**Wednesday, February 9, 2022**

**(Statewide Session)**

~~Indicates Matter Stricken~~

Indicates New Matter

The Senate assembled at 11:00 A.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:

Joshua 24:14

Speaking to his people Joshua said: “Now, therefore, revere the Lord and serve him in sincerity and in faithfulness . . .”

Please join your heart with mine as we pray: Gracious Lord, here in this bold 21st century that we’re living through, there are all sorts of alluring, tempting voices that call to us again and again. And hearing such, many women and men might find themselves lost and adrift. Yet we are confident, Lord, that if all who serve You in this Senate will only turn to You and follow You, then assuredly their way will be straight and true. After all, only through becoming Your servants first of all will these leaders truly achieve the best results for this State we all love. Further, O God, during these perilous times, keep safe our women and men in uniform serving around the globe and here at home. And use us all to Your glory. In Your wondrous name we pray, Lord. Amen.

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

**Point of Quorum**

At 11:03 A.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:

Alexander Bennett Cash

Climer Corbin Cromer

Fanning Garrett Goldfinch

Grooms Gustafson Harpootlian

Hembree *Johnson, Kevin Johnson, Michael*

Kimbrell Kimpson Martin

Massey Peeler Rankin

Sabb Scott Senn

Setzler Shealy Stephens

Talley Turner Williams

Young

A quorum being present, the Senate resumed.

**Doctor of the Day**

Senator McELVEEN introduced Dr. Gary Culberson of Sumter, S.C., Doctor of the Day.

**Leave of Absence**

On motion of Senator SETZLER, at 11:07 A.M., Senator VERDIN was granted a leave of until 11:30 A.M.

**Leave of Absence**

On motion of Senator SHEALY, at 11:07 A.M., Senator MATTHEWS was granted a leave until 1:00 P.M.

**Leave of Absence**

On motion of Senator McELVEEN, at 11:07 A.M., Senator McLEOD was granted a leave until 11:30 A.M.

**Leave of Absence**

On motion of Senator GARRETT, at 11:17 A.M., Senator GAMBRELL was granted a leave of absence for today.

**Leave of Absence**

On motion of Senator MARTIN, at 11:17 A.M., Senator MALLOY was granted a leave until 1:00 P.M.

**CO-SPONSORS ADDED**

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

S. 248 Sen. Shealy

S. 1039 Sens. Kimpson and McElveen

**INTRODUCTION OF BILLS AND RESOLUTIONS**

The following were introduced:

S. 1066 -- Senators Garrett, Adams, Cash and Rice: A BILL TO AMEND THE CODE OF LAWS OF SOUTH CAROLINA, 1976, TO ENACT THE "YOUTH PROTECTION FROM INTERNET PORNOGRAPHY ACT", BY ADDING ARTICLE 3 TO CHAPTER 1, TITLE 63 SO AS TO PROVIDE PROTECTIONS FOR CHILDREN AGAINST UNFILTERED DEVICES; TO PROVIDE NECESSARY DEFINITIONS; TO REQUIRE MANUFACTURERS TO PROVIDE AUTOMATIC FILTERING CAPABILITIES ON DEVICES ACTIVATED IN THIS STATE; TO SUBJECT MANUFACTURERS TO CIVIL AND CRIMINAL LIABILITY FOR VIOLATIONS OF THIS ARTICLE; AND TO SUBJECT INDIVIDUALS TO CRIMINAL AND CIVIL LIABILITY FOR VIOLATIONS OF THIS ARTICLE; TO AMEND SECTION 16-17-490, RELATING TO CONTRIBUTING TO THE DELINQUENCY OF A MINOR, SO AS TO PROHIBIT PROVIDING A PASSCODE TO REMOVE THE PORNOGRAPHY FILTER FOR AN INTERNET-ACCESSIBLE DEVICE BY SOMEONE OTHER THAN A MINOR'S PARENT OR LEGAL GUARDIAN; AND TO DESIGNATE SECTIONS 63-1-10 THROUGH 63-1-50 AS ARTICLE 1, ENTITLED "GENERAL PROVISIONS".

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

S. 1067 -- Senator Stephens: A SENATE RESOLUTION TO CONGRATULATE MAYBELLE GREEN-LITTLES ON THE OCCASION OF HER ONE HUNDRED FIRST BIRTHDAY AND TO WISH HER A JOYOUS BIRTHDAY CELEBRATION AND MUCH HAPPINESS IN THE DAYS AHEAD.

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The Senate Resolution was adopted.

H. 4570 -- Reps. Calhoon, Bustos, McGarry, W. Cox, Erickson and Bradley: A BILL TO AMEND SECTION 56-3-14970, CODE OF LAWS OF SOUTH CAROLINA, 1976, RELATING TO THE ISSUANCE OF SPECIAL LICENSE PLATES TO SERVICE MEMBERS ASSOCIATED WITH VARIOUS MILITARY COMPONENTS OR DESIGNATIONS, SO AS TO PROVIDE FOR  
  
THE ISSUANCE OF "UNITED STATES SPACE FORCE" SPECIAL LICENSE PLATES.

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

H. 4766 -- Reps. Allison, Lucas, Felder and Alexander: A BILL TO AMEND SECTION 13-1-2030, CODE OF LAWS OF SOUTH CAROLINA, 1976, RELATING TO THE COORDINATING COUNCIL FOR WORKFORCE DEVELOPMENT, SO AS TO DELETE REFERENCES TO DESIGNEES ON THE COORDINATING COUNCIL.

Read the first time and referred to the Committee on Labor, Commerce and Industry.

H. 4797 -- Reps. Elliott, Erickson and Bradley: A BILL TO AMEND SECTION 56-3-5010, CODE OF LAWS OF SOUTH CAROLINA, 1976, RELATING TO THE ISSUANCE OF "PUBLIC EDUCATION: A GREAT INVESTMENT" MOTOR VEHICLE LICENSE PLATES, SO AS TO PROVIDE THE REVISED PURPOSE OF ISSUANCE OF THE LICENSE PLATES IS TO ESTABLISH A FUND FOR THE PURPOSE OF PROVIDING CLASSROOM TECHNOLOGY TO PUBLIC SCHOOLS.

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

**REPORT OF STANDING COMMITTEE**

Senator PEELER from the Committee on Finance submitted a favorable with amendment report on:

S. 956 -- Senators Peeler, Alexander, Hutto, Young and Setzler: A JOINT RESOLUTION TO APPROPRIATE SETTLEMENT FUNDS PAID TO THIS STATE BY THE FEDERAL GOVERNMENT FOR STORING PLUTONIUM AT THE SAVANNAH RIVER SITE.

Ordered for consideration tomorrow.

**Appointments Reported**

Senator SHEALY from the Committee on Family and Veterans' Services submitted a favorable report on:

**Statewide Appointments**

Initial Appointment, Board of Trustees for the Veterans' Trust Fund of South Carolina, with term coterminous with Governor

At-Large:

Nick A. Mesenburg, 60 Grand Oaks Way, Beaufort, SC 29907-1183 *VICE* Ronald F. Taylor

Received as information.

Initial Appointment, Board of Trustees for the Veterans' Trust Fund of South Carolina, with term coterminous with Governor

Veterans’ Service Organization:

Melvin Poole, 1634 Crestdale Road, Rock Hill, SC 29732-1498

Received as information.

Initial Appointment, Board of Trustees for the Veterans' Trust Fund of South Carolina, with term coterminous with Governor

At-Large:

Ada D. Stewart, 1313 Ashland Drive, Columbia, SC 29229-8414

Received as information.

Initial Appointment, Board of Trustees for the Veterans' Trust Fund of South Carolina, with term coterminous with Governor

At-Large:

Brenda Lopez Stewart, 110 Devon Road, Clinton, SC 29325-5208 *VICE* James R. Lorraine

Received as information.

Initial Appointment, South Carolina Foster Care Review Board, with the term to commence June 30, 2018, and to expire June 30, 2022

4th Congressional District:

Jane W. Daniel, 107 East Shallowstone Road, Greer, SC 29650 *VICE* Monica G. Hill

Received as information.

Reappointment, South Carolina Foster Care Review Board, with the term to commence June 30, 2022, and to expire June 30, 2026

4th Congressional District:

Jane W. Daniel, 107 East Shallowstone Road, Greer, SC 29650

Received as information.

Initial Appointment, South Carolina Foster Care Review Board, with the term to commence June 30, 2020, and to expire June 30, 2024

5th Congressional District:

Mary D. Long, 508 Indigo Court, Camden, SC 29020 *VICE* Ms. Martha W. Brock

Received as information.

**Message from the House**

Columbia, S.C., February 9, 2022

Mr. President and Senators:

The House respectfully informs your Honorable Body that it has overridden the veto by the Governor on R.120, S. 836 by a vote of 92 to 1:

(R120, S836) -- Senators Martin, Peeler and Cromer: AN ACT TO AMEND ACT 124 OF 1969, AS AMENDED, RELATING TO THE CREATION OF THE SCHOOL DISTRICT OF UNION COUNTY, SO AS TO REQUIRE THE SCHOOL DISTRICT OF UNION COUNTY TO RECOGNIZE MEMORIAL DAY AS A HOLIDAY AND ALL DISTRICT SCHOOLS AND OFFICES MUST BE CLOSED ON THAT DATE.

Very respectfully,

Speaker of the House

Received as information.

**Message from the House**

Columbia, S.C., February 9, 2022

Mr. President and Senators:

The House respectfully informs your Honorable Body that it has overridden the veto by the Governor on R.122, S. 948 by a vote of 90 to 1:

(R122, S948) -- Senator Williams: A JOINT RESOLUTION TO MOVE THE DATE OF THE 2022 ELECTION FOR THE MARION COUNTY BOARD OF EDUCATION FROM THE SECOND TUESDAY IN APRIL OF 2022 TO THE SECOND TUESDAY IN MAY OF 2022, AND TO ADJUST THE CANDIDATE FILING PERIOD ACCORDINGLY.

Very respectfully,

Speaker of the House

Received as information.

**Message from the House**

Columbia, S.C., February 9, 2022

Mr. President and Senators:

The House respectfully informs your Honorable Body that it has returned the following Bill to the Senate with Senate amendments amended:

H. 3444 -- Reps. Lucas, McGarry, Burns, Haddon, Pope, McCravy, Forrest, Hosey, Caskey, McGinnis, Hixon, Hewitt, Bailey, W. Newton, Herbkersman, J.E. Johnson, Brittain, Erickson, Bradley, B. Newton, Fry, Crawford, S. Williams, Taylor, Huggins, Bryant, Blackwell and M.M. Smith: A BILL TO AMEND SECTION 7‑3‑10, CODE OF LAWS OF SOUTH CAROLINA, 1976, RELATING TO THE CREATION, COMPOSITION, POWERS, AND DUTIES OF THE STATE ELECTION COMMISSION, SO AS TO RECONSTITUTE THE STATE ELECTION COMMISSION AND REVISE THE COMMISSION’S COMPOSITION, POWERS, AND DUTIES; AND TO AMEND SECTIONS 7‑17‑70 AND 7‑17‑220, BOTH RELATING TO MEETINGS OF THE STATE BOARD, SO AS TO MAKE CONFORMING CHANGES.

Very respectfully,

Speaker of the House

Received as information.

**RECOMMITTED TO COMMITTEE**

In accordance with Rule 32C, the Bill was recommitted to the Committee on Judiciary.

**HOUSE CONCURRENCES**

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.

Returned with concurrence.

Received as information.

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.

Returned with concurrence.

Received as information.

**THE SENATE PROCEEDED TO A CALL OF THE UNCONTESTED LOCAL AND STATEWIDE CALENDAR.**

**ORDERED ENROLLED FOR RATIFICATION**

The following Bill was read the third time and, having received three readings in both Houses, it was ordered that the title be changed to that of an Act and enrolled for Ratification:

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”.

The Senate proceeded to a consideration of the Bill.

The question then being third reading the Bill.

The "ayes" and "nays" were demanded and taken, resulting as follows:

**Ayes 38; Nays 0**

**AYES**

Adams Alexander Allen

Bennett Campsen Cash

Climer Corbin Cromer

Davis Garrett Goldfinch

Grooms Gustafson Harpootlian

Hembree Hutto Jackson

*Johnson, Kevin Johnson, Michael* Kimbrell

Kimpson Martin Massey

McElveen Peeler Rankin

Rice Sabb Scott

Senn Setzler Shealy

Stephens Talley Turner

Williams Young

**Total--38**

**NAYS**

**Total--0**

The Bill was read the third time, passed and enrolled for Ratification.

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

**AMENDED**, **READ THE SECOND TIME**

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. 48**

Senator CASH proposed the following amendment (150R060.SP.RJC), which was adopted:

Amend the bill, as and if amended, by striking Section 44-53-2010(25)(b).

Renumber sections to conform.

Amend title to conform.

Senator CASH explained the amendment.

The question then was the adoption of the amendment.

The amendment was adopted.

**Amendment No. 49**

Senator CASH proposed the following amendment (150R099.SP.RJC), which was adopted:

Amend the bill, as and if amended, by striking Section 44-53-2350(A)(2)(b)(i).

Renumber sections to conform.

Amend title to conform.

Senator CASH explained the amendment.

The question then was the adoption of the amendment.

The amendment was adopted.

**Amendment No. 50**

Senator CASH proposed the following amendment (150R062.SP.RJC), which was adopted:

Amend the bill, as and if amended, by Section 44-53-2130(A), by adding an appropriately numbered new item to read:

/( ) an applicant’s job title and description of the applicant’s job, provided that an applicant may not receive or keep a registry identification card if the applicant is employed in public safety, commercial transportation, or commercial machinery. A false representation of an applicant’s job title or description is a felony and, upon conviction, the applicant’s registry identification card shall be revoked. The offense is punishable by a fine of not more than five thousand dollars, imprisonment of not more than five years, or both. The department must include a notice on the application that employment in public safety, commercial transportation, or commercial machinery is a prohibition on receiving a registry identification card, and that a false representation is a felony. /

Renumber sections to conform.

Amend title to conform.

Senator CASH explained the amendment.

The question then was the adoption of the amendment.

The amendment was adopted.

**Amendment No. 51**

Senator CASH proposed the following amendment (150R063.SP.RJC), which was adopted:

Amend the bill, as and if amended, by striking Section 44-53-2390(D) and inserting:

/(D) No license issued to a medical cannabis establishment is transferable until the expiration of thirty-six months from the date of issuance by the department, and until at least twenty-four months have passed since the medical establishment began operations. The license shall not be transferrable to any person who has been convicted of, or pled guilty or nolo contender to, a felony drug-related offense. /

Renumber sections to conform.

Amend title to conform.

Senator CASH explained the amendment.

The question then was the adoption of the amendment.

The amendment was adopted.

**Amendment No. 52**

Senator CASH proposed the following amendment (150R064.SP.RJC), which was adopted:

Amend the bill, as and if amended, by striking Section 44-53-2020(B)(2) through (5) and inserting:

/(2) ten 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) five percent to SLED;

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

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

Renumber sections to conform.

Amend title to conform.

Senator CASH explained the amendment.

The question then was the adoption of the amendment.

The amendment was adopted.

**Amendment No. 53**

Senator CAMPSEN proposed the following amendment (150R065.SP.GEC), which was carried over:

Amend the bill, as and if amended, by striking Section 44-53-2096(C) and inserting:

/(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. The Board of Pharmacy shall not prohibit a pharmacist who owns a non-therapeutic cannabis pharmacy from obtaining a permit to own and operate a therapeutic cannabis pharmacy, provided that the pharmacies must be located in independent structures that are at least one quarter mile apart from the other. /

Renumber sections to conform.

Amend title to conform.

Senator CAMPSEN explained the amendment.

The amendment was carried over.

**Amendment No. 54**

Senator SENN proposed the following amendment (150R054.SP.SS), which was tabled:

Amend the bill, as and if amended, beginning on page 2, lines 40 through 43, and on page 3, lines 1 through 11, by striking Section 44-53-2010(1)(a) and inserting:

/(1)(a) ‘Allowable amount of medical cannabis’ or ‘allowable amount of cannabis products’ means the total amount of one or more cannabis products not exceeding a total of seventy milligrams of a delta-9-tetrahydrocannabinol per day for a fourteen-day period; /

Renumber sections to conform.

Amend title to conform.

Senator SENN explained the amendment.

Senator CASH spoke on 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.

**Amendment No. 55A**

Senator SENN proposed the following amendment (150R074.SP.SS), which was adopted:

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 suspended for six months. 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 for all issues including, but not limited, to probable cause, the refusal of, or compliance with Section 56-5-2950, 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. Upon completion of the suspension period and the Alcohol and Drug Safety Action Program, the qualified patient may reapply for a registry identification card. /

Renumber sections to conform.

Amend title to conform.

Senator SENN explained the amendment.

The question then was the adoption of the amendment.

The amendment was adopted.

**Amendment No. 56A**

Senator SENN proposed the following amendment (150R073.SP.SS), which was adopted:

Amend the bill, as and if amended, in between Sections 44-53-2230 and 44-53-2240 by inserting a new Section to read:

/Section 44-53-2235. It is unlawful for a qualified patient, designated caregiver, or transporter to have in his possession, except in the trunk, glove compartment, closed console, or luggage compartment, a cannabis product in an open container in a motor vehicle of any kind while located upon the public highways or highway rights of way of this State. A person who violates the provisions of this section shall have his registry identification card suspended and is guilty of a misdemeanor. Upon conviction, the qualified patient must be fined not more than one hundred dollars or imprisoned not more than thirty days. Upon the satisfaction of the fine, or imprisonment, or both, the qualified patient may reapply for a registry identification card. /

Renumber sections to conform.

Amend title to conform.

Senator SENN explained the amendment.

The question then was the adoption of the amendment.

The amendment was adopted.

**Amendment No. 57**

Senator SENN proposed the following amendment (CM\  
150C001.GT.CM22), which was adopted:

Amend the bill, as and if amended, Section 44-53-2080(A)(3), as contained in SECTION 3, by adding the following appropriately lettered subitems to read:

/ ( ) that the physician has either objectively diagnosed the debilitating disease himself or has verified the diagnosis with the treating physician;

( ) that the physician has independently verified evidence provided under Section 44-53-2100(A)(4); /

Renumber sections to conform.

Amend title to conform.

Senator SENN explained the amendment.

The question then was the adoption of the amendment.

The amendment was adopted.

**Amendment No. 58**

Senator GARRETT proposed the following amendment (150R072.SP.BG), which was adopted:

Amend the bill, as and if amended, by striking 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. Land used for cultivation may not exceed a total of two acres per license as provided in Section 44-53-2390 and cannot be a multi-level facility. /

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. 59**

Senator GARRETT proposed the following amendment (ZW\  
150C001.AR.ZW22), which was carried over:

Amend the bill, as and if amended, SECTION 3, page 8, after line 19, by adding an appropriately numbered subsection to read:

/ ( ) ‘Standard of care for dispensing or certifying a patient for medical marijuana’ means the level and type of care that a reasonably competent and skilled health care professional with a similar background and in the same medical community would provide but must include providing specific dosage units and concentration levels of each dosage unit for medical cannabis products dispensed or certified. /

Amend the bill further, as and if amended, page 30, after line 20, by adding an appropriately lettered subsection to read:

/ ( ) The department shall establish by regulation reporting requirements for emergency room treatment facilities for medical cannabis incidents involving qualified patients to be listed on the web-based verification system. /

Amend the bill further, as and if amended, page 56, subsection (C)(1)(b), by striking lines 6-9 and inserting:

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

Renumber sections to conform.

Amend title to conform.

Senator GARRETT explained the amendment.

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

**Amendment No. 11**

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

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 question then was the adoption of the amendment.

The amendment was adopted.

**Motion Adopted**

On motion of Senator SENN, with unanimous consent, Amendment Nos. 14, 16 and 27 were withdrawn.

**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 spoke on the amendment.

Senator DAVIS spoke on the amendment.

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

**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.

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

On motion of Senator SENN, with unanimous consent, Amendment Nos. 17A, 21, 24, 26 and 27 were withdrawn.

**Amendment No. 28**

Senator CASH proposed the following amendment (150R047.SP.RJC), which was adopted:

Amend the bill, as and if amended, on page 3, lines 12 through 15, by striking Section 44-53-2010(1)(b) and inserting:

/(b)(i) 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.

(ii) In any case in which a physician has not specified a certain amount of cannabis products, an allowable amount of cannabis products is the amount of cannabis products specified for a fourteen-day period as provided in either subitems (i), (ii), (iii), or (iv). /

Renumber sections to conform.

Amend title to conform.

Senator CASH explained the amendment.

The question then was the adoption of the amendment.

The amendment was adopted.

**Amendment No. 29**

Senator CASH proposed the following amendment (150R035.SP.RJC), which was adopted:

Amend the bill, as and if amended, on page 7, Section 44-53-2010(25)(a)(i), by striking lines 1 and 2 and inserting:

/(a)(i) is a physician as defined in Section 40‑47‑20 is authorized to prescribe /

Renumber sections to conform.

Amend title to conform.

Senator CASH explained the amendment.

The question then was the adoption of the amendment.

The amendment was adopted.

**Amendment No. 30**

Senator CASH proposed the following amendment (150R049.SP.RJC), which was adopted:

Amend the bill, as and if amended, on page 10, lines 29 through 31, by striking Section 44-53-2060(B) and inserting:

/(B) The advisory board shall meet at least once per year for the purpose of reviewing petitions to add or remove debilitating medical conditions. The advisory board shall consult with experts in South Carolina and other states with medical cannabis programs, as well as any available research. If necessary, the advisory board may hold public hearings before voting on whether to add or remove a certain condition as a debilitating medical condition.” /

Renumber sections to conform.

Amend title to conform.

Senator CASH explained the amendment.

The question then was the adoption of the amendment.

The amendment was adopted.

**Amendment No. 31**

Senator CASH proposed the following amendment (150R050.SP.RJC), which was adopted:

Amend the bill, as and if amended, on page 10, lines 32 through 37, by striking Section 44-53-2060(C) and inserting:

/(C) The advisory board shall have a chairman who is appointed by the Governor. The chairman shall be responsible for scheduling advisory board meetings, presiding over all advisory board meetings, and determining whether a public hearing should be held in conjunction with an advisory board meeting. /

Renumber sections to conform.

Amend title to conform.

Senator CASH explained the amendment.

The question then was the adoption of the amendment.

The amendment was adopted.

**Amendment No. 32**

Senator CASH proposed the following amendment (150R051.SP.RJC), which was adopted:

Amend the bill, as and if amended, on page 14, lines 18 through 24, by striking Section 44-53-2090(A)(5)(b) and inserting:

/(b) attest to the completion of the course electronically or as otherwise specified by the department prior to writing any certifications./

Renumber sections to conform.

Amend title to conform.

Senator CASH explained the amendment.

The question then was the adoption of the amendment.

The amendment was adopted.

**Amendment No. 33**

Senator CASH proposed the following amendment (150R052.SP.RJC), which was adopted:

Amend the bill, as and if amended, beginning on page 27, lines 29 through 43, and on page 28, lines 1 through 6, by striking Section 44-53-2220(B) in its entirety and inserting:

/(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. A person in violation of this subsection is subject to the applicable provisions of law for unlawful possession of marijuana. /

Renumber sections to conform.

Amend title to conform.

Senator CASH explained the amendment.

The question then was the adoption of the amendment.

The amendment was adopted.

**Amendment No. 34**

Senator CASH proposed the following amendment (150R048.SP.RJC), which was carried over:

Amend the bill, as and if amended, on page 35, lines 3 through 16, by striking Section 44-53-2350(A)(3) and (4).

Renumber sections to conform.

Amend title to conform.

Senator CASH explained the amendment.

Senator KIMPSON spoke on the amendment.

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

**Amendment No. 35**

Senator CASH proposed the following amendment (150R045.SP.RJC), which was adopted:

Amend the bill, as and if amended, on page 39, lines 18 through 21, by striking Section 44-53-2350(B). /

Renumber sections to conform.

Amend title to conform.

Senator CASH explained the amendment.

The question then was the adoption of the amendment.

The amendment was adopted.

**Amendment No. 36**

Senator CASH proposed the following amendment (150R053.SP.RJC), which was adopted:

Amend the bill, as and if amended, on page 46, lines 34 through 41, by striking Section 44-53-2390(I) and inserting:

/(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. /

Renumber sections to conform.

Amend title to conform.

Senator CASH explained the amendment.

The question then was the adoption of the amendment.

The amendment was adopted.

**Amendment No. 37**

Senator CASH proposed the following amendment (150R044.SP.RJC), which was adopted:

Amend the bill, as and if amended, on page 47, in Section 44-53-2400(C)(2), by striking line 18 and inserting:

/supervised release, at least ten years prior; /

Renumber sections to conform.

Amend title to conform.

Senator CASH explained the amendment.

The question then was the adoption of the amendment.

The amendment was adopted.

**Amendment No. 38**

Senator CASH proposed the following amendment (150R043.SP.RJC), which was withdrawn:

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

Renumber sections to conform.

Amend title to conform.

Senator CASH explained the amendment.

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

**Amendment No. 39**

Senator CASH proposed the following amendment (150R042.SP.RJC), which was adopted:

Amend the bill, as and if amended, on page 53, by striking line 41 and inserting:

/(C) After four years, the department shall evaluate the efficacy /

Renumber sections to conform.

Amend title to conform.

Senator CASH 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 withdrawn:

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 ADAMS, the amendment was withdrawn.

**Amendment No. 43A**

Senator ADAMS proposed the following amendment (150R069.SP.BA), which was adopted:

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, former or retired military personnel, or a security service agency with the ability 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.

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 tabled:

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 subrecipient 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.

**Motion Adopted**

On motion of Senator MASSEY, with unanimous consent, Senators HUTTO, JACKSON, TALLEY, RICE and MASSEY were granted leave to attend a subcommittee meeting and were granted leave to vote from the balcony.

Senator HEMBREE resumed speaking on the amendment.

**OBJECTION**

Senator MASSEY asked unanimous consent that all amendments be cut off at 3:45 P.M. except members may substitute existing amendments that have not yet been published in order to make minor, technical and conforming amendments, and that there be one additional conforming and technical amendment offered by Senator DAVIS.

Senator CASH objected.

Senator HEMBREE resumed speaking on the amendment.

**Remarks by Senator HEMBREE**

My fellow Senators, this is the amendment that some of you will remember from last night, it was getting rather late, we had just finished dinner and I was given the opportunity to give you a bit of a preview of this amendment -- and what I will characterize as a dramatically different approach to providing medical help to South Carolinians that are suffering from diseases that can be helped by substances that are contained in cannabis. The Chamber last night was, well, it was late, folks were kind of in and out and I know there is some in and out going on today. So I feel compelled to sort of walk back through the amendment and the mechanics of the amendment first, just for those who may have missed it. Hopefully this will give those that are not in the Chamber now, but are interested, time to come back in. I will not belabor it, as far as the mechanics of the amendment, but I will review it quickly.

First, there is a definitional section. I’ll take it back one step. This is a version or sort of a modification of Julian’s Law that this General Assembly passed several years ago which created a process by which CBD could be studied, researched, and presumably used for medical purposes. In the interim, the FDA approved epidiolects -- this was geared toward and aimed at mainly children that had epilepsy. That's what Julian’s Law permitted. It permitted research on CBD for the purposes of treating epilepsy. In the meantime, the FDA approved epidiolects, and now we have that treatment available. A doctor can prescribe this treatment currently. That has been the law of the land for several years now. You can get it at the pharmacy and it is treated like medicine. It is medicine -- FDA approved. That is kind of the background on where we start. I’ll walk you through the components of the Bill first. It defines, in this definitional section it -- adds a definition of cannabis. We use the definition that was in S. 150, the Bill that Senator DAVIS has presented to us, so we essentially just cut and pasted his language into this Bill. Secondly, we defined debilitating medical condition. This proposal, would expand the universe of diseases that can be studied in South Carolina from epilepsy to essentially the list that Senator DAVIS has in his Bill, S. 150. I will touch on the distinction; it’s all the same conditions. I went through those last night. Debilitating medical conditions would be cancer, multiple sclerosis, neurological disease or disorder to include: epilepsy, glaucoma, post-traumatic stress disorder, Crohn’s disease, sickle cell anemia, ulcerative colitis, wasting syndrome, autism, severe or persistent nausea in a person who is not pregnant and that is related to end-of-life or hospice care or who is bed-ridden or home-bound because of a condition, a chronic medical condition causing severe and persistent muscle spasms, a chronic medical condition causing severe or persistent pain or a terminal illness with a life expectancy of less than one year in the opinion of the person’s treating physician. So in the conditions that are eligible for study under this model, they are exactly the same -- with one twist. We did not include the opioids, the reference back to opioids, “as equaling a chronic medical condition causing severe, persistent pain.” We actually just used the actual words, “a chronic medical condition causing severe and persistent pain,” instead of this reference to opioids. That's the one difference between the conditions that would qualify for treatment under this model or Senator DAVIS' amendment. It defines physician and qualifying patient, which means a person with a debilitating condition, which is defined above. Those are the definitional sections and those are the changes that are made to Julian’s Law. Next: 44-53-1820 Section A. This is kind of the meat of it. A statewide investigational new drug application. Now, let me tell you an investigational new drug is a term of art. That is a process through the FDA that companies, academia, state government and others, can apply through this, for this investigational new drug application. That process meshes and connects with the federal system so we do not run afoul of federal law. Not run afoul of the federal system but to stay within the confines and the rules that the federal government prescribes for these sorts of trials. A statewide investigational new drug application may be established in the State, if approved by the United States Food and Drug Administration, to conduct expanded access clinical trials using cannabis on qualifying patients pursuant to an investigational new drug application. So, we set that up in the State. Now, here is something that's real interesting about this that I have learned. We have to get FDA approval to do the clinical trial. I mean, there is no question about that. At a time in history it was very difficult to study cannabis, because it was a Schedule I drug. Although the FDA might be saying, “Well, you know, we're okay with it, or we would be fine,” the DEA, would step in and say, “No, that's a Schedule I drug.” The DEA would hinder states, academia, and others from conducting research on marijuana, on cannabis. This is the interesting part, as I was researching this I learned the very proviso in the federal budget that says DOJ won't prosecute you if state law allows you to do this -- so the very proviso that this medical marijuana program is based on is the same proviso that gives us the opportunity under this scheme not to have to get DEA approval, the same way as we did before. Which makes it easier, more available, and more flexible for us to do these kind of clinical trials. So it is an interesting thing that this proviso is sort of the what is good for the goose, in this case, is good for the gander.

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

Senator DAVIS spoke on the amendment.

**Remarks by Senator DAVIS**

Mr. PRESIDENT, members of the Senate, I have known Dr. Cutler for a number of years. I am glad that Senator HEMBREE has met him. I have known Dr. Nagakatti a number of years. They are every bit as illustrious, every bit as qualified, every bit as respected and every bit as known in this field. Did you know that our proceedings are broadcasted on SCETV? People are watching what we say and how we characterize what they say. Dr. Cutler was listening to Senator HEMBREE. He hurriedly was trying to find my number so he could text me. Dr. Stephen Cutler -- upon whom Senator HEMBREE has bottomed this clinical trial. The text reads, “Senator, as an expert on marijuana, I support the Compassionate Bill S. 150 by Senator TOM DAVIS. I support this as an expert in the field and stand ready to be a resource.” The reason Dr. Cutler can say that is because clinical trials relate to obtaining data and do not relate to providing access. It is important to make that distinction. I will talk about this more in a moment. The other individual Senator HEMBREE invoked was Dr. Nagarkatti, whom I’ve known for a number of years. The email he sent to me contemporaneously stated that this is a wonderful idea and is critical for gaining support from the medical community and society. However, it is extremely challenging to pursue clinical trials of marijuana because it is a Schedule I drug. The National Academy of Science has identified several barriers to conducting clinical trials with cannabis. These include the need for the investigator to seek review and approval from the FDA, the DEA, the National Institute on Drug Abuse and the Institutional Review Boards. These are very time consuming and very expensive.

Secondly, there are several debilitating and painful diseases, against which, currently there are no cures. They widely range from cancers to autoimmune diseases to Fibromyalgia. It is difficult to conduct clinical trials with such wide ranging diseases because of inclusion and exclusion criteria. For example, such patients are treated by physicians with a specific specialty and to group them in one category would not be feasible. Some of these patients may already be taking a wide array of medicines specific to their disease which may interfere with cannabis. This would make it difficult to review the results of the trial for those patients. The ideal solution is to offer the cannabis to those who need it right now and in parallel, pursuing clinical trials, and not the other way around. This is a direct quote from Dr. Nagarkatti. So the two individuals that Senator HEMBREE citied as authorities for the proposition that “this is the way we should go”, go the way of clinical trials, replied to me, in real time, via a text and said, “That is not what I meant”. The other doctor emailed me in real time stating, also, “That is not what I meant.”

Okay, now let’s dig a little deeper about why they say that. I passed out some materials to you. The first one I want to refer to starts with a quote at the top of the page. The one begins with something that Senator HEMBREE stated yesterday as I was pitching a model that South Carolina engage in the largest medical marijuana research in the history of the country. You may want to pay attention to that Senator PEELER because the projections are -- if that is actually what we want to do -- going to cost us $406 million dollars. Keeping that in mind, I prepared a little memorandum -- a little brief -- little memo of law. Dr. Sisley is one of the few researchers in the country that has a DEA Schedule I researcher license. She is an acknowledged leader in the field and has spent 14 years doing clinical studies. We will get to her statement in a moment. I handed out a copy of her statement sent to me in an email, but for now let us look at how she petitioned to have a trial done. It took her 10 years to get the permission. Then there were 5,000 applicants that wanted to participate in this study which related to cannabis, PTSD, and veterans. 80 of them got to participate in this clinical trial. That underscores the fact that this is not a way to provide access. This is a way to collect data. If you want to help out people like Margaret Richardson this is not the way to go about it. When you have 5,000 people funneling in, you can only select 80, 40 of them, by the way, get placebos. The other 40 get the cannabis. This is not the way to provide relief. If this were the way to do it, 37 states that have legalized medical cannabis, would have done this, but none of them have done this as a stand alone. Some have done it concurrently. They say that we can do both, like Dr. Nagarcoti said. Let’s do research, let’s do clinical studies, let’s collect data, but not to the exclusion of access. Again, the very individuals that Senator HEMBREE cites as authorities and that this is the right approach, are texting me, emailing me, in real time saying, “No, no, that is not what we said.” Research is important, but don’t deny cannabis to people we know who will benefit from it. They stood with me at the press conference in January earlier this year and called for the passing of S. 150. They stood there and issued statements to the media. So to characterize what they are putting forward as a substitute for what S. 150 is right now, is not a fair characterization of what Dr. Cutler and Dr. Nagarkatti are advocating at all. I am going to walk you through, again, starting with a quote from Senator HEMBREE yesterday when he said it is doable. I’m going to tell you why it is not doable. The cost is incredibly prohibitive. To scale this up to providing meaningful access, let’s say 10,000 people. I think I am underestimating the more than 5 million or so in South Carolina that would benefit from it. I think 10,000 is a reasonable number. It would cost $406 million dollars. Even if you got that gauntlet of federal agencies to agree to let you do it. It is just not the FDA, DEA, National Institute of Drug Abuse, and the Institute Drug Review Boards. All whom historically have been hostile to any sort of research in regard to cannabis. I promise you, with that approach, you would have seen me pursuing this. It is not a matter of having an excellent College of Pharmacy down here or Dr. Nagarkatti at the School of Medicine at our fingertips, but to say we can just reach out and touch them and automatically give cannabis to everyone in South Carolina who needs it. It is just not true. It is simply not true.

This Bill is all about giving relief to people who are suffering. To say there have not been studies, or the science, or peer reviews is not true. It is true that it has not been rescheduled by the federal government or approved by the FDA. However, there have been tens of thousands of studies on cannabis over the past 30 years that states have been actively looking into making it available as medicine. Tens of thousands and of those ten thousands, the National Academy of Sciences in 2007 analyzed them and said, based on those peer reviewed studies, there is conclusive proof that medical cannabis is efficacious in treating chronic pain at the highest of the 5 degrees of proof. Why in the world are we standing in the way? Why are lawmakers standing in the way of doctors who want to help their patients? Of doctors who want to say to them, I want to address your pain. I don’t want to give you these opioids, but I can’t because people up in Columbia have said no, we can’t do that. That does not make sense.

This Bill has always been about getting politicians out of the practice of medicine, getting legislators out of the practice of medicine, and getting law enforcement out of the practice of medicine. Empowering that physician to do what is in that patient’s best interest. For the life of me, why do we denigrate physicians? Why are we going to say to physicians that they are not going to discharge their duties, their responsibilities, or exercise their professional expertise? They are going to throw all of that out the window and they are not going to be a good physician. I submit to you that is not the foundation upon which our society is based. We believe in individual liberty. We do not need the government peering over and deciding whether or not the patient and physician can decide what is in their best interest. That is not our business. That is not what we do. We are putting ourselves in a position of 170 physicians and we are going to tell the physician what he or she can’t do for their patient. That is wrong. I do keep saying 37 states because 37 states have recognized that it is wrong. Just recently, Mississippi, which does not have a THC cap, by the way -- and we made a big deal about the THC cap. There is not any THC cap and they allow marijuana leaf to be burned. They also allow twice the qualifying conditions that this Bill does. Then Mississippi passed this by a 10 to 1 margin in both the House and the Senate. We are missing something here. People get it. People are really suffering out there and they are not potheads. They are not. They are people that are suffering. They are people creeping around like criminals to buy marijuana on the street not knowing what is in it because they need it and their children need it. That is what they are doing. They are breaking the law. Shame on us for making them do that. That is not necessary. You know, I do respect Senator HEMBREE and I agree that clinical trials are important, but that is not about access. It is about data collection. When you have what Dr. Sisley said in regard to one of the few that got approved -- she had 5,000 applicants. Only 80 were allowed to participate in the trial. Half of them received a placebo. That is not access. You can get meaningful data out of that. It is not useless, but don’t even pretend that you are going to help people who need medical cannabis by moving to these clinical trial approaches. If that was going to work, that would have been done in all the other states. It doesn’t work because you have a federal government, like Senator SENN said, that is hostile to this approach. The DEA and FDA are hostile to this approach. And to say that there is a new day now and they are wide open to accepting applications. That is not the reality. Again I’m going to turn to a letter that I passed out to you from Dr. Sue Sisley. In bold print it describes how as a 14 year DEA Schedule I drug researcher, she has been through the process. She has actually done this.

Let’s go ahead and look at this letter. I have been involved in researching cannabis for more than 20 years. I am writing to you today simply to tell you that a large scale clinical trial is not feasible in a reasonable amount of time. There is not enough funding to execute for the vast number of patients needing access. Basically, this is not a solution for sick patients who need safe legal access right now or any time within the next decade. I don’t want to wait another decade. I don’t want Margaret Richardson or anyone else like her to wait another decade to get something that her physicians think will help her. That is not what we are sent up here to do -- continuing on with the letter -- Through the relentless trials and tribulations, I have experienced trying to research this plant. I implore you not to travel down this road. You will not be providing relief to the suffering patients of South Carolina. This is a woman who has got a Schedule I drug DEA research license. One of the few in the country. She has been through this process and is begging us not to do this. Dr. Cutler is begging us not to do this. Dr. Nagarkatti is begging us not to do this. Yes, research is important but don’t deny access. In real time, these gentlemen, whose names were being invoked in this podium, took the time to email me and text me to say we stand for your Bill. We stand for providing access to these patients. We believe clinical research is important, but we never suggested it was meant to replace, giving a physician the opportunity for the patient to benefit from something that science has proven will help. You need that context ladies and gentlemen. This Bill is about access. Senator HEMBREE is proposing it can be done concurrently with merit. It can be concurrent if you want it to be, but it is not a replacement for access -- clinical trials collecting data when you are funneling 5,000 applicants into 80 applicants, most of them had to go home. How is that giving them access? Most of them were not able to participate in this trial. Continuing on with Dr. Sisley’s letter, the regulatory approval process for starting a study is excruciating. Her term -- excruciating. The brutal list of inclusion and exclusion criteria required by the FDA and IRB to screen potential patients for a clinical trial is exhausting. Then she calls it excruciating again when she embarked on her first study. It took seven years to start a simple phase 2 trial. I have been leading studies for cannabis safely and efficaciously for pain and PTSD until finally gaining approval in 2014. It has taken us 14 years and we are still stuck in phase 2 trials with most likely 9 to 10 more years before beginning phase 3 and obtaining FDA approval. This is a massive undertaking not to be taken lightly. I’ve already talked about and Dr. Sisley has talked about the fact that half of the very small number that are able to participate take placebos, no access for them. Even when you have 5,000 applicants and 80 got approval, only 40 received cannabis and the other 40 got a placebo. This again, from Dr. Sisley’s letter she wrote to me last night. It is a fantasy to think that an investigator can put any person who wants to enter a clinical trial in these studies on any one of these diseases. The screening process is extremely rigorous overseen and audited by both FDA and IRB. Even if you are lucky enough to be authorized by all of these federal agencies to conduct a clinical trial -- even if you run that gauntlet, go dozens of years, spend millions of dollars, and you have your clinical study. Only a handful of individuals get to participate. Because again, this is about providing data not providing access. This Bill is about providing access. I am not saying it is bad or it doesn’t have merit. It is just not a replacement with what is before us. It is not a replacement for what we have been working on for 7 years and what we have been debating for 3 weeks. It is not. It is something completely different. And to suggest that a clinical trial is going to provide access to people like Mrs. Richardson or anybody else is a cruel assertion. It is not going to happen. Don’t take my word for it. Take it from this doctor who has a phase 1 DEA license and her work over 14 years trying to make it happen. She has actually been in there and has seen how it works. Not just made a phone call to Drs. Cutler and Naragatti. All though that is fine to do. They do not support a clinical trial alone; they support S. 150. That is why they were at the press conference in January and calling for it to be passed. Speaking directly to it because she saw a clip or read the text of Senator HEMBREE and the amendment from Senator GARRETT. What this idea really puts forward is at least 20 clinical trials. This will never be accomplished in our lifetime. Most terminally ill patients will die before ever getting approval for the first study. Even if you decide to take this road to perdition via clinical trials, where are you going to get the cannabis for trials? There are hundreds of entities ahead of you in the process and production for research is littered with issues. The demand for research cannabis is at an all time high. So again, aside from the fact that it is difficult to get an authorized trial, despite the fact that a number of people are able to participate in those trials, we have got to get in line behind hundreds of other people to get cannabis from the federal government to do the clinical trials. This is not going to happen. We had something similar to this back in 1980 pass; it is a dead letter. Nothing ever happened to it. It was a dead letter because of authorization access. In other words, the types of approval that is being suggested can easily be secured now because it is brand new day up there in Washington D.C. That is not what people who actually do this are saying. From Dr. Sisley’s letter, I see this Bill as one of -- if not the most -- restrictive in the country. This is what you are deciding today. I cannot, in clear conscience, tell you to proceed with this medical cannabis program as a clinical trial. If your intent is to provide relief to suffering patients with debilitating conditions, please implement your medical program as Senator DAVIS envisions. I know he has made many compromises along the way to assuage what fears this plant has for many. But at the end of the day, this is a complex medically active plant that provides relief to millions in this country with not one death related to its inherent properties. Currently, this is now the best middle ground available in the United States. Members of the Senate, I’m not going to take up a lot more of your time. I am just going to tell you there is a place for research, there is a place for clinical trials, and it is important to collect data, but please do not substitute that for access to people who need it. It is a completely different animal. Experience has shown us that. Thank you.

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

Senator K. JOHNSON spoke on the amendment.

**Remarks by Senator KEVIN JOHNSON**

Thank you, Mr. PRESIDENT, and members of the Senate. I will not be long at all. I think everybody understands the position that I have with this Bill and how I feel about it. I was almost hesitant to do this because Senator HEMBREE had already made some points that I was going to make. I was also going to say that my feelings are based on my involvement with this Bill since eight years ago when I was a member of the subcommittee. I have said it several times, and I will say it again, I would have rather been debating recreational marijuana as opposed to medical marijuana. And as Senator HEMBREE said, “I would probably vote against that Bill but based on folks who have contacted me about this Bill, it looks like that's what they wanted anyway, and what they're hoping is going to transpire from this medical marijuana.” Someone mentioned Julian's law. I think that is the Bill we passed a few years ago, that legalized the oil in marijuana. We had those hearings and it was very sad to see so many parents bring their children into the meeting room in wheelchairs and some wearing protective helmets because they had so many seizures in a day. It was made clear to us that it was something about the oil, minus the THC, that it would help a young child that was having a hundred seizures a day. It was discovered that if used they may only have two or three seizures a day, and so of course, I supported that Bill. I was glad that it passed. I also supported industrial hemp, and a lot of people, who contacted me back when we were debating that Bill thought that when we passed the industrial hemp, we were passing marijuana but we did not. I just want to let you know that I did support those Bills, but I do not support this medical marijuana Bill and as you all know, I have never tried to convince anybody to agree with me. I have never tried to put my name on a Bill or block the Bill, but I just have some observations that I have made. Senator GARRETT held up a book, and well I have a book that I was given back when I was on the subcommittee. It is a book by William Bennett who is a former Secretary of Education for the United States of America, and it is entitled "Going to Pot: Why the rush to legalize marijuana is harming America." I have had a lot of information given to me about this Bill, but I found most of what I like about opposing the Bill is in this book. It makes a lot of great points, as far as why medical marijuana is bad, and then I often wonder, as I listen to the debate, why do we keep referring to this as a medicine? I don't think it’s medicine but that's just my opinion, and other people have their own opinion. I think somebody said earlier, maybe Senator HEMBREE, and I agree with him that some people do find relief from marijuana. Some people may find relief, but I think a lot of people do not. I would tell you that most of the people who contacted me about this Bill -- it wasn't about any type of medicinal value, it was about getting high, and most of the folks who contact me about this Bill, I don't mean to be ugly but to be downright honest, they were potheads. They saw this Bill as a way to have access to marijuana legally and that is why they supported the Bill.

It had nothing to do with medicinal value or whatever. When I was on the subcommittee, an individual verbally attacked me personally. He was upset, and he just went off, but it did not bother me. He later apologized. He told us, he was from California, and how marijuana was so beneficial. I think the very next day somebody sent me a picture of him on Facebook with loads of marijuana, so it turns out this person stood to make a lot of money if the Bill passed in South Carolina. I also had one visit that stuck out in my mind of a guy that came to my office. He rolled into my office in his wheelchair. I think he said he was a veteran, and he explained how he has excruciating pain and other issues and the only thing that helps him is marijuana. When that guy left my office, I really felt bad for him. He didn't convince me, but I felt bad for him because I know that people do suffer from a lot of issues. I guess it was maybe ten minutes later that I got a phone call from someone in Sumter, and they said, “There’s not a thing wrong with him, and he borrowed the wheelchair. He is a pothead. He wants marijuana.” That weighed heavy on me. What also weighed heavy on me were some physicians that I have a lot of respect for back home, earlier on in this debate, seven, eight years ago, and they talked about medical marijuana and they told me how much they were against it. They told me the increasing number of young people that were coming to their practice dependent on marijuana. I told you before, by choice, I live in the neighborhood, which I grew up in. I built a house right next to my mother, and I contemplated moving several times but I stayed there. A few streets over is an apartment complex surrounded by gang activity and sometimes they do things that young people should not do. Therefore, I get to see firsthand how marijuana has just destroyed people's lives, especially young people, and more especially young black people. I go to the barbershop and because of Covid we are outside waiting to be seen. While waiting to be seen by the barber, I am sitting in my truck with my adopted grandson and all we can smell is marijuana. There were young guys -- 20, 25, 30 years old -- sitting in their cars and trucks waiting to go get a haircut and smoking marijuana. I hope the owner is not watching but if he is, I am speaking my truth. The last time I went in the barbershop I almost choked because of the strong aroma of the marijuana. I went to another barbershop and I remember one day when I was taking my grandson to school and we stopped to get a haircut, and the scent of marijuana in the barbershop was extremely strong. I thought to myself, "I'm going to take him to school and he's going to smell like marijuana and I know what they're going to think.” They're not going to know that I'm a person that's never even tried it." Never even had a puff of a marijuana cigarette. I've been around enough of it in high school and college. Anyway, the other thing I want to say about this Bill is that there has been a lot of talk about the percentage of people that want to see medical marijuana. I do not think the whole story has been told. I read a study conducted by Winthrop University and it said that 70% of people would like to see medical marijuana made legal but the second half of that statement says only if it is regulated by the FDA, so I think we need to get the whole story out there. This book here says that back in 2012, 34,000 people had a medical marijuana card, 3.7% used the card to help ease cancer symptoms, 1.5% from glaucoma, 1.6% from aids, but 89.8% of those people out of the 34,000 that had that marijuana card used it for pain, just terrible pain. The other part of the story is that only 13% of those folks were over 60 years old, 73% were men between the ages of 18 and 30 years old, which is normally the healthiest part of our community. Those same men had a card saying they needed medical marijuana for pain. I already talked about medical marijuana being more expensive than how you can get recreational marijuana now but I'm concerned that if this Bill passes -- how are the people in my community and that I live next door to are going to afford to get medical marijuana? Shouldn't they have relief? But it will be more expensive. This book was written in 2012 when I was on the subcommittee so maybe things have changed, but it said that every single state that passed medical marijuana now has recreational marijuana. Therefore, just as people are hoping, we pass medical marijuana, and the next thing we are going to pass is recreational use, making marijuana fully legal. There was an article in the Denver Post that stated that nearly three-quarters of teens in two metro area substance abuse programs said that they use medical marijuana that was bought or grown for someone else and that's what's going to happen in this case with marijuana just like it happens with drugs like opioids and even Viagra. People have prescriptions for these types of drugs, and then they end up in the hands of people who shouldn't have them. So a lot of young people are going to have access to this medical marijuana because somebody they know will have a prescription for it and they'll either give it to them, sell it to them, or the kid is going to take it from them. Marijuana used by 12 to 17 year olds is dramatically higher in states that have legalized marijuana. Young people are going to have access to marijuana more than ever before and this all may lead to improper brain development, becoming more dependent on marijuana, and trying other harsh drugs. Nationwide, over 70% of teens admitted to a substance abuse program claim that marijuana is their drug of choice, not alcohol, not cigarettes, not prescription drugs, but marijuana. In 2010, marijuana contributed to nearly 3,000 traffic fatalities or 12% of all traffic deaths. So my thought process is that the more we make marijuana available, the more we are going to have people out on the highways and byways driving under the influence of marijuana. I just told you all about being rear-ended in Charlotte, NC. When the accident happened, I got out of my car and all I could smell was marijuana and the sad part of that story is that the lady that hit me had a three or four year old daughter in the car with her, and she was driving around smoking marijuana. Doctor Sanjay Gupta said back in 2009 that he supported the concept of medical marijuana. After he made that comment, he did some research and studies and came back in 2013 and apologized for saying that medical marijuana was a good thing because he realized that it wasn't. I don't agree with the concept that’s being implied that medical marijuana is a cure for everything. I will agree that some people get relief from marijuana; however, I do not know if they are just in such a state of high that they do not know they are in pain. I do understand that some people get relief. I got a letter today from a person back in my district, asking me to support this Bill because he is a 100% disabled veteran, and he has to smoke two joints a night so that he can sleep. Then, I got another email from someone else saying just the opposite, and they did not want to see this Bill passed. I believe marijuana is a gateway drug. I know people who started with marijuana, then went to crack, then went to heroin, then went to meth, and then they went to their grave. We know of people, and I will not call names because they have families, but we know of celebrities that started with just alcohol and marijuana and then one thing led to the other, and they ended up killing themselves or they committed suicide or whatever. I had a question about the fiscal impact, but I think that question was addressed a while ago. I have a question but I’ll have to look back at the Bill, to see if this Bill will even allow tracking, so we would know how much marijuana a person has, and is there anything to say how much someone can get. If I have a bad back, then I can get x amount and if you have a bad back and your problem is worse than mine, then do you get more or does everybody get the same amount? From what I read, the amount of medical marijuana people can get every two weeks is alarming to me. Therefore, we know that the South Carolina Medical Association is against the Bill, the South Carolina Pediatric Association, the American Academy of Pediatrics, and the American Ophthalmological Society are all against the Bill. The American Medical Association, the American Society of Addictive Medicine, and we all got the correspondence from the South Carolina Baptist Convention where they are adamantly opposed to medical marijuana that is not regulated by the FDA.

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

Senator MALLOY spoke on the amendment.

Senator McLEOD spoke on the amendment.

**Remarks by Senator McLEOD**

Thank you, Ladies and gentlemen of the Senate. It's been a long three weeks. I was hoping that I could wait and speak on the Bill. That was before this amendment and since it's a referendum on the Bill, I am going to go ahead and speak. It is nice to see all you all. I don't get down here much anymore. I want to start by saying, thank you, Senator DAVIS. I mean that sincerely. I appreciate your years of hard work and perseverance. Thank you for caring enough to try and usher our State into the 21st century. Your patience here at the well and your passion for the people of South Carolina and compassion for the people, is truly admirable. It should challenge all of us to do and be better. I’ve taken copious notes. I appreciate those of you who sent copies of the amendments up to the gallery so that I could participate and engage from up there. What I am about to say, not just about this amendment, but about the Bill -- what I am about to say is not a reflection of you, Senator DAVIS or your efforts. It's not an indictment of anyone in particular, inside or outside of this Chamber. And certainly not of those of us who have been fighting with you to legalize medical marijuana. I am not one to mince words and let's be real -- this amendment is just another effort to kill the Bill. And the Bill is already a much weaker version than the original proposal. In fact, it's already the most conservative Bill in the country and a fraction of our original proposals. And yet, for the past two weeks, I’ve watched and listened, as some of you try to dilute it even more. I’ve co-sponsored this Bill each time Senator DAVIS has sponsored it -- has introduced it, but this time I am listed last. And the reason that I am listed last on this Bill is because it took me a minute, it took me a minute, to decide whether I wanted to even co-sponsor this version. I added my name to it again, reluctantly, in spite of my reservations. Because if our efforts move the needle, even slightly in a better direction, we'll significantly improve the quality of life for so many South Carolinians. So that means our first big step in the right direction is definitely one worth taking. For years, I’ve sponsored and advocated for each version of our Medical Cannabis Bill. And for years, many of us have listened, even in the House, to so much testimony from people who traveled from all over the State about the life changing benefits of medical cannabis for South Carolinians who suffer. They continue to suffer in silence with cancer, PTSD, Lupus, Crohn's, Epilepsy, chronic pain, nausea, Sickle Cell Anemia and so much more. I’ve been listening intently up there to this debate from the gallery while trying to protect myself from Covid. Because, there seem to be no governmental protections or compassion for people with chronic medical conditions like mine. To hear some of you bash, and stigmatize those of us who benefit from medical marijuana hurts. Because the reality is, I wouldn't wish the pain and suffering I’ve personally endured with sickle cell anemia -- I wouldn't wish it on anybody. And, to think that some of us in this Body would obviously have to feel that kind of pain firsthand. Just to have an ounce of compassion and empathy for people, across the State, who struggle like I do is disheartening. So for those who have expressed judgment, disdain and disregard for anyone who would use marijuana for any reason, shame on you. Shame on us in this Body. Will there be some who abuse or try to beat the system? Of course! That is the case for just about everything. There will be some, there are already some who do it when it comes to opioids and narcotics and other regulated substances. This one is going to be no different. While it's great that neither you nor anyone close enough to you knows what it feels like to have pain so intense -- so excruciating and debilitating -- that it can only be managed in a hospital, please understand that some of us know that level of pain all too well. So well, in fact, that ER docs have asked when I’ve gone to the ER, many times, Ms. Mcleod, “What's your pain on a scale of 1 to 10?” Believe it or not, I didn't have the words or the numbers that were high enough to express it. But how -- how can I prove that? How can I prove to a doctor or anybody else that I am in that much pain? And if sickle cell wasn't a qualifying condition, am I limited to just opioids? To deny those of us who do know that kind of pain one of the few natural remedies that would allow us to live, work, and actively engage in life is a frightening misuse of our legislative powers. So while you may not know what it feels like to stare at a bottle of opiates and wonder if your pain would finally stop -- big bottle. And wonder whether or not your pain would finally stop -- maybe it would if you took the whole bottle, because that's what the kind of pain you're feeling requires or demands. Maybe some of you know what it feels like to have one of your limbs hurt so badly that you'd consider cutting it off, if severing it would make the pain stop just for a minute. So to hear some of you boast about never having used marijuana, and assuring us that you never will, speaks volumes about the level of ignorance and misinformation that's out there. Let me assure you, the majority of those who find hope and relief in medical marijuana aren't pot heads. They aren't weed heads or criminals or characters in a Cheech and Chong movie. And quite frankly, referring to any South Carolinian who is reaching out to us for help in such a demeaning and derogatory manner is beyond offensive. The majority of us -- believe it or not -- are law abiding citizens, taxpayers and voters. We're moms, dads, grandparents, aunts, uncles and daughters. We're neighbors, constituents, parishners and hard working South Carolinians who love our State and are committed to doing our part to make it better. Just because stronger more dangerous and addictive drugs are the preferred or acceptable prescriptions by law, obviously doesn't mean they are better or safer. Fortunately there's another option. When it becomes marijuana, we become particularly interested in those that might drive while under the influence or work while under the influence. Truth is, they would be breaking the law, like too many other South Carolinians. Apparently since South Carolina is the fifth highest in the country for DUI’s. Despite our DUI stats, alcohol has never been and probably never will be illegal. Neither have we penalized or vilified those who consume it. Yet we question or challenge the validity of every qualifying condition, because some of you want or seem to think that everybody who wants medical marijuana will lie, cheat and steal to get it. Accusing South Carolinians of faking or embellishing symptoms, possibly using it for purposes that are outside of the prescribed conditions is interesting. Actually, it is ironic -- a better word. Hypocritical, that's a better word. Take Viagra, for instance. When I introduced the Viagra Bill in 2016, I discovered that it was originally prescribed for high blood pressure and cardiovascular disease. It just happened that one of the side effects, one of the side effects of Viagra were erections. But we don't want to debate that. We don't want to regulate that because that was a welcome side effect. Nobody in this Chamber or in this General Assembly wanted to talk about that. I am not aware of any attempts to regulate Viagra. But yet when it comes to medical marijuana, we've got folks who come to this well and bring up blunts. Why would we bring blunts into the equation here on the floor. I think there was a casual reference to smoking blunts and it just happened to be connected to some folks who were on trial for murder. It is like wow. I guess that is why we are banning the smoking of medical marijuana in this Bill. Not allowing it to be smoked is just another way of making an unnecessary distinction between those who smoke it and those who if this Bill passes, and this amendment fails, will legally consume it. The same cannabis -- same marijuana, just like the same Viagra used to treat high blood pressure and heart disease can also be abused by men because of its unintended but desirable side effects, and impact it supposedly has on those who suffer with Erectile Dysfunction. And yet I have never heard you all say that Viagra and Cialis and similar drugs can only be used or prescribed for their originally intended purposes. Not sure why we are making so many distinctions. Especially when the same rules ultimately apply to operating a motor vehicle, employment and workplace policies, school policies, and other venues where they would be prohibited. There is no safe harbor for those who abuse this or any other drug or consume it at a time or place it would otherwise be prohibited. Yet some of us continue to challenge the efficacy of medical cannabis when comes to certain conditions. We spent the past few weeks out experting the medical experts. I think Senator DAVIS talked a bit about that yesterday or maybe it was today -- my days are starting to run together. We keep looking for and talking about conditions that we don't think should be on that short list of those who medical cannabis will help. What is our end game? We could stay here from now until June, as Senator K. JOHNSON just talked about, showcasing our opinions about the efficacy of medical marijuana and the acceptable ways to consume it. Meanwhile Viagra and Cialis can be ordered online without physically seeing a medical doctor or getting an official medical diagnosis. Imagine that. Why is that? Why isn't the same access being considered for medical marijuana? So if we truly want to make a difference in the lives of South Carolinians who are suffering and we have a safe, effective antidote why wouldn't we do everything we can to make it available and accessible? As someone who has had excruciatingly painful sickle cell crises. I can tell you firsthand when that pain hits, you can't eat, can't sleep, can't think and can't move. Everything hurts. You can't have the quality of life so many who have never experienced that kind of pain take for granted. If this Bill had passed years ago, you may have been able to avoid so much of the pain I have endured because I was so afraid of taking too many of the opioids my doctors prescribed. When my sons played college football, they tore ACL’s, LCL’s, Achilles’. I didn't want to take the chance of them becoming addicted to prescription opioids or narcotics that could have seriously hurt or killed them. Take a look at the size of this bottle, please, if you will. It is a big old bottle. I still got plenty left in it. These are prescription opioids. Think about how often these are prescribed in South Carolina. Think about how many South Carolinians have overdosed and died trying to manage their pain at home and their dosages at home. When I looked up this drug, here is how it is defined -- narcotic used to treat moderate to severe pain, controlled substance, high risk of addiction and dependence, can cause respiratory distress and death when taken in high doses or when combined with other substances. Are we really going to make a dangerously strong semi-synthetic opioid like this the only option suffering South Carolinians have? Over the years I’ve been prescribed -- and I am just speaking for me personally, I have been prescribed Morphine, Hydrocodone, Percoset, Oxicontin and Dilaudid. When it comes to pain meds, you name it and I have probably been prescribed it. Some cause nausea and other side effects, but then some of us are damned if we do and damned if we don't. Not taking anything to help alleviate the pain for many of us is simply not an option. When I think about passing a Medical Marijuana Bill -- what it would mean for my sister, a stage four breast cancer survivor and others who have beat cancer but still struggle with chronic nausea and other complications. I am reminded there are far more of us who struggle with chronic medical conditions than you may realize. So the question before us is will we remain in the dark ages, or will South Carolina become the 38th state finally taking a bold, necessary step toward legalizing medical cannabis. For those of us who need it and those of us who deserve a different safer, effective option. Even republican-controlled states like Alabama and now Mississippi have legalized medical marijuana. Like me I am sure all of you have gotten lots of emails from folks across the State asking, “Why is South Carolina still behind the curve of medical cannabis?” A recurring theme. It makes no sense that our doctors have to prescribe far more dangerous medications when no one has died. No one has died of a marijuana overdose. But more than 145,000 South Carolinians or Americans, I am sorry, die every year from prescription opioids. Why is South Carolina pushing patients and doctors to the far more harmful option? DHEC has even referred to opioid misuses and overdoses in South Carolina as an epidemic. We know marijuana usage actually decreases the dependence and likelihood of overdosing on opioids. Contrary to misinformation that has been disseminated by those who oppose it, marijuana is not a gateway drug. Let me say that again for the folks in the back. Marijuana is not a gateway drug, but a safer alternative. It doesn't have the propensities opioids have. In fact, 37 other states, like I said, including Alabama and Mississippi, as late as last week have legalized it. At last check an overwhelming majority of South Carolinians support the legalization of it. Let's be real bipartisanship is hard to come by these days but this is a bipartisan effort. Republicans and Democrats alike support this Bill and this issue. Just take a look at those of us who have consistently sponsored and co-sponsored it. If passed, this Bill would create one of the most strictly regulated medical marijuana programs in the country. While I agree that legalization would be a big step in the right direction for South Carolinians. I am concerned that overregulating it will make medical marijuana too expensive for some South Carolinians, and even deny or restrict access to the very people we are trying to help. We haven't spent much time on the economic impact of legalization. We know that passing this measure would generate millions in taxable revenue not more, and create thousands of jobs in its first year, providing a huge economic boost to our state's economy. Like it or not, medical marijuana is safe and effective. Especially when compared to opioids. In 2019 South Carolina physicians prescribed more opioids than the national average. Medical marijuana should be taxed and regulated like any other prescription drug -- not more and not less. Legalization is strongly supported by veteran's groups who say the data shows suicides among combat veteran declines when they have access to medical cannabis. There are so many reasons to support this Bill. Not only am I a proud co-sponsor, I have introduced a Bill to decriminalize it because I will never forget what SLED and the South Carolina Sheriff's Association and other members of the law enforcement said during a hearing on my Schools Bill when I first introduced it in the House. I think it was 2016, and I remember them pleading with us not to remove that tool from their tool boxes. I thought, wow, that is an interesting request. So when I asked what they meant by that -- what tool they were referring to? They simply said that law enforcement needed to hold on to the ability to arrest students while in school, and that if my Bill passed, that tool or that ability would be removed from their tool boxes. Sadly, those offices and organizations were well aware that the old disturbing schools law had already sent more than 30 thousand South Carolina students into the school-to-prison pipeline -- had already sent over 30,000 South Carolina students to DJJ. The majority were not engaged in criminal activities at school when they were arrested. Arguably that is the same point they are making here when they voice their opposition to medical marijuana. Saying that the legalization of medical marijuana will impact their ability to distinguish between the good guys and the bad guys. If that is their rationale or reasoning, I can't help but wonder why were those same law enforcement officers and agencies noticeably silent and low key supportive of open carry? Because if there ever were Bills that would impede law enforcement's ability to perceive an eminent threat or distinguish the good guys from the bad guys it is open carry Bills that have sailed through this Chamber despite the opposition -- despite the research and with reckless disregard for those of us who'll be negatively impacted. For any law enforcement officer or elected official to sit in a medical cannabis hearing and mean mug struggling South Carolinians -- Republicans and Democrats who travel from all over the State year after year every time these Bills are introduced -- pleading with us for help and relief -- that is what seems criminal. I was curious about why medical marijuana ever became an illegal substance in the United States. According to Britannica, the answer is simple yet not surprising. The root of marijuana's illegality, Senator K. JOHNSON, is racism. In the 1930’s Harry Endslinger, head of the Federal Bureau of Narcotics turned his battle against marijuana into an all out war. His motivation seemed less about safety concerns. Since the overwhelming majority of the surveyed claimed the drug was not dangerous, Endslinger however was not deterred by the science or the scientists. So he sought a federal ban on marijuana and moved full speed ahead with his high profile campaign that relied heavily on racism. Even claiming that the majority of marijuana smokers were black and brown people and that marijuana had an effect on these degenerate races -- such as inducing violence and causing insanity. He also said, “Reefer makes darkies think they are as good as white men.” He went on to express his belief that smoking pot would result in white women having sex with black men. Endslinger eventually oversaw the passage of the Marijuana Tax Act in 1937, which effectively made the drug illegal across the United States. But it was declared unconstitutional in 1969 and replaced by the Controlled Substance Act the following year. That legislation classified marijuana, as well as Heroin, LSD and others as a Schedule I drug. Also not surprising is that racism was evident in the enforcement of the law as well. Those enforcement disparities are unfortunately still happening today. In 1996 California was the first state to the criminalize marijuana for medicinal purposes. By 2019 more than 30 U.S. states permitted some marijuana use, although it remained unlawful at the federal level. According to Britannica, African Americans in early 21st century were nearly four times more likely than whites to be arrested on marijuana related charges. Despite both groups having similar usage rates. That is why I’ve introduced the Bill that would take the question concerning whether to legalize medical and recreational marijuana to the people of South Carolina. Let's put the request question on the ballot so we will know once and for all where South Carolinians stand on this extremely important issue. We owe that to the people who continue to suffer without help and without hope. Before I take my seat, and I am sure you're ready for me to do that, I just want to remind all of you of the words of Greenville native civil rights icon reverend Jesse Jackson who said, “Never look down on anybody unless you are helping them up.” My prayer is not that you will come to know or understand or experience our pain firsthand. My prayer for all of you is that God will give you the courage, compassion and empathy to do right by all of the people of South Carolina. Regardless, that starts by tabling this amendment and passing a bipartisan Medical Marijuana Bill that makes medical marijuana affordable and accessible to all of us who need it. Thank you.

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

Senator GROOMS spoke on the amendment.

**Call of the Senate**

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

Adams Alexander Allen

Bennett Campsen Cash

Climer Corbin Cromer

Davis Fanning Garrett

Goldfinch Grooms Gustafson

Harpootlian Hembree Hutto

Jackson *Johnson, Kevin Johnson, Michael*

Kimbrell Kimpson Loftis

Malloy Martin Massey

Matthews McElveen McLeod

Peeler Rankin Rice

Sabb Scott Senn

Setzler Shealy Stephens

Talley Turner Verdin

Williams Young

A quorum being present, the Senate resumed.

**Motion Failed**

Pursuant to Rule 15A, Senator GROOMS moved that a time certain be set on the entire matter in Interrupted Debate, S.150, at 5:45 P.M. on Wednesday, February 9, 2022; that the Clerk be prohibited from receiving further amendments, other than technical or correcting amendments, and debate on the pending amendments be limited to 5 minutes for proponents and 5 minutes for opponents, then debate on the main question be limited to 15 minutes for proponents and 15 minutes for opponents.

The question then was the adoption of the motion.

The "ayes" and "nays" were demanded and taken, resulting as follows:

**Ayes 3; Nays 39**

**AYES**

Corbin Goldfinch Grooms

**Total--3**

**NAYS**

Adams Alexander Allen

Bennett Campsen Cash

Climer Cromer Davis

Fanning Garrett Gustafson

Harpootlian Hembree Hutto

Jackson *Johnson, Kevin Johnson, Michael*

Kimpson Loftis Malloy

Martin Massey Matthews

McElveen McLeod Peeler

Rankin Rice Sabb

Scott Senn Setzler

Shealy Stephens Turner

Verdin Williams Young

**Total--39**

Having failed to receive the necessary votes, the motion failed.

Senator DAVIS moved to lay the amendment on the table.

The "ayes" and "nays" were demanded and taken, resulting as follows:

**Ayes 26; Nays 18**

**AYES**

Adams Allen Climer

Cromer Davis Fanning

Goldfinch Grooms Gustafson

Harpootlian Hutto Jackson

*Johnson, Michael* Kimbrell Kimpson

Malloy Martin Matthews

McElveen McLeod Rankin

Sabb Shealy Stephens

Talley Verdin

**Total--26**

**NAYS**

Alexander Bennett Campsen

Cash Corbin Garrett

Hembree *Johnson, Kevin* Loftis

Massey Peeler Rice

Scott Senn Setzler

Turner Williams Young

**Total--18**

The amendment was laid on the table.

**Motion Adopted**

Senator MASSEY asked unanimous consent that all amendments be cut off at 3:45 P.M. except members may substitute existing amendments that have not yet been published in order to make minor, technical and conforming amendments, and that there be one additional conforming and technical amendment offered by Senator DAVIS and that Senator CASH may offer one additional amendment.

**Amendment No. 53**

Senator CAMPSEN proposed the following amendment (150R065.SP.GEC), which was adopted:

Amend the bill, as and if amended, by striking Section 44-53-2096(C) and inserting:

/(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. The Board of Pharmacy shall not prohibit a pharmacist who owns a non-therapeutic cannabis pharmacy from obtaining a permit to own and operate a therapeutic cannabis pharmacy, provided that the pharmacies must be located in independent structures that are at least one quarter mile apart from the other. /

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. 60A**

Senator SENN proposed the following amendment (150R085.SP.SS), which was adopted:

Amend the bill, as and if amended, by striking Section 44-53-2060 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 authorize medical cannabis;

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

(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) two licensed pharmacists who do not dispense a medical cannabis product;

(f) two licensed pharmacists who dispense a medical cannabis product;

(g) one cardholder and 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 or remove 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 or remove 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) Except as designated in subsection (A)(2)(g), 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.

Senator SENN explained the amendment.

The question then was the adoption of the amendment.

The amendment was adopted.

**Amendment No. 61**

Senator SENN proposed the following amendment (150R077.SP.SS), which was adopted:

Amend the bill, as and if amended, by striking Section 44-53-2470(A) and inserting:

/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. A pharmacist must be physically on premises during dispensing hours. /

Renumber sections to conform.

Amend title to conform.

Senator SENN explained the amendment.

Senator K. JOHNSON spoke on the amendment.

The question then was the adoption of the amendment.

The amendment was adopted.

**Amendment No. 62A**

Senator SENN proposed the following amendment (150R084.SP.SS), which was adopted:

Amend the bill, as and if amended, by striking Section 44-53-2290 and inserting:

/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 solely as a result of certifying a qualifying patient’s medical use of cannabis products in accordance with this article, but 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 solely as a result of dispensing a qualifying patient’s medical cannabis products in accordance with this article, but 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. /

Renumber sections to conform.

Amend title to conform.

Senator SENN explained the amendment.

The question then was the adoption of the amendment.

The amendment was adopted.

**Amendment No. 63**

Senator CASH proposed the following amendment (150R080.SP.RJC), which was adopted:

Amend the bill, as and if amended, by striking Section 44-53-2100(A)(4) and inserting:

/(4) 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. /

Renumber sections to conform.

Amend title to conform.

Senator CASH explained the amendment.

The question then was the adoption of the amendment.

The amendment was adopted.

**Amendment No. 64**

Senator CASH proposed the following amendment (150R082.SP.RJC), which was adopted:

Amend the bill, as and if amended, by striking Section 44-53-2370(B)(11).

Renumber sections to conform.

Amend title to conform.

Senator CASH explained the amendment.

The question then was the adoption of the amendment.

The amendment was adopted.

**Amendment No. 65A**

Senator SENN proposed the following amendment (150R086.SP.SS), which was adopted:

Amend the bill, as and if amended, by striking Section 44-53-2010(A)(12) and inserting:

/(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 cannabis with a tetrahydrocannabinol concentration of not more than ten milligrams per serving and may include a gelatin-based chewable product; however, an edible cannabis product cannot resemble or taste like commercially sold candies or other food that is typically marketing to children. An edible cannabis product cannot be in the shape of cartoons, toys, animals, or people. An edible cannabis product cannot include baked goods that would be attractive to children. /

Renumber sections to conform.

Amend title to conform.

Senator SENN explained the amendment.

The question then was the adoption of the amendment.

The amendment was adopted.

**Amendment No. 66**

Senator CASH proposed the following amendment (150R079.SP.RJC), which was tabled:

Amend the bill, as and if amended, on page 14, after Section 44-53-2080(D), at line 8, and inserting and new subsection to read:

/ (E) A physician authorized to issue written certifications can write no more than a total of five hundred certifications for post-traumatic stress disorder, chronic pain, or severe pain for qualifying patients per year. /

Renumber sections to conform.

Amend title to conform.

Senator CASH explained the amendment.

Senator HUTTO spoke on the amendment.

Senator HUTTO moved to lay the amendment on the table.

The "ayes" and "nays" were demanded and taken, resulting as follows:

**Ayes 34; Nays 10**

**AYES**

Adams Alexander Allen

Bennett Campsen Climer

Cromer Davis Fanning

Goldfinch Grooms Gustafson

Harpootlian Hutto Jackson

*Johnson, Michael* Kimbrell Kimpson

Malloy Martin Massey

Matthews McElveen McLeod

Rankin Sabb Scott

Setzler Shealy Stephens

Talley Turner Verdin

Young

**Total--34**

**NAYS**

Cash Corbin Garrett

Hembree *Johnson, Kevin* Loftis

Peeler Rice Senn

Williams

**Total--10**

The amendment was laid on the table.

**Amendment No. 67**

Senator HEMBREE proposed the following amendment (150R087.SP.GH), which was tabled:

Amend the bill, as and if amended, by striking Section 44-53-2020(B) and inserting:

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

(1) twenty percent to SLED;

(2) sixty percent for treatment of substance abuse addiction; and

(3) twenty percent to the Commission on Higher Education to provide scholarships to South Carolina residents seeking a degree in the substance abuse and mental health treatment fields. /

Renumber sections to conform.

Amend title to conform.

Senator HEMBREE explained the amendment.

Senator DAVIS moved to lay the amendment on the table.

The amendment was laid on the table.

**Amendment No. 68**

Senator CASH proposed the following amendment (150R088.SP.RJC), which was adopted:

Amend the bill, as and if amended, by striking Section 44-53-2350(A)(3) and (4)(c).

Renumber sections to conform.

Amend title to conform.

Senator CASH explained the amendment.

The question then was the adoption of the amendment.

The amendment was adopted.

**Amendment No. 69**

Senator HEMBREE proposed the following amendment (JUD0150.001), which was withdrawn:

Amend the bill, as and if amended, by striking all after the enacting words and inserting:

/ SECTION 1. Article 1, Chapter 53, Title 44 of the 1976 Code is amended by adding:

“Section 44-53-373. (A) It shall be an affirmative defense for any person charged with a violation of Section 44-53-370(d)(4) with respect to twenty-eight grams or one ounce or less of marijuana that he has been diagnosed with a debilitating medical condition by a licensed physician and that the patient and physician have pursued all other U.S. Food and Drug Administration approved treatment options.

(B) For purposes of this section:

(1) ‘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;

(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; or

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

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

SECTION 2. This act takes effect upon approval by the Governor. /

Renumber sections to conform.

Amend title to conform.

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

**Amendment No. 70**

Senator CASH proposed the following amendment (150R089.SP.RJC), which was withdrawn:

Amend the bill, as and if amended, by adding an appropriately lettered new subitem to Section 44-53-2350(A)(5) to read:

/( ) requirements that cannabis products that are taken in edible forms be made with a taste and odor that are neutral insofar as possible. Renumber sections to conform.

Amend title to conform.

Senator CASH explained the amendment.

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

**Amendment No. 71A**

Senator CASH proposed the following amendment (150R096.SP.RJC), which was adopted:

Amend the bill, as and if amended, at the end of SECTION 3, by adding a new Section to read:

/Section 44-53-2520. The department shall require annually from a medical cannabis establishment proof of liability coverage of no less than one million dollars. /

Renumber sections to conform.

Amend title to conform.

Senator CASH explained the amendment.

The amendment was adopted.

**RECESS**

At 7:15 P.M., on motion of Senator MASSEY, the Senate receded for 20 minutes.

At 7:41 P.M., the Senate resumed.

**Amendment No. 72**

Senator CASH proposed the following amendment (150R090.SP.RJC), which was adopted:

Amend the bill, as and if amended, by striking Section 44-53-2090(A)(5)(a) and inserting:

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

Amend the bill further, as and if amended, by striking Section 44-53-2095(A)(4)(a) and inserting:

/(4)(a) complete a three-hour continuing education course on medical cannabis on a yearly basis 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 /

Amend the bill further, as and if amended, by adding an appropriately lettered subsection to Section 44-53-2095 to read:

/( ) The continuing education requirements included in subsection (A)(4)(a) are applicable to all pharmacy employees who assist the pharmacist in the preparation or dispensing of cannabis products or who interact with qualifying patients or designated caregivers. /

Renumber sections to conform.

Amend title to conform.

Senator CASH explained the amendment.

The question then was the adoption of the amendment.

The amendment was adopted.

**Amendment No. 73**

Senator CASH proposed the following amendment (150R093.KMM.RJC), which was adopted:

Amend the bill, as and if amended, by striking Section 44-53-2510(B)(3) and inserting:

/ (3) the nature of the debilitating medical conditions of the qualifying patients by percentage, and a breakdown of qualifying patients by the following age groups:

(a) 0 to 10 years of age;

(b) 11 to 17 years of age;

(c) 18 to 23 years of age;

(d) 24 to 35 years of age;

(e) 36 to 49 years of age;

(f) 50 to 65 years of age;

(g) over 65 years of age.

Within each age group, the report must provide a breakdown, by percentage, of debilitating medical conditions of the qualifying patients./

Amend the bill further, as and if amended, by striking Section 44-53-2510(B)(6) and inserting:

/ (6) the number of physicians providing written certifications for qualifying patients and a breakdown of how many physicians wrote certifications in the following numbers:

(a) 1 to 100;

(b) 101 to 249;

(c) 250 to 500;

(d) 501 to 750;

(e) 751 to 1,000; and

(f) over 1000. /

Amend the bill further, as and if amended, by adding to the end of Section 44-53-2510(B):

“(8) the percentage of all physicians providing written certifications who accounted for eighty percent of the total annual prescriptions written;

(9) the total revenue of the South Carolina Medical Cannabis Program fund, the total expenses of the department in administering the program, the net revenue, and the amount distributed to each of the recipients in Section 44-53-2020(B); and

(10) a year-by-year chart showing the total number of annual certifications, the total number of registry identification cards issued, and the total number of fourteen-day supply purchases made. /

Renumber sections to conform.

Amend title to conform.

Senator CASH explained the amendment.

The question then was the adoption of the amendment.

The amendment was adopted.

**Amendment No. 74**

Senator CASH proposed the following amendment (150R094.SP.RJC), which was adopted:

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

/SECTION \_\_. 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 subrecipient with the academic medical center as the prime awardee. A South Carolina research university shall be considered an ‘academic medical center’ for the purpose of this article.

(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.” /

Renumber sections to conform.

Amend title to conform.

Senator CASH explained the amendment.

The question then was the adoption of the amendment.

The amendment was adopted.

**Amendment No. 75**

Senator CROMER proposed the following amendment (WAB\  
150C001.JN.WAB22), which was adopted:

Amend the bill, as and if amended, by striking Section 44‑53‑2290(B) and inserting:

/ (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 of 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 solely as a result of dispensing a qualifying patient’s medical cannabis products in accordance with this article, but 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, but not limited to, dispensing medical cannabis products to a person who does not have a cannabis certification card. /

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. 76**

Senator GARRETT proposed the following amendment (WAB\  
150C002.JN.WAB22), which was adopted:

Amend the bill, as and if amended, SECTION 3, page 8, after line 19, by adding an appropriately numbered subsection to read:

/ ( ) ‘Standard of care for dispensing or certifying a patient for medical marijuana’ means the level and type of care that a reasonably competent and skilled health care professional with a similar background and in the same medical community would provide, which must include whether the physician exercised a standard of care in connection with the authorization of a cannabis product, to a qualified patient, pursuant to Section 44-53-2080. /

Amend the bill further, as and if amended, page 30, after line 20, by adding an appropriately lettered subsection to read:

/ ( ) The department shall establish by regulation reporting requirements for emergency room treatment facilities for medical cannabis incidents involving qualified patients to be listed on the web-based verification system. /

Amend the bill further, as and if amended, page 56, subsection (C)(1)(b), by striking lines 6-9 and inserting:

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

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. 13**

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

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, with unanimous consent, the amendment was withdrawn.

**Amendment No. 15**

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

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 DAVIS explained the amendment.

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

**Amendment No. 22A**

Senator HEMBREE proposed the following amendment (150R097.SP.GH), which was adopted:

Amend the bill, as and if amended, by striking Section 44-53-2010(A)(11) and inserting:

/(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. 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, 2028. 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, by striking Section 44-53-2010(A)(17) through (19) and inserting:

/(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. 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, 2028. This exclusion does not apply to members and their families if the member recused himself from voting on this act.

(18) ‘Medical cannabis establishment agent’ means a board member, owner, officer, pharmacist, 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.

(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. 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, by striking Section 44-53-2010(A)(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. 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, 2028. This exclusion does not apply to members and their families if the member recused himself from voting on this act. /

Amend the bill, as and if amended, by striking Section 44-53-2010(A)(32) and inserting:

/(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. 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, 2028. 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.

The question then was the adoption of the amendment.

The amendment was adopted.

**Amendment No. 34**

Senator CASH proposed the following amendment (150R048.SP.RJC), which was withdrawn:

Amend the bill, as and if amended, on page 35, lines 3 through 16, by striking Section 44-53-2350(A)(3) and (4).

Renumber sections to conform.

Amend title to conform.

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

**Amendment No. 77**

Senator DAVIS proposed the following amendment (150R066.SP.TD), which was adopted:

Amend the bill, as and if amended, by striking Section 44-53-2010(8)(a) and inserting:

/(8) ‘Debilitating medical condition’ means:

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

(i) cancer;

(ii) multiple sclerosis;

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

(iv) 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;

(v) Crohn’s disease;

(vi) sickle cell anemia;

(vii) ulcerative colitis;

(viii)cachexia or wasting syndrome;

(ix) autism;

(x) 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;

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

(xii) 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;/

Amend the bill further, as and if amended, by striking Section 44-53-2010(11) and inserting:

/(11) ‘Diversion’ means the obtaining or transferring of cannabis products from a legal possession or use to an illegal use. /

Amend the bill further, as and if amended, by striking Section 44-53-2010(15) and inserting:

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

Amend the bill further, as and if amended, by striking Section 44-53-2020(B)(1) and inserting:

/(1) three percent for research conducted by the University of South Carolina’s College of Pharmacy and 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;

Amend the bill further, as and if amended, by striking Section 44-53-2080(A)(3)(f) and (g) and inserting

(f) notification of the patient or caregiver that medical cannabis products are for the qualifying patient’s use only and that cannabis products must 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 must not drive or operate heavy machinery while under the influence of medical cannabis; and /

Amend the bill further, as and if amended, by striking Section 44-53-2080(A)(7) and inserting:

/(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 must seek a consultation with or refer the patient to a pain management, psychiatric, addiction, or mental health specialist as needed. /

Amend the bill further, as and if amended, by striking Section 44-53-2100(A)(2) and inserting:

/(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; and

(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; /

Amend the bill further, as and if amended, by striking Section 44-53-2110(A)(8) and inserting:

/(8) a photograph of the cardholder. /

Amend the bill further, as and if amended, by striking Section 44-53-2130(A)(7) and inserting:

/(7)(a) a statement signed by the qualifying patient applicant agreeing not to divert cannabis products to anyone 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;

(b) an attestation that the individual is not employed in, or contracted to perform, any job:

(i) in which the person will carry a weapon, including a firearm;

(ii) requiring a law enforcement credential;

(iii) requiring a commercial driver’s license, charter boat license, or a pilot’s license;

(iv) involving operation of trains, buses, or any form of public transportation; or

(v) involving the operation of heavy machinery; /

Amend the bill further, as and if amended, by striking 44-53-2130(B)(1)(e) and inserting:

/(e) a statement signed by the designated caregiver applicant agreeing not to divert cannabis products to anyone other than the qualifying patients to whom the designated caregiver is associated 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/

Amend the bill further, as and if amended, by striking Section 44-53-2140(D) and inserting:

/(D)(1) The department may not issue a registry identification card to a person who is employed in or contracted for any job:

(a) in which the individual will carry a weapon, including a firearm;

(b) requiring a law enforcement credential;

(c) requiring a commercial driver’s license, a charter boat license, or a pilot’s license;

(d) involving the operation of trains, buses, or any form of public transportation; or

(e) involving the operation of heavy machinery.

(2) The department may compare applicants for registry identification cards to any professional, licensing, or other relevant database to ensure compliance with this section. /

Amend the bill further, as and if amended, by adding an appropriately numbered new item to Section 44-53-2180(A) to read:

/( ) A qualifying patient shall notify the department and surrender his registry identification card before starting any job or contract:

(a) in which he will carry a weapon, including a firearm;

(b) requiring a law enforcement credential;

(c) requiring a commercial driver’s license, a charter boat license, or a pilot’s license;

(d) involving operation of trains, buses, or any forms of public transportation; or

(e) involving the operation of heavy machinery. /

Amend the bill further, as and if amended, by striking Section 44-53-2195(E) and inserting:

/(E) The department must 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 or state law enforcement or prosecutorial official pursuant to a court-ordered search warrant issued in connection with a crime or civil 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 court pertaining to a specific case involving a designated person. /

Amend the bill further, as and if amended, by striking Section 44-53-2250(B) and inserting:

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

Amend the bill further, as and if amended, by striking Section 44-53-2260(A) and inserting:

/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 Section 1-13-10, et seq., 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. /

Amend the bill further, as and if amended, by striking Section 44‑53‑2310(2) and inserting:

/(2) being in the presence of a medical cannabis product /

Amend the bill further, as and if amended, by adding an appropriately lettered new subsection to Section 44‑53‑2360 to read:

/( ) No principal, manager, employee, or agent of an independent testing laboratory may work for, contract with, receive compensation from, or have an equity interest in any medical cannabis establishment. /

Amend the bill further, as and if amended, by striking Section 44-53-2380(G) and inserting:

/ (G) It is not unlawful for the University of South Carolina’s College of Pharmacy and 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.

Amend the bill further, as and if amended, by striking Section 44-53-2510(B)(4) and inserting:

/(4) the efficacy of, and side effects reported to, or satisfaction or dissatisfaction with medical cannabis products on a yes‑no questionnaire as submitted by qualifying patients in a voluntary, anonymous survey, which may be conducted online by the department; /

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.

Senator BENNETT spoke on the Bill.

**Remarks by Senator BENNETT**

Thank you, Mr. PRESIDENT. I knew it was a dangerous move when I saw the eyes cross when I asked to be heard. I will be brief. You have probably noticed or maybe you haven’t noticed, which is ok, nobody notices me much anyway, but I’ve sat back there pretty quiet during this whole debate. I want to join the chorus of thanking Senator DAVIS in his efforts and his work over the many years. It is pretty rare, at least pretty rare for me, where I face an issue sitting in this Chamber during a debate, where I will be completely honest with everybody here -- I did not make up my mind which way I was going to go on this Bill until about an hour ago. I want to thank everybody in here that participated in the debate because I think that is what it is all about. Whether you are for a Bill or against a Bill, try to improve a Bill, and the debate goes on. Senator DAVIS, I think you said you have been working on this for seven years. I think I have been telling constituents in my community for about seven years that I wasn’t sure where I was on this issue. I believe in my heart of hearts that marijuana is a dangerous substance. I think we all believe to a certain degree that it’s a dangerous substance or else we wouldn’t have spent all the time that we’ve spent trying to fashion a piece of legislation that is going to be workable. To be honest with you, I don’t know that we have. I think it is to Senator DAVIS’ credit, and probably to his detriment, because he has tried to include everybody, and make this thing something that we all can agree upon, or coalesce around. It probably creates a problem with the legislation down the road that we do not even really realize yet. I think we have probably created an infrastructure here that is going to have some challenges to it. I think we are going to spend the next couple of years, now let’s be honest -- it still has a long way to go. It has to go across the hall -- they have to do whatever they are going to do to it. They send it back to us, and we pass it. Then it will go the Governor, and it has all of these issues. We have a long way to go but assuming it goes the way we say it is, I think we’re going to come back here over the next number of years and revisit a lot of challenges that we just don’t know about and that’s okay. I do not think that is necessarily a problem, but I think it is something that we all should except and understand -- it is not a perfect Bill. I think the public is going to be a little surprised by what is in it, what is not in it, what they can do, and what they cannot do. I am going to end up supporting this Bill. As I said, I didn’t know that I was going to do that until about an hour ago. But I wanted to take the opportunity to, again, thank everybody that was engaged. I was engaged. I wasn’t not listening. I was listening to the debate. I wasn’t engaged in the debate because I really didn’t have to. But I appreciated all of the information that came through. So, I wanted to stand up and thank you all. And I wanted to let my constituents know that what I’ve been telling you over the last seven years is the truth. I didn’t know where I was on this and I had to get the information. A lot of my constituents will be disappointed with that and a lot of them will appreciate that, I think. But that’s what it is like being here, right? So I’m going to support the Bill. Thank you, Senator DAVIS. I think we are going to be dealing with this again. This is not the last time we are going to have to be dealing with issues that pop up and problems that pop up. I hope, I pray, that one of the biggest things-- what we were able to do here, I pray is that we were able to curb this opioid problem. I pray that medical cannabis will help us do that. Folks, we have in this State thousands of people who are dealing with substance abuse problems with opioids that we can never understand. Some of us can understand it because we have family members that went through it. Others will never understand it. This entire Nation has that problem. I hope and pray that this is part of the solution. If it is not, we gave it a shot. But I hope that some people get some help and the help that they need. I hope we have not created something that we are going to look back on as a Frankenstein monster and have to fix. But I’m ready to do that if we have to. So thank you very much to all my colleagues.

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

Senator CROMER spoke on the Bill.

Senator CASH spoke on the Bill.

The question then was second reading of the Bill.

The "ayes" and "nays" were demanded and taken, resulting as follows:

**Ayes 28; Nays 15; Abstain 1**

**AYES**

Adams Allen Bennett

Cash Climer Davis

Fanning Goldfinch Grooms

Gustafson Harpootlian Hutto

Jackson *Johnson, Michael* Kimbrell

Kimpson Malloy Martin

Massey Matthews McLeod

Rankin Sabb Shealy

Stephens Talley Turner

Verdin

**Total--28**

**NAYS**

Alexander Campsen Corbin

Garrett Hembree *Johnson, Kevin*

Loftis McElveen Peeler

Rice Scott Senn

Setzler Williams Young

**Total--15**

**ABSTAIN**

Cromer

**Total--1**

There being no further amendments, the Bill, as amended, was read the second time, passed and ordered to a third reading.

**Statement by Senator CROMER**

I abstained from voting on second reading of S. 150 because of my long standing practice of abstaining from Bills that impact pharmacies and pharmacists.

**Motion Adopted**

On motion of Senator MASSEY, the Senate agreed to stand adjourned.

**MOTION ADOPTED**

On motion of Senator JACKSON, with unanimous consent, the Senate stood adjourned out of respect to the memory of Mrs. Cynthia White Williams of Columbia, S.C. Cynthia was a member of Bible Way Church where she was active in woman’s ministry and was the founder of My Heart, My Breast Foundation. She was a paralegal at Bernstein and Bernstein Law Firm in Columbia. Cynthia was a loving wife, devoted mother and doting grandmother who will be dearly missed.

and

**MOTION ADOPTED**

On motion of Senator GUSTAFSON, with unanimous consent, the Senate stood adjourned out of respect to the memory of Ginny DeWitt Zemp of Camden, S.C. Ginny was the executive director for Historic Camden and worked hard for her community. She loved adventure, history, art, music and the Lord. She was a joy to all who knew her. Ginny was a loving wife, devoted mother and doting grandmother who will be dearly missed.

**ADJOURNMENT**

At 8:28 P.M., on motion of Senator MASSEY, the Senate adjourned to meet tomorrow at 11:00 A.M.

\* \* \*