provisions of this Act.
- 14 (b) If the Department fails to issue a valid registry
- 15 identification card in response to a valid application or
- 16 renewal submitted pursuant to this Act within 20 days of its
- 17 submission, the registry identification card shall be deemed
- 18 granted, and a copy of the registry identification application
- or renewal shall be deemed a valid registry identification
- 20 card.
- 21 (c) If at any time after the 140 days following the
- 22 effective date of this Act the Department is not accepting
- 23 applications, including if it has not created rules allowing
- 24 qualifying patients to submit applications, a notarized
- 25 statement by a qualifying patient containing the information

- 1 required in an application, pursuant to clauses (a)(2) through
- 2 (a)(5) of Section 25 together with a written certification
- 3 shall be deemed a valid registry identification card.

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- Section 45. Medical cannabis organization.
- 6 (a) Definition. For purposes of this Section, "medical 7 cannabis organization" means an entity registered under this 8 Section that acquires, possesses, cultivates, manufactures, 9 delivers, transfers, transports, supplies, or dispenses 10 cannabis, or related supplies and educational materials, to 11 registered qualifying patients and their registered primary 12 caregivers. A medical cannabis organization is a primary 1.3 caregiver. All provisions of this Act pertaining to a primary 14 caregiver shall apply to a medical cannabis organization unless 15 they conflict with a provision contained in this Section. A 16 medical cannabis organization shall supply cannabis to any number of registered qualifying patients who have designated it 17 as one of their primary caregivers. 18
  - (b) Registration requirements.
  - (1) The Department shall register a medical cannabis organization and issue a registration certificate within 20 days to any person or entity that provides:
- 23 (A) A fee paid to the Department in the amount of \$5,000;
- 25 (B) The legal name of the medical cannabis

organization;

- (C) The physical address of the medical cannabis organization and the physical address of one additional location, if any, where cannabis will be cultivated;
- (D) The name, address, and date of birth of each principal officer and board member of the medical cannabis organization;
- (E) The name, address, and date of birth of any person who is an agent of or employed by the medical cannabis organization.
- (2) The Department shall track the number of registered qualifying patients who designate each medical cannabis organization as a primary caregiver, and issue a written statement to the medical cannabis organization of the number of qualifying patients who have designated the medical cannabis organization to serve as a primary caregiver for them. This statement shall be updated each time a new registered qualifying patient designates the medical cannabis organization or ceases to designate the medical cannabis organization and may be transmitted electronically if the Department's rules so provide. The Department may provide by rule that the updated written statements will not be issued more frequently than twice each week.
  - (3) The Department shall issue each principal officer,

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board member, agent, and employee of a medical cannabis organization a registry identification card within 10 days of receipt of the person's name, address, date of birth, and a fee in an amount established by the Department. Each card shall specify that the cardholder is a principal officer, board member, agent, or employee of a medical cannabis organization and shall contain the following:

- (A) The name, address, and date of birth of the principal officer, board member, agent or employee;
- (B) The legal name of the medical cannabis organization to which the principal officer, board member, agent, or employee is affiliated;
- (C) A random identification number that is unique to the cardholder;
- (D) The date of issuance and expiration date of the registry identification card; and
- (E) A photograph, if the Department decides to require one.
- Department shall not issue registry (4)а identification card to any principal officer, board member, agent, or employee of a medical cannabis organization who has been convicted of a felony drug offense. The Department may conduct a background check of each principal officer, board member, agent, or employee in order to carry out this provision. The Department shall notify the medical cannabis organization in writing of the

L	purpose for denying the registry identification card.
2	However, the Department shall grant such person a registry
3	identification card if the Department determines that the
1	person's conviction was for the medical use of cannabis or
5	assisting with the medical use of cannabis.

- (c) Authority of the Department. Not later than 120 days after the effective date of this Act, the Department shall promulgate rules governing the manner in which it shall consider applications for and renewals of registration certificates for medical cannabis organizations, including rules governing:
- 12 (1) The form and content of registration and renewal applications;
  - (2) Minimum oversight requirements for medical cannabis organizations;
  - (3) Minimum record-keeping requirements for medical cannabis organizations;
  - (4) Minimum security requirements for medical cannabis organizations; and
  - (5) Procedures for suspending or terminating the registration of medical cannabis organizations that violate the provisions of this Section or the rules promulgated pursuant to this subsection.
  - (d) Expiration. A medical cannabis organization registration certificate and the registry identification card for each principal officer, board member, agent, or employee

- shall expire one year after the date of issuance. The
  Department shall issue a renewal medical cannabis organization
  registration certificate and renewal registry identification
  cards within 10 days to any person who complies with the
  requirements contained in subsection (b) of this Section.
  - (e) Inspection. Medical cannabis organizations are subject to reasonable inspection by the Department.
    - (f) Medical cannabis organization requirements.
    - (1) A medical cannabis organization may not be located within 500 feet of the property line of a preexisting public or private school.
    - (2) A medical cannabis organization shall notify the Department within 10 days of when a principal officer, board member, agent, or employee ceases to work at the medical cannabis organization.
    - (3) A medical cannabis organization shall notify the Department in writing of the name, address, and date of birth of any new principal officer, board member, agent, or employee and shall submit a fee in an amount established by the Department for a new registry identification card before a new agent or employee begins working at the medical cannabis organization.
    - (4) A medical cannabis organization shall implement appropriate security measures to deter and prevent unauthorized entrance into areas containing cannabis and the theft of cannabis.

- (5) The operating documents of a medical cannabis organization shall include procedures for the oversight of the medical cannabis organization and procedures to ensure accurate record keeping.
  - (6) A medical cannabis organization is prohibited from acquiring, possessing, cultivating, manufacturing, delivering, transferring, transporting, supplying, or dispensing cannabis for any purpose except to assist registered qualifying patients with the medical use of cannabis directly or through the qualifying patients' other primary caregiver.
  - (7) All principal officers and board members of a medical cannabis organization must be residents of the State of Illinois.

## (g) Immunity.

- (1) No registered medical cannabis organization shall be subject to prosecution, search, seizure, or penalty in any manner or denied any right or privilege, including but not limited to, civil penalty or disciplinary action by a business, occupational, or professional licensing board or entity, solely for acting in accordance with this Section to assist registered qualifying patients to whom it is connected through the Department's registration process with the medical use of cannabis.
- (2) No principal officers, board members, agents, or employees of a registered medical cannabis organization

shall be subject to arrest, prosecution, search, seizure, or penalty in any manner or denied any right or privilege, including but not limited to civil penalty or disciplinary action by a business, occupational, or professional licensing board or entity, solely for working for or with a medical cannabis organization in accordance with this Act.

## (h) Prohibitions.

- (1) A medical cannabis organization may not possess an amount of cannabis that exceeds the total of the allowable amounts of cannabis for the registered qualifying patients for whom the medical cannabis organization is a registered primary caregiver.
- (2) A medical cannabis organization may not dispense, deliver, or otherwise transfer cannabis to a person other than a qualifying patient who has designated the medical cannabis organization as a primary caregiver or to such patient's primary caregiver.
- (3) A medical cannabis organization may not obtain cannabis from outside the State of Illinois.
- (4) A person convicted of violating paragraph (2) of this subsection may not be an employee, agent, principal officer, or board member of any medical cannabis organization, and such person's registry identification card shall be immediately revoked.
- (5) No person who has been convicted of a felony drug offense may be the principal officer, board member, agent,

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or employee of a medical cannabis organization unless the Department has determined that the person's conviction was for the medical use of cannabis or assisting with the medical use of cannabis and issued the person a registry identification card as provided under subsection (b)(3). A person who is employed by or is an agent, principal officer, or board member of a medical cannabis organization in violation of this Section is guilty of a civil violation punishable by a fine of up to \$1,000. A subsequent violation of this Section is a Class B misdemeanor.

- 11 Section 50. Repeal of Act. This Act is repealed 3 years 12 after its effective date.
- 13 Section 55. Adoption of rules by the Department; 60-day 14 supply for qualifying patients.
  - (a) By July 1, 2010, the Department shall adopt rules defining the quantity of cannabis that could reasonably be presumed to be a 60-day supply for qualifying patients.
  - (b) During the rule-making process, the Department shall make a good faith effort to include all stakeholders identified in the rule-making analysis as being impacted by the rule.
  - (c) Stakeholders shall include, but are not limited to: at least 3 physicians, one of which must have prior experience treating medical cannabis patients and another who specializes in oncology; 2 nurses, one of which must have prior experience

representative from the law enforcement community; a prosecuting attorney currently employed by the State of

treating HIV/AIDS patients; a representative from hospice; a

- 5 prosecuting accorney currently emproyed by the State of
- 4 Illinois; a public defender currently employed by the State of
- 5 Illinois; a defense attorney in private practice; a licensed
- 6 phlebotomist, and a horticulturist.
- 7 (d) The Department shall gather information from medical
- 8 and scientific literature, consulting with experts and the
- 9 public, and reviewing the best practices of other states
- 10 regarding access to an adequate, safe, consistent, and secure
- 11 source, including alternative distribution systems, of medical
- marijuana for qualifying patients. The Department shall report
- its findings to the General Assembly by July 10, 2009.
- Section 95. The Cannabis Control Act is amended by changing
- 15 Section 8 as follows:
- 16 (720 ILCS 550/8) (from Ch. 56 1/2, par. 708)
- Sec. 8. (1) It is unlawful for any person knowingly to
- 18 produce the cannabis sativa plant or to possess such plants or
- 19 to deliver such plants unless production or possession has been
- 20 authorized pursuant to the provisions of the Compassionate Use
- of Medical Cannabis Pilot Program Act Section 11 of the Act.
- 22 Any person who violates this Section with respect to production
- 23 or possession of:
- 24 (a) Not more than 5 plants is quilty of a Class A

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- 1 misdemeanor, except that a violation under subsection (2) of 2 this Section is a Class 4 felony.
- 3 (b) More than 5, but not more than 20 plants, is guilty of 4 a Class 4 felony, except that a violation under subsection (2) 5 of this Section is a Class 3 felony.
- 6 (c) More than 20, but not more than 50 plants, is guilty of 7 a Class 3 felony, except that a violation under subsection (2) 8 of this Section is a Class 2 felony.
  - (d) More than 50, but not more than 200 plants, is guilty of a Class 2 felony, except that a violation under subsection (2) of this Section is a Class 1 felony, for which a fine not to exceed \$100,000 may be imposed and for which liability for the cost of conducting the investigation and eradicating such plants may be assessed. Compensation for expenses incurred in the enforcement of this provision shall be transmitted to and deposited in the treasurer's office at the level of government represented by the Illinois law enforcement agency whose officers or employees conducted the investigation or caused the arrest or arrests leading to the prosecution, to subsequently made available to that law enforcement agency as expendable receipts for use in the enforcement of laws regulating controlled substances and cannabis. If such seizure was made by a combination of law enforcement personnel representing different levels of government, the court levying assessment shall determine the allocation of assessment. The proceeds of assessment awarded to the State

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1 treasury shall be deposited in a special fund known as the Drug
2 Traffic Prevention Fund.

- (e) More than 200 plants is guilty of a Class 1 felony, except that a violation under subsection (2) of this Section is a Class X felony, for which a fine not to exceed \$100,000 may be imposed and for which liability for the cost of conducting the investigation and eradicating such plants may be assessed. Compensation for expenses incurred in the enforcement of this provision shall be transmitted to and deposited in the treasurer's office at the level of government represented by the Illinois law enforcement agency whose officers or employees conducted the investigation or caused the arrest or arrests leading to the prosecution, to be subsequently made available to that law enforcement agency as expendable receipts for use in the enforcement of laws regulating controlled substances and cannabis. If such seizure was made by a combination of law personnel representing different levels enforcement government, the court levying the assessment shall determine the allocation of such assessment. The proceeds of assessment awarded to the State treasury shall be deposited in a special fund known as the Drug Traffic Prevention Fund.
- (2) Any person authorized pursuant to the provisions of the Compassionate Use of Medical Cannabis Pilot Program Act to produce or possess the cannabis sativa plant, who knowingly produces the cannabis sativa plant or possesses such plants or delivers such plants except as provided for in the

- 1 Compassionate Use of Medical Cannabis Pilot Program Act, is
- 2 guilty of violating this Section. Any violation of this
- 3 subsection (2) shall be punished according to the number of
- 4 plants involved in the violation as provided in subsection (1)
- 5 of this Section.
- 6 (Source: P.A. 95-247, eff. 1-1-08.)
- 7 (720 ILCS 550/11 rep.)
- 8 (720 ILCS 550/15 rep.)
- 9 Section 96. The Cannabis Control Act is amended by
- 10 repealing Sections 11 and 15.
- 11 Section 97. Severability. The provisions of this Act are
- 12 severable under Section 1.31 of the Statute on Statutes.
- 13 Section 99. Effective date. This Act takes effect upon
- 14 becoming law.