**Tuesday, February 8, 2022**

**(Statewide Session)**

~~Indicates Matter Stricken~~

Indicates New Matter

 The Senate assembled at 2:00 P.M., the hour to which it stood adjourned, and was called to order by the PRESIDENT.

 A quorum being present, the proceedings were opened with a devotion by the Chaplain as follows:

Exodus 4:10

 In Exodus we read how Moses said to the Lord, “ ‘. . .O my Lord, I have never been eloquent. . . I am slow of speech and tongue.’ ”

 Let us bow in prayer: O blessed and most holy God, we indeed recall how timid and insecure Moses was prior to his confrontation with Pharaoh. Yet, Lord, thanks to Your reminders that You would aid Your servant, Moses, indeed became a strong proponent of righteousness, as well as a keen advocate for justice. Thus do we pray today, dear Lord, that You will likewise enable each leader in this Senate also to feel Your power and support as they speak on behalf of every citizen of our State. Moreover, we further ask that You not only grant these Senators the power to speak effectively and well, but also, by Your grace, that You enable their ultimate decisions and actions themselves to bring about worthy and significant results. So we pray in Your loving name, O Lord. Amen.

 The PRESIDENT called for Petitions, Memorials, Presentments of Grand Juries and such like papers.

**Point of Quorum**

 At 2:04 P.M., Senator SETZLER made the point that a quorum was not present. It was ascertained that a quorum was not present.

**Call of the Senate**

 Senator SETZLER moved that a Call of the Senate be made. The following Senators answered the Call:

Adams Alexander Allen

Bennett Cash Climer

Corbin Cromer Davis

Fanning Garrett Goldfinch

Grooms Gustafson Hembree

Hutto *Johnson, Kevin Johnson, Michael*

Kimbrell Kimpson Massey

Peeler Rice Sabb

Scott Setzler Shealy

Stephens Talley Turner

Verdin Williams Young

 A quorum being present, the Senate resumed.

**MESSAGE FROM THE GOVERNOR**

The following appointments were transmitted by the Honorable Henry Dargan McMaster:

**Local Appointments**

Initial Appointment, Horry County Master-in-Equity, with the term to commence July 31, 2021, and to expire July 31, 2027

Alan Clemmons, 1411 SC Highway 15, Myrtle Beach, SC 29577 *VICE* Cynthia Graham Howe

Initial Appointment, Richland County Magistrate, with the term to commence April 30, 2019, and to expire April 30, 2023

Margaret Strom Williams, 1420 Hagood Ave., Columbia, SC 29205-1327 *VICE* Daniel M. Coble

**Doctor of the Day**

 Senator TURNER introduced Dr. Joshua Smith of Greenville, S.C., Doctor of the Day.

**Leave of Absence**

 On motion of Senator GARRETT, at 7:05 P.M., Senator GAMBRELL was granted a leave of absence for today.

**Expression of Personal Interest**

 Senator K. JOHNSON rose for an Expression of Personal Interest.

**CO-SPONSORS ADDED**

The following co-sponsors were added to the respective Bills:

S. 718 Sen. Climer

S. 1039 Sens. Young and Allen

**RECALLED AND COMMITTED**

 H. 3100 -- Reps. Bennett, Hosey and Matthews: A BILL TO AMEND SECTION 56‑5‑2780, CODE OF LAWS OF SOUTH CAROLINA, 1976, RELATING TO PENALTIES ASSOCIATED WITH UNLAWFULLY PASSING A STOPPED SCHOOL BUS, SO AS TO REVISE THE PENALTIES, TO PROVIDE ALL FINES MUST BE USED TO PURCHASE DIGITAL RECORDING DEVICES MOUNTED ON SCHOOL BUSES AND EXTENDED SCHOOL BUS STOP ARMS, TO PROVIDE THE MONTH OF AUGUST IS DECLARED “SCHOOL BUS SAFETY MONTH”, AND MAKE TECHNICAL CHANGES; AND BY ADDING SECTION 59‑67‑512 SO AS TO PROVIDE THE STATE SUPERINTENDENT OF EDUCATION MAY OVERRULE THE DECISION OF A LOCAL SCHOOL DISTRICT REGARDING THE PLACEMENT OF CERTAIN STUDENT SCHOOL BUS STOPS.

 On motion of Senator GROOMS, with unanimous consent, the Bill was recalled from the Committee on Transportation and committed to the Committee on Education.

**INTRODUCTION OF BILLS AND RESOLUTIONS**

 The following were introduced:

 S. 1048 -- Senators Alexander, Massey, Hutto, Climer and Verdin: A SENATE RESOLUTION TO RECOGNIZE AND HONOR REPRESENTATIVE BI-KHIM HSIAO FOR HER SERVICE AS THE TAIWANESE REPRESENTATIVE TO THE UNITED STATES AND TO WELCOME HER TO THE SOUTH CAROLINA SENATE.

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 The Senate Resolution was adopted.

 S. 1049 -- Senator Fanning: A BILL TO AMEND THE CODE OF LAWS OF SOUTH CAROLINA, 1976, BY ADDING SECTION 48-1-105 SO AS TO PROHIBIT THE EMISSION OF AIR CONTAMINANTS FROM A REGULATED SOURCE THAT CREATES A NUISANCE, TO ESTABLISH AIR CONTAMINANT NUISANCE CRITERIA, AND TO REQUIRE THE DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL'S BUREAU OF ENVIRONMENTAL HEALTH SERVICES TO OVERSEE SUCH ENFORCEMENT ACTIONS; TO AMEND SECTION 48-1-10, RELATING TO TERMS DEFINED IN THE "POLLUTION CONTROL ACT", SO AS TO CHANGE THE DEFINITION FOR "UNDESIRABLE LEVEL"; AND AMEND SECTION 48-1-100, RELATING TO PERMITS FOR THE DISCHARGE OF AIR CONTAMINANTS, SO AS TO REQUIRE INSTALLATION AND OPERATION OF EQUIPMENT TO MINIMIZE ODOR-BEARING GASES OR PARTICULATE MATTER AS PART OF PERMIT CONDITIONS.

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 Read the first time and referred to the Committee on Medical Affairs.

 S. 1050 -- Senator Loftis: A BILL TO AMEND THE CODE OF LAWS OF SOUTH CAROLINA, 1976, BY ADDING SECTION 12-36-2111 SO AS TO PROVIDE THAT CERTAIN COMMERCIAL LANDSCAPE EQUIPMENT MAY NOT BE TAXED MORE THAN FIVE HUNDRED DOLLARS.

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 Read the first time and referred to the Committee on Finance.

 S. 1051 -- Senator Fanning: A BILL TO AMEND THE CODE OF LAWS OF SOUTH CAROLINA, 1976, BY ADDING SECTIONS 44-96-295 AND 48-20-45 SO AS TO PROHIBIT THE DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL FROM ISSUING ANY PERMIT FOR THE CONSTRUCTION OF A SOLID WASTE MANAGEMENT FACILITY OR FOR MINING ACTIVITIES, RESPECTIVELY, IF LOCATED WITHIN A CERTAIN PROXIMITY TO A PUBLIC PARK OR OTHER PUBLIC NATURAL AREA.

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 Read the first time and referred to the Committee on Medical Affairs.

 S. 1052 -- Senator Fanning: A BILL TO AMEND THE CODE OF LAWS OF SOUTH CAROLINA, 1976, BY ADDING SECTION 9-1-665 SO AS TO PROVIDE THAT CERTAIN EMERGENCY MEDICAL SERVICES PERSONNEL MAY BE COVERED UNDER THE SOUTH CAROLINA POLICE OFFICERS RETIREMENT SYSTEM.

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 Read the first time and referred to the Committee on Finance.

 S. 1053 -- Senator Alexander: A SENATE RESOLUTION TO COMMEND THE REPUBLIC OF CHINA (TAIWAN) FOR ITS RELATIONS WITH THE UNITED STATES AND THE STATE OF SOUTH CAROLINA.

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 The Senate Resolution was introduced and referred to the Committee on Labor, Commerce and Industry.

 S. 1054 -- Senator Grooms: A BILL TO AMEND SECTIONS 56-5-5630(A) AND (B) OF THE 1976 CODE, RELATING TO NOTICE TO OWNERS AND LIENHOLDERS, PAYMENT FOR RELEASE OF VEHICLE, LIABILITY OF LIENHOLDERS, AND STOLEN VEHICLES, AND SECTIONS 56-5-5635(B), (D), AND (E) OF THE 1976 CODE, RELATING TO LAW ENFORCEMENT OFFICERS DIRECTING A VEHICLE TO BE TOWED, STORAGE PROCEDURES, NOTIFICATION PROVIDED TO OWNERS OF TOWED VEHICLES, AND THE DISPOSITION OF TOWED VEHICLES AND PERSONAL PROPERTY, AND SECTION 56-5-5640 OF THE 1976 CODE, RELATING TO SALE OF UNCLAIMED VEHICLES, TO PROVIDE THAT NOTIFICATION TO THE OWNER AND LIENHOLDER OF TOWED VEHICLES MUST BE MADE BY REGISTERED OR CERTIFIED MAIL, RETURN RECEIPT REQUESTED, OR CERTIFIED MAIL WITH ELECTRONIC TRACKING, AND TO PROVIDE THAT A TOWING COMPANY, STORAGE FACILITY, GARAGE, OR REPAIR SHOP MAY APPLY TO CERTAIN VENDORS TO OBTAIN REAL TIME ACCESS TO TITLE AND LIENHOLDER INFORMATION BEFORE TOWED VEHICLES ARE SOLD; AND TO AMEND SECTIONS 29-15-10(B), (C), AND (D) OF THE 1976 CODE, RELATING TO LIENS FOR REPAIRS OR STORAGE AND SALE OF ARTICLES, TO PROVIDE REGULATIONS FOR THE RECORDING AND AVAILABILITY OF VEHICLE TITLE AND LIENHOLDER INFORMATION.

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 Read the first time and referred to the Committee on Transportation.

 S. 1055 -- Senator Shealy: A CONCURRENT RESOLUTION TO REQUEST THAT THE DEPARTMENT OF TRANSPORTATION NAME THE INTERSECTION OF GIBSON ROAD WHERE HIGHWAY 378 SPLITS TOWARD LAKE MURRAY IN LEXINGTON COUNTY "H.E. 'BUCKY' PHILLIPS, JR. INTERSECTION" AND ERECT APPROPRIATE MARKERS OR SIGNS AT THIS LOCATION CONTAINING THIS DESIGNATION.

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 The Concurrent Resolution was introduced and referred to the Committee on Transportation.

 S. 1056 -- Senator Corbin: A CONCURRENT RESOLUTION TO REQUEST THAT THE DEPARTMENT OF TRANSPORTATION NAME THE SECTION OF I-85 FROM MILE MARKER 41 TO MILE MARKER 42 IN GREENVILLE COUNTY "SGT. W.C. JUMPER HIGHWAY" AND ERECT APPROPRIATE MARKERS OR SIGNS AT THIS LOCATION CONTAINING THIS DESIGNATION.

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 The Concurrent Resolution was introduced and referred to the Committee on Transportation.

 S. 1057 -- Senators Scott, Harpootlian, Jackson, McElveen and McLeod: A CONCURRENT RESOLUTION TO CONGRATULATE AND COMMEND JAMES C. BROWN FOR HIS TWENTY-SEVEN YEARS OF DISTINGUISHED SERVICE TO THE PEOPLE OF THE PALMETTO STATE AS RICHLAND COUNTY VETERANS AFFAIRS OFFICER AND EXECUTIVE DIRECTOR OF THE RICHLAND LEGISLATIVE DELEGATION OFFICE AND, AS HE BEGINS HIS RETIREMENT, TO EXTEND BEST WISHES FOR CONTINUED SUCCESS AND FULFILLMENT IN THE YEARS TO COME.

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 The Concurrent Resolution was adopted, ordered sent to the House.

 S. 1058 -- Senators Campsen, Adams, Alexander, Allen, Bennett, Cash, Climer, Corbin, Cromer, Davis, Fanning, Gambrell, Garrett, Goldfinch, Grooms, Gustafson, Harpootlian, Hembree, Hutto, Jackson, K. Johnson, M. Johnson, Kimbrell, Kimpson, Loftis, Malloy, Martin, Massey, Matthews, McElveen, McLeod, Peeler, Rankin, Rice, Sabb, Scott, Senn, Setzler, Shealy, Stephens, Talley, Turner, Verdin, Williams and Young: A SENATE RESOLUTION TO EXPRESS PROFOUND SORROW UPON THE PASSING OF HARRY BANCROFT "BUCK" LIMEHOUSE, JR. AND TO EXTEND THE DEEPEST SYMPATHY TO HIS FAMILY AND MANY FRIENDS.

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 The Senate Resolution was adopted.

 S. 1059 -- Senator Verdin: A BILL TO AMEND SECTION 40-33-43, AS AMENDED, CODE OF LAWS OF SOUTH CAROLINA, 1976, RELATING TO THE AUTHORIZED PROVISION OF MEDICATIONS BY UNLICENSED PERSONS IN CERTAIN FACILITIES, SO AS TO EXTEND THIS AUTHORIZATION TO INTERMEDIATE CARE FACILITIES FOR PERSONS WITH INTELLECTUAL DISABILITY.

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 Read the first time and referred to the Committee on Medical Affairs.

 S. 1060 -- Senators Young and Massey: A BILL TO AMEND SECTION 7-7-40, CODE OF LAWS OF SOUTH CAROLINA, 1976, RELATING TO THE DESIGNATION OF VOTING PRECINCTS IN AIKEN COUNTY, SO AS TO ADD CREEK NO. 85 AND COMMUNITY NO. 86 VOTING PRECINCTS, AND TO UPDATE THE MAP NUMBER ON WHICH THE NAMES OF THE AIKEN COUNTY VOTING PRECINCTS MAY BE FOUND AND MAINTAINED BY THE REVENUE AND FISCAL AFFAIRS OFFICE.

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 Read the first time and referred to the Committee on Judiciary.

 S. 1061 -- Senator Martin: A CONCURRENT RESOLUTION TO REQUEST THAT THE DEPARTMENT OF TRANSPORTATION NAME THE INTERSECTION OF HIGHWAY 150 (GLENN SPRINGS HIGHWAY) AND HIGHWAY 176 IN SPARTANBURG COUNTY THE "ARMY SPECIALIST MELVIN LEE MEMORIAL INTERSECTION" AND ERECT APPROPRIATE MARKERS OR SIGNS AT THIS LOCATION CONTAINING THIS DESIGNATION.

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 The Concurrent Resolution was introduced and referred to the Committee on Transportation.

 S. 1062 -- Senator Talley: A BILL TO AMEND SECTION 56-1-140 OF THE 1976 CODE, RELATING TO THE ISSUANCE OF DRIVERS’ LICENSES, TO PROVIDE THAT THE SPECIAL VETERANS DRIVER’S LICENSE DESIGNATION IS AVAILABLE TO VETERANS OF THE UNITED STATES PUBLIC HEALTH

SERVICE COMMISSIONED CORPS AND VETERANS OF THE NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION COMMISSIONED OFFICER CORPS.

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 Read the first time and referred to the Committee on Transportation.

 S. 1063 -- Senator Goldfinch: A BILL TO AMEND CHAPTER 13, TITLE 24 OF THE 1976 CODE, RELATING TO PRISONERS GENERALLY, BY ADDING ARTICLE 22 TO PROVIDE THAT PERSONS WHO HAVE BEEN WRONGFULLY CONVICTED OF AND IMPRISONED FOR A CRIME MAY RECOVER THE MONETARY VALUE OF THE LOSS SUSTAINED THROUGH THE WRONGFUL CONVICTION AND IMPRISONMENT.

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 Read the first time and referred to the Committee on Corrections and Penology.

 S. 1064 -- Senators McElveen, Adams, Alexander, Allen, Bennett, Campsen, Cash, Climer, Corbin, Cromer, Davis, Fanning, Gambrell, Garrett, Goldfinch, Grooms, Gustafson, Harpootlian, Hembree, Hutto, Jackson, K. Johnson, M. Johnson, Kimbrell, Kimpson, Loftis, Malloy, Martin, Massey, Matthews, McLeod, Peeler, Rankin, Rice, Sabb, Scott, Senn, Setzler, Shealy, Stephens, Talley, Turner, Verdin, Williams and Young: A CONCURRENT RESOLUTION TO RECOGNIZE FEBRUARY 12, 2022, AS "WORLD CHOLANGIOCARCINOMA DAY" IN SOUTH CAROLINA.

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 The Concurrent Resolution was adopted, ordered sent to the House.

 S. 1065 -- Senators McElveen, Adams, Alexander, Allen, Bennett, Campsen, Cash, Climer, Corbin, Cromer, Davis, Fanning, Gambrell, Garrett, Goldfinch, Grooms, Gustafson, Harpootlian, Hembree, Hutto, Jackson, K. Johnson, M. Johnson, Kimbrell, Kimpson, Loftis, Malloy, Martin, Massey, Matthews, McLeod, Peeler, Rankin, Rice, Sabb, Scott, Senn, Setzler, Shealy, Stephens, Talley, Turner, Verdin, Williams and Young: A SENATE RESOLUTION TO RECOGNIZE AND HONOR COLONEL LOREN WEBB, UNITED STATES ARMY, RETIRED, AND TO COMMEND HIS MERITORIOUS AND LIFELONG SERVICE TO THIS STATE AND NATION.

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 The Senate Resolution was adopted.

**Appointments Reported**

Senator MARTIN from the Committee on Corrections and Penology submitted a favorable report on:

**Statewide Appointments**

Initial Appointment, South Carolina Board of Juvenile Parole, with the term to commence June 30, 2019, and to expire June 30, 2023

At-Large:

Patrick A. Dicks, 1830 Blacks Drive, Williston, SC 29853-3508 *VICE* Carla J. Smalls

Received as information.

Initial Appointment, South Carolina Board of Juvenile Parole, with the term to commence June 30, 2018, and to expire June 30, 2022

At-Large:

Tony A. Foster, 105 Creekside Court, Greenwood, SC 29649-9540 *VICE* Mr. Oscar L. Douglas

Received as information.

Initial Appointment, South Carolina Board of Juvenile Parole, with the term to commence June 30, 2018, and to expire June 30, 2022

At-Large:

Kathleen Love, 105 Tryon Drive, Summerville, SC 29485-8430 *VICE* Ms. Lesa T. Chandler

Received as information.

Initial Appointment, South Carolina Board of Juvenile Parole, with the term to commence June 30, 2020, and to expire June 30, 2024

At-Large:

Malinda W. Terry, 9515 One Notch Road, Ladson, SC 29456-4963 *VICE* Robert J. Reid

Received as information.

**THE SENATE PROCEEDED TO THE INTERRUPTED DEBATE.**

**AMENDED, DEBATE INTERRUPTED**

 S. 150 -- Senators Davis, Hutto, Malloy, Rankin, Goldfinch, Harpootlian, Fanning, Matthews, Kimpson, Jackson, Leatherman, Grooms, Stephens, Shealy and McLeod: A BILL TO ENACT THE “SOUTH CAROLINA COMPASSIONATE CARE ACT”; TO AMEND CHAPTER 53, TITLE 44 OF THE 1976 CODE, RELATING TO POISONS, DRUGS, AND OTHER CONTROLLED SUBSTANCES, BY ADDING ARTICLE 20, TO PROVIDE FOR THE SALE OF MEDICAL CANNABIS PRODUCTS AND THE CONDITIONS UNDER WHICH A SALE CAN OCCUR; TO AMEND SECTION 12‑36‑2120(69) OF THE 1976 CODE, RELATING TO EXEMPTIONS FROM THE SOUTH CAROLINA SALES AND USE TAX, TO PROVIDE THAT CANNABIS SOLD BY A DISPENSARY TO A CARDHOLDER IS EXEMPT FROM A CERTAIN SALES TAX; TO REPEAL ARTICLE 4, CHAPTER 53, TITLE 44 OF THE 1976 CODE, RELATING TO CONTROLLED SUBSTANCES THERAPEUTIC RESEARCH; AND TO DEFINE NECESSARY TERMS.

 The Senate proceeded to a consideration of the Bill, the question being the second reading of the Bill.

**Amendment No. 1A**

 Senator DAVIS proposed the following amendment (150R016.SP.TD), which was adopted:

 Amend the bill, as and if amended, on page 54, lines 4 through 8, by striking SECTION 4 in its entirety and inserting:

 / SECTION 4. Section 12-36-2120(28) of the 1976 Code is amended to read:

 “ (28)(a)(i) medicine and prosthetic devices sold by prescription, prescription medicines used to prevent respiratory syncytial virus, prescription medicines and therapeutic radiopharmaceuticals used in the treatment of rheumatoid arthritis, cancer, lymphoma, leukemia, or related diseases, including prescription medicines used to relieve the effects of any such treatment, free samples of prescription medicine distributed by its manufacturer and any use of these free samples;

 ~~(b)~~(ii) hypodermic needles, insulin, alcohol swabs, blood sugar testing strips, monolet lancets, dextrometer supplies, blood glucose meters, and other similar diabetic supplies sold to diabetics under the authorization and direction of a physician;

 ~~(c)~~(iii) disposable medical supplies such as bags, tubing, needles, and syringes, which are dispensed by a licensed pharmacist in accordance with an individual prescription written for the use of a human being by a licensed health care provider, which are used for the intravenous administration of a prescription drug or medicine, and which come into direct contact with the prescription drug or medicine. This exemption applies only to supplies used in the treatment of a patient outside of a hospital, skilled nursing facility, or ambulatory surgical treatment center;

 ~~(d)~~(iv) medicine donated by its manufacturer to a public institution of higher education for research or for the treatment of indigent patients;

 ~~(e)~~(v) dental prosthetic devices; and

 ~~(f)~~(vi) prescription drugs dispensed to Medicare Part A patients residing in a nursing home are not considered sales to the nursing home and are not subject to the sales tax.

 (b) This item does not apply to authorizations for medical cannabis products, as provided in Article 20, Chapter 53 of Title 44;” /

 Renumber sections to conform.

 Amend title to conform.

 Senator GARRETT spoke on the amendment.

**Remarks by Senator GARRETT**

 Thank you, Mr. PRESIDENT, ladies and gentlemen of the Senate. I won't belabor this a whole lot because Senator HEMBREE has gone through this in great detail. Sitting here watching this, there are a few things I wanted to point out that I think we should think about before the passage of this Bill and its amendments. I think it is important that there is nothing in our law that says we can't talk philosophical, but I do want to talk about South Carolinians who have the right to object in participating in this scheme against the federal law. I think that we need to put some language in that prohibits them or lets them act of being responsible to act in an unlawful matter. South Carolinians should be advised that they can be prosecuted and lose their gun ownership and depending upon the quantity of the possession of the marijuana could be subject to a felony and worse, prison time. So anyone of these people participating should be given that warning up front in the form of an amendment. The areas of entity should not participate in interstate transfers of marijuana. Nowhere in the Bill does it prohibit South Carolinians from buying marijuana from other states. It needs to be in there. If the Bill allows for the purchase of marijuana other than that grown in the State, then we would be required to purchase it from the lawful drug enforcement agency, the DEA, an approved facility in the state of Mississippi and otherwise as long as approved by the DEA. I went through and looked closely, and I hope I’m wrong about this, but under 44-53-2010, Section 21, it allows a medical user, which is significant -- so that they can buy it from anyone. If you look at it when it is talking about the various entities, it is talking about the grower; it is talking about the processor; it is talking about the transporter; and ultimately, it is talking about dispensary. Nowhere does it say that they can't buy it from another state. And, in fact, each one of those people, unless it is amended, each one of those entities, unless it is amended, could go to another state and buy marijuana. How did I come up with that? I couldn't understand why we would want to give somebody a card for ninety days. I thought maybe if we give them a card for ninety days, then there would be a supply of marijuana, but there is not a supply of marijuana because we haven't grown any yet. So wouldn't we have to grow it? How are they going to supply marijuana for those people during those 90 days unless we buy it from someone else? My concern is that is this going to be a South Carolina Bill? Are we going to go ahead and start buying marijuana from other states as well as our 15 growth facilities? It says that a transporter can acquire marijuana. Under Section 44-53-2380, it is speaking of cultivators. It is not unlawful for them to obtain marijuana. It provides, as well in addition to being a transporter -- it says they can't purchase marijuana. In Section 44-53-2390 subsection (1), page 45, it allows cultivation centers to transport. Think about that now. The cultivation centers shouldn't be transporting. The whole idea, the whole scheme was to have transporters who would be responsible to transport to the cultivation centers through the processor and to the dispensary, and maybe to the lab. So we need to be thinking about that, as well. You know, when you go and you study and you want to look and see why these physicians can't prescribe marijuana, it’s because it is against the federal law, but now there are four marijuana drugs. I think two of those are synthetic, but the FDA has approved them. So in that setting, why can't our doctors prescribe and our pharmacists fill those four FDA approved drugs? I think they can. If a doctor does a test, the first thing he should do is to make a decision as to whether any of the current treatments are FDA approved -- that would be used and if not, then we go to those four types of cannabis that are approved. Then only after that, do we go to these clinical trials to see whether or not marijuana can be used and be helpful. I don't have a problem with increasing the number of modalities that are added and you know that we have a 1980 and a 2014 law that allows for that. The only restrictions are the people who participate in clinical trials. Also, it is very clear, the science is very clear, that those persons who are 18 to 24 years of age are affected, or can be adversely affected, and their brains won’t grow well or correctly. We need to make sure that nobody gets this drug until age 25. That needs to be an amendment, as well. We need to tighten up what happens in the emergency room. Suppose one of these people has psychiatric psychosis after using marijuana. Shouldn't that emergency room be aware of it and be able to find that doctor, find that pharmacist, and find out how much he's got in his system to try to help him through that? We are in a situation where I’m concerned about this standard of care. I am fine in having doctors give it to us, but this Bill doesn't give you a standard of care. What's the first thing it says? The first one may be the most important in my mind which is the variability of the quality and concentration of cannabis products. You have to advise them that you don't know because of the variability of this product. You don't know what the quality of THC is in it, and you don't know what the concentration of THC is in it. That scares me to death. How is that a standard of care by a doctor if you tell them right at the beginning that you don't have a clue as to the variability of this product? There is no science without clinical studies. We have to do those clinical studies. The science is simply not there yet for us in this method. It may be in other states, maybe that's true -- but maybe bring some statistics. Here we are this late, this far along in the game, and you're telling them that the variability of the quality and the concentration -- that's a real problem. You know, shouldn't we use a consistent drug, as to quality and concentration of THC, and that's what's prescribed and that's what the doctors are using? I don't know how a pharmacist can actually fill something like that. You know, I went back and I looked, and it is very clear about how much of a certain drug you can have, but it doesn't say anything about the quality and it doesn't say anything about the concentration, so I’m not sure. It may be that I just need to get educated. It said for topicals -- this is under 2010, 44-53-2010 -- it provides for no more than 4,000 milligrams of Delta 9 THC, so I don't know what that means, but on top of that we don't know what the quality and we don't know what the concentration is, and that concerns me. All administrations, 1600 milligrams of Delta 9 THC, foils for vaping, maybe 200 milligrams of Delta THC. Then it also says a physician can specify a certain amount. I just wonder how a physician can specify a certain amount if there is no standard of care. Now, I won't be very long, and I’ll take questions. I want to talk about 44-53-29. A physician may not be sued for medical malpractice as result of certifying a qualifying patient for medical use of cannabis. I don't know who would even decide to certify, authorize or even prescribe something that is this volatile or this much subject to change quality and concentration. How can they do that, and still stay with the idea of no harm to the patient? We need to go ahead and prepare and put in a dram shop. That is a lot of money that we are talking about here. All of these grow fields, all of these processors, all of these transporters, all of these dispensaries -- and you can tighten them up nice and neat, call them therapeutic centers, therapeutic pharmacies, but at the end of the day they are distributing a volatile drug. I hope we fix that exception -- doing this in the presence of children and within a thousand feet of a school. This needs to be absolute with no exceptions. So we should think about that, as well. So let's think about a dram shop. Who is going to take care of the children, brothers and sisters of those injured by those who are high on medical cannabis? You know we have a dram shop under alcohol, but I don't see one for medical marijuana. If it was just medical marijuana, I wouldn't worry about it. It seems to have exploded into something much greater -- medical marijuana -- so getting back to the dram shop, protecting those injured, seriously injured or dead or killed by a high on cannabis. You know, we need to hold the grower responsible; we need have some insurance coverage; and the processor needs to be held responsible. It seems interesting to me that this processor can't get the quality and concentration down. Why can't he get the quality and concentration down to a science? He is the processor. Normally, wouldn't that be his responsibility? We have the transporters. God only knows if the transporters are going to be buying marijuana from other states. I don't know if they are or not. It is not prohibited here. Dispensaries are the same. Those dispensaries can buy drugs from other places, so how are we making sure that those drugs are safe if buying them from other places. Maybe the labs are responsible for that. Just a lot of holes here. So, shouldn't we have a Dram Shop act? All of these people are making all of this money. Shouldn’t we protect our South Carolinians citizens? I think they should have a $10 million coverage myself. I think if they fell below the standard of care, then by their own admission and they don't even know what it is -- they're almost presumed to be responsible. If you want it that bad, there comes a cost with it. It should be paid. Now, the final thing is this Bill attempts to talk about what can be, what can happen in a custody case in family court. That's another body of law, and it just doesn't need to be touched or addressed. Our family court judges are tasked with the responsibility to decide the custody of the child and to which parent. To tell them that they can't consider marijuana or the use of this drug, it is the judge’s decision as to who should get custody. To do otherwise is absurd. Thank you.

 On motion of Senator DAVIS, with unanimous consent, the remarks of Senator GARRETT, were ordered printed in the Journal.

 Senator DAVIS explained the amendment.

 The question then was the adoption of the amendment.

 The amendment was adopted.

**Amendment No. 5**

 Senator SHEALY proposed the following amendment (150R011.SP.KS), which was adopted:

 Amend the bill, as and if amended, on page 35, by striking lines 13 through 16 in Section 44‑53‑2340(A) and inserting:

 /in contract law, appointed by the Governor;

 (11) a representative of the African American community, appointed by the Governor in consultation with the South Carolina Commission for Minority Affairs;

 (12) the Dean or Acting Dean, or his designee, from the University of South Carolina School of Medicine; and

 (13) the President, or his designee, of the Medical University of South Carolina. /

 Renumber sections to conform.

 Amend title to conform.

 Senator SHEALY explained the amendment.

 The question then was the adoption of the amendment.

 The amendment was adopted.

**Amendment No. 6**

 Senator MARTIN proposed the following amendment (150R003.SP.SRM), which was adopted:

 Amend the bill, as and if amended, Section 44-53-2350(A)(5)(d), on page 36, by striking line 38 and inserting:

 / human health; and

 (iii) requirements that any oils intended for vaporization may be sold as either pre-filled, tamper-resistant, non-refillable cartridges that are not capable of use with nicotine vaporization devices, or as disposable “all-in-one” systems that are tamper-resistant, non-fillable, and do not contain nicotine; /

 Amend the bill further, as and if amended, Section 44-53-2350(D), on page 40, by striking lines 9 through 10 and inserting:

 / (6) developing warning labels that must be included on vaporization devices, detailing any known risks;

 (7) requiring that any vaporization device is not able to be used with cartridges containing nicotine; and

 (8) requiring that any disposable ‘all-in-one’ vaporization device is tamper-resistant, non-refillable, and does not contain nicotine. /

 Renumber sections to conform.

 Amend title to conform.

 Senator MARTIN explained the amendment.

 The question then was the adoption of the amendment.

 The amendment was adopted.

**Amendment No. 7**

 Senator MARTIN proposed the following amendment (150R013.SP.SRM), which was adopted:

 Amend the bill, as and if amended, on page 10, in Section 44‑53‑2060(C), by striking line 36 and inserting:

 /voting on whether to add or remove a certain condition as a debilitating /

 Renumber sections to conform.

 Amend title to conform.

 Senator MARTIN explained the amendment.

 The question then was the adoption of the amendment.

 The amendment was adopted.

**Amendment No. 8B**

 Senators KIMBRELL, DAVIS and FANNING proposed the following amendment (150R057.SP.JK), which was adopted:

 Amend the bill, as and if amended, by striking SECTION 3 in its entirety and inserting:

 /SECTION \_\_. Chapter 53, Title 44 of the 1976 Code is amended by adding:

 “ARTICLE 20

 Compassionate Care

 Section 44‑53‑2010. As used in this article:

 (1)(a) ‘Allowable amount of medical cannabis’ or ‘allowable amount of cannabis products’ means, for a fourteen-day period:

 (i) cannabis products for topical administration including, but not limited to, patches for transdermal administration or lotions, creams, or ointments, that contain a total of no more than four thousand milligrams of delta-9-tetrahydrocannabinol;

 (ii) cannabis products for oral administration including, but not limited to, oils, tinctures, capsules, or edible forms, that contain a total of no more than one thousand six hundred milligrams of delta-9-tetrahydrocannabinol;

 (iii) cannabis products that consist of oils for vaporization that contain a total of no more than eight thousand, two hundred milligrams of delta-9-tetrahydrocannabinol; or

 (iv) for any other modes of delivery, an equivalent amount as determined by the department.

 (b) In any case in which a physician has specified a certain amount of cannabis products pursuant to Section 44-53-2080(B), an allowable amount of cannabis products is the amount of cannabis products specified for a fourteen-day period.

 (c) The allowable amount of medical cannabis does not include industrial hemp for human consumption.

 (2) ‘Bona fide physician‑patient relationship’ has the same meaning as in Section 40‑47‑113(A).

 (3)(a) ‘Cannabis’ means:

 (i) all parts of any plant of the cannabis genus of plants, whether growing or not;

 (ii) the seeds of the plant;

 (iii) the resin extracted from any part of the plant; and

 (iv) every compound, manufacture, salt, derivative, mixture, or preparation of the plant, its seeds, or resin.

 (b) ‘Cannabis’ does not mean:

 (i) the mature stalks of the plant;

 (ii) fiber produced from the stalks;

 (iii) oil or cake made from the seeds of the plant;

 (iv) a product approved as a prescription medication by the United States Food and Drug Administration; or

 (v) the sterilized seeds of the plant that are incapable of germination.

 (4) ‘Cannabis product’ means a product that is infused with or otherwise contains cannabis or an extract thereof and that is intended for use, consumption, absorption, or any method of ingestion by humans. The term includes, but is not limited to, an edible cannabis product, beverage, topical product, ointment, oil, patch, spray, suppository, or tincture.

 (5) ‘Cardholder’ means a qualifying patient or a designated caregiver who has been issued and possesses a valid registry identification card from the department.

 (6) ‘Child‑resistant packaging’ means packaging that is designed or constructed to be significantly difficult for children under five years of age to open and not difficult for normal adults to use properly, substantially similar to those defined by 16 C.F.R. 1700.20 (1995), opaque so that the packaging does not allow the product to be seen without opening the packaging material, and re‑sealable for any product intended for more than a single use or containing multiple servings.

 (7) ‘Cultivation center’ means a facility operated by an organization or business that is licensed by the department pursuant to this article to cultivate, possess, and distribute cannabis products to processing facilities, therapeutic cannabis pharmacies, and independent testing laboratories. Land used for cultivation may not exceed a total of two acres per license as provided in Section 44-53-2390.

 (8) ‘Debilitating medical condition’ means:

 (a) a diagnosis of one or more of the following that also results in a debilitated condition:

 (i) cancer;

 (ii) multiple sclerosis;

 (iii) a neurological disease or disorder, including epilepsy;

 (iv) glaucoma;

 (v) post‑traumatic stress disorder, subject, however, to the evidentiary requirements in Section 44-53-2100(A)(4) to confirm that the applicant has experienced one or more traumatic events;

 (vi) Crohn’s disease;

 (vii) sickle cell anemia;

 (viii)ulcerative colitis;

 (ix) cachexia or wasting syndrome;

 (x) autism;

 (xi) severe or persistent nausea in a person who is not pregnant that is related to end-of-life or hospice care, or who is bedridden or homebound because of a condition;

 (xii) a chronic medical condition causing severe and persistent muscle spasms; or

 (xiii) any chronic or debilitating disease or medical condition for which an opioid is currently or could be prescribed by a physician based on generally accepted standards of care, subject, however, to the requirements of Section 44-53-2080(A)(3)(h)(i) and (ii) as to a physician’s attestation regarding objective proof of the etiology of the patient’s pain or regarding the patient having been diagnosed with a specific medical condition or disease that causes the patient severe pain;

 (b) a terminal illness with a life expectancy of less than one year in the opinion of the person’s treating physician; or

 (c) any other serious medical condition or its treatment added by the Medical Cannabis Advisory Board, as provided for in Section 44‑53‑2060.

 (9) ‘Department’ means the South Carolina Department of Health and Environmental Control.

 (10) ‘Designated caregiver’ or ‘caregiver’ means a person who possesses a valid registry identification card issued by the department authorizing the person to assist a qualifying patient with the medical use of cannabis. A designated caregiver must be at least twenty‑one years of age unless the person is the parent or legal guardian of each qualifying patient the person assists.

 (11) ‘Diversion’ means the obtaining or transferring of cannabis products from a legal possession or use to an illegal use or to a person not authorized to use or obtain cannabis or cannabis products pursuant to this article.

 (12) ‘Edible cannabis product’ means an individually packaged food or potable liquid into which has been incorporated a cannabinoid concentrate or extract or the dried leaves or flowers of marijuana with a tetrahydrocannabinol concentration of not more than ten milligrams per serving.

 (13) ‘Exit packaging’ means a sealed, child‑resistant packaging receptacle into which pre‑packaged cannabis products are placed at the retail point of sale at a therapeutic cannabis pharmacy.

 (14) ‘Human consumption’ means ingestion or topical application to the skin or hair.

 (15) ‘Independent testing laboratory’ means a facility licensed by the department pursuant to this article to offer or perform testing related to cannabis, cannabis products, industrial hemp, or industrial hemp products that is independent of cultivation centers, processing facilities, and therapeutic cannabis pharmacies.

 (16) ‘Industrial hemp’ means the plant Cannabis sativa L. and any part of the plant, whether growing or not, with a delta‑9 tetrahydrocannabinol concentration of not more than 0.3 percent on a dried weight basis.

 (17) ‘Medical cannabis establishment’ means a cultivation center, therapeutic cannabis pharmacy, transporter, independent testing laboratory, or processing facility licensed by the department pursuant to this article.

 (18) ‘Medical cannabis establishment agent’ means a board member, owner, officer, pharmacist, employee, or volunteer of a medical cannabis establishment.

 (19) ‘Medical cannabis establishment principal’ means a person who is designated as having responsibility over the actions of a board member, owner, officer, pharmacist, employee, volunteer, or agent of a medical cannabis establishment and who also has responsibility and control over any liability for any financial accounts.

 (20) ‘Medical use’ means the acquisition, administration, possession, preparation, transportation, or use of cannabis products, or paraphernalia used to administer cannabis products, to treat or alleviate a qualifying patient’s debilitating medical condition or symptoms associated with the qualifying patient’s debilitating medical condition and includes the transfer of cannabis products from a designated caregiver to a qualifying patient whom the designated caregiver is authorized to assist. ‘Medical use’ does not include:

 (a) the extraction of resin from cannabis by solvent extraction other than water, glycerin, propylene glycol, vegetable oil, or food grade ethanol (ethyl alcohol), unless the extraction is done by a processing facility; or

 (b) smoking.

 (21) ‘Opioid’ means a narcotic drug or substance that is a Schedule II controlled substance defined in Section 44‑53‑210(b) or (c).

 (23) ‘Paraphernalia’ means paraphernalia as defined in Section 44‑53‑110, if its sole intended purpose is for use with cannabis products, except that it shall not include bongs, pipes, rolling papers, blowtorches, or any other paraphernalia that is used to smoke cannabis.

 (24) ‘Pharmacist’ means a person who is a pharmacist as defined in Section 40-43-30(65).

 (25) ‘Physician’ means a person who:

 (a)(i) is a physician as defined in Section 40‑47‑20 or a podiatrist as defined in Section 40-51-20, is authorized to prescribe medication under state law and by the South Carolina Board of Medical Examiners, and has a controlled substances registration pursuant to Section 44-53-290 and a controlled substances registration issued by the federal Drug Enforcement Administration; and

 (ii) specifically treats a debilitating medical condition; or

 (b) is licensed as a doctor of medicine or doctor of osteopathic medicine in a state bordering South Carolina; is board certified in neurology, oncology, or rheumatology; and has a controlled substances registration issued by the federal Drug Enforcement Administration.

 (26) ‘Processing facility’ means a facility licensed by the department pursuant to this article that acquires, possesses, manufactures, delivers, transfers, transports, supplies, or sells cannabis products for human consumption to a therapeutic cannabis pharmacy.

 (27) ‘Qualifying patient’ or ‘patient’ means a person with a debilitating medical condition who possesses a valid registry identification card issued by the department.

 (28) ‘Registry identification card’ means a document issued by the department that identifies a person as a qualifying patient or designated caregiver, or documentation that is deemed a registry identification card pursuant to Section 44‑53‑2170.

 (29) ‘SLED’ means the South Carolina Law Enforcement Division.

 (30) ‘Smoking’ or ‘smoke’ means the inhalation of smoke caused by the combustion of cannabis or cannabis products that causes burning.

 (31) ‘Tamper-resistant paper’ means paper that possesses an industry-recognized feature that prevents the copying of the paper, erasure or modification of information on the paper, or use of counterfeit documentation.

 (32) ‘Therapeutic cannabis pharmacy’ means a location for which a pharmacy permit has been issued by the Board of Pharmacy and in which cannabis products, industrial hemp for human consumption, and paraphernalia are maintained, compounded, and dispensed for cardholders by a pharmacist. Each therapeutic cannabis pharmacy shall be issued a registration and a registry identification number by the department.

 (33) ‘Transporter’ means an entity licensed by the department pursuant to this article that acquires, possesses, and stores cannabis and cannabis products for human consumption and delivers, transfers, and transports cannabis products between medical cannabis establishments.

 (34) ‘Verification system’ means a secure, confidential, and web‑based system established and maintained by the department that is available to authorized department personnel, law enforcement personnel, and medical cannabis establishment agents for the verification of registry identification cards.

 (35) ‘Written certification’ means a document dated, signed, and submitted by a physician to the department, on a form developed by the department, stating that a person has been diagnosed with a debilitating medical condition and that the potential benefits of using medical cannabis products outweigh any risks. The certification may be made only in the course of a bona fide physician‑patient relationship; must specify the person’s debilitating medical condition or conditions; must indicate the date of the person’s follow‑up appointment, not to exceed six months from the original date of issuance; and must be updated annually for each person by the certifying physician. If the person with a debilitating medical condition is expected to recover from the debilitating medical condition within a year of the written certification, not including remission due to medical cannabis treatment, or if the person is not expected to benefit from medical cannabis products for an entire year, then the written certification must specify that fact.

 Section 44‑53‑2020. (A) The department shall establish a South Carolina Medical Cannabis Program Fund to ensure the availability of funds necessary to carry out the department’s responsibilities under this article. All monies collected pursuant to this article must be deposited into the fund. The fund must be used for direct and indirect costs associated with the implementation, administration, and enforcement of this article.

 (B) Revenues generated in excess of the amount needed to implement, administer, and enforce this article must be annually distributed as follows:

 (1) three percent for research conducted by the University of South Carolina School of Medicine, the Medical University of South Carolina, or both for research to improve detection and training methods to detect drivers impaired by cannabis, prescription medications, and other drugs, until SLED affirms that no additional research is needed;

 (2) two percent to local providers operating under the auspices of Act 301 of 1973 for purposes related to alcohol and drug abuse prevention, education, early intervention, and treatment services;

 (3) three percent to SLED;

 (4) two percent to the South Carolina Department of Education to be used for drug safety education;

 (5) eighty-five percent to the state general fund; and

 (6) five percent for research conducted by the University of South Carolina School of Medicine, the Medical University of South Carolina, or both to be used in connection with medical cannabis research and development, including use for:

 (a) clinical trials regarding the effectiveness of cannabis products at treating symptoms and conditions that are not debilitating medical conditions pursuant to this article;

 (b) data collection from qualifying patients who voluntarily provide information related to dosage, efficacy, and side effects;

 (c) clinical trials, observational studies, or both on the dosage, efficacy, and side effects of medical cannabis; and

 (d) the publication of dosage recommendations based upon medical conditions or symptoms, modes of administration, and cannabinoid profiles.

 (C) The fund is not subject to any fiscal or budgetary action that would in any way transfer any amount from the fund into any other fund of the State, except as provided by this article.

 Section 44‑53‑2030. Notwithstanding any other provision of law, the department may implement a reasonable fee increase to be charged and collected pursuant to this article, if necessary, for the department to cover the cost of administering and operating the program pursuant to this article.

 Section 44‑53‑2040. (A) All sales of medical cannabis products are subject to a six percent sales tax at the point of sale.

 (B) On the twentieth day of each month, each therapeutic cannabis pharmacy shall pay the taxes due on all cannabis products sold in the prior calendar month.

 (C) All revenue collected pursuant to the medical cannabis products tax must be placed in the fund.

 (D) No other tax may be imposed on the purchase of cannabis or cannabis products.

 Section 44‑53‑2050. (A) Subject to Chapter 35, Title 11, the South Carolina Consolidated Procurement Code, the department is authorized to procure the services of qualified contractors or other state agencies to assist the department in implementing this article, including licensure, testing, audits, inspections, registry identification card and electronic patient registry management, verification system management, seed-to-sale tracking system management, diversion control, and other compliance services.

 (B) Subject to Chapter 35, Title 11, the South Carolina Procurement Code, the Board of Pharmacy may procure the services of qualified contractors or other state agencies to assist the Board of Pharmacy with the implementation of this article.

 Section 44‑53‑2060. (A) There is created a Medical Cannabis Advisory Board, which must be comprised of:

 (1) one member appointed by the director of the department, or his designee;

 (2) the following members appointed by the Governor, upon the advice and consent of the Senate:

 (a) two licensed medical doctors authorized by the State to practice medicine;

 (b) two licensed doctors of osteopathic medicine;

 (c) one licensed medical doctor who is board-certified to practice addiction medicine in South Carolina;

 (d) one research scientist with expertise in the field of cannabinoid medicine;

 (e) one licensed pharmacist;

 (f) one cardholder or, for an appointment made before registry identification cards are issued, one person with a debilitating medical condition who intends to use medical cannabis;

 (g) one parent of a minor qualifying patient or, for an appointment made before registry identification cards are issued, one parent of a minor with a debilitating medical condition who intends to use medical cannabis; and

 (h) one representative of a medical cannabis establishment or, for an appointment made before medical cannabis establishments are licensed, a prospective medical cannabis establishment.

 (B) The advisory board shall meet at least two times per year for the purpose of reviewing petitions to add debilitating medical conditions.

 (C) At least once every one hundred eighty days, the advisory board shall review petitions; consult with experts in South Carolina and other states with medical cannabis programs, as well as any available research; and, if necessary, hold public hearings before voting on whether to add a certain condition as a debilitating medical condition.

 (D) Members of the advisory board serve a term of four years or until their successors are appointed and qualify. A vacancy on the advisory board must be filled in the manner of the original appointment for the remainder of the unexpired term.

 (E) Members of the advisory board may not receive compensation but are entitled to mileage, subsistence, and per diem as allowed by law for members of state boards, commissions, and committees.

 Section 44‑53‑2070. Nothing in this article may be construed to require a health insurance provider, health care plan, property and casualty insurer, or medical assistance program to be liable for or reimburse a claim for the medical use of cannabis. Consultations in which physicians diagnose debilitating medical conditions and complete written certifications shall be reimbursed consistent with a qualifying patient’s health plan design.

 Section 44‑53‑2080. (A) The department shall develop a written certification form to be annually completed and submitted electronically to the department by a physician. The written certification must include:

 (1) the physician’s name, mailing address, email address, telephone number, medical license number, federal controlled substances registration number, and, in states where applicable, state controlled substances registration number;

 (2) an acknowledgement to be signed by the physician that sets forth the penalties for providing false information, including the department’s right to notify the South Carolina Board of Medical Examiners or other similar authority established pursuant to Chapter 47, Title 40;

 (3) a statement for the physician to attest to and sign with the following provisions:

 (a) that the physician and patient have a bona fide physician‑patient relationship as a prerequisite to any certification;

 (b) that the physician has consulted the prescription drug monitoring program, established pursuant to Article 15, Chapter 53, Title 44, to review the patient’s controlled‑substance prescription history and has documented such consultation in the patient’s medical record;

 (c) that the physician has conducted an in‑person evaluation and collected relevant clinical history commensurate with the presentation of the patient prior to issuing a written certification. At a minimum, the evaluation should include the patient’s:

 (i) history of present illness;

 (ii) social history;

 (iii) past medical and surgical history;

 (iv) alcohol and substance use history;

 (v) family history with an emphasis on addiction, mental illness, or psychotic disorders;

 (vi) physical exam; and

 (vii) documentation of therapies with inadequate response;

 (d) that the patient has a debilitating medical condition; that the treatment of the debilitating medical condition, or one or more symptoms of the debilitating medical condition or side effects of its treatment, falls within the physician’s area of practice, identifying the patient’s condition; and that the symptoms or side effects of the condition or its treatment could benefit from a certification for the medical use of cannabis;

 (e) that the physician has developed a written treatment plan that includes:

 (i) a review of other measures attempted to ease the suffering caused by the debilitating medical condition that do not involve cannabis products for medical use;

 (ii) advice about other options for managing the debilitating medical condition;

 (iii) advice about the potential risks of the use of medical cannabis products, to include:

 (A) the variability of the quality and concentration of cannabis products;

 (B) the risk of cannabis use disorder;

 (C) the potential exacerbation of psychotic disorders and the adverse cognitive effects for children and young adults;

 (D) adverse events, exacerbation of psychotic disorders, adverse cognitive effects for children and young adults, and other risks, including falls or fractures;

 (E) the risks of using cannabis products during pregnancy or breast feeding; and

 (F) the need to safeguard all cannabis products from children and pets or other domestic animals;

 (iv) additional diagnostic evaluations or other planned treatments; and

 (v) an ongoing treatment plan as medically appropriate;

 (f) notification of the patient or caregiver that medical cannabis products are for the qualifying patient’s use only and that cannabis products should not be donated or otherwise supplied to another individual;

 (g) that the physician has discussed the risks and benefits of the use of medical cannabis products with the patient or caregiver, including the variability and lack of standardization of cannabis preparations, their potential effects, and an admonition that qualifying patients should not drive or operate heavy machinery while under the influence of medical cannabis; and

 (h) in the case of a patient whose debilitating medical condition is a chronic or debilitating disease or medical condition for which an opioid is currently or could be prescribed:

 (i) an attestation that the physician has reviewed objective proof of the etiology of the patient’s pain, such as a diagnostic test, which may include, but is not limited to, the results of an x-ray, computerized tomography scan, or magnetic resonance imaging; or

 (ii) an attestation that the patient has been diagnosed with a specific medical condition or disease that causes the patient severe pain, which includes, but is not limited to, complex regional pain syndrome, residual limb pain, rheumatoid arthritis, spinal cord disease, spinal cord injury, fibromyalgia, shingles, or trigeminal neuralgia;

 (4) a statement that the physician maintains documentation in the patient’s medical record if the patient’s debilitating medical condition is one for which opioid medications could be or have been prescribed;

 (5) a statement that the patient’s debilitating medical condition is expected to last either for one year, or until a date when the patient is no longer expected to benefit from medical cannabis products;

 (6) the date of the patient’s follow‑up appointment to assess whether the patient has found relief from his debilitating medical condition and the patient’s overall health and level of function. The follow‑up appointment shall not exceed six months after the initial consultation or renewal appointment; and

 (7) an acknowledgement that the physician has considered that any patient who has a history of substance use disorder or a co‑occurring mental health disorder shall require specialized assessment and treatment; in those instances, the physician should seek a consultation with or refer the patient to a pain management, psychiatric, addiction, or mental health specialist as needed.

 (B) A physician may also choose to include a specific amount of cannabis products certified every fourteen days and the reason for the dosage, in which case the qualifying patient shall be limited to those amounts in the verification system.

 (C) Nothing in this article may be construed to require a physician to issue a written certification to any person for the use of medical cannabis.

 (D) A physician in a bona fide physician-patient relationship with a patient may review the patient’s medical cannabis certification and dispensing history as provided by the department in regulation.

 Section 44‑53‑2090. (A) Any physician who issues written certifications must:

 (1) be licensed and in good standing as a physician;

 (2) be currently practicing medicine;

 (3) register with the department to issue written certifications in a manner and on a format determined by the department;

 (4) attest that he has an active, unrestricted medical license, unrestricted federal controlled substances registration, and unrestricted state controlled substances registration, if applicable; and

 (5)(a) complete a three-hour continuing medical education course on medical cannabis, including an online course, that is approved by the South Carolina Board of Medical Examiners; and

 (b) attest to the completion of the course electronically or as otherwise specified by the department:

 (i) within one year of issuing his first written certifications and prior to issuing more than sixteen written certifications, if those certifications are issued prior to the expiration of the one-year time frame; or

 (ii) prior to writing any certifications.

 (B) A physician is not subject to arrest by state or local law enforcement, prosecution or penalty under state or local law, or the denial of a right or privilege including, but not limited to, disciplinary action by the South Carolina Board of Medical Examiners, or any other occupational or professional licensing entity, for providing a written certification as authorized by this article. A physician may not be sued for medical malpractice as a result of certifying a qualifying patient’s medical use of cannabis.

 (C)(1) A physician shall not:

 (a) accept, solicit, or offer any form of pecuniary remuneration, including a salary or other monetary compensation, from or to a therapeutic cannabis pharmacy;

 (b) offer a discount or any other thing of value to a cardholder who uses or agrees to use a particular therapeutic cannabis pharmacy;

 (c) examine a person for the purpose of diagnosing a debilitating medical condition at a location where cannabis or cannabis products are sold;

 (d) refer a patient to a particular therapeutic cannabis pharmacy or display or distribute therapeutic cannabis pharmacy marketing materials within his office if he certifies debilitating medical conditions for patients for participation in the medical cannabis program;

 (e) certify the use of medical cannabis products for himself or for a family member; or

 (f) have a full or partial ownership interest in a therapeutic cannabis pharmacy.

 (2) If the South Carolina Board of Medical Examiners finds that a physician engaged in unprofessional conduct by violating this article, then the South Carolina Board of Medical Examiners shall notify the department as specified in department regulations that the physician’s authority to certify patients for the medical use of cannabis, or his prescriptive authority, has been restricted, which may be in addition to any other sanction imposed by the South Carolina Board of Medical Examiners, including any disciplinary action up to the suspension or revocation of the physician’s medical license.

 Section 44-53-2095. (A) A pharmacist who dispenses a cannabis product pursuant to this article must:

 (1) be in good standing with the South Carolina Board of Pharmacy;

 (2) register with the department to dispense a cannabis product;

 (3) attest that he has an active, unrestricted pharmaceutical license, unrestricted federal controlled substances registration, and unrestricted state controlled substances registration; and

 (4)(a) complete a three-hour continuing education course on medical cannabis that is approved by the South Carolina Board of Pharmacy, which must include best practices regarding dosage, based upon medical conditions or symptoms, modes of administration, and cannabinoid profiles; and

 (b) attest to the completion of the course electronically or as specified by the department prior to dispensing cannabis products.

 (B) A pharmacist is not subject to arrest by state or local law enforcement, prosecution or penalty under state or local law, or the denial of a right or privilege including, but not limited to, disciplinary action by the South Carolina Board of Pharmacy, or any other occupational or professional licensing entity, for dispensing a cannabis product as authorized by this article. A pharmacist may not be sued for malpractice as a result of dispensing a qualifying patient’s cannabis product.

 (C)(1) A pharmacist shall not:

 (a) accept, solicit, or offer any form of pecuniary remuneration from or to a physician;

 (b) offer a discount or any other thing of value to a cardholder who uses or agrees to use a particular therapeutic cannabis pharmacy; or

 (c) refer a patient to a particular physician or display or distribute marketing materials for a physician within therapeutic cannabis pharmacy

 (2) If the South Carolina Board of Pharmacy finds that a pharmacist engaged in unprofessional conduct by violating this article, then the South Carolina Board of Pharmacy shall notify the department as specified in department regulations that the pharmacist’s authority to dispense cannabis products has been restricted, which may be in addition to any other sanction imposed by the South Carolina Board of Pharmacists, including any disciplinary action up to the suspension or revocation of the pharmacist’s license.

 Section 44-53-2096. (A) The South Carolina Board of Pharmacy shall promulgate regulations relating to the dispensing of cannabis products for therapeutic use. In considering appropriate regulations, the Board of Pharmacy shall seek input from relevant stakeholders including, but not limited to, the Office of the Attorney General, and professional law enforcements organizations and associations.

 (B) Regulations for dispensing of cannabis products for therapeutic use shall include, but is not limited to:

 (1) standards, procedures, and protocols for cannabis products for therapeutic use as provided by law;

 (2) standards, procedures, and protocols for consulting the verification system to verify a written certification, entering information into the prescription monitoring program to follow dispensing and tracking information of medical cannabis.

 (3) procedures and protocols to explicitly provide that no medical cannabis product may be dispensed from, produced from, obtained from, sold to, or transferred to a location outside of this State.

 (4) standards, procedures, and protocols for determining the amount of usable prescribed medical cannabis products necessary to constitute an adequate supply to ensure uninterrupted availability for an allowable amount of medical cannabis.

 (5) standards, testing procedures, and protocols to ensure that all dispensed medical cannabis products are pharmaceutical grade; and

 (6) provisions for other licensing, renewal, and operational standards deemed necessary by the Board of Pharmacy;

 (7) requirements for the health, safety, and security for therapeutic cannabis pharmacies;

 (8) requirements for a pharmacist-in-charge, who accepts responsibility for the operation of a therapeutic cannabis pharmacy;

 (9) requirements for consultations between a pharmacist and a patient, including when a medical cannabis product has not previously been dispensed to a patient’

 (C) The Board of Pharmacy shall develop a process and promulgate regulations for issuing a permit to a therapeutic cannabis pharmacy, including the establishment of associated fees.

 (D) A therapeutic cannabis pharmacy shall not dispense any controlled substances other than cannabis products.

 Section 44‑53‑2100. (A) The department shall promulgate regulations:

 (1) developing and establishing registry identification card application forms and the process for the issuance of registry identification cards for qualifying patients and designated caregivers, including a state and national fingerprint‑based criminal records check for designated caregivers, and for the issuance, denial, suspension, and revocation of registry identification cards;

 (2) establishing reasonable application and renewal fees for registry identification cards, provided that:

 (a) the fees charged to qualifying patients and designated caregivers must be no greater than the costs of processing the applications and issuing registry identification cards;

 (b) the department shall provide optional discounts for qualifying patient application and renewal fees based upon a qualifying patient’s household income and shall waive all applicable fees for veterans; and

 (c) the department may accept donations from private sources to reduce application and renewal fees; and

 (3) providing guidelines for the types of evidence accepted to confirm that an applicant experienced one or more traumatic events. Acceptable evidence must include, but is not limited to, proof of military service in an active combat zone, that the person was the victim of a violent or sexual crime, or that the person was a first responder. The department shall not require details of the trauma.

 (B) The department shall either create the necessary software for an electronic patient registry, or engage a company that can do so. The registry must be able to accept and store all necessary information pursuant to this article and department regulations.

 (C) No later than ninety days after the effective date of the regulations promulgated pursuant to subsection (A), the department shall begin accepting applications for registry identification cards.

 Section 44‑53‑2110. (A) A registry identification card issued pursuant to this section must be printed with tamper‑resistant technology and contain, at a minimum, the following information:

 (1) the name of the cardholder;

 (2) the address of the cardholder;

 (3) the cardholder’s date of birth;

 (4) a designation of whether the cardholder is a designated caregiver or qualifying patient;

 (5) the date of issuance and expiration date of the registry identification card;

 (6) a random alphanumeric identification number that is unique to the cardholder;

 (7) if the cardholder is a designated caregiver, the random alphanumeric identification number of the qualifying patients that the designated caregiver is authorized to assist; and

 (8) a photograph of the cardholder, if required by department regulations.

 (B) Except as provided in this section or department regulations, a registry identification card shall expire one year after the date the written certification is signed by a physician.

 (C) If a physician stated in the written certification that the qualifying patient is expected to recover from the debilitating medical condition in less than one year or that the qualifying patient is expected to benefit from medical cannabis products for less than one year, then the registry identification card shall expire on the date specified by the physician on the written certification.

 (D) The department shall issue a registry identification card within twenty‑five days of receiving a valid, complete electronic application and any other required materials from a qualifying patient applicant or designated caregiver applicant in accordance with this article.

 Section 44‑53‑2130. (A) The department shall issue a registry identification card to a qualifying patient applicant who submits a valid, complete electronic application and, at a minimum, the following, in accordance with the department’s regulations:

 (1) the application or annual renewal fee set by the department;

 (2) the name, residential and mailing address, email address, telephone number, and date of birth of the qualifying patient applicant, except that if the applicant is homeless, then no residential address is required;

 (3) a recent passport‑sized photograph of the qualifying patient applicant’s face, if required by department regulations;

 (4) the name, mailing address, and telephone number of the qualifying patient applicant’s physician authorized by this article to certify the medical use of cannabis products;

 (5) a written certification dated, signed, and submitted to the department by the physician. For a first-time qualifying patient applicant between the ages of eighteen and twenty-three, the qualifying patient must have written certifications dated, signed, and submitted to the department by two physicians;

 (6) the name, address, date of birth, and any other contact information required by department regulations for each proposed designated caregiver. If more than one designated caregiver is designated at any given time, then the qualifying patient applicant must submit documentation demonstrating that the additional designated caregiver is needed due to the qualifying patient applicant’s age, medical condition, or place of residence;

 (7) a statement signed by the qualifying patient applicant agreeing not to divert cannabis products to anyone who is not allowed to possess cannabis products pursuant to this article and acknowledging that the diversion of cannabis products is a felony that, upon conviction, results in the revocation of a registry identification card and subjects the qualifying patient to a fine of not more than five thousand dollars, imprisonment of not more than five years, or both;

 (8) a questionnaire that asks if the qualifying patient applicant would like to be notified by the department of any clinical studies needing human subjects for research on the medical use of cannabis. The department shall notify interested patients of studies that will be conducted in the United States;

 (9) the date of a pre‑scheduled follow‑up appointment with the qualifying patient applicant’s physician, which shall be no later than six months after the date of the written certification. A follow‑up appointment may be conducted in‑person or through telemedicine; and

 (10) for a patient whose debilitating medical condition is post-traumatic stress disorder, evidence that the person experienced trauma pursuant to Section 44-53-2100(A)(4).

 (B) After a qualifying patient applicant has been approved for a registry identification card by the department, the department shall issue registry identification cards to associated designated caregiver applicants who submit a valid, complete electronic application and, at a minimum, the following, in accordance with department regulations:

 (1) An associated designated caregiver applicant who is a natural person must submit:

 (a) the application or annual renewal fee set by the department;

 (b) the name, residential mailing address, email address, telephone number, date of birth, and any other contact information for the designated caregiver applicant as specified in department regulations;

 (c) a recent passport-sized photograph of the designated caregiver applicant’s face, if required by department regulations;

 (d) a copy of the designated caregiver applicant’s SLED and FBI criminal records checks, for which the designated caregiver applicant must pay the costs;

 (e) a statement signed by the designated caregiver applicant agreeing not to divert cannabis products to anyone who is not allowed to possess cannabis products pursuant to this article and acknowledging that the diversion of cannabis products is a felony that, upon conviction, results in the revocation of a registry identification card and subjects the designated caregiver to a fine of not more than five thousand dollars, imprisonment of not more than five years, or both; and

 (f) a statement signed by the designated caregiver applicant agreeing to not consume cannabis products intended for a qualifying patient.

 (2)(a) An associated designated caregiver applicant that is a facility licensed by the department that provides care to qualifying patients must submit:

 (i) the application or annual renewal fee set by the department;

 (ii) the facility’s full name, business and mailing address, license number issued by the department, email address, and telephone number; the name, title, and signature of an authorized facility representative; and any other contact information for the designated caregiver applicant as specified in department regulations;

 (iii) a statement signed by an authorized facility representative of the designated caregiver applicant agreeing not to divert cannabis products to anyone who is not allowed to possess cannabis products pursuant to this article and acknowledging that the diversion of cannabis products is a felony that, upon conviction, results in the revocation of a registry identification card and subjects the designated caregiver to a fine of not more than five thousand dollars, imprisonment of not more than five years, or both; and

 (iv) a statement signed by an authorized facility representative of the designated caregiver applicant agreeing to secure and ensure the proper handling of cannabis products intended for a qualifying patient.

 (b) A staff member of a designated caregiver facility licensed by the department that provides care to qualifying patients must submit a designated caregiver application as a natural person in accordance with subsection (B) and may be required to provide additional proof of employment or contract with the designated caregiver facility.

 (C) The department shall deny, suspend, or revoke a registry identification card for a designated caregiver applicant or designated caregiver if the designated caregiver applicant or designated caregiver has been convicted of, or pled guilty or nolo contendere to, a felony drug‑related offense, unless the designated caregiver applicant completed the sentence, including any term of probation or supervised release, at least fifteen years prior.

 (D) Each patient applicant or, in the case of a minor, the parent or guardian of each minor patient applicant who applies for a registry identification card must be asked if he wants to participate voluntarily in observational studies and other data collection on medical cannabis, including those funded pursuant to Section 44-53-2020.

 Section 44‑53‑2140. (A) The department may not issue a registry identification card to a person under eighteen years of age who is a qualifying patient applicant unless:

 (1) a physician electronically submits a written certification to the department that certifies the minor’s medical use of cannabis products and lists the designated custodial parent or legal guardian with the legal authority to make health care decisions on behalf of the minor;

 (2) the physician attests to explaining the potential risks and benefits of the medical use of cannabis products to the custodial parent or legal guardian with the legal authority to make health care decisions on behalf of the minor;

 (3) the custodial parent or legal guardian with the legal authority to make health care decisions on behalf of the minor consents in writing to:

 (a) allow the minor’s medical use of cannabis products; and

 (b)(i) serve as one of the minor’s designated caregivers and determine the frequency and route of administration of cannabis products to the patient; or

 (ii) designate another appropriate individual as caregiver for the patient; and

 (4) the custodial parent or legal guardian with the legal authority to make health care decisions on behalf of the minor completes applications in accordance with the requirements of Section 44‑53‑2130 on behalf of the minor and as a caregiver to the minor.

 (B) The department may not issue a registry identification card to an incapacitated person who is a qualifying patient applicant unless:

 (1) a physician electronically submits a written certification to the department that certifies the incapacitated person’s medical use of cannabis products and lists the designated person with the legal authority to make health care decisions on behalf of the incapacitated person;

 (2) the physician attests to explaining the potential risks and benefits of the medical use of cannabis products to the person with the legal authority to make health care decisions on behalf of the incapacitated person;

 (3) the person with the legal authority to make health care decisions on behalf of the incapacitated person consents in writing to:

 (a) allow the incapacitated person’s medical use of cannabis products;

 (b) serve as one of the incapacitated person’s designated caregivers; and

 (c) determine the frequency and route of administration of cannabis products to the incapacitated person;

 (4) the person with the legal authority to make health care decisions for the incapacitated person completes applications in accordance with the requirements of Section 44‑53‑2130 on behalf of the incapacitated person and as a caregiver to the incapacitated person; and

 (5) the person submitting an application on the incapacitated person’s behalf submits a signed statement agreeing not to consume cannabis or cannabis products intended for a qualifying patient.

 (C) For a new patient applicant, not to include a renewal, the department may not issue a registry identification card to a patient applicant who is between the ages of eighteen and twenty‑three years unless two physicians who have performed in‑person exams and verified the patient applicant’s debilitating medical condition submit a written certification to the department on behalf of the patient applicant.

 (D) The department may not issue a registry identification card to a person who is employed in public safety, commercial transportation, or the operation of commercial machinery.

 Section 44‑53‑2150. (A) A designated caregiver may serve only one patient, unless the caregiver:

 (1) is a facility licensed by the department that provides care to qualifying patients; or

 (2) is the spouse, parent, sibling, grandparent, child, or grandchild, whether related by whole or half blood, by marriage, or by adoption, of each qualifying patient.

 (B) In no event may a natural person who is a designated caregiver serve more than two patients.

 (C) A designated caregiver must be a natural person unless it is a facility licensed by the department that provides care to qualifying patients.

 Section 44‑53‑2160. The department shall promulgate regulations governing facilities licensed by the department that provide care to qualifying patients and that serve as designated caregivers.

 Section 44‑53‑2170. (A) Until ninety days after the department begins accepting applications for registry identification cards, a copy of a patient’s valid, written certification issued and printed by the physician on tamper-resistant paper within the previous year must be deemed a registry identification card for the qualifying patient.

 (B) Until ninety days after the department begins accepting applications for registry identification cards, the following must be deemed a registry identification card for a designated caregiver:

 (1) a copy of a qualifying patient’s valid, written certification issued and printed by a physician on tamper-resistant paper within the previous year; and

 (2) a notarized affidavit attesting that the person has significant responsibility for managing the well‑being of the qualifying patient and that the person has been chosen by the qualifying patient.

 Section 44‑53‑2180. (A)(1) A qualifying patient shall notify the department of any change in his name, address, telephone number, or email address, or if he ceases to have a debilitating medical condition, not including if his debilitating medical condition or the underlying cause of the debilitating medical condition goes into remission due to medical cannabis, within thirty days of the change.

 (2) A designated caregiver shall notify the department of any change in his name, address, telephone number, or email address, or if he becomes aware that the qualifying patient is deceased, within ten days of the change.

 (3) Before a qualifying patient changes his designated caregiver, the qualifying patient shall notify the department.

 (4) If a cardholder loses his registry identification card, then the cardholder shall notify the department within ten days of becoming aware that the card has been lost.

 (B) If a cardholder notifies the department of an occurrence identified in subsection (A) and remains eligible for a registry identification card pursuant to this article, then the department shall issue the cardholder a new registry identification card with a new random alphanumeric identification number within a reasonable time period, not to exceed fourteen business days, of receiving the updated information and a replacement card fee set by the department. If the person notifying the department is a qualifying patient, then the department shall also issue the qualifying patient’s designated caregiver, if any, a new registry identification card within a reasonable time period, not to exceed thirty business days, of receiving the updated information and a replacement card fee set by the department.

 (C) A cardholder who fails to notify the department as required by this section is subject to a civil penalty, punishable by a fine of not more than five hundred dollars per occurrence.

 (D) If a qualifying patient’s physician notifies the department in writing either that the qualifying patient has ceased to suffer from a debilitating medical condition, not including if the qualifying patient’s debilitating medical condition goes into remission due to medical cannabis products, or that the physician no longer believes that the qualifying patient could benefit from the medical use of cannabis products, then the patient’s and designated caregiver’s registry identification cards shall become null and void; however, the qualifying patient shall have fifteen days to destroy all remaining cannabis products by returning it to a therapeutic cannabis pharmacy for destruction.

 Section 44‑53‑2190. (A)(1) The Department of Health and Environmental Control, Bureau of Drug Control, shall establish and maintain a program to monitor the dispensing of all medical cannabis products by pharmacists licensed to dispense these substances, which shall be recorded in a secure web-based verification system.

 (2) For each cardholder, the department shall include in the secure web-based verification system the:

 (a) cardholder’s name;

 (b) cardholder’s registration number;

 (c) whether the cardholder is a qualifying patient or a designated caregiver;

 (d) in the case of a designated caregiver, the associated patient’s name, address, date of birth, and registry identification number;

 (e) expiration date of the registry identification card;

 (f) photograph;

 (g) the allowable amount of cannabis product, if the physician specified an amount; and

 (h) the name, address, and phone number of the certifying physician.

 (B)(1) Before dispensing medical cannabis products, a therapeutic cannabis pharmacy shall:

 (a) confirm the registry identification card presented at the therapeutic cannabis pharmacy is valid using the secure web-based verification system;

 (b) verify each person presenting a registry identification card is the person identified on the registry identification card presented the pharmacist;

 (c) determine the amount of cannabis dispensed to the qualifying patient directly or via the designated caregiver in the previous fourteen days; and

 (d) ensure that the amount to be dispensed does not exceed the qualifying patient’s limit.

 (2) A therapeutic cannabis pharmacy shall electronically submit to the Bureau of Drug Control information regarding each dispensing of cannabis product. The following information must be submitted for authorization:

 (a) the date and time that the cannabis product was dispensed;

 (b) the qualifying patient or designated caregiver’s registry identification card number;

 (c) NDC code for the drug dispensed;

 (d) quantity of cannabis product dispensed;

 (e) whether the cannabis product to be dispense is directly to the qualifying patient or to the qualifying patient’s designated caregiver;

 (f) the approximate number of days supplied;

 (g) the qualifying patient’s name, address, and date of birth;

 (h) the registry identification card number of the therapeutic cannabis pharmacy that dispensed the cannabis products, and

 (i) the expiration date of the registry identification card.

 (C) In developing the requirements for the secure web-based verification system, the department shall consider transmission methods and protocols provided in the latest edition of the ‘ASAP Telecommunications Format for Controlled Substances,’ developed by the American Society for Automation in Pharmacy.

 (D) Information submitted to the Bureau of Drug Control and the secure web-based verification system is confidential and not subject to public disclosure under the Freedom of Information Act or any other provision of law, except as provided in (F) and (G).

 (E) The Bureau of Drug Control shall maintain procedures to ensure that the privacy and confidentiality of patients and patient information collected, recorded, transmitted, and maintained is not disclosed, except as provided in subsections (F) and (G).

 (F) If there is reasonable cause to believe that a violation of law or breach of professional standards may have occurred, then the Bureau of Drug Control shall notify the appropriate law enforcement agency or professional licensure, certification, or regulatory agency or entity and shall provide prescription information required for an investigation.

 (G) The Bureau of Drug Control may provide data in the cannabis monitoring program to the following persons:

 (1) a physician, pharmacist, or authorized delegate who requests information and certifies that the requested information is for the purpose of providing medical or pharmaceutical treatment to a bona fide patient;

 (2) a qualifying patient or designated caregiver who requests the individual’s own cannabis monitoring information in accordance with procedures established by law;

 (3) a designated representative of the South Carolina Department of Labor, Licensing and Regulation responsible for licensure, regulation, or discipline of physicians, pharmacists, or other persons authorized to prescribe, administer, or dispense controlled substances, and who is involved in a bona fide specific investigation involving a designated person;

 (4) a local, state, or federal law enforcement or prosecutorial official engaged in the administration, investigation, or enforcement of the laws governing illicit drugs and who is involved in a bona fide specific drug-related investigation involving a designated person;

 (5) a properly convened grand jury pursuant to a properly issued subpoena for the records;

 (6) personnel of the department and the Board of Pharmacy for purposes of administration and enforcement of this article;

 (7) qualified personnel for the purpose of bona fide research or education; however, data elements that would reasonable identify a specific patient or dispenser must be deleted or redacted from such information prior to disclosure. Further, release of the information may only be made pursuant a written agreement between qualified personnel and the department in order to ensure compliance with this subsection;

 (8) a coroner, deputy coroner, medical examiner, or deputy medical examiner who is involved in a specific inquiry into the cause and manner of death of a designated person pursuant to Chapter 5, Title 17;

 (9) a physician who requests the physician’s own written certification history; and

 (10) the presiding judge of a court pertaining to a specific case involving a designated person.

 (H)(1) A pharmacist who knowingly fails to submit medical cannabis monitoring information to the Bureau of Drug Control, or to submit the information required in the verification system, as required by this article, or who knowingly submits incorrect information, is guilty of a misdemeanor and, upon conviction, must be fined not more than two thousand dollars or imprisoned not more than two years, or both.

 (2) A person who knowingly discloses medical cannabis authorization monitoring information in violation of this article is guilty of a felony and, upon conviction, must be fined not more than ten thousand dollars or imprisoned not more than ten years, or both.

 (3) A person who knowingly uses medical cannabis authorization monitoring information in a manner or for a purpose in violation of this article is guilty of a felony and, upon conviction, must be fined not more than ten thousand dollars or imprisoned not more than ten years, or both.

 (4) A pharmacist or physician, licensed in Title 40, who knowingly discloses medical cannabis monitoring information in a manner or for a purpose in violation of this article shall be reported to his respective board for disciplinary action.

 (I) Nothing in this chapter requires a pharmacist to obtain information about a patient from the medical cannabis authorization monitoring program. A physician or authorized delegate of a physician who knowingly fails to review a patient's controlled substance prescription history, as maintained in the prescription monitoring program, or a physician who knowingly fails to consult with his authorized delegate regarding a patient's controlled substance prescription history before issuing an authorization for a medical cannabis product, as required by this article, must be reported to his respective board for disciplinary action.

 (J) For the purposes of this subsection, the system may only disclose to state and local law enforcement personnel the following, if the law enforcement personnel inputs a registry identification card number:

 (1) whether the registry identification card is valid;

 (2) the name, address, and date of birth of the cardholder;

 (3) a photograph of the cardholder, if required by department regulations;

 (4) whether the cardholder is a qualifying patient or a designated caregiver;

 (5) the registry identification card number of any associated qualifying patients or designated caregivers; and

 (6) only if accessed by a dispensary or authorized department personnel, the amount of medical cannabis products dispensed in the past fourteen days.

 (K) An authorized employee of the department may access the secure web-based verification system in the course of his official duties.

 Section 44-53-2195. (A) Medical cannabis product information received and maintained by the department pursuant to this article is confidential and not subject to public disclosure under the Freedom of Information Act or any other provision of law, except as provided in subsections (D) and (E) and Section 44-53-2190.

 (B) The department shall maintain procedures to ensure that the privacy and confidentiality of qualifying patients and qualifying patient information collected, recorded, transmitted, and maintained is not disclosed, except as provided for in subsections (D) and (E) and Section 44-53-2190.

 (C) The department shall maintain a confidential list of the persons to whom the department has issued registry identification cards and all of their information required in Section 44-53-2110. The department shall maintain a confidential list of any person who submitted a registry identification card application. The lists maintained pursuant to this subsection may not be combined or linked in any manner with any other list. The department may provide the names and contact information for patients who volunteer to participate in research to qualified personnel for the purpose of bona fide research or education pursuant to a written agreement between qualified personnel and the department.

 (D) If there is reasonable cause to believe a violation of law or breach of professional standards may have occurred, then the department shall notify the appropriate law enforcement or professional licensure, certification, or regulatory agency or entity and shall provide medical cannabis product information required for an investigation.

 (E) The department may provide medical cannabis product information to the following persons:

 (1) a physician who requests information and certifies that the requested medical cannabis product information is for the purpose of providing medical or pharmaceutical treatment in the course of a bona fide physician-patient relationship;

 (2) a qualifying patient or designated caregiver who requests his own medical cannabis product information;

 (3) a designated representative of the South Carolina Department of Labor, Licensing and Regulation responsible for the licensure, regulation, or discipline of any person authorized to prescribe, administer, or dispense controlled substances and who is involved in a bona fide specific investigation involving a designated person;

 (4) a local, state, or federal law enforcement or prosecutorial official engaged in the administration, investigation, or enforcement of the laws governing licit or illicit drugs and who is involved in a bona fide specific drug-related investigation involving a designated person;

 (5) a properly convened grand jury pursuant to a subpoena properly issued for the records;

 (6) personnel of the department for the purposes of the administration and enforcement of this article;

 (7) qualified personnel for the purpose of bona fide research, except that the department may only provide the names and contact information for qualifying patients who volunteer to participate in bona fide research, including observational studies or other data collection on medical cannabis product pursuant to Section 44-53-2130(D). Release of the information may only be made pursuant to a written agreement between qualified personnel and the department in order to ensure compliance with this subsection;

 (8) a coroner, deputy coroner, medical examiner, or deputy medical examiner who is involved in a specific inquiry into the cause and manner of death of a designated person pursuant to Chapter 5, Title 17;

 (9) a physician who requests the physician’s own written certification history; or

 (10) the presiding judge of a drug court pertaining to a specific case involving a designated person.

 Section 44‑53‑2200. (A) A qualifying patient may purchase cannabis products, industrial hemp for human consumption, or paraphernalia for medical use pursuant to this article from a therapeutic cannabis pharmacy, provided that a qualifying patient may not obtain more than an allowable amount of cannabis products in a fourteen-day period.

 (B) A designated caregiver may purchase cannabis products or paraphernalia to assist a qualifying patient with the medical use of cannabis products pursuant to this article from a therapeutic cannabis pharmacy, provided that the designated caregiver and the designated caregiver’s associated qualifying patient may not obtain more than an allowable amount of cannabis products for a fourteen-day period for each qualifying patient.

 Section 44‑53‑2210. (A) A qualifying patient is not subject to arrest by state or local law enforcement, prosecution or penalty under state or local law, or the denial of a right or privilege for the medical use of cannabis products pursuant to this article if the qualifying patient does not possess more than the allowable amount of cannabis products and is lawfully using medical cannabis products under this article.

 (B) A designated caregiver is not subject to arrest by state or local law enforcement, prosecution or penalty under state or local law, or the denial of a right or privilege for assisting a qualifying patient with the medical use of cannabis products pursuant to this article if the designated caregiver does not possess more than the allowable amount of cannabis products for each associated qualifying patient.

 (C) A designated caregiver is not subject to arrest by state or local law enforcement, prosecution or penalty under state or local law, or the denial of a right or privilege for transporting cannabis products or administering cannabis products to a qualifying patient, provided that the caregiver does so in compliance with regulations promulgated pursuant to this article.

 (D) A cardholder is not subject to arrest by state or local law enforcement, prosecution or penalty under state or local law, or the denial of a right or privilege for delivering or transporting an allowable amount of cannabis products to an independent testing laboratory.

 (E) A cardholder is presumed to be lawfully in possession of cannabis products if the cardholder possesses an amount of cannabis products that does not exceed an allowable amount of cannabis products.

 (F) If a cardholder is found to be in possession of cannabis products in an amount or type that exceeds an allowable amount of cannabis products, then the excess amount or type of cannabis products is subject to seizure by law enforcement and may not be returned. The cardholder is also subject to criminal charges for possession of the amount in excess of the allowable amount of medical cannabis products as provided in this article.

 (G) The presumption provided for in subsection (E) may be rebutted by evidence that conduct related to the use of cannabis products was not for the purpose of treating or alleviating a qualifying patient’s debilitating medical condition or symptoms associated with the qualifying patient’s debilitating medical condition pursuant to this article.

 Section 44‑53‑2220. (A) It is unlawful for a physician to certify cannabis products to any person for the purposes of smoking or burning.

 (B) It is unlawful for a cardholder to possess cannabis in plant form or to smoke cannabis or use a device to facilitate the smoking of cannabis.

 (1) For a first offense, a violation of this subsection by a qualifying patient with one ounce or less of marijuana or ten grams of hashish is punishable by a civil fine of up to five hundred dollars.

 (2) For a second or subsequent offense, a qualifying patient with one ounce or less of marijuana or ten grams of hashish is guilty of a misdemeanor and, upon conviction, must be imprisoned not more than thirty days, or fined not less than one hundred dollars and not more than two hundred dollars. Upon approval by the solicitor and the magistrate or municipal judge, a conditional discharge may be granted pursuant to Section 44-53-450. A person charged with the offense of possession of marijuana or hashish under this subsection may be permitted to enter the pretrial intervention program pursuant to Article 1, Chapter 22, Title 17. Notwithstanding any other provision of law, a person convicted and sentenced pursuant to this subsection may have the sentence suspended and probation granted, and is eligible for parole, supervised furlough, community supervision, work release, work credits, education credits, and good conduct credits.

 (C) A violation of this section for possession of more than an ounce of marijuana or ten grams of hashish is punishable pursuant to Section 44-53-370.

 (D) A qualifying patient who violates this section a second or subsequent time may have his registry identification card suspended or revoked.

 Section 44‑53‑2230. (A) This article does not authorize any person to engage in, and does not prevent the imposition of, any civil, criminal, or other penalties for engaging in the following conduct:

 (1) undertaking any task under the influence of cannabis, if doing so would constitute negligence or professional malpractice;

 (2) possessing cannabis or cannabis products or otherwise engaging in the medical use of cannabis products in any correctional facility;

 (3) operating, navigating, or being in actual physical control of any motor vehicle, aircraft, train, or motorboat while under the influence of cannabis;

 (4) using cannabis products if the person does not have a debilitating medical condition or possessing cannabis products if the person is not a qualifying patient, designated caregiver, medical cannabis establishment agent, or someone who is authorized to assist a qualifying patient under Section 44‑53‑2210;

 (5) allowing any person who is not authorized to use cannabis products under this article to use cannabis products that a cardholder is allowed to possess under this article; or

 (6) transferring cannabis products for medical use to any person contrary to the provisions of this article.

 (B) Nothing in this article may be construed to prevent the arrest or prosecution of a qualifying patient for reckless driving or driving under the influence of cannabis products if probable cause exists. The mere presence of cannabis metabolites shall not automatically deem a person under the influence.

 (C) Notwithstanding any other criminal penalties related to the unlawful possession of cannabis products for medical use, knowingly making a misrepresentation to a law enforcement official of any fact or circumstance relating to the medical use of cannabis products to avoid arrest or prosecution is a misdemeanor and, upon conviction, is punishable by a fine of up to one thousand dollars per offense, in addition to any other penalties that may apply for making a false statement or for the use of cannabis products other than use undertaken pursuant to this article.

 (D) Notwithstanding any other criminal penalties related to the unlawful possession of cannabis products for medical use, knowingly making a misrepresentation of a medical condition to a physician or fraudulently providing material misinformation to a physician in order to obtain a written certification is a misdemeanor and, upon conviction, is punishable by a fine of up to one thousand dollars per offense.

 (E) Any cardholder who sells cannabis products or is convicted of a criminal violation of this article shall have his registry identification card permanently revoked and is subject to other penalties for the unauthorized sale of cannabis. An individual who has had his registry identification card revoked for a criminal violation of this article may never be issued another registry identification card.

 (F) Any qualifying patient who commits a violation of subsection (A)(3) or refuses a properly requested test related to operating any mode of transportation while under the influence of cannabis products shall have his registry identification card revoked for a period of one year.

 (G) The diversion of cannabis products to any individual who is not allowed to possess cannabis products pursuant to this article is a felony that, upon conviction, results in the revocation of a registry identification card and subjects the relevant cardholder to a fine of not more than five thousand dollars, imprisonment of not more than five years, or both.

 Section 44‑53‑2240. (A) The department may deny, revoke, or suspend the registry identification card of a qualifying patient or designated caregiver for a violation of this article or of department regulations. The qualifying patient or designated caregiver is also subject to other penalties established by law.

 (B) A person whose registry identification card is denied, revoked, or suspended may request a hearing in the Administrative Law Court within thirty days of the receipt of written notification of the denial, revocation, or suspension and is not subject to the requirements set forth in Section 44‑1‑60.

 Section 44‑53‑2250. (A) If a state or local law enforcement officer has probable cause to believe that cannabis products possessed at a specific address in violation of South Carolina law, then the officer may verify whether the address is associated with a qualifying patient, designated caregiver, or medical cannabis establishment through the department’s verification system.

 (B) The department may notify a law enforcement officer about falsified or fraudulent information submitted to the department.

 Section 44‑53‑2260. (A) Except as provided in this article, a qualifying patient who uses cannabis products for medical use must be afforded the same rights under state and local law, including those guaranteed pursuant to Article 1, Chapter 9, Title 45, as the person would be afforded if the person was solely prescribed pharmaceutical medications, as pertaining to drug testing required by any state or local law, agency, governmental official, or state or local governmental employer.

 (B) The rights provided by this section do not apply to the extent that they conflict with an entity’s obligations under federal law or regulations, or to the extent that the rights would disqualify a state or local agency from a monetary or licensing‑related benefit under federal law or regulations.

 (C) Nothing in this article requires an employer to make any accommodation for the use of medical cannabis products on the property or premises of any place of employment, to allow the ingestion of cannabis products in any workplace, or to allow any employee to work while under the influence of medical cannabis products. This article in no way limits an employer’s ability to discipline or terminate an employee for being under the influence of medical cannabis products in the workplace or for working while under the influence of medical cannabis products.

 (D) No employer may be penalized or denied any benefit under state law for employing a cardholder.

 (E) Except as otherwise provided by this section, the provisions of this chapter do not require any person, corporation, or other entity that occupies, owns, or controls a property to allow the vaporization of cannabis products on that property. A landlord may not prohibit a tenant who is a cardholder from vaporizing cannabis products that cannot be smelled outside of the cardholder’s rented dwelling unless permitting cannabis product use conflicts with the landlord’s obligations under federal law or regulations or would disqualify the landlord from a monetary or licensing-related benefit under federal law or regulations. This shall not be construed to require a landlord or other property owner to allow the vaporization of cannabis products in any of the following circumstances:

 (1) the tenant is a roomer who is not leasing the entire residential dwelling;

 (2) the residence is incidental to the provision of medical, geriatric, educational, counseling, religious, or similar service;

 (3) the residence is a transitional housing facility; or

 (4) the residence is a dormitory affiliated with an educational institution.

 (F) Nothing in this article requires a motor carrier or private carrier, as defined in Section 58-23-1110, to make any accommodation for the use of cannabis products by any employee whose duties affect the safety of operation of motor vehicles in transportation on public roads.

 Section 44-53-2265. (A) Nothing in this article shall require an employer to permit or accommodate any applicant or employee’s use, consumption, or possession of, or impairment by, medical cannabis products in any form on its premises or during work-related activities. This article also does not affect the ability of a private employer to enforce a drug-free workplace policy or zero tolerance drug testing policy prohibiting any applicant or employee from having a detectable amount of marijuana metabolites in the applicant or employee’s system.

 (B) No employer may be penalized or denied any benefit under state law for employing a cardholder.

 (C) This article does not create a private cause of action against a private employer for wrongful discharge, discrimination, or any other adverse employment action.

 Section 44‑53‑2270. A person who is employed by, contracting with, or an agent of the State of South Carolina is not subject to arrest by state or local law enforcement, prosecution or penalty under state or local law, or the denial of any right or privilege for engaging in conduct authorized by this article, if the conduct is within the scope of the person’s employment.

 Section 44‑53‑2280. (A) No school or landlord may refuse to enroll, lease to, or otherwise penalize a person solely for the person’s status as a cardholder, unless:

 (1) failing to do so would violate federal law or regulations or would cause the school or landlord to lose a monetary or licensing‑related benefit under federal law or regulations; or

 (2) at the discretion of the landlord or manager, conduct due to a cannabis‑related offense would give cause for a landlord or manager to deny or terminate Section 8 housing to a cardholder as dictated by federal law. Denials or terminations on the basis of cannabis‑related conduct must be reported to the Attorney General’s Office for assessment for racially discriminatory conduct or disparate racial impact.

 (B) No school or landlord may be penalized or denied any benefit under state law for enrolling or leasing to a cardholder.

 Section 44‑53‑2290. (A) A physician is not subject to arrest by state or local law enforcement, prosecution or penalty under state or local law, or the denial of a right or privilege including, but not limited to, disciplinary action by the South Carolina Board of Medical Examiners or any other occupational or professional licensing entity, for providing a written certification as authorized by state law. A physician may not be sued for medical malpractice as a result of certifying a qualifying patient’s medical use of cannabis products in accordance with this article; however, the immunities provided by this section shall not be construed to prevent a physician from being penalized or sued for violating the standard of care or for any violations of this article, including certifying a person for medical cannabis products who does not have a debilitating medical condition.

 (B) A pharmacist is not subject to arrest by state or local law enforcement, prosecution or penalty under state or local law, or the denial of a right or privilege including, but not limited to, disciplinary action by the South Carolina Board of Pharmacy or any other occupational or professional licensing entity, for dispensing an authorization for cannabis products as authorized by state law. A pharmacist may not be sued for malpractice as a result of dispensing a qualifying patient’s medical cannabis products in accordance with this article; however, the immunities provided by this section shall not be construed to prevent a pharmacist from being penalized or sued for violating the standard of care or for any violations of this article, including dispensing medical cannabis products to a person who does not have a debilitating medical condition.

 Section 44‑53‑2300. (A) For the purposes of this section:

 (1) ‘Financial institution’ means a bank, savings and loan association, credit union, banking association, land bank, intermediate credit bank, bank for cooperatives, production credit association, land bank association, mortgage association, trust company, savings bank, or other banking or financial institution organized or operating under the laws of the United States or South Carolina.

 (2) ‘Financial services’ includes receiving deposits, extending credit, conducting fund transfers, and transporting cash or financial instruments.

 (B) A bank, savings and loan association, or credit union, licensed attorney, or certified public accountant, and all associated employees, are not subject to arrest by state or local law enforcement, prosecution or penalty under state or local law, the denial of a right or privilege for engaging in conduct authorized by this article, or professional discipline for providing advice or services related to medical cannabis establishments or applications to operate medical cannabis establishments on the basis that cannabis is illegal under federal law.

 (C) A licensed attorney, a certified public accountant, or another holder of a professional or occupational license may not be subject to professional discipline for providing advice or services related to medical cannabis establishments or applications to operate medical cannabis establishments on the basis that cannabis is illegal under federal law.

 (D) An applicant for a professional or occupational license may not be denied a license based on previous employment related to cannabis products establishments operating in accordance with state law.

 (E) A financial institution and agents operating on its behalf are not subject to arrest by state or local law enforcement, prosecution or penalty under state or local law, or the denial of a right or privilege for providing financial services to medical cannabis establishments and applicants for medical cannabis establishments.

 (F)(1) A medical cannabis establishment or its principal may request in writing that the department share a person’s application, license, and other regulatory and financial information with a financial institution of the person’s designation. The written request shall include a waiver authorizing the transfer of that information and any confidentiality or privilege that applies to that information.

 (2) Notwithstanding any law that might proscribe the disclosure of application, license, and other regulatory and financial information, upon receipt of a written request and waiver pursuant to item (1), the department may share an application, license, and other regulatory and financial information with the financial institution designated by the licensee in the request for the purpose of facilitating the provision of financial services for that licensee.

 (3) A person who provides a waiver may withdraw the waiver at any time. Upon receipt of the withdrawal of a waiver, the department shall cease to share application, license, or other regulatory or financial information with a financial institution.

 Section 44‑53‑2310. A person is not subject to arrest by state or local law enforcement, prosecution or penalty under state or local law, or the denial of a right or privilege for:

 (1) being in the presence or vicinity of a qualifying patient engaged in the medical use of cannabis products or a designated caregiver assisting a qualifying patient with the medical use of cannabis products;

 (2) being in the presence of a medical cannabis product establishment principal or agent engaged in conduct authorized pursuant to this article;

 (3) assisting a qualifying patient with the act of using or administering cannabis products for medical use; or

 (4) storing or otherwise possessing a registered qualifying patient’s medical cannabis products on the patient’s behalf at the patient’s residence, a residential facility, a school, a daycare or health care facility, or a similar location that is caring for the qualifying patient.

 Section 44‑53‑2320. (A) The lawful use of medical cannabis products pursuant to this article shall not be used as a relevant factor or evidence in proceedings regarding parental rights, child welfare, guardianship, decision making, or probate matters.

 (B) A person entitled to the custody of, or visitation or parenting time with, a child must not be denied these rights for conduct allowed pursuant to this article unless the person’s behavior is such that it creates an unreasonable danger to the safety of the child as established by clear and convincing evidence.

 (C) This section shall not be construed to allow a person to engage in any conduct that would be negligent to undertake while impaired by cannabis.

 Section 44‑53‑2330. For the purposes of medical care, including organ and tissue transplants, a qualifying patient’s use of cannabis products according to this article is considered the equivalent of the authorized use of any other medication used at the discretion of a physician and does not constitute the use of an illicit substance or otherwise disqualify the qualifying patient from needed medical care.

 Section 44‑53‑2340. (A) The department shall create a commission to assist in promulgating regulations and to evaluate the qualifications of applicants for medical cannabis establishments. At a minimum, members of the commission must include:

 (1) the director of the department, or his designee;

 (2) the Director of the South Carolina Department of Labor, Licensing and Regulation, or his designee;

 (3) the President of the South Carolina Board of Medical Examiners, or his designee;

 (4) the Chief of SLED, or his designee;

 (5) a sheriff designated by the South Carolina Sheriffs’ Association;

 (6) the Commissioner of the South Carolina Department of Agriculture, or his designee;

 (7) a patient representative, appointed by the Governor;

 (8) an industry representative, appointed by the Governor, subject to the limitation that, although the industry representative may participate in assisting with the process of promulgating regulations, the industry representative must not participate in the license‑selection process if he has applied for or has an affiliation with a license applicant through family or business;

 (9) an individual selected by South Carolina Advocates for Epilepsy;

 (10) a certified public accountant or an attorney with expertise in contract law, appointed by the Governor;

 (11) a representative of the African American community, appointed by the Governor in consultation with the South Carolina Commission for Minority Affairs; and

 (12) a representative from the Board of Pharmacy.

 (B) Members of the commission may not receive compensation but are entitled to mileage, subsistence, and per diem as allowed by law for members of state boards, commissions, and committees.

 (C) Upon the issuance of all of the cannabis establishment licenses pursuant to Section 44‑53‑2390, the commission shall dissolve, and any future license shall be chosen by the department based on the criteria established by the commission.

 Section 44‑53‑2350. (A) The department shall promulgate regulations to:

 (1) establish the form and content of a medical cannabis establishment license and renewal applications;

 (2) establish a system to numerically score competing medical cannabis establishment applicants, and in cases in which more applicants apply than are allowed by the local government, the system must include an analysis of:

 (a) the preference of the local government;

 (b) in the case of therapeutic cannabis pharmacies, the suitability of the proposed location and its accessibility to patients;

 (c) the character, veracity, diversity, residency, background, qualifications, and relevant experience of medical cannabis establishment principals and agents; and

 (d) the business plan proposed by the medical cannabis establishment applicant, which in the case of cultivation centers and therapeutic cannabis pharmacies shall include the ability to maintain an adequate supply of cannabis products, plans to ensure the safety and security of patrons and the community, procedures to be used to prevent diversion, and any plan for making cannabis products available to low‑income qualifying patients;

 (3) ensure the equitable distribution of therapeutic cannabis pharmacies throughout the State in order for patients to have access to medical cannabis products, with a minimum of one therapeutic cannabis pharmacy per county, while preventing an overconcentration of therapeutic cannabis pharmacies in any one area;

 (4) in coordination with the Division of Small and Minority Business Contracting and Certification, implement policies to:

 (a) engage in outreach to encourage racial, ethnic, and gender diversity in the South Carolina medical cannabis industry;

 (b) ensure that diverse groups are afforded equal opportunity in licensing; and

 (c) develop policies for medical cannabis establishments to promote the participation of diverse groups and provide equal access to employment;

 (5) govern medical cannabis establishments, with the goals of ensuring the health and safety of qualifying patients and preventing diversion and theft, without creating an undue burden or compromising the confidentiality of cardholders, including:

 (a) oversight requirements;

 (b) recordkeeping and inventory‑management requirements;

 (c) security requirements, which must be developed in consultation with SLED, including lighting, physical security, and alarm requirements and, in the case of a cultivation center, access controls, perimeter intrusion detection systems, personnel identification systems, and a twenty‑four hour surveillance system to monitor the interior and exterior of the cultivation center, which are accessible to authorized law enforcement personnel and the department;

 (d) health and safety regulations, including:

 (i) restrictions on the use of pesticides that are injurious to human health; and

 (ii) standards for testing cannabis and cannabis products, including specifying prohibited concentrations of heavy metals, pesticides, microbes, and other contaminants that are injurious to human health;

 (e) standards for the manufacture of cannabis products and both the indoor and outdoor cultivation of cannabis by cultivation centers, including environmental impact regulations;

 (f) requirements for the secure transportation and storage of cannabis and cannabis products by medical cannabis establishments, which must be developed in consultation with SLED;

 (g) employment and training requirements, including requiring medical cannabis establishments to create, administer, and track an identification badge for each medical cannabis establishment agent and principal;

 (h) standards for the safe manufacture of cannabis products, including extracts and concentrates;

 (i) restrictions on the advertising, signage, and display of medical cannabis products, provided that the restrictions may not prevent appropriate signs on the property of a therapeutic cannabis pharmacy; listings in business directories, including phone books; listings in cannabis‑related or medical publications; and the sponsorship of health or not‑for‑profit charity or advocacy events, provided that the restrictions must include:

 (i) requirements that the medical cannabis establishment’s logo, advertising, and signage be tasteful, respectful, and medically focused and must not appeal to minors or contain cartoon-like figures or attempts at humor;

 (ii) requirements that medical cannabis establishments submit any logo or sign for review to the department in accordance with department regulations;

 (iii) prohibitions on medical cannabis establishments from using marijuana leaves or slang for cannabis or cannabis products in or on their signs, logos, packaging, or structures;

 (iv) limitations on the size or location of signs; and

 (v) prohibitions against using neon-colored signage, logos, or packaging, or neon-colored signage or logos on structures;

 (j) requirements and procedures for the safe and accurate packaging and labeling of medical cannabis, cannabis products, and industrial hemp for human consumption;

 (k) standards for independent testing laboratories, including requirements for equipment and qualifications for personnel;

 (l) protocol for the safe delivery of cannabis products from therapeutic cannabis pharmacies to cardholders, which must be developed after consulting with SLED;

 (m) requirements and procedures to maintain sanitary conditions for facilities and equipment;

 (n) odor mitigation measures to ensure cannabis or cannabis products cannot be smelled outside of the property of a medical cannabis establishment; and

 (o) requirements for medical cannabis establishments to maintain a discreet, professional appearance that is compatible with existing commercial structures or land uses within the immediate area, including requirements to maintain the medical cannabis establishment in a manner to prevent blight, deterioration, diminishment, or impairment of property values within the vicinity of the medical cannabis establishment;

 (6) establish procedures for suspending or revoking the licenses of medical cannabis establishments that commit multiple or serious violations of the provisions of this article or the regulations promulgated pursuant to this section;

 (7) establish labeling requirements for cannabis, cannabis products, and industrial hemp for human consumption, which must require cannabis product labels to include the following:

 (a) the length of time it typically takes for the product to take effect;

 (b) the disclosure of ingredients and possible allergens;

 (c) a nutritional fact panel; and

 (d) the clear identification of edible cannabis products, if practicable, with a standard symbol indicating that the product contains cannabis;

 (8) establish requirements and procedures for the safe, appropriate, and accurate packaging and labeling of medical cannabis products and industrial hemp for human consumption, including prohibiting the use of any images designed or likely to appeal to minors, including cartoons, toys, animals, or children; any other likeness to images, characters, or phrases that are popularly used to advertise to children; or any imitation of candy packaging or labeling;

 (9) establish requirements to ensure that cannabis products and industrial hemp for human consumption are designed, marketed, and packaged in a manner that is appropriate for a medicinal product and that does not resemble commercially sold candies or other food that is typically marketed to children;

 (10) establish restrictions on the forms, appearance, and flavor of edible cannabis products in order to reduce their appeal to minors, including prohibiting edible cannabis products in the shapes of cartoons, toys, animals, or people;

 (11) establish reasonable application and renewal fees for medical cannabis establishments, which must generate revenues sufficient to offset all of the expenses of implementing and administering this article. Fees must be reviewed annually and, if appropriate, adjusted to meet the financial needs of the program without charging more than is reasonably necessary to administer the program;

 (12) establish the standards and requirements necessary for an independent testing laboratory to be licensed;

 (13) establish the standards of care and required testing to be carried out by an independent testing laboratory consistent with the guidelines promulgated by the American Herbal Pharmacopoeia;

 (14) establish minimum capital requirements for each type of medical cannabis establishment that reasonably ensure medical cannabis establishment principal applicants have sufficient resources to open and operate a medical cannabis establishment without requiring more than reasonably necessary and allowing for some of the capital requirements to be satisfied by ownership of the real property and for resources to be pooled among multiple medical cannabis establishment principals; and

 (15) establish standards and requirements necessary for the destruction of cannabis, cannabis products, and cannabis waste.

 (B) At any time, the department may promulgate regulations allowing additional categories of medical cannabis establishments to operate, establishing fees for these medical cannabis establishments, or governing their operations.

 (C) The department shall, no less frequently than every two years, reevaluate and at its discretion:

 (1) determine the appropriate number and geographical density of licenses for cultivation centers, processing facilities, therapeutic cannabis pharmacies, and independent testing laboratories; and

 (2) determine adjustments, if any, to application and licensing fees.

 (D) After consulting with public health experts, medical professionals, and analysts who conduct health and safety research on vaporizers; reviewing federal regulations governing electronic nicotine delivery systems; and reviewing some other states’ regulations on medical cannabis vaporization, the department shall promulgate regulations to foster the health and safety of patients using medical cannabis vaporization products. The regulations may include:

 (1) mandating that all models of vaporization devices sold by therapeutic cannabis pharmacies be subject to laboratory testing, including stress tests and shelf-life tests;

 (2) requiring laboratory testing of medical cannabis cartridges that are allowed to be used with vaporization devices, including testing of the aerosolized products;

 (3) banning all additives, cutting agents, and flavorings that are known to be harmful;

 (4) creating a list of any non‑cannabis ingredients that are permitted to be included in medical cannabis cartridges, which have been identified as safe for inhalation, and specifying the proportion of those ingredients that are allowed in each cartridge;

 (5) issuing standards for heavy metals included in hardware; and

 (6) developing warning labels that must be included on vaporization devices, detailing any known risks.

 Section 44‑53‑2360. (A) The department shall establish standards for and shall license up to five independent testing laboratories to test cannabis products that are to be sold in the State. An independent testing laboratory must analyze a representative sample of all cannabis products pursuant to Section 44‑53‑2450 before the sale or transfer to a therapeutic cannabis pharmacy by a processing facility.

 (B) An independent testing laboratory must be responsible for selecting, picking up, and testing product samples and must be able to determine accurately:

 (1) the concentration of tetrahydrocannabinol, cannabidiol, and other cannabinoids, if applicable;

 (2) whether the testing material is organic or nonorganic;

 (3) moisture content;

 (4) allergens;

 (5) potency;

 (6) foreign matter, including heavy metals;

 (7) microbiological screening results;

 (8) residual solvent testing results;

 (9) the presence and identification of fungi, including molds;

 (10) the presence and concentration of fertilizers and other nutrients; and

 (11) any other determinations required by the department.

 (C) An independent testing laboratory shall report the results of all testing required by the department to the department’s seed‑to‑sale tracking system.

 Section 44‑53‑2370. (A) To prevent diversion and protect public safety, the department shall require the use of a single, real‑time, seed‑to‑sale tracking system used by all medical cannabis establishments and by the department that complies with Health Insurance Portability and Accountability Act guidelines, is hosted on a platform that allows for the dynamic allocation of resources, provides data redundancy, and is capable of recovering from natural disasters within hours.

 (B) The department shall require that the system be capable of:

 (1) tracking all plants, products, packages, qualifying patients, waste, transfers, conversions, sales, and returns, and all with unique identification numbers;

 (2) tracking lot and batch information throughout the entire chain of custody until the point of sale to a cardholder;

 (3) tracking all products, conversions, and derivatives throughout the entire seed‑to‑sale chain of custody in real time;

 (4) tracking plant, batch, and product destruction;

 (5) tracking the transportation of products;

 (6) performing complete batch recall tracking capabilities that must be able to clearly identify all of the following details relating to a specific batch subject to recall:

 (a) all sold products;

 (b) products available for sale that are in finished inventory but have not been sold;

 (c) products that are in the transfer process;

 (d) work-in-progress products, which are in the process of being converted; and

 (e) raw material products, which are in the post‑harvest stage of the process, such as drying, trimming, or curing;

 (7) reporting and tracking loss, theft, or the diversion of products containing cannabis to the department;

 (8) reporting and tracking all inventory discrepancies to the department;

 (9) reporting and tracking all sales and refunds to the department;

 (10) notifying the department in real time regarding when propagation sources are planted, when plants are harvested and destroyed, and when cannabis products are transported, sold, or destroyed;

 (11) tracking all plants and products using a tagging methodology that is considered environmentally friendly and sustainable;

 (12) tracking all plants and products using a tagging methodology that avoids adding an undue financial burden on cultivation centers, processing facilities, and therapeutic cannabis pharmacies;

 (13) receiving testing results electronically from independent testing laboratories via a secure application program interface into the seed‑to‑sale tracking system and directly attaching the testing results to the source batch or sample;

 (14) restricting the altering of test results;

 (15) providing the department with real‑time access to the database;

 (16) providing real‑time analytics to the department regarding key performance indicators including, but not limited to:

 (a) total daily sales;

 (b) total plants in production;

 (c) total plants destroyed; and

 (d) total inventory adjustments; and

 (17) providing other information specified by the department.

 (C) The department shall require the provider of the seed-to-sale system to:

 (1) have a current security audit that is no more than twelve months old and that was performed by a third party certified to perform such audits, demonstrating the use of sound security measures and practices by the provider hosting the data or application processing the data, as defined by a nationally recognized security framework;

 (2) submit an annual update on any open corrective action plans associated with the most recent audit’s noted deficiencies;

 (3) produce a new or updated audit every three years; and

 (4) have experience implementing and maintaining a seed‑to‑sale tracking system of a similar size and nature for at least two other state government agencies without interruptions of service or security breaches, or otherwise demonstrate the ability to implement and maintain such systems.

 Section 44‑53‑2380. (A) It is not unlawful for a cultivation center to:

 (1) possess, plant, propagate, cultivate, grow, harvest, produce, process, manufacture, compound, convert, prepare, pack, repack, transport, or store cannabis;

 (2) possess, use, or manufacture cannabis paraphernalia;

 (3) deliver, sell, supply, transfer, or transport cannabis, cannabis paraphernalia, or educational materials to processing facilities; or

 (4) deliver, transfer, or transport cannabis to independent testing laboratories.

 (B) It is not unlawful for a processing facility to:

 (1) obtain, possess, process, manufacture, compound, convert, prepare, pack, repack, transport, or store cannabis or cannabis products;

 (2) possess, use, or manufacture cannabis paraphernalia;

 (3) deliver, sell, supply, transfer, or transport cannabis, cannabis products, industrial hemp for human consumption, or educational materials to therapeutic cannabis pharmacies or universities in South Carolina engaged in conducting Institutional Review Board-approved medical cannabis or cannabinoid research; or

 (4) deliver, transfer, or transport cannabis or cannabis products to independent testing laboratories.

 (C) It is not unlawful for a therapeutic cannabis pharmacy to obtain, possess, transport, or dispense cannabis products, industrial hemp for human consumption that has passed independent laboratory testing, cannabis paraphernalia, or educational materials to a cardholder in accordance with the requirements of this article or to universities in South Carolina engaged in conducting Institutional Review Board-approved medical cannabis or cannabinoid research.

 (D) It is not unlawful for an independent testing laboratory to possess or transport cannabis, cannabis products, or cannabis paraphernalia in accordance with the requirements of this article.

 (E) It is not unlawful for a transporter to possess or transport cannabis, cannabis products, or cannabis paraphernalia in accordance with the requirements of this article.

 (F) It is not unlawful for a grower of industrial hemp who is permitted pursuant to Chapter 55, Title 46 to sell or transport industrial hemp for human consumption to a therapeutic cannabis pharmacy, provided that the industrial hemp products for human consumption are compliant with all regulations regarding laboratory testing, packaging, and labeling as determined by the department.

 (G) It is not unlawful for the University of South Carolina School of Medicine, the Medical University of South Carolina, or a professor or student working on an advanced degree who is conducting Institutional Review Board‑approved research to possess, store, or administer medical cannabis or cannabinoids to human or animal subjects in accordance with any department rules.

 (H) Industrial hemp operations and individuals who have been issued permits pursuant to Section 46‑55‑20, relating to the cultivation of industrial hemp, are authorized to provide industrial hemp for human consumption to processing facilities or therapeutic cannabis pharmacies licensed pursuant to this article.

 (I) A medical cannabis establishment is not subject to prosecution, search, seizure, or penalty in any manner and may not be denied any right or privilege, including civil penalty or disciplinary action by a court, or business-licensing board or entity, for engaging in activities related to cannabis that are not unlawful under South Carolina law pursuant to this article.

 (J) A medical cannabis establishment principal and medical cannabis establishment agent are not subject to arrest by state or local law enforcement, prosecution or penalty under state or local law, or the denial of a right or privilege for engaging in activities related to cannabis that are not unlawful under South Carolina law pursuant to this article.

 (K) Nothing in this article may be construed to prohibit medical cannabis establishments from processing, producing, or selling products for human consumption from industrial hemp.

 Section 44‑53‑2390. (A) The department shall issue licenses to the following numbers of qualified medical cannabis establishment applicants:

 (1) fifteen cultivation center licenses;

 (2) thirty processing facility licenses;

 (3) four transporter licenses;

 (4) one therapeutic cannabis pharmacy license for every twenty pharmacies with a state‑issued permit in the State; and

 (5) five independent testing laboratory licenses.

 (B) In order to be licensed as a medical cannabis establishment, a medical cannabis establishment principal applicant shall submit to the department a completed electronic application signed by each medical cannabis establishment principal that, at a minimum, includes the following:

 (1) a nonrefundable application fee to be determined by the department;

 (2) proof that the applicant has sufficient liquid and non‑liquid assets to open and operate the medical cannabis establishment, as determined by the department through regulation;

 (3) on renewal, a financial statement reviewed by a licensed certified public accountant or a licensed public accountant in accordance with generally accepted accounting principles, including all disclosures required by generally accepted accounting principles;

 (4) the legal name of the proposed medical cannabis establishment;

 (5) the physical address of the proposed medical cannabis establishment, which:

 (a) shall not be within one thousand feet of a public or private school existing before the date the medical cannabis establishment application is received by the department, except as provided in Section 44‑53‑2420;

 (b) if a therapeutic cannabis pharmacy applicant, shall be located in an area zoned for commercial use; and

 (c) if a processing facility or cultivation center applicant, shall be located in an area zoned for manufacturing or agricultural use;

 (6) a sworn statement certifying that the proposed medical cannabis establishment is in compliance with local government zoning restrictions, if applicable;

 (7) a copy of any local registration, license, or permit required by local government for the proposed medical cannabis establishment;

 (8) the name, date of birth, and contact information for each principal of the proposed medical cannabis establishment, with a copy of a SLED and an FBI criminal records check for each principal, paid for by the principal;

 (9) operating procedures for the proposed medical cannabis establishment to ensure accurate recordkeeping and adequate security measures;

 (10) a security plan that meets all requirements promulgated by the department, which, in connection therewith, shall consult with and receive input from SLED;

 (11) for a cultivation center applicant, documentation demonstrating that the applicant has appropriate expertise in agriculture and is qualified to process cannabis to sell, deliver, transport, or distribute solely for use pursuant to this article;

 (12) for a processing facility applicant, documentation demonstrating that the applicant is qualified to process medical cannabis into cannabis products, utilizing industry standards for the safe handling of food products and consistency in production;

 (13) for an independent testing laboratory applicant, documentation demonstrating that the applicant meets the standards and requirements for accreditation, inspection, and testing established through regulation by the department;

 (14) a medical cannabis establishment applicant’s plan to hire employees from within the community in which it will be operating; and

 (15) for a medical cannabis establishment applicant who is applying for more than one license, a notation on the application regarding the additional licenses for which the applicant has applied.

 (C)(1) Except as provided in items (2) and (3), if a licensee is not operable within twelve months of the issuance of a license, then the license is void, and the department shall within thirty days issue a license to the most qualified applicant in accordance with this article.

 (2) A licensee may request and shall be granted one or more three‑month extensions of the deadline if it is able to show a cause of delay that was out of the licensee’s control, despite exhibiting concerted efforts to begin operation in time to meet the deadline.

 (3) A licensee shall not be considered ‘not operational’ for the purposes of this subsection if it is a processing facility or therapeutic cannabis pharmacy and is not operational solely because sufficient cultivation facilities have not begun harvesting and distributing cannabis to supply it with cannabis.

 (D) No license issued to a medical cannabis establishment is transferable until the expiration of twenty‑four months from the date of issuance by the department, and until at least twelve months have passed since the medical establishment began operations.

 (E) If a smaller number of qualified applicants applies for any type of medical cannabis establishment license than the department is required to issue, then the department shall issue licenses to all qualified applicants for that type of license.

 (F) Prior to operating, a medical cannabis establishment shall pay a nonrefundable license fee in an amount determined by the department.

 (G) The department shall issue a renewal license within thirty days of receiving, prior to the expiration of the license, a completed electronic license renewal application signed by each medical cannabis establishment principal and the renewal fee from a medical cannabis establishment if the license is not under suspension or has not been revoked.

 (H) Medical cannabis establishments must notify the department of any changes in medical cannabis establishment principals and must include their name, date of birth, contact information, a copy of a SLED and an FBI criminal records check, and any other information required by department regulations.

 (I) The department shall deny, suspend, or revoke a medical cannabis establishment license if any medical cannabis establishment principal applicant or medical cannabis establishment principal has been convicted of, or pled guilty or nolo contendere to, a felony drug-related offense, unless the medical cannabis establishment principal applicant or medical cannabis establishment principal completed the sentence, including any term of probation or supervised release, at least five years prior.

 Section 44‑53‑2400. (A) A medical cannabis establishment shall issue an identification card to each medical cannabis establishment agent and medical cannabis establishment principal in accordance with department regulations before the person begins working at the medical cannabis establishment.

 (B) A medical cannabis establishment shall request and obtain a SLED and an FBI criminal records check for every person seeking to become a medical cannabis establishment agent within the ninety days before the person is issued an identification card or begins working at a medical cannabis establishment.

 (C) A medical cannabis establishment may only issue an identification card to a medical cannabis establishment agent and allow them to work for the medical cannabis establishment if:

 (1) the person is twenty‑one years of age or older;

 (2) the person has not been convicted of, or pled guilty or nolo contendere to, a felony drug‑related offense, or if the person completed the sentence, including any term of probation or supervised release, at least five years prior;

 (3) the person is not included in the list of individuals who are not allowed to serve as medical cannabis establishment agents or principals, if the department maintains and disseminates such a list pursuant to Section 44‑53‑2490; and

 (4) the person has completed, or indicated in writing that he will complete within ninety days of being hired, an educational requirement approved by the department.

 (D) Each medical cannabis establishment shall retain all records documenting compliance with this article with regard to medical cannabis establishment agents and medical cannabis establishment principals for at least five years after the end of their employment.

 Section 44‑53‑2410. (A) The department is responsible for performing inspections of medical cannabis establishments and investigating suspected violations of this article and of department regulations and is primarily responsible for other duties with respect to regulating cannabis and cannabis products for medical use, as are specifically delegated to the department by the General Assembly.

 (B) A medical cannabis establishment is subject to inspection by the department.

 (C) During an inspection, the department may review the medical cannabis establishment’s records required pursuant to this article and department regulations. Medical cannabis establishment records must track qualifying patient‑specific and designated caregiver‑specific information, if applicable, by registry identification card number to protect confidentiality.

 (D) The department shall establish and charge an inspection fee in an amount to be determined by the department that will cover the expense to the department for conducting an inspection.

 (E) The department may contract with state occupational or professional licensing entities and the law enforcement division of other state agencies to enforce the provisions of this article with respect to inspections and audits that apply to cultivation centers, processing facilities, therapeutic cannabis pharmacies, transporters, and independent testing laboratories.

 (F) Authorized employees of state or local law enforcement agencies shall immediately notify the department if any person in possession of a registry identification card has been determined by a court of law to have willfully violated the provisions of this article or has pled guilty to an offense.

 Section 44‑53‑2420. (A) Except as provided in this section, a medical cannabis establishment may not be located within one thousand feet of a school. This distance must be computed by following the shortest route of ordinary pedestrian or vehicular travel along the public thoroughfare from the nearest point of the grounds of the school.

 (B) The department has the discretion to allow an exception to the prohibition in subsection (A) if it is shown by the applicant that the exception is necessary to provide adequate access to patients. The department may require as part of granting an exception that the medical cannabis establishment undertake additional security or other restrictions to protect children as determined by the department.

 Section 44‑53‑2430. (A) A local government may enact ordinances or regulations not in conflict with this article or with regulations enacted pursuant to this article, governing the time, place, manner, and number of medical cannabis establishment operations in the locality. A local government may establish penalties for the violation of an ordinance or regulation governing the time, place, and manner of a medical cannabis establishment that may operate in the locality.

 (B) No local government may prohibit medical cannabis establishments, either expressly or through the enactment of ordinances or regulations that make their operation impracticable in the jurisdiction.

 (C) The burden for compliance with zoning or land use regulations and the requirements for seeking a variance should be no greater for a cannabis‑related business than for any other similar business.

 (D) A local government may not impose any tax or fee for the sale of medical cannabis products sold in a therapeutic cannabis pharmacy.

 Section 44‑53‑2440. (A) Medical cannabis establishments shall implement appropriate security measures in accordance with regulations promulgated by the department, which shall be developed by the department after consulting with and receiving input from SLED, designed to deter and prevent the theft of cannabis and cannabis products and unauthorized entrance into areas containing cannabis or cannabis products.

 (B) All cultivation centers and processing facilities must conduct cultivation, harvesting, processing, and packaging of cannabis and cannabis products in a secure facility at a physical address provided to the department and SLED during their license application process. A processing facility or cultivation center may only be accessed by medical cannabis establishment agents, medical cannabis establishment principals, authorized department personnel, law enforcement personnel, emergency personnel, and adults who are twenty‑one years of age and older who are accompanied by medical cannabis establishment agents or principals.

 (C) All medical cannabis establishments are subject to random inspection by the department and SLED in accordance with regulations promulgated by the department, which shall be developed by the department after consulting with and receiving input from SLED.

 Section 44‑53‑2450. (A) The department shall require each cultivation center and processing facility to conduct routine testing, at a minimum, of cannabis and cannabis products at an independent testing facility in accordance with department regulations.

 (B) A cultivation center shall test each strain’s cannabinoid profile per harvest.

 (C) A processing facility shall test each extraction batch and each batch of ingestible products manufactured.

 Section 44‑53‑2460. (A) All cultivation center cannabis by‑product, cannabis scrap, and harvested cannabis not intended for distribution to a processing facility or independent testing laboratory must be destroyed and disposed of in accordance with department regulations. Documentation of destruction and disposal must be retained by the cultivation center for a period of not less than one year. The cultivation center shall maintain a record of the date of destruction and the amount destroyed.

 (B) A therapeutic cannabis pharmacy shall destroy all cannabis products that are not sold to qualifying patients or designated caregivers in accordance with department regulations. The therapeutic cannabis pharmacy shall retain documentation of the destruction and disposal for a period of not less than one year. The therapeutic cannabis pharmacy shall maintain a record of the date of destruction and the amount destroyed.

 (C) A therapeutic cannabis pharmacy shall destroy all unused cannabis products that are returned to the therapeutic cannabis pharmacy by a former qualifying patient who no longer qualifies for the use of medical cannabis or his caregiver.

 Section 44‑53‑2470. (A) Each therapeutic cannabis pharmacy must employ a pharmacist-in-charge who is licensed by the state as a pharmacist and who completed a medical cannabis continuing education course approved by the South Carolina Board of Pharmacy as provided by Section 44-53-2095. A pharmacist must be reasonably available during business hours to advise and educate patients in person and, in connection with providing such advice and education, shall be subject to being sued by a patient for negligence in the event that the pharmacist violates the applicable standard of care.

 (B) Each pharmacist who dispenses cannabis products to qualifying patients must complete a medical cannabis continuing education course approved by the South Carolina Board of Pharmacy prior to dispensing cannabis products. The continuing education course must include best practices regarding dosage, based upon medical conditions or symptoms, modes of administration, side effects, therapeutic contraindications, potential interactions, and cannabinoid profiles.

 (C)(1) All items sold at a therapeutic cannabis pharmacy must be properly labeled and contained in child‑resistant packaging. Each label must comply with state laws and regulations and, at a minimum, must include:

 (a) the name of the therapeutic cannabis pharmacy;

 (b) the percentage of tetrahydrocannabinol and the percentage of cannabidiol within a profile tolerance range of ten percent. For edible cannabis products, the cannabinoid profile should be listed by milligrams per serving;

 (c) the name of the cultivation center and processing facility; and

 (d) a conspicuous statement printed in all capital letters and in a color that provides a clear contrast to the background that reads, ‘NOT FOR RESALE. FOR MEDICAL USE ONLY. KEEP OUT OF THE REACH OF CHILDREN AND ANIMALS’.

 (2) Labels shall not include strain names but may include cannabinoid and terpene profiles for identification.

 (3) All cannabis products purchased in therapeutic cannabis pharmacies should be placed in child‑resistant exit packaging before leaving the therapeutic cannabis pharmacy.

 (D) A therapeutic cannabis pharmacy shall not allow a person under the age of eighteen to enter a therapeutic cannabis pharmacy unless the minor is accompanied by his parent, legal guardian, or designated caregiver.

 Section 44‑53‑2480. (A) After consulting with medical professionals who are knowledgeable about the risks and benefits of cannabis and cannabis products, the department shall develop a scientifically accurate safety information flyer, which shall be provided to each person applying for a registry identification card. The flyer must be offered at every therapeutic cannabis pharmacy when a medical cannabis product is dispensed. It must include:

 (1) advice about the potential risks of the use of medical cannabis products, including:

 (a) the variability of quality and concentration of cannabis products;

 (b) the risk of cannabis and cannabis product use disorder and resources to reach out to for help;

 (c) any potential exacerbation of psychotic disorders and any adverse cognitive effects for children and young adults;

 (d) potential adverse events and other risks, including falls or fractures;

 (e) the risks of using cannabis products during pregnancy or breast feeding; and

 (f) the need to safeguard all cannabis and cannabis products from children and pets or other domestic animals;

 (2) a notification that medical cannabis products are for a qualifying patient’s use only and that cannabis products should not be donated or otherwise supplied to another individual;

 (3) a warning that qualifying patients should not drive or operate heavy machinery while under the influence of medical cannabis; and

 (4) a disclosure that under the United States government’s 1986 Gun Control Act, any ‘unlawful’ user of a controlled substance is prohibited from purchasing or owning a gun, that federally licensed gun dealers must ask prospective customers about drug use habits before approving a purchase, and that because cannabis is a Schedule I substance under federal law, the United States government maintains that there is no way to use cannabis products lawfully.

 (B) The department shall make the information identified in subsection (A) available online with a link to the information conspicuously located on the department’s website.

 Section 44‑53‑2490. (A) The department may deny, suspend, or revoke the license of a medical cannabis establishment as a result of a violation of this article or department regulations.

 (B) The department may require medical cannabis establishments to ban an individual from serving as a medical cannabis establishment agent or principal at any medical cannabis establishment for a violation of this article or department regulations. The department may maintain and disseminate to each medical cannabis establishment a list of individuals who are prohibited from serving as a medical cannabis establishment agent or principal.

 (C) The department shall create a tiered structure for the identification, investigation, and resolution of potential violations of this article and department regulations.

 (D) Medical cannabis establishments must be granted a reasonable resolution period established by the department to implement corrective actions acceptable to the department.

 (E) The department shall create a progressive penalty structure for violations of this article and department regulations.

 (F) The department is authorized to impose monetary penalties on a medical cannabis establishment for violations of this article.

 (G) If a medical cannabis establishment’s license is denied, suspended, or revoked, then the medical cannabis establishment may request a hearing in the Administrative Law Court, and is not subject to the requirements set forth in Section 44‑1‑60, within thirty days of the receipt of written notification of the denial, suspension, or revocation.

 Section 44‑53‑2500. (A) The department may develop, seek any necessary federal approval for, and carry out research programs relating to the medical use of cannabis. Participation in any research program must be voluntary on the part of a qualifying patient, designated caregiver, or physician.

 (B) The department shall collect data on the efficiency and safety of medical cannabis products from qualifying patients who voluntarily provide this information. The department may require therapeutic cannabis pharmacies to collect that information from qualifying patients who voluntarily provide it.

 (C) Physicians who issue written certifications may, but are not required to, participate in data collection.

 Section 44-53-2510. (A) The department shall provide a report to the General Assembly by the second Tuesday of each year addressing the effectiveness of the medical cannabis program operated pursuant to this article and recommendations for any changes to the program.

 (B) The report must, without disclosing any identifying information about cardholders, physicians, qualified patients, designated caregivers, or medical cannabis establishments, contain the following, at a minimum:

 (1) the number of registry identification card applications submitted, approved, and renewed;

 (2) the number of qualifying patients and designated caregivers served by each medical cannabis establishment during the report year;

 (3) the nature of the debilitating medical conditions of the qualifying patients and a breakdown of qualifying patients by age group;

 (4) the efficacy of or satisfaction with medical cannabis products on a yes‑no questionnaire as submitted by qualifying patients in a voluntary, anonymous survey, which may be conducted online or through therapeutic cannabis pharmacies;

 (5) the number of registry identification cards denied, suspended, or revoked;

 (6) the number of physicians providing written certifications for qualifying patients; and

 (7) the number and type of medical cannabis establishments by county.

 (C) After two years, the department shall evaluate the efficacy of cannabis as medicine and make a recommendation with regard to the rescheduling of cannabis on a lower schedule in the State of South Carolina.” /

 Renumber sections to conform.

 Amend title to conform.

 Senator KIMBRELL explained the amendment.

 The question then was the adoption of the amendment.

 The amendment was adopted.

**Amendment No. 9**

Senators CROMER and KIMBRELL proposed the following amendment (150R017.SP.RWC), which was withdrawn:

 Amend the bill, as and if amended, by adding an appropriately numbered new SECTION to read:

 /SECTION \_\_. This act shall be repealed on January 31, 2029. /

 Renumber sections to conform.

 Amend title to conform.

 On motion of Senator CROMER, with unanimous consent, the amendment was withdrawn.

**Amendment No. 10**

 Senators CASH, CROMER and KIMBRELL proposed the following amendment (150R020.SP.RJC), which was adopted:

 Amend the bill, as and if amended, by adding an appropriately numbered new SECTION to read:

 /SECTION \_\_. This act shall be repealed on December 31, 2028./

 Renumber sections to conform.

 Amend title to conform.

 Senator CROMER explained the amendment.

 The question then was the adoption of the amendment.

 The amendment was adopted.

**Amendment No. 11**

 Senator CORBIN proposed the following amendment (150R021.SP.TDC), which was carried over:

 Amend the bill, as and if amended, on page 12, by striking lines 15 through 17 and inserting:

 /(i) a review of other measures attempted to ease the suffering caused by the debilitating medical condition that do not involve cannabis products for medical use, including chiropractic interventions; /

 Renumber sections to conform.

 Amend title to conform.

 Senator CORBIN explained the amendment.

 The amendment was carried over.

**Amendment No. 12**

 Senator SENN proposed the following amendment (150R033.SP.SS), which was adopted:

 Amend the bill, as and if amended, on page 9, lines 29 through 37, by striking Section 44-53-2040 and inserting:

 / Section 44‑53‑2040. (A) All sales of medical cannabis products are subject to a six percent sales tax at the point of sale.

 (B) On the twentieth day of each month, each dispensary shall pay the taxes due on all cannabis products sold in the prior calendar month.

 (C) All revenue collected pursuant to subsection (A) must be placed in the South Carolina Medical Cannabis Program Fund.

 (D) This section shall not be construed as a limitation on a local government to impose a local option sales tax pursuant to Chapter 10 of Title 4. /

 Amend the bill further, as and if amended, on page 49, lines 5 and 6, by striking Section 44-53-2430(D).

 Renumber sections to conform.

 Amend title to conform.

 Senator SENN explained the amendment.

 Senator DAVIS spoke on the amendment.

 The question then was the adoption of the amendment.

 The amendment was adopted.

**Amendment No. 13**

 Senator SENN proposed the following amendment (150R031.SP.SS), which was carried over:

 Amend the bill, as and if amended, beginning on page 4, Section 44-53-2010(8)(a), by striking lines 15 through 16 and inserting:

 /(a) a diagnosis that has been determined by a physician of one or more of the following that also results in a debilitated condition: /

 Renumber sections to conform.

 Amend title to conform.

 On motion of Senator SENN, the amendment was carried over.

**Amendment No. 14**

 Senator SENN proposed the following amendment (150R032.SP.SS), which was carried over:

 Amend the bill, as and if amended, on page 28, Section 44-53-2230(B), by striking lines 36 through 40 and inserting:

 /(B) Nothing in this article may be construed to prevent the arrest or prosecution of a qualifying patient for reckless driving or driving under the influence of cannabis products if probable cause exists. The mere presence of cannabis metabolites shall not automatically deem a person under the influence. If a qualified patient refuses to submit to a blood sample test, as provided in Section 56-5-2950, then the qualified patient’s privilege to drive is suspended for at least six months and his registry identification card is revoked. The qualified patient has the right to request a contested case hearing within thirty days of the issuance of the notice of suspension. If the person does not request a contested case hearing or if the qualified patient’s suspension is upheld at the contested case hearing, then the qualified patient shall enroll in an Alcohol and Drug Safety Action Program. /

 Renumber sections to conform.

 Amend title to conform.

 Senator SENN explained the amendment.

 Senator MARTIN spoke on the amendment.

 Senator HUTTO spoke on the amendment.

 On motion of Senator HUTTO, the amendment was carried over.

**Amendment No. 15**

 Senator SENN proposed the following amendment (150R028.SP.SS), which was carried over:

 Amend the bill, as and if amended, on page 44, Section 44-53-2390(A)(4), by striking lines 17 and 18 and inserting:

 / (4) no more than two dispensaries in any single county; and /

 Renumber sections to conform.

 Amend title to conform.

 Senator SENN explained the amendment.

 On motion of Senator DAVIS, the amendment was carried over.

**Amendment No. 16**

 Senator SENN proposed the following amendment (150R030.SP.SS), which was carried over:

 Amend the bill, as and if amended, beginning on page 10, lines 5 through 43, and on page 11, lines 1 and 2, by striking Section 44-53-2060.

 Amend the bill further, as and if amended, on page 5, lines 3 through 5, by striking Section 44-53-2010(8)(c).

 Renumber sections to conform.

 Amend title to conform.

 Senator SENN explained the amendment.

 On motion of Senator SENN, the amendment was carried over.

**Amendment No. 17A**

 Senator SENN proposed the following amendment (150R046.SP.SS), which was carried over:

 Amend the bill, as and if amended, beginning on page 10, by striking lines 5 through 43, and on page 11, by striking lines 1 and 2 and inserting:

 /Section 44‑53‑2060. (A) There is created a Medical Cannabis Advisory Board, which must be comprised of:

 (1) one member appointed by the director of the department, or his designee;

 (2) the following members appointed by the Governor, upon the advice and consent of the Senate:

 (a) two licensed medical doctors authorized by the State to practice medicine who do not prescribe medical cannabis;

 (b) two licensed doctors of osteopathic medicine who do not prescribe medical cannabis;

 (c) two licensed medical doctors who are board-certified to practice addiction medicine in South Carolina;

 (d) one research scientist with expertise in the field of cannabinoid medicine;

 (e) one licensed pharmacist who does not dispense a medical cannabis product;

 (f) one licensed pharmacist who is authorized to dispense a medical cannabis product;

 (g) one cardholder or one parent of a minor qualifying patient. For an appointment made before registry identification cards are issued, this provision applies to one cardholder or one parent of a minor with a debilitating medical condition who intends to use medical cannabis; and

 (B) The advisory board shall meet at least two times per year for the purpose of reviewing petitions to add debilitating medical conditions.

 (C) At least once every one hundred eighty days, the advisory board shall review petitions; consult with experts in South Carolina and other states with medical cannabis programs, as well as any available research; and, if necessary, hold public hearings before voting on whether to add a certain condition as a debilitating medical condition.

 (D) Members of the advisory board serve a term of four years or until their successors are appointed and qualify. A vacancy on the advisory board must be filled in the manner of the original appointment for the remainder of the unexpired term.

 (E) Members of the advisory board may not receive compensation but are entitled to mileage, subsistence, and per diem as allowed by law for members of state boards, commissions, and committees.

 (F) Members of the advisory board may not also be a qualified patient and in possession of a registration identification card. Prior to being appointed to the advisory board, the department shall certify that the appointee does not have a current registration identification card. The department shall advise the Governor of any appointee who has previously had a registration identification card and the circumstances under which the card is no longer valid. If a member of the advisory board becomes a qualified patient, then he shall resign from the advisory board and notify the department and the Governor. /

 Renumber sections to conform.

 Amend title to conform.

 On motion of Senator SENN, the amendment was carried over.

**Amendment No. 18**

 Senator SENN proposed the following amendment (150R037.SP.SS), which was tabled:

 Amend the bill, as and if amended, on page 3, lines 7 through 9, by striking Section 44-53-2010(1)(a)(iii) and inserting:

 / (iii) cannabis products for use in an inhaler that contain a metered dose of no more than eight thousand, two hundred milligrams of delta-9-tetrahydrocannabinol. This provision shall not be construed as allowing cannabis products for use by vaporization; or /

 Amend the bill further, as and if amended, beginning on page 39, lines 29 through 42, and page 40, lines 1 through 10, by striking Section 44-53-2350(D) and inserting:

 /(D)(1) After consulting with public health experts, medical professionals, and analysts who conduct health and safety research on cannabis inhalers and reviewing some other states’ regulations on medical cannabis inhalers, the department shall promulgate regulations to foster the health and safety of patients using medical cannabis inhalers. The regulations may include:

 (1) mandating that all models of inhalers sold by dispensaries be subject to laboratory testing, including stress tests and shelf-life tests;

 (2) requiring laboratory testing of medical cannabis inhaler cartridges that are allowed to be used with inhaler devices, including testing of the aerosolized products;

 (3) creating a list of any non‑cannabis ingredients that are permitted to be included in medical cannabis inhalers, which have been identified as safe for inhalation, and specifying the proportion of those ingredients that are allowed in each cartridge;

 (4) issuing standards for heavy metals or plastics included in hardware; and

 (5) developing warning labels that must be included on inhalers, detailing any known risks.

 (2) This subsection shall not be construed as applying to methods of vaporization. /

 Renumber sections to conform.

 Amend title to conform.

 Senator SENN explained the amendment.

 Senator DAVIS moved to lay the amendment on the table.

 The amendment was laid on the table.

**Amendment No. 19**

 Senator SENN proposed the following amendment (150R034.SP.SS), which was adopted:

 Amend the bill, as and if amended, on page 48, lines 40 through 43, by striking Section 44-53-2430(B) and inserting:

 / (B) A local government may prohibit medical cannabis establishments from operating in the jurisdiction. /

 Renumber sections to conform.

 Amend title to conform.

 Senator SENN explained the amendment.

 Senator HEMBREE spoke on the amendment.

 Senator CAMPSEN spoke on the amendment.

 The question then was the adoption of the amendment.

 The amendment was adopted.

**Amendment No. 20**

 Senator SENN proposed the following amendment (150R029.SP.SS), which was tabled:

 Amend the bill, as and if amended, on page 5, lines 22 through 26, by striking Section 44-53-2010(13).

 Amend the bill further, as and if amended, on page 3, by striking line 4 and inserting:

 /but not limited to, oils, tinctures, or capsules that /

 Amend the bill further, as and if amended, on page 3, by striking lines 38 and 39 and inserting:

 /ingestion by humans. The term includes, but is not limited to, a beverage, topical product, ointment, oil, /

 Amend the bill further, as and if amended, on page 38, by striking lines 17 through 21 and inserting:

 /(b) the disclosure of ingredients and possible allergens; and

 (c) a nutritional fact panel. /

 Amend the bill further, as and if amended, on page 38, by striking Section 44-53-2350(10) in lines 35 through 38.

 Amend the bill further, as and if amended, on page 51, by striking lines 3 and 4 and inserting:

 /percent; /

 Renumber sections to conform.

 Amend title to conform.

 Senator SENN explained the amendment.

 Senator DAVIS moved to lay the amendment on the table.

 The amendment was laid on the table.

**Amendment No. 21**

 Senator SENN proposed the following amendment (150R038.SP.SS), which was carried over:

 Amend the bill, as and if amended, on page 50, lines 16 through 31 by striking Section 44-53-2470(A) and inserting:

 /Section 44‑53‑2470. (A)(1) Each dispensary must employ at least one pharmacist who is licensed by the State and who has completed a medical cannabis continuing education course approved by the South Carolina Board of Medical Examiners. The dispensary may employ and contract with or employ at least one physician assistant or clinical practice nurse who is licensed by the State and who has completed a medical cannabis continuing education course approved by the South Carolina Board of Medical Examiners. The continuing education course must include best practices regarding dosage, based upon medical conditions or symptoms, modes of administration, and cannabinoid profiles.

 (2) A pharmacist must be present during business hours to advise and educate patients in connection with providing such advice and education, shall be subject to being sued by a patient for negligence in the event that the pharmacist, physician assistant, or clinical practice nurse violates the applicable standard of care.

 (3) A physician assistant or clinical practice nurse must be reasonably available during business hours to advise and educate patients, in person or by telemedicine and, in connection with providing such advice and education, shall be subject to being sued by a patient for negligence in the event that the pharmacist, physician assistant, or clinical practice nurse violates the applicable standard of care. A physician assistant or clinical practice nurse may contract with multiple dispensaries. /

 Renumber sections to conform.

 Amend title to conform.

 Senator SENN explained the amendment.

 On motion of Senator SENN, the amendment was carried over.

**Remarks by Senator SENN**

 So colleagues I rise to talk on the amendment. I'm definitely going to talk on the amendment, but before I get into the meat of this particular amendment I wanted to tell you some things -- how I feel about the Bill, and also show you some things that I saw when I was watching the testimony in Medical Affairs. And I do that because I am well aware that Senator DAVIS has worked very hard seven years to get this Bill passed. He also has confidently spoken, not only to the newspaper over the weekend, but also to a national medical group last weekend, and stated that he knows he has 23 votes out of 45 Senators. And I have no reason to doubt him. So with that being said, over the weekend, I came very close to just withdrawing my amendments because I don't want to waste anybody's time. If he's got the votes, he's got the votes. Then I woke up this morning and I thought, you know what, the one thing I never want to do is leave this State worse than when I found it. And as a mother of three, I can tell you, I honestly believe that this Bill will lead us to trouble, and it will lead the State to where it is going to be worse than when I found it. So like I said, one of the things that struck me when I was thinking about this this morning is that the Bill, in and of itself, is called the Compassionate Care Act. That implies that we are trying to help people with serious medical illnesses, and I do believe that Senator DAVIS does want to help people with serious medical illnesses. But we need to have an intellectually honest conversation because to simply say, oh well don't worry about things turning medical -- from medical to recreational, just because South Carolina is so conservative -- well that's just disingenuous. You have to look at the fact that 37 states have passed medical marijuana, 18 of which now -- 18 of which, have already gone to recreational. Now, you can't just say well, our General Assembly of the future is going to listen to their constituents. You know why you can't say that just because we hopefully will still be conservatives in the future. You can't say that because of the fact that once medical marijuana gets in here, they are going to target those of us who do not like the industry. They will pick us off one by one with their money, because they will have already invested lots and lots of money in the State of South Carolina. So, if we're going to talk about it, let's do a little bit better than say well our state's not going to do it because we're conservative. We know that that's exactly what's going to happen. How we do know a lot of this is we have the data from the other states. History repeats itself. So I'm going read to you a few points that I believe you can just go ahead and chalk to up South Carolina going along with. And I recognize that I may not be able to change the minds of the numbers that would need to come out of the 23 and go along with the no votes, I doubt that’s going to happen. But I do hope that you all at least take seriously a lot of these amendments. I don't even think we can amend this 56 page Bill, into being something palatable, but there are certainly some things we do need to amend to make it palatable. But again, let's go ahead and look at what we can expect from the other states. I have been studying this for weeks and weeks now and I have the data, if anybody wants it. I’ve got a big thick notebook up here and you all can come and ask me where I got this information.

 But what we are going see is increased access, dependence and suicides by youth. That we can count on. We know we also can count on accidental overdoses by children who have gotten ahold of their parents’, or in Lexington County, their teacher’s medical marijuana. You Senators from Lexington, Senator SHEALY and of course Senator SETZLER, I know that you all read with interest when a school teacher in Lexington County mistakenly put her medical marijuana gummy bears in a children's box of candy. So when two children went up and they picked those gummy bears, the teacher realized oh my gosh you can't have that one. She took it back, but the other child had also picked those gummy bears, walked out and went to afternoon care, asked for help opening the package and, thank gosh, an aftercare worker realized that teacher just about gave access to medical marijuana to a child from the classroom candy box. So you are going to see an increase in those kind of instances, as well.

 Let's also talk about veterans. We already talked about the fact that we know we are going to have increased access, dependence and suicides by youth. You're also going to have this by the veterans. And a lot of what I've heard about in favor of let's pass this Bill -- it is going to help our veterans, is that you know the veteran suicide rate is so high, they've got PTSD and they need help. They need help. I get that. I love our veterans. Who doesn't love our veterans? But if you look at the states surrounding us -- us, you look at North Carolina, you look at Georgia -- their veteran suicide rates are below the national average. But if you look at states such as Colorado, Oregon and Arizona where they have passed recreational marijuana, you will see that the incidents of suicides far, far outweigh anything than in the states that don't have it. In particular, Colorado's veteran suicide rate in comparison to ours -- ours is 38.4% for age group 18 to 34. Colorado's is 71.1% -- Arizona 86.4% and Oregon, 88%. And that tracks not just with the age group that is younger. It tracks with the older age groups, as well. So, again, the only state that we know of in the Southeastern Seaboard that has an out of line or out of whack veteran suicide rate is Florida. And they passed medical marijuana. So let's don't argue anymore. This data comes from the VA. This data is as of 2021. So, let's don't try to say that if we pass this, it is going to help our veterans stay alive.

 We will see no decrease in the use of opioids or opioid synthetics because what the trials and studies have shown is that these folks will then use medical marijuana in addition to the opiates that they're already taking. They will then add that to their regimen, making them at increased risk of morbidity. That's what we know is going to happen from the other states.

 In addition, the list of ailments that will soon qualify, if we pass this, will go up exponentially. That's where they are going to come first. And if look at this Bill, and I have to agree with Senator HEMBREE from yesterday, this Bill stacks a board that would be allowed to then add what type of ailments would qualify. The board would include medical cardholders, parents of medical cardholders and physicians predisposed to want to increase those type of card ailments. That’s what will happen first. That's in the playbook. Then we go next to the play book, and then you're going to see even if our state’s General Assembly does not want to take up passing recreational marijuana, you will see big marijuana fund a huge effort to have it put on a referendum. That's what they'll do. Look at Ohio. Ohio just passed medical marijuana four years ago. Already they've got enough signatures in their state so that they can force the General Assembly to debate and they've said clearly that even if the General Assembly denies going to recreational marijuana, they're still going to get enough signatures to put it on a referendum. That's in the playbook. That's what's going happen in South Carolina.

 So, again, what we've already talked about is the unprecedented rise and qualifications of citizens for these medical marijuana cards has been the ages of 18 to 30 claiming chronic pain, and this should be the healthiest demographic that we have. Senator DAVIS and I talked a little bit about this. I don't know if you realize, but I will tell you that I told Senator DAVIS when he was kindly entertaining me and entertaining now some of my amendments -- but when he was trying to get me to be number 24. He wanted to know what it would take. I indicated that we needed to only have objective serious medical illnesses, not medical illnesses that cannot specifically be diagnosed. So, if I go into a doctor and I say, doctor I'm hurting. I'm in pain. That is not an objective diagnosis. That is a subjective diagnosis. And you know, I wouldn't even mind with PTSD, even though that also is a subjective diagnosis. For us to put amendment in there that says combat veterans -- that's the one category, the one category that if they feel like marijuana would help them with PTSD. If they can prove that they're actually combat veterans, then I think that they ought to have access if that's what they want, but he wouldn't do that. He thought about it and I think he honestly tried to accommodate me, but the marijuana lobby does not want that. They do not want us to have only true identifiable medical illnesses. Now they have changed it to where they are even adding -- it is even worse than when I saw it the first time -- fibromyalgia and things of that nature. Again, those are diagnoses that just cannot be objectively identified.

 I also said that rather than vaping I would appreciate that if we're going to have this medicine, supposedly, in a form that can be inhaled, that it be in the form of an inhaler, like asthma. That is something to me that at least does indicate that it is medicine, and it is not what all of the kids are doing these days, which is vaping. Vaping medical marijuana or any kind of substance and they'll be doing it in the bathrooms at schools. Also, I didn't even write this on my list, but I can tell you now that what's going to happen is once we classify this as medicine, and it is going to happen like it has in other states, there are going to be challenges in accordance with the ADA. Because employers, except in certain circumstances, prisoners, inmates and students, who have medical marijuana prescriptions will have to be accommodated. That is going to add expediently to our state’s burden, making our nurses and our prison wardens and everyone else have to worry about it. Oh and who is going to pay for it by the way? Who is going to pay for the medical marijuana? This is all going to follow when somebody files an ADA complaint and that will be coming, as well.

 Now if I could ask staff to please play for me clips one, two and three of Ms. Debbie Moak’s testimony with the Arizona Governor's office. So while the screens are coming down -- Senator DAVIS and I ended up agreeing on the 94.2% that now is the chronic pain level in Arizona. What we couldn't agree on, and I'll have to go ahead and admit that Arizona stopped keeping the data in the same form in which they had previously. I could not see the exact number of those in 18 to 34 category, so I can't say for sure that they are the overwhelming majority, but I can say the overwhelming majority of cardholders is now increased since this testimony was taken. And for you new Senators -- you new senators, you need to know that this Bill did not go through the traditional process. No testimony was taken this session. So, again, I knew that I had in my head that the overwhelming majority of the cardholders in the younger subset was for chronic pain. If I could get to you play Ms. Moak’s testimony. This lady, again, was with the Arizona Governor’s office. The governor opposed a switch to recreational -- he lost, even though she was going to states trying to say don't do this, but he lost and it is now recreational, (video 2). And the next one please, (video 3).

 Before we move on to any other clips, I’d like to take a moment to also mention that in Arizona there was an Attorney General who was definitely opposed to legalizing marijuana for recreational purposes. His name is Mark Brnovich and he was widely quoted as saying, “In Arizona we legalized medical marijuana for medical purposes, the results of that apparently are that there are a bunch of 18-25 year old males with back problems and migraine headaches, because that is who is getting the cards, most of them.” So we know what is going to happen there and here. In addition, the things that we know we can expect to happen is we are going see a vast jump in car accidents with people who have marijuana in their systems. As you know, it is going to be very difficult for us to prove whether the marijuana was active at that point in time such that it could have contributed and the only way to do that would be to provide funding for law enforcement and hospitals to take mandatory blood draws. That’s what we will have to do in order to prove that if one of our loved ones gets hit by a driver who seems to be impaired -- that’s the only way as lawyers, as prosecutors, that you will be able to prove it. In addition, we will have a difficult time tracking marijuana prescriptions. It is going to take a lot of software. Otherwise, people will be able to jump from pharmacy to pharmacy or whatever we are going to call these things. Quite frankly, I don’t think it makes any difference if you call something a therapeutic whatsoever. It is still a pot dispensary and so we need to be able to track and make sure that somebody is not going from one county to the next to the next picking up whatever they can and that is going to be some expensive software.

 I would like to point out something I found interesting and I did not know until just this weekend, that Colorado has actually gone back and decided that they had prescribed too much medical marijuana. At one point you could get 40 grams and now they have reduced it to 8 grams. And I was curious about that, this is a recreational marijuana state. Why would they decrease the amount you can get per day by 32 grams? And you know why they did it? Because those under 21 are not considered adult, so they had a problem with the 18-21 year olds still having to rely on medical marijuana cards and then getting prescribed up to what they would consider an adult daily usage. So, that’s why they went in there and decreased it downward and even that amount, 8 milligrams, is higher than what the FDA has recommended for clinical trials like those in the Right to Try category that we have already passed. Nobody wants to mention it. The media never seems to mention it; that we have already passed the Right to Try and there are a lot of clinical trials where people can participate and get marijuana if they feel like it is going to help them. They get the certification from a doctor that they are either within a year of death or that they have an ailment, which will indeed place their morbidity at issue. So it is not even within a year of life, they basically have to prove that they have a condition that if they don’t get it reversed by some form of medicine that it will end up killing them. Nobody mentions that. Nobody mentions Epidiolex, the new pill that the FDA has now approved with THC in it. Nobody mentions that that’s available either -- FDA approved. You can get a real doctor to prescribe it, not one that just goes along with the flow to maybe increase his medical practice some, but you can also go get it from a very real pharmacist, not one that is called therapeutic or whatever. It is a real pharmacist. Nobody likes to talk about that, but it is exactly what has happened. So that you know, the FDA put out a recommendation that no more than 5 mg for those therapeutic trials, the clinical trials, and I see no reason in the world why we wouldn’t do the same at the very least, to say no more than 5 mg per day and we need a tracking system for it. So again, we can also expect that the majority of cards will be granted by a small percentage of doctors, (video 4). If you all didn’t hear that, 25 doctors prescribe 62% of the card recommendations in Arizona.

 (Video 5). That was Representative Eddy Tallon. I hope you were able to hear the doctor. Her best recommendation was hydrate, go slow and start low and journal. That’s the best this doctor can do and yet we are now trying to give over what these patients should take to a pharmacist.

 On motion of Senator SENN, with unanimous consent, the remarks of Senator SENN were ordered printed in the Journal.

**Amendment No. 22**

 Senator HEMBREE proposed the following amendment (150R010.SP.GH), which was carried over:

 Amend the bill, as and if amended, on page 5, by striking lines 14 through 17 and inserting:

 /(11) ‘Dispensary’ means a facility operated by an organization or business licensed by the department pursuant to this article that possesses and dispenses cannabis products, industrial hemp for human consumption, or paraphernalia to cardholders. Members of the General Assembly and family members as defined in Section 8-13-100(15), may not operate, directly or indirectly receive financial payments of any kind, or directly or indirectly own a dispensary until July 1, 2032. This exclusion does not apply to members and their families if the member recused himself from voting on this act. /

 Amend the bill further, as and if amended, beginning on page 5, by striking lines 41 and 42, and on page 6, by striking lines 1 through 10 and inserting:

 /(18) ‘Medical cannabis establishment’ means a cultivation center, dispensary, transporter, independent testing laboratory, or processing facility licensed by the department pursuant to this article. Members of the General Assembly and family members as defined in Section 8-13-100(15), may not operate, directly or indirectly receive financial payments of any kind, or directly or indirectly own a medical cannabis establishment until July 1, 2032. This exclusion does not apply to members and their families if the member recused himself from voting on this act.

 (19) ‘Medical cannabis establishment agent’ means a board member, owner, officer, employee, or volunteer of a medical cannabis establishment. Members of the General Assembly and family members, as defined in Section 8-13-100(15), are prohibited from being a medical cannabis establishment agent. This exclusion does not apply to members and their families if the member recused himself from voting on this act.

 (20) ‘Medical cannabis establishment principal’ means a person who is designated as having responsibility over the actions of a board member, owner, officer, employee, volunteer, or agent of a medical cannabis establishment and who also has responsibility and control over any liability for any financial accounts. Members of the General Assembly and family members, as defined in Section 8-13-100(15), are prohibited from being a medical cannabis establishment principal. This exclusion does not apply to members and their families if the member recused himself from voting on this act. /

 Amend the bill further, as and if amended, on page 7, by striking lines 18 through 21 and inserting:

 /(26) ‘Processing facility’ means a facility licensed by the department pursuant to this article that acquires, possesses, manufactures, delivers, transfers, transports, supplies, or sells cannabis products for human consumption to a dispensary. Members of the General Assembly and family members as defined in Section 8-13-100(15), may not operate, directly or indirectly receive financial payments of any kind, or directly or indirectly own a processing facility until July 1, 2032. This exclusion does not apply to members and their families if the member recused himself from voting on this act. /

 Amend the bill further, as and if amended, on page 7, by striking lines 38 through 42 and inserting:

 /(32) ‘Transporter’ means an entity licensed by the department pursuant to this article that acquires, possesses, and stores cannabis and cannabis products for human consumption and delivers, transfers, and transports cannabis products between medical cannabis establishments. Members of the General Assembly and family members as defined in Section 8-13-100(15), may not operate, directly or indirectly receive financial payments of any kind, or directly or indirectly own a transporter until July 1, 2032. This exclusion does not apply to members and their families if the member recused himself from voting on this act. /

 Renumber sections to conform.

 Amend title to conform.

 Senator HEMBREE explained the amendment.

 Senator DAVIS asked unanimous consent to conform Amendment No. 22 to the Bill.

 Senator MALLOY spoke on the amendment.

 On motion of Senator MALLOY, the amendment was carried over.

**Amendment No. 23A**

 Senator DAVIS proposed the following amendment (150R067.SP.TD), which was adopted:

 Amend the bill, as and if amended, on page 1, by striking line 35 and inserting:

 / (1) as of January 1, 2021, thirty‑seven states and the District of

 Amend the bill further, as and if amended, on page 5, by striking line 25 and inserting:

 /cannabis with a tetrahydrocannabinol concentration of not more /

 Amend the bill further, as and if amended, on page 14, by striking line 40 and inserting:

 /debilitating medical condition at a location where /

 Amend the bill further, as and if amended, on page 21, by striking line 17 and inserting:

 /cannabis products intended for a qualifying patient. /

 Renumber sections to conform.

 Amend title to conform.

 Senator DAVIS explained the amendment.

 The question then was the adoption of the amendment.

 The amendment was adopted.

**Amendment No. 24**

 Senator SENN proposed the following amendment (150R027.SP.SS), which was carried over:

 Amend the bill, as and if amended, on page 4, lines 36 - 43, by striking Section 44-53-2010(8)(a)(xiii).

 Renumber sections to conform.

 Amend title to conform.

 Senator SENN explained the amendment.

 On motion of Senator SENN, the amendment was carried over.

 **Amendment No. 25**

 Senators KIMPSON and MARTIN proposed the following amendment (VR\150C001.CC.VR22), which was adopted:

 Amend the bill, as and if amended, SECTION 3, by striking Section 44‑53‑2350(A)(2) and inserting:

 / (2)(a) establish a system to numerically score competing medical cannabis establishment applicants, which must include the award of additional points for medical cannabis establishment applicants that meet any of the following:

 (i) an existing agricultural business in operation for over two years in the State of South Carolina;

 (ii) an existing production or manufacturing business in operation for over two years in the State of South Carolina;

 (iii) an existing company working in the hemp industry for over two years in the State of South Carolina; or

 (iv) an applicant of whom more than fifty percent of the principals are residents of the State of South Carolina;

 (b) In cases in which more applicants apply than are allowed by the local government, the system must include an analysis of:

 (i) the preference of the local government;

 (ii) in the case of dispensaries, the suitability of the proposed location and its accessibility to patients;

 (iii) the character, veracity, diversity, residency, background, qualifications, and relevant experience of medical cannabis establishment principals and agents; and

 (iv) the business plan proposed by the medical cannabis establishment applicant, which in the case of cultivation centers and dispensaries shall include the ability to maintain an adequate supply of cannabis products, plans to ensure the safety and security of patrons and the community, procedures to be used to prevent diversion, and any plan for making cannabis products available to low‑income qualifying patients; /

 Renumber sections to conform.

 Amend title to conform.

 Senator KIMPSON explained the amendment.

 The question then was the adoption of the amendment.

 The amendment was adopted.

**Amendment No. 26**

 Senator SENN proposed the following amendment (150R040.SP.SS), which was carried over:

 Amend the bill, as and if amended, on page 14, lines 25 through 32, by striking Section 44-53-2090(B).

 Renumber sections to conform.

 Amend title to conform.

 Senator SENN explained the amendment.

 On motion of Senator DAVIS, the amendment was carried over.

**Amendment No. 27**

 Senator SENN proposed the following amendment (150R041.SP.SS), which was carried over:

 Amend the bill, as and if amended, on page 14, by striking line 4 and inserting:

 /in regulation.

 Section 44-53-2085. A physician who writes written certifications for qualified patients must include in his dispensing instructions to the pharmacist the type of cannabis or cannabis product, the specific amount of cannabis or cannabis product to be used by the qualified patient, when the qualified patient should use the cannabis or cannabis product, and the maximum amount of tetrahydrocannabinol allowed. /

 Renumber sections to conform.

 Amend title to conform.

 Senator SENN explained the amendment.

 On motion of Senator SENN, the amendment was carried over.

 On motion of Senator CASH, with unanimous consent, Amendment Nos. 28-39 were carried over.

**Amendment No. 40**

 Senator ADAMS proposed the following amendment (HB\
150C001.JN.HB22), which was adopted:

 Amend the bill, as and if amended, by adding an appropriately numbered SECTION to read:

 / SECTION \_\_\_. Article 31, Chapter 5, Title 56 of the 1976 Code is amended by adding:

 “Section 56‑1‑3910. (A) It is unlawful for a driver of a motor vehicle to vaporize cannabis products as defined in Section 44‑53‑2010 while operating the motor vehicle.

 (B) A person who violates this provision is guilty of a misdemeanor and, upon conviction, must be fined not more than one hundred dollars or imprisoned for not more than thirty days.” /

 Renumber sections to conform.

 Amend title to conform.

 Senator ADAMS explained the amendment.

 The question then was the adoption of the amendment.

 The amendment was adopted.

**Amendment No. 41**

 Senators HEMBREE and GARRETT proposed the following amendment (150R018.SP.GH), which was carried over:

 Amend the bill, as and if amended, by striking all after the enacting words and inserting the following:

 /SECTION 1. Sections 44-53-1810, 44-53-1820, and 44-53-1830 of the 1976 Code are amended to read:

 “Section 44‑53‑1810. As used in this article:

 (1) ‘Academic medical center’ means a research hospital that operates a medical residency program for physicians and conducts research that involves human subjects, and other hospital research programs conducting research as a sub recipient with the academic medical center as the prime awardee.

 (2) ‘Approved source’ means a provider approved by the United States Food and Drug Administration which produces ~~cannabidiol~~ cannabis that~~:~~

 ~~(a)~~ has been manufactured and tested in a facility approved or certified by the United States Food and Drug Administration ~~or similar national regulatory agency in another country which has been approved by the United States Food and Drug Administration; and~~

 ~~(b)~~ ~~has been tested in animals to demonstrate preliminary effectiveness and to ensure that it is safe to administer to humans~~.

 (3)(a) ~~‘Cannabidiol’ means a finished preparation containing, of its total cannabinoid content, at least 98 percent cannabidiol and not more than 0.90 percent tetrahydrocannabinol by volume that has been extracted from marijuana or synthesized in a laboratory.~~ ‘Cannabis’ means:

 (i) all parts of any plant of the cannabis genus of plants, whether growing or not;

 (ii) the seeds of the plant;

 (iii) the resin extracted from any part of the plant; and

 (iv) every compound, manufacture, salt, derivative, mixture, or preparation of the plant, its seeds, or resin.

 (b) ‘Cannabis’ does not mean:

 (i) the mature stalks of the plant;

 (ii) fiber produced from the stalks;

 (iii) oil or cake made from the seeds of the plant;

 (iv) a product approved as a prescription medication by the United States Food and Drug Administration; or

 (v) the sterilized seeds of the plant that are incapable of germination.

 (4) ~~‘Designated caregiver’ means a person who provides informal or formal care to a qualifying patient, with or without compensation, on a temporary or permanent or full‑time or part‑time basis and includes a relative, household member, day care personnel, and personnel of a public or private institution or facility.~~ ‘Debilitating medical condition’ means a diagnosis of one or more of the following that also results in a debilitated condition:

 (a) cancer;

 (b) multiple sclerosis;

 (c) a neurological disease or disorder, including epilepsy;

 (d) glaucoma;

 (e) post‑traumatic stress disorder;

 (f) Crohn’s disease;

 (g) sickle cell anemia;

 (h) ulcerative colitis;

 (i) cachexia or wasting syndrome;

 (j) autism;

 (k) severe or persistent nausea in a person who is not pregnant that is related to end-of-life or hospice care, or who is bedridden or homebound because of a condition;

 (l) a chronic medical condition causing severe and persistent muscle spasms;

 (m) a chronic medical condition causing severe and persistent pain; or

 (n) a terminal illness with a life expectancy of less than one year in the opinion of the person’s treating physician.

 (5) ~~‘Pharmacist’ means an individual health care provider licensed by this State to engage in the practice of pharmacy.~~

 ~~(6)~~ ‘Physician’ means a doctor of medicine or doctor of osteopathic medicine licensed by the South Carolina Board of Medical Examiners.

 ~~(7)~~(6) ‘Qualifying patient’ means a person with a debilitating medical condition ~~anyone who suffers from Lennox‑Gastaut Syndrome, Dravet Syndrome, also known as severe myoclonic epilepsy of infancy, or any other form of refractory epilepsy that is not adequately treated by traditional medical therapies~~.

 Section 44‑53‑1820. (A) A statewide investigational new drug application may be established in this State, if approved by the United States Food and Drug Administration to conduct expanded access clinical trials using cannabis ~~cannabidiol~~ on qualifying patients pursuant to an investigational new drug application (IND) ~~with severe forms of epilepsy~~.

 (B) Any physician who is board certified and practicing in an academic medical center in this State and treating patients with ~~severe forms of epilepsy~~ one or more debilitating medical conditions may serve as the principal investigator for such clinical trials if such physician:

 (1) applies to and is approved by the United States Food and Drug Administration as the principal investigator in a statewide investigational new drug application; and

 (2) receives a license from the United States Drug Enforcement Administration.

 (C) Such physician, acting as principal investigator, may include subinvestigators who are also board certified ~~and who practice in an academic medical center in this State~~ and treat patients with debilitating medical conditions ~~severe forms of epilepsy~~. ~~Such subinvestigators shall comply with subsection (B)(2) of this section.~~

 (D) The principal investigator and all subinvestigators shall adhere to the rules and regulations established by ~~the relevant institutional review board for each participating academic medical center and by~~ the United States Food and Drug Administration, the United States Drug Enforcement Administration, and the National Institute on Drug Abuse.

 (E) Nothing in this article prohibits a physician licensed in South Carolina from applying for Investigational New Drug authorization from the United States Food and Drug Administration.

 Section 44‑53‑1830. (A) Expanded access clinical trials conducted pursuant to a statewide investigational new drug application established pursuant to this chapter only shall utilize ~~cannabidiol~~ cannabis which is:

 (1) from an approved source; and

 (2) approved by the United States Food and Drug Administration to be used for treatment of a condition specified in an investigational new drug application.

 (B) The principal investigator and any subinvestigator may receive ~~cannabidiol~~ cannabis directly from an approved source or authorized distributor for an approved source for use in the expanded access clinical trials.”

 SECTION 2. This act takes effect upon approval by the Governor. /

 Renumber sections to conform.

 Amend title to conform.

 Senator HEMBREE explained the amendment.

 On motion of Senator HEMBREE, the amendment was carried over.

**Amendment No. 42A**

 Senator CROMER proposed the following amendment (VR\
150C003.CC.VR22), which was adopted:

 Amend the bill, as and if amended, SECTION 3, page 9, by striking 44-53-2020(B)(6) and inserting:

 / (6) five percent for research conducted by the University of South Carolina College of Pharmacy and School of Medicine, the Medical University of South Carolina, or an established pharmaceutical company located in this State that is approved by the department to be used in connection with medical cannabis research and development, including use for:

 (a) clinical trials regarding the effectiveness of cannabis products at treating symptoms and conditions that are not debilitating medical conditions pursuant to this article;

 (b) data collection from qualifying patients who voluntarily provide information related to dosage, efficacy, and side effects;

 (c) clinical trials, observational studies, or both on the dosage, efficacy, and side effects of medical cannabis; and

 (d) the publication of dosage recommendations based upon medical conditions or symptoms, modes of administration, and cannabinoid profiles. /

 Renumber sections to conform.

 Amend title to conform.

 Senator CROMER explained the amendment.

 The question then was the adoption of the amendment.

 The amendment was adopted.

**Amendment No. 43**

 Senator ADAMS proposed the following amendment (150R058.SP.BA), which was carried over:

 Amend the bill, as and if amended, on page 49, by striking Section 44-53-2440(A) in lines 8 through 14 and inserting:

 /Section 44‑53‑2440. (A) Medical cannabis establishments shall employ a former or retired law enforcement officer in good standing to provide security to deter and prevent the theft of cannabis and cannabis products and unauthorized entrance into areas containing cannabis or cannabis products. The department shall consult with SLED to promulgate regulations regarding the qualifications for former or retired law enforcement officers in good standing, including requirements that the officer must have experience in securing and protecting controlled substances or similar products. /

 Renumber sections to conform.

 Amend title to conform.

 Senator ADAMS explained the amendment.

 On motion of Senator DAVIS, the amendment was carried over.

**RECESS**

 At 8:40 P.M., on motion of Senator MASSEY, the Senate receded from business until 8:55 P.M.

 At 8:59 P.M., the Senate resumed.

**Point of Quorum**

 At 9:01 P.M., Senator CASH made the point that a quorum was not present. It was ascertained that a quorum was present. The Senate resumed.

**Amendment No. 44**

 Senators GARRETT and HEMBREE proposed the following amendment (150R056.SP.BG), which was adopted:

 Amend the bill, as and if amended, on page 3, by striking lines 35 through 40, Section 44-53-2010(4), and inserting:

 /(4) ‘Cannabis product’ means a product that is infused with or otherwise contains cannabis or an extract thereof and that is intended for use, consumption, absorption, or any method of ingestion by humans cultivated and produced by a licensed facility in South Carolina. The term includes, but is not limited to, an edible cannabis product, beverage, topical product, ointment, oil, patch, spray, suppository, or tincture. /

 Amend the bill further, as and if amended, on page 4, by striking lines 9 through 13, Section 44-53-2010(7), and inserting:

 /(7) ‘Cultivation center’ means a facility located in South Carolina operated by an organization or business that is licensed by the department pursuant to this article to cultivate, possess, and distribute cannabis products to processing facilities, dispensaries, and independent testing laboratories. /

 Amend the bill further, as and if amended, on page 7, by striking lines 18 through 21, Section 44-53-2010(26), and inserting:

 /(26) ‘Processing facility’ means a facility located in South Carolina and operated by an organization or business that is licensed by the department pursuant to this article that acquires, possesses, manufactures, delivers, transfers, transports, supplies, or sells cannabis products for human consumption to a dispensary.

 Renumber sections to conform.

 Amend title to conform.

 Senator GARRETT explained the amendment.

 The question then was the adoption of the amendment.

 The amendment was adopted.

**Amendment No. 45**

 Senator GARRETT proposed the following amendment (150R055.SP.BG), which was tabled:

 Amend the bill, as and if amended, on page 13, by striking line 24 at the end of Section 44-53-2080(A)(5) and inserting:

 /products;

 (6) a statement that the physician maintains documentation in the patient’s medical record that the patient’s debilitating medical condition is one for which the physician and patient have pursued all other United States Food and Drug Administration-approved treatment options; /

 Renumber sections to conform.

 Amend title to conform.

 Senator GARRETT explained the amendment.

 Senator DAVIS spoke on the amendment.

 Senator DAVIS moved to lay the amendment on the table.

 The amendment was laid on the table.

 Senator SENN requested a roll call vote.

**Point of Order**

 Senator MARTIN raised a Point of Order that the request for a roll call came too late.

 The PRESIDENT sustained the Point of Order.

**Amendment No. 46**

 Senator GOLDFINCH proposed the following amendment (150R024.SP.SLG), which was carried over:

 Amend the bill, as and if amended, by striking all after the enacting words and inserting:

 /SECTION 1. Article 3, Chapter 53, Title 44 of the 1976 Code is amended by adding:

 “Section 44-53-371. (A)(1) It is an affirmative defense to a prosecution for a crime for the possession of marijuana if, at the time of the commission of the act constituting the offense, the defendant was in possession of the marijuana because:

 (a) the defendant suffers from a debilitating medical condition; or

 (b) the defendant is the parent, spouse, or guardian of a person suffering from a debilitating medical condition and is in possession of marijuana to provide it to that person for the purpose of treating a debilitating medical condition.

 (2) The defendant has the burden of proving the defense of a debilitating medical condition by a preponderance of the evidence.

 (B) For the purposes of this section, ‘debilitating medical condition’ means:

 (1) a diagnosis of one or more of the following that also results in a debilitated condition:

 (i) cancer;

 (ii) multiple sclerosis;

 (iii) a neurological disease or disorder, including epilepsy;

 (iv) glaucoma;

 (v) post‑traumatic stress disorder, subject, however, to the evidentiary requirements in Section 44-53-2100(A)(4) to confirm that the applicant has experienced one or more traumatic events;

 (vi) Crohn’s disease;

 (vii) sickle cell anemia;

 (viii)ulcerative colitis;

 (ix) cachexia or wasting syndrome;

 (x) autism;

 (xi) severe or persistent nausea in a person who is not pregnant that is related to end-of-life or hospice care, or who is bedridden or homebound because of a condition;

 (xii) a chronic medical condition causing severe and persistent muscle spasms; or

 (xiii)any chronic or debilitating disease or medical condition for which an opioid is currently or could be prescribed by a physician based on generally accepted standards of care, subject, however, to a physician’s attestation regarding objective proof of the etiology of the patient’s pain or regarding the patient having been diagnosed with a specific medical condition or disease that causes the patient severe pain; or

 (2) a terminal illness with a life expectancy of less than one year in the opinion of the person’s treating physician. /

 Renumber sections to conform.

 Amend title to conform.

 On motion of Senator DAVIS, the amendment was carried over.

**Amendment No. 47**

 Senator CASH proposed the following amendment (150R059.SP.RJC), which was carried over:

 Amend the bill, as and if amended, on page 14, after Section 44-53-2080(D), by striking line 4 and inserting:

 /in regulation.

 (E) A physician authorized to issue written certifications can write no more than a total of five hundred certifications for qualifying patients per year. /

 Renumber sections to conform.

 Amend title to conform.

 Senator CASH explained the amendment.

 On motion of Senator CASH, the amendment was carried over.

 Debate was interrupted by adjournment.

**THE SENATE PROCEEDED TO A CALL OF THE UNCONTESTED LOCAL AND STATEWIDE CALENDAR.**

**READ THE SECOND TIME**

H. 4576 -- Reps. Tedder, G.R. Smith, Govan, B. Newton and Thigpen: A BILL TO AMEND THE CODE OF LAWS OF SOUTH CAROLINA, 1976, BY ADDING SECTION 53‑3‑260 SO AS TO DECLARE THE THIRD TUESDAY IN FEBRUARY OF EACH YEAR AS “HISTORICALLY BLACK COLLEGES AND UNIVERSITIES DAY”.

 On motion of Senator SCOTT, with unanimous consent, the Senate proceeded to a consideration of the Bill.

 Senator SCOTT explained the Bill.

 The question then being second reading of the Bill.

 The Bill was read the second time, passed and ordered to a third reading.

**Motion Under Rule 26B**

 Senator MARTIN asked unanimous consent to make a motion to take up further amendments pursuant to the provisions of Rule 26B.

 There was no objection.

**Motion Adopted**

 On motion of Senator MASSEY, the Senate agreed that if and when the Senate stands adjourned today, that it will adjourn to meet tomorrow morning at 11:00 A.M.

**Motion Adopted**

 On motion of Senator MASSEY, the Senate agreed to stand adjourned.

**LOCAL APPOINTMENTS**

**Confirmations**

Having received a favorable report from the Senate, the following appointments were confirmed in open session:

Initial Appointment, Horry County Master-in-Equity, with the term to commence July 31, 2021, and to expire July 31, 2027

Alan Clemmons, 1411 SC Highway 15, Myrtle Beach, SC 29577 *VICE* Cynthia Graham Howe

Initial Appointment, Richland County Magistrate, with the term to commence April 30, 2019, and to expire April 30, 2023

Margaret Strom Williams, 1420 Hagood Ave., Columbia, SC 29205-1327 *VICE* Daniel M. Coble

**ADJOURNMENT**

 At 10:04 P.M., on motion of Senator MASSEY, the Senate adjourned to meet tomorrow at 11:00 A.M.

\* \* \*