



CITY COUNCIL WORK SESSION MEETING
CITY OF NEW PORT RICHEY

NEW PORT RICHEY CITY HALL COUNCIL CHAMBERS
5919 MAIN STREET, NEW PORT RICHEY, FLORIDA

April 25, 2017
5:00 PM

AGENDA

ANY PERSON DESIRING TO APPEAL ANY DECISION MADE BY THE CITY COUNCIL, WITH RESPECT TO ANY MATTER CONSIDERED AT ANY MEETING OR HEARING, WILL NEED A RECORD OF THE PROCEEDINGS AND MAY NEED TO ENSURE THAT A VERBATIM RECORD OF THE PROCEEDINGS IS MADE, WHICH INCLUDES THE TESTIMONY AND EVIDENCE UPON WHICH THE APPEAL IS TO BE BASED. THE LAW DOES NOT REQUIRE THE CITY CLERK TO TRANSCRIBE VERBATIM MINUTES; THEREFORE, THE APPLICANT MUST MAKE THE NECESSARY ARRANGEMENTS WITH A PRIVATE REPORTER (OR PRIVATE REPORTING FIRM) AND BEAR THE RESULTING EXPENSE. (F.S. 286.0105)

ORDER OF
BUSINESS

1. Call to Order - Roll Call

DISCUSSION ITEMS

2. Discussion on Medical Marijuana- Page 2
3. Adjournment

Agendas may be viewed on the City's website: www.citynpr.org This meeting is open to the public. In accordance with the Americans with Disabilities Act of 1990 and Section 286.26, Florida Statutes, all persons with disabilities needing special accommodations to participate in this meeting should contact the City Clerk, 727-853-1024, not later than four days prior to said proceeding.



TO: City of New Port Richey City Council

FROM: Debbie L. Manns, City Manager

DATE: 4/25/2017

RE: Discussion on Medical Marijuana- Page 2

SUMMARY:

As you may recall, a proposed ordinance placing a one year moratorium on medical cannabis dispensaries was presented to you for your consideration at your meeting on February 7, 2017. The agenda item spurred a lot of discussion from members in the community regarding the need for medical marijuana. Although City Council ultimately adopted the proposed ordinance with a six month moratorium instead of the initially proposed one year at the following meeting on February 21, 2017, Council directed staff to work on assembling information about medical marijuana that Council could review at a work session. Staff has prepared the attached agenda which highlights the points to be discussed. In addition, information from the Office of Compassionate Use under the Department of Health website is attached which provides some background on the types of medical marijuana available, patient and doctor information and implementation.

Staff has worked diligently on this matter and has worked closely with members of the community to ensure they were invited to attend to provide input on the matter. It is the request of staff that City Council move forward and conduct the work session and receive public input.

REQUESTED ACTION:

Staff recommends that City Council conduct a work session to discuss medical marijuana.

ATTACHMENTS:

Description	Type
☐ Agenda of Discussion Points	Backup Material
☐ Medical Cannabis Information	Backup Material
☐ Low THC Information	Backup Material
☐ Patient Guide	Backup Material
☐ Physician Requirements	Backup Material
☐ Implementation Timeline	Backup Material
☐ Registry ID Card Application	Backup Material



NEW PORT RICHEY

5919 MAIN STREET • NEW PORT RICHEY, FL 34652 727-853.1016

City Council Workshop Agenda Medical Marijuana

Date: Tuesday, April 25, 2017
Time: 5:00 pm
Location: City Council Chambers
First Floor, City Hall, 5919 Main Street, New Port Richey, FL 34652

1. Staff Introduction/presentation
 - Medical marijuana in Florida
 - Issues for New Port Richey
 - Zoning: Location, separation, use allowance/process for approval
 - Safety: Enforcement
2. Presentations - Supportive:
 - Garyn Angel, Advocate
 - Gillian Leytham, Lobbyist for licensed marijuana grower
 - Gary Stein, Author and Advocate
3. Presentations - Neutral:
 - Pasco Alliance for Substance Abuse Prevention (Marijuana Task Force), Christina Roberto & Kent Runyon
4. Presentation: Not Supportive:
 - Amy Ronshausen, Drug Free America Foundation
5. Public Comments
6. City Council Discussion
7. Next Workshop:
 - Wednesday, May 31, 2017 (*tentative*)

Office of Compassionate Use

MEDICAL CANNABIS INFORMATION

Patients diagnosed with terminal conditions are eligible to receive an order for medical cannabis, which contains the psychoactive ingredient THC.

Florida law defines a terminal condition as a progressive disease or medical or surgical condition that causes

significant functional impairment, is not considered by a treating physician to be reversible even with the administration of available treatment options currently approved by the United States Food and Drug Administration, and, without the administration of life-sustaining procedures, will result in death within one year after diagnosis if the condition runs its normal course.

Section 381.986, Florida Statutes, as amended by Chapter 2016-123, Laws of Florida, includes several requirements for a qualified patient to receive an order for medical cannabis:

1. First, patients must schedule a face-to-face consultation with a qualified physician who has undergone the training required to order cannabis for patients. You can find a complete list of qualified physicians here. Physicians may only order cannabis for a patient if he or she has treated them for the immediately preceding three months.
2. To qualify for medical cannabis, a patient must be diagnosed with a terminal condition that is attested to by his or her physician. That diagnosis must be confirmed by a second independent evaluation from a board-certified physician in an appropriate specialty for that condition. Finally, patients must have considered all other treatment options for the terminal condition currently approved by the United States Food and Drug Administration.
3. The physician must obtain written informed consent of the patient or the patient's legal guardian to treat with medical cannabis that includes:
 - An explanation of the currently approved products and treatments for the patient's terminal condition.
 - An attestation that the patient concurs with his or her physician in believing that all currently approved products and treatments are unlikely to prolong the patient's life.
 - Identification of the specific investigational drug, biological product, or device that the patient is seeking to use.
 - A realistic description of the most likely outcomes of using the investigational drug, biological product, or device. The description shall include the possibility that new, unanticipated, different, or worse symptoms might result and death could be hastened by the proposed treatment. The description shall be based on the physician's knowledge of the proposed treatment for the patient's terminal condition.
 - A statement that the patient's health plan or third-party administrator and physician are not obligated to pay for care or treatment consequent to the use of the investigational drug, biological product, or device unless required to do so by law or contract.
 - A statement that the patient's eligibility for hospice care may be withdrawn if the patient begins treatment with the investigational drug, biological product, or device and that hospice care may be reinstated if the treatment ends and the patient meets hospice eligibility requirements.
 - A statement that the patient understands he or she is liable for all expenses consequent to the use of the investigational drug, biological product, or device and that liability extends to the patient's estate, unless a contract between the patient and the manufacturer of the investigational drug, biological product, or device states otherwise.
4. The physician enters the order of medical cannabis for the named patient in the Compassionate Use Registry and updates the registry to reflect the contents of the order. The physician must deactivate the patient's registration when treatment is discontinued.
5. The physician maintains a patient treatment plan that includes the dose, route of administration, planned duration, and monitoring of the patient's symptoms and other indicators of tolerance or reaction to the medical cannabis. The physician submits the patient treatment plan quarterly to the University of Florida College of Pharmacy for research on the safety and efficacy of medical cannabis on patients.
6. Finally, a patient may fill their order at a qualified dispensing organization. The dispensing organization will verify the identity of the patient or legal representative, as well as the order in the Compassionate Use Registry. A dispensing organization may not dispense more than a 45 day supply.
7. The use of medical cannabis does NOT include the following:
 - The possession, use or administration of medical cannabis by smoking.
 - The transfer of medical cannabis to a person other than the qualified patient for whom it was ordered.
 - The use of medical cannabis on any form of public transportation, in any public place, in a qualified patient's place of employment, if restricted by his or her employer, in a state correctional institution, on the grounds of a preschool, primary school, or secondary school or any school bus or vehicle.

Learn more:
CompassionateUse
@flhealthgov



Office of Compassionate Use

LOW THC INFORMATION

Patients diagnosed with cancer or a physical medical condition that chronically produces symptoms of seizures or severe and persistent muscle spasms are eligible to receive an order for non-euphoric, low-THC cannabis. In order to receive an order for low-THC cannabis, a patient must:

1. Schedule a face-to-face consultation with a qualified physician who has undergone the training required to order cannabis for patients. You can find a complete list of qualified physicians [HERE](#). Physicians may only order low-THC cannabis for a patient if he or she has treated that patient during the immediate preceding three months.
2. The physician must determine that the risks of ordering low-THC cannabis are reasonable in light of the potential benefit for that patient. If a patient is younger than 18 years of age, a second physician must concur with this determination, and such determination must be documented in the patient's medical record.
3. The physician must obtain voluntary, informed consent in writing from the patient, or the patient's legal guardian, to treatment with low-THC cannabis after sufficiently explaining the current state of knowledge in the medical community of the effectiveness of treatment of the patient's condition with low-THC cannabis, the medically acceptable alternatives, and the potential risks and side effects.
4. An ordering physician must enter an order of low-THC cannabis for the named patient into the Compassionate Use Registry, and update the registry to reflect the contents of the order. The physician must deactivate the patient's registration when treatment is discontinued.
5. The ordering physician must maintain a patient treatment plan that includes the dose, route of administration, planned duration, and monitoring of the patient's symptoms and other indicators of tolerance or reaction to the order for low-THC cannabis. The physician submits the patient treatment plan quarterly to the University of Florida, College Of Pharmacy, for research on the safety and efficacy of low-THC cannabis on patients.
6. Finally, a patient may fill their order at a qualified dispensing organization. The dispensing organization will verify the identity of the patient or legal representative, as well as the existence of an order in the Compassionate Use Registry. A dispensing organization may not dispense more than a 45-day supply of low-THC cannabis.
7. The medical use of low-THC cannabis does NOT include the following:
 - The possession, use or administration of low-THC cannabis by smoking.
 - The transfer of low-THC cannabis to a person other than the qualified patient for whom it was ordered.
 - The use of low-THC cannabis on any form of public transportation, in any public place, in a qualified patient's place of employment, if restricted by his or her employer, in a state correctional institution, on the grounds of a preschool, primary school, or secondary school or any school bus or vehicle.

Learn more:
[CompassionateUse](#)
[@flhealth.gov](#)



Office of Compassionate Use

Low-THC Cannabis & Medical Cannabis

Patient's Guide

HOW IT WORKS

1

A physician diagnoses a patient with a qualifying condition for low-THC or medical cannabis.

If the patient is younger than 18 or terminal, a second physician must concur and this determination must be reflected in the patient's medical records.

2

The physician treats the patient for 3 months, and obtains voluntary, written, informed consent.

3

The physician submits a treatment plan to the University of Florida College of Pharmacy each quarter or if the plan changes.

4

The physician enters the order into the Compassionate Use Registry.

5

The patient may fill the order at any dispensary operated by 1 of the 6 approved dispensing organizations.

Know The Responsibilities of Your Physician:

- Treat a patient for at least 3 months before ordering low-THC or medical cannabis
- Obtain voluntary, written, informed consent from the patient or the patient's legal guardian
- Submit a patient treatment plan to the University of Florida College of Pharmacy every quarter or if the plan changes
- Enter an order for the named patient into the Compassionate Use Registry and update the registry within 7 days of any change
- Order no more than a 45-day supply for each patient

A Qualified Patient Must:

- Be diagnosed with a qualifying condition
- Be a Florida resident
- Be a patient of an ordering physician for at least 3 months

Qualifying Conditions

LOW-THC CANNABIS

Non-euphoric with 0.8% or less THC

Cancer

Epilepsy

Chronic seizures

Chronic muscle spasms

MEDICAL CANNABIS

Full-potency with full THC strength

Terminal conditions

2 physicians must certify that the patient's condition is terminal within 1 year

For More Information:

- To find a qualified physician
- To locate a dispensary
- To learn more

Go to www.flhealth.gov/ocu

THE OFFICE OF COMPASSIONATE USE:

4052 Bald Cypress Way,
Tallahassee, FL 32399

850-245-4657

CompassionateUse@flhealth.gov



Office of Compassionate Use

Low-THC Cannabis & Medical Cannabis

Physician Requirements

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- Treat a patient for at least 3 months before ordering low-THC or medical cannabis
- Obtain voluntary, written, informed consent from the patient or the patient's legal guardian
- Submit a patient treatment plan to the University of Florida College of Pharmacy every quarter or if the plan changes
- Enter an order for the named patient into the Compassionate Use Registry and update the registry within 7 days of any change
- Order no more than a 45-day supply for each patient

A Qualified Physician Must:

- Have an active, unrestricted license under Chapter 458, Florida Statutes or Chapter 459, Florida Statutes.
- Complete the 8-hour CME course provided by Florida Medical Association/Florida Osteopathic Medical Association

Qualifying Conditions

LOW-THC CANNABIS

Non-euphoric with 0.8% or less THC

Cancer

Epilepsy

Chronic seizures

Chronic muscle spasms

MEDICAL CANNABIS

Full-potency with full THC strength

Terminal conditions

2 physicians must certify that the patient's condition is terminal within 1 year

Eligible Patients Must:

- Be diagnosed with a qualifying condition
- Be a Florida resident
- Be a patient of the ordering physician for at least 3 months

Office of Compassionate Use

Low-THC Cannabis & Medical Cannabis

Implementation Timeline

July 1, 2014	Office of Compassionate Use Established
May 28, 2015	Florida Administrative Code Chapter 64-4 Final Rule Upheld. Effective on June 17, 2015
July 8, 2015	Dispensing Organization Applications Accepted
Nov. 23, 2015	Dispensing Organizations Announced <ol style="list-style-type: none"> 1. CHT Medical 2. Knox Medical 3. Modern Health Concepts 4. Surterra Therapeutics 5. Truelieve
Dec. 14, 2015	Challenges Received: 13 Administrative Petitions and 1 Counter Petition
Feb. 5, 2016	<p>Five Dispensing Organizations Request Cultivation Authorization</p> <p>Dispensing Organizations Granted Cultivation Authorization:</p> <ul style="list-style-type: none"> ■ Surterra Therapeutics Feb. 17, 2016 ■ Trulieve Feb. 29, 2016 ■ Modern Health Concepts Mar. 14, 2016 ■ CHT Medical June 22, 2016 ■ Knox Medical July 7, 2016
Mar. 25, 2016	Governor Scott signs HB 307 into Law
Apr. 6, 2016	<ul style="list-style-type: none"> ■ The Green Solution (San Felasco Nursery) Approved as sixth dispensing organization
July 12, 2016	All Dispensing Organizations Cultivating Cannabis
July 11, 2016	Compassionate Use Registry Available
July 22, 2016	Dispensing Began in Florida
July-Oct. 2016	Processing and Dispensing Authorization Inspections



Compassionate Use Registry Identification Card Application Instructions for Qualified Patients

In order to apply for a Compassionate Use Registry Identification Card each patient must: be a Florida resident, be diagnosed with a qualifying condition, and must have been added to the Compassionate Use Registry (and received a Compassionate Use Registry Patient Identification Number) by a physician licensed under Chapter 458 or Chapter 459, Florida Statutes, to receive low-THC cannabis, medical cannabis, or a cannabis delivery device from an authorized Florida dispensing organization.

NEW PATIENT APPLICATIONS MUST INCLUDE ALL OF THE FOLLOWING

- A completed application. By providing your email address, you consent to the Department contacting you through the email address, including the provision of a temporary verification email.
- A copy of your Florida driver license or Florida identification card, or other proof of residency listed below
- A \$75 check or money order (application fee) made out to Florida Department of Health.
- A full-face, passport-type 2x2 inches in size, color photograph taken within the 90 days immediately preceding application

Minor applications must **also include:**

- A designated legal representative and Compassionate Use Registry Identification Card Legal Representative Application
- A copy of the parent's or designated legal representative's proof of residency

PROOF OF RESIDENCY

Patients must submit a copy of a valid Florida driver license or Florida identification card. If the patient does not possess a valid Florida driver license or Florida identification card, they may submit a copy of a utility bill in the patients's name including a Florida address, or a Florida voter registration card. The name and address on the documents provided for residency must match the name and address in this application.

For minor patients, the parent or designated legal representative must submit proof of residency of the parent or designated legal representative.

RENEWAL APPLICATIONS

All Compassionate Use Registry Identification Cards expire 1 year after the date of the physician's initial order. Submit renewal applications 45 days before your card expires. Renewal applications CANNOT be used to purchase low-THC cannabis, medical cannabis, or a cannabis delivery device.

LEGAL REPRESENTATIVE

If you are signing on behalf of the qualified patient in the application, you must provide proof of legal representation. A legal representative means the qualified patient's parent, legal guardian acting pursuant to a court's authorization as required under section 744.3215(4), Florida Statutes, health care surrogate acting pursuant to the qualified patient's written consent or a court's authorization as required under section 765.113, Florida Statutes, or an individual who is authorized under a power of attorney to make health care decisions on behalf of the qualified patient.

NOTICE ON THE COLLECTION, USE, OR RELEASE OF SOCIAL SECURITY NUMBERS

Florida law requires that public agencies provide individuals with a written statement identifying the state or federal law governing the collection, use, or release of social security numbers for each purpose for which the public agency collects an individual's social security number. The collection of social security numbers by the Florida Department of Health is either specifically authorized by law or imperative for the performance of the Florida Department of Health's duties and responsibilities as prescribed by law. This notice is provided pursuant to Subsection 119.071(5)(a), Florida Statutes. For the Compassionate Use Registry Identification Card Qualified Patient Application, social security numbers are collected and used for identification purposes to ensure that the number identifier assigned to the qualified patient is unique and matches the identity of the qualified patient, as authorized by sections 119.071(5)(a)2. and 119.071(5)(a)6., Florida Statutes. Social security numbers collected for this purpose will remain confidential.

KEEP THESE INSTRUCTIONS AND A COPY OF YOUR COMPLETED APPLICATION FOR FUTURE REFERENCE.

ELECTRONIC APPLICATION:

Expedite your application by applying online at <https://curegistry.flhealth.gov/>

MAIL COMPLETED APPLICATION TO:

Florida Department of Health
ATTN: Office of Compassionate Use
4052 Bald Cypress Way
Tallahassee, FL 32399

Office of Compassionate Use

Low-THC Cannabis & Medical Cannabis



Rick Scott, Governor of the State of Florida
Celeste Philip, MD, MPH, Surgeon General and Secretary

FloridaHealth.gov

4052 Bald Cypress Way, Tallahassee, Florida 32399-3265 • 850-245-4657

Compassionate Use Registry Patient Identification Card

Qualified Patient Application

☐ Initial Application☐ Renewal Application☐ Minor Application

Mail Completed Application to:
Florida Department of Health
ATTN: Office of Compassionate Use
4052 Bald Cypress Way
Tallahassee, FL 32399

Patient Registry ID #: _____

Patient Information

First Name		Last Name		Middle Initial	
Date of Birth	Social Security Number		Mailing Address		
City	Apt/Ste #	State	Zip Code	County	
Telephone		Email (optional to receive communication, including a temporary verification)			

Patient Passport Photo

<p>STAPLE 2"x2" STAPLE</p> <p>STAPLE 2"x2" STAPLE</p> <p>Attach a color photograph taken within 90 days of registration</p>	<p>Submit a full-face, passport-type, color photograph of the patient taken within the 90 days immediately preceding registration, and 2x2 inches in size.</p> <p>The image size measured from the bottom of your chin to the top of your head (including hair) should not be less than 1 inch, and not more than 1 3/8 inches. The photograph must be color, clear, with a full front view of your face, and printed on photo quality paper with a plain light (white or off-white) background. The photograph must be taken in normal street attire, without a hat, head covering, or dark glasses unless a signed statement is submitted by the applicant verifying the item is worn daily for religious purposes or a signed doctor's statement is submitted verifying the item is used daily for medical purposes. Headphones, "bluetooth", or similar devices must not be worn in the passport photograph. Any photograph retouched so that your appearance is changed is unacceptable. A snapshot, most vending machine prints, and magazine or full-length photographs are unacceptable.</p>
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Designate a Legal Representative <i>(if applicable)</i>		
Legal Representative First Name	Legal Representative Last Name	Legal Representative Date of Birth

I hereby certify the above information to be accurate and complete and no one other than me, or my legal representative, is submitting this request on my behalf.	
Patient or Legal Representative Name <i>(Print)</i>	
Patient or Legal Representative Signature	Date