



Summary of the South Carolina Compassionate Care Act

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S. 366 would create a compassionate but well regulated medical cannabis program. Patients with severe pain, PTSD, and a number of other conditions could register to use and safely access medical cannabis from dispensaries throughout the state. There would be one dispensary for every 20 pharmacies, and localities could not completely ban them. Patients could vaporize cannabis preparations, but could not smoke or possess flower cannabis. Here are some key features of the program, which includes anticipated amendments:

Qualifying for the Program: To qualify, patients must have at least one qualifying debilitating medical condition and a written recommendation issued by a physician with whom they have a bona-fide relationship. Patients must apply to the health department (DHEC) for a registration card that will allow access to dispensaries.

Debilitating Medical Conditions:

- The bill's qualifying conditions are: cancer, multiple sclerosis, a neurological disease or disorder, sickle cell anemia, glaucoma, PTSD, Crohn's disease, ulcerative colitis, cachexia, autism, a condition causing a person to be home-bound that includes severe or persistent nausea, terminal illness, or a chronic medical condition causing either severe and persistent muscle spasms or for which an opioid is currently or could be prescribed based on generally acceptable standards of care. The condition must also be debilitating.
- The bill would also create a Medical Cannabis Review Board, which would consider petitions to add other serious conditions to the program.
- If the patient is expected to recover within a year, or no longer needs cannabis, the physician must make a notation so their ID expires earlier.

Designated Caregivers:

- Patients could apply to the department to designate a caregiver to assist a qualifying patient with the medical use of cannabis, such as by picking up their cannabis from a dispensary. DHEC would issue caregivers a registration card.
- If the patient's age, medical condition, or location requires more than one caregiver, they can submit evidence that one or more additional caregivers are necessary.
- Caregivers are limited to one patient, unless they are related to each patient by marriage or blood, in which case they may assist two patients.
- A healthcare facility may serve as a caregiver for any of their patients who are enrolled in program and who designate it as their caregiver. They must abide by additional rules.

Limitations:

- Cannabis in its raw, plant form would remain illegal. Smoking would also remain illegal.
- Patients may not drive, operate a boat, train, or aircraft, or undertake any task that would be negligent or professional malpractice while under the influence of cannabis.
- Patients and caregivers are not allowed to grow their own cannabis.
- A physician could specify the amount of cannabis products a patient could obtain in each 14-day period, and that limit would apply. Or, the physician could choose to instead have a default limit of cannabis products with no more than 1,500 mg of THC every 14 days.
- Cardholders and medical cannabis establishment staffers who break the law can have their ID cards and, where applicable, face civil and/or criminal penalties.

Legal Protections:

- The bill protects patients, caregivers, medical cannabis establishment agents, state-chartered banks, attorneys, accountants, doctors, and anyone who associates with them from arrest, prosecution, or penalties for actions allowed by the bill.

- Registered patients are protected from discrimination in child custody disputes and eligibility for organ transplants. In addition, most employers are to treat off-site, off-hours medical cannabis use as they would pharmaceutical medication, unless federal law, regulations, or contracts require otherwise. Employers may continue to prohibit employees from working under the influence or using cannabis at or during work.

Visiting Patients: Non-South Carolina residents could use medical cannabis while visiting if they: 1) are certified to use medical cannabis in their home state; 2) possess a letter from their physician certifying their medical condition qualifies under South Carolina law; and 3) submit any supporting documentation required by DHEC and receive a confirmation.

Medical Cannabis Establishments:

- After a merit-based, scored application process, DHEC will license 15 cultivation centers, 30 processing facilities, one dispensary for every 20 pharmacies in the state, and five testing laboratories. The application process will consider location, background and qualifications, security plans (and SLED’s input on them), and localities’ preferences.
- Processing facilities will make products such as oils, consumable medicines, and salves.
- Testing laboratories will identify the amount of cannabinoids in cannabis products and test for pesticides, bacteria, or other contaminants.

Safeguards and Security:

- DHEC will create regulations, including for oversight, seed-to-sale tracking, recordkeeping, security, health and safety, transportation, employee training, capital requirements, and safe packaging and labeling. It will also restrict advertising and signage. Cultivation centers’ security must include perimeter intrusion detection systems and a 24-hour surveillance system accessible to law enforcement and DHEC.
- Cannabis could only be grown and processed by licensees in a secure, enclosed facility, using a seed-to-sale tracking system. DHEC and SLED must approve the plans.
- Medical cannabis businesses may not be located within 1,000 feet of a school, unless it is demonstrated that an exception is needed to provide adequate access.
- Law enforcement may inspect anywhere marijuana is grown, packaged, or processed.
- A 24-hour secure verification system will enable law enforcement to verify ID cards.

Physicians:

- Certifying physicians must complete a continuing medical education course on cannabis.
- Before certifying patients, physicians must conduct a thorough in-person evaluation, including a family history with an emphasis on addiction and mental illness.
- Physicians must review other attempts to ease suffering, advise of cannabis’ risks, develop a detailed written treatment plan, and set a follow-up appointment date

Local Role:

- Localities may regulate the location, hours, and number of medical cannabis businesses.
- Local governments may not completely prohibit dispensaries from operating in them.

Taxation and Fees:

- DHEC will determine application and registration fees for cardholders and medical cannabis establishments. The fees must be enough to cover regulatory costs.
- Cannabis will be taxed at the same rate as non-prescription medications, 6%. The revenue will be distributed as follows: 50% to SLED, 20% to drug safety education, 10% to medical cannabis research, and 20% to the General Fund.

Sunset The law sunsets five years after its enactment to allow lawmakers to evaluate it and consider whether to continue, eliminate, or modify the program.

Visit www.CSC.Health for more information.