



Amendments to the South Carolina Compassionate Care Act

Amendments have been made to S. 366 to address concerns. Unfortunately, without the changes, it will not have the votes needed to advance. Bill sponsor Sen. Tom Davis remains committed to ensuring S. 366 serves patients well. While several concessions have been made, the bill continues to have a solid list of qualifying conditions. It includes patients who would otherwise be prescribed opiates (i.e., severe pain patients) and those with PTSD, along with several other conditions. It allows vaporization, though not the raw plant. And S. 366 will allow reasonable access statewide: with one dispensary per every 20 pharmacies, 15 growers, 30 processors, and no local bans. While the physicians' hurdles are higher than in some states, there is no poison pill that requires doctors to break federal law and that depresses participation.

Here are the revisions that have already been made or are proposed in Senate Medical Affairs:

Bans Plant Matter and Smoking

S. 366 always prohibited smoking. To address concerns, amendments are expected to ban plant matter. Also, language is being added to clarify that paraphernalia for smoking, such as bong, is not allowed. Vaporization is explicitly allowed.

Adds Five-Year Sunset

At the request of a senator, the bill will likely be amended to sunset five years after its effective date. Other state medical cannabis programs have included sunsets. They have all been renewed.

New Requirements for Patients Using Cannabis for PTSD

Due to a concern that someone may be able to fake PTSD to get cannabis, patients using cannabis for PTSD must submit to DHEC some documentation showing that they endured trauma. For example, proof they are a combat veteran, were a first responder, or suffered a violent crime would suffice.

New Requirements for Patients Using Cannabis Instead of Opiates

Due to a concern that severe pain could be faked, physicians who certify patients to use medical cannabis instead of far more dangerous opiates would have to submit additional documentation. For those patients, the physician would have to attest that they reviewed objective proof of the etiology, including proof of the source of the pain (such as an MRI), or they would have to attest that the patient has a specific diagnosis that causes pain in the patient (such as shingles, fibromyalgia, spinal cord disease, spinal cord injury, trigeminal neuralgia, or rheumatoid arthritis).

Revises Possession Limits to Allow Them to Be Based On Physician-Specified Dosage

As introduced, S. 366 would have required physicians to specify dosage. This is not allowed federally, and many medical practices would not participate if it were required. Under the amendment under consideration, physicians would be *allowed* — not *required* — to specify the dosage for their patients. For any patient whose physician specified a dosage or amount, that would be their limit. If the physician declines to do so, the limit would be cannabis products containing no more than the following every 14 days: up to 1,600 milligrams of THC in ingested products (such as edibles), up to 8,200 mg of THC in oils for vaporization, and up to 4,000 mg of THC in topicals. The Medical Affairs Committee is also expected to cap the potency of cannabis products at 50%.

Adds Safeguards to Ensure a Patient Cannot Exceed Their Limit

S. 366 is expected to be revised so that the verification system maintained by the department requires dispensary staff to ensure patients do not exceed their limits. Before each sale, staff would be required to check the database to ensure patients would not be exceeding their limit.

Requiring Qualifying Medical Conditions to Be Debilitating

As amended in the subcommittee, the bill requires that in addition to having a listed qualifying medical condition that the condition also be debilitating for the patient.

Requiring Physicians to Have Expertise In the Debilitating Condition

To recommend cannabis, a physician must specifically treat a debilitating medical condition.

Specifying Autism Qualifies

Autism would be listed as a qualifying condition. (This is a positive development, not a restriction.)

Ensuring Those With Safety-Sensitive Jobs Cannot Register In the Program

A person could not receive a medical marijuana ID card if they work in public safety, commercial transportation, or operate commercial machinery.

Regulating Cannabis Products So They Do Not Appeal to Minors

As introduced, S. 366 required DHEC to establish requirements for the “safe, appropriate, and accurate packaging and labeling of medical cannabis products” that prohibited images that would appeal to minors, such as “cartoons, toys, animals, or children” or any imitation candy packaging. The bill directs DHEC to restrict the form and appearance of the edibles to avoid products appealing to minors. The amendments also direct DHEC to restrict flavors so they do not appeal to minors.

Restricting the Number of Patients Caregivers Could Assist

As introduced, a caregiver could assist a single patient, except that they could assist up to five patients who are close relatives. In addition, healthcare facilities (such as nursing homes) could assist all of their patients if they abided by additional rules. Amendments anticipated in Medical Affairs would limit caregivers to two patients who are their close family member, rather than five.

Ensuring Minors Cannot Enter Dispensaries Alone

An amendment anticipated in Medical Affairs would provide that minors could only enter dispensaries if a parent, guardian, or caregiver accompanies them.

Ensuring a Professional, Medical Appearance for Cannabis Businesses

Language was added to ensure medical cannabis businesses have a professional, medical appearance. DHEC would have to craft rules to ensure their logos, advertising, and signs do not appeal to minors. They also must be “tasteful, respectful, and medically focused” and must not contain attempts at humor or cartoon-like figures. DHEC will limit the size of signs, prohibit neon, and require odor mitigation measures. Businesses must submit logos and signs for review.

Prohibiting an Overconcentration of Dispensaries In Any Area

Language was to require DHEC to prevent an overconcentration of dispensaries in any area.

Allocates Funding for DUI-Related Research

Until SLED certifies it is no longer needed, \$500,000 per year of the medical cannabis tax revenue would be dedicated to research to improve detection and training methods for detecting drivers impaired by cannabis, prescription medications, and other drugs.