

opioid found 3 times. 

H 3660

Session 123 (2019-2020)

H 3660 General Bill, By McCoy, Mace, Taylor, Bennett, Rose, Stavrinakis, Gilliard, Garvin, W.Cox, Collins, Bernstein, Hill and Henderson

Similar(S 366)

A BILL TO AMEND THE CODE OF LAWS OF SOUTH CAROLINA, 1976, TO ENACT THE "SOUTH CAROLINA COMPASSIONATE CARE ACT" BY ADDING ARTICLE 20 TO CHAPTER 53, TITLE 44 SO AS TO PROVIDE FOR THE SALE OF MEDICAL CANNABIS AND THE CONDITIONS UNDER WHICH A SALE CAN OCCUR; TO DEFINE CERTAIN TERMS; TO PROVIDE FOR FEES AND TO CREATE CRIMINAL PENALTIES; TO REQUIRE THE DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL TO PROMULGATE REGULATIONS AND SUBMIT REPORTS; TO ESTABLISH A MEDICAL CANNABIS PROGRAM FUND AND TO PROVIDE FOR ITS PURPOSES; TO ESTABLISH A MEDICAL CANNABIS ADVISORY BOARD AND TO PROVIDE FOR ITS MEMBERSHIP AND DUTIES; AND FOR OTHER PURPOSES; TO AMEND SECTION 12-36-2120, RELATING TO EXEMPTIONS FROM THE SOUTH CAROLINA SALES AND USE TAX, SO AS TO EXEMPT FROM SALES TAX CANNABIS SOLD BY A DISPENSARY TO A CARDHOLDER; AND TO REPEAL ARTICLE 4, CHAPTER 53, TITLE 44 RELATING TO CONTROLLED SUBSTANCES THERAPEUTIC RESEARCH.

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VERSIONS OF THIS BILL

1/17/2019

H. 3660

A BILL

TO AMEND THE CODE OF LAWS OF SOUTH CAROLINA, 1976, TO ENACT THE "SOUTH CAROLINA COMPASSIONATE CARE ACT" BY ADDING ARTICLE 20 TO CHAPTER 53, TITLE 44 SO AS TO PROVIDE FOR THE SALE OF MEDICAL CANNABIS AND THE CONDITIONS UNDER WHICH A SALE CAN OCCUR; TO DEFINE CERTAIN TERMS; TO PROVIDE FOR FEES AND TO CREATE CRIMINAL PENALTIES; TO REQUIRE THE DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL TO PROMULGATE REGULATIONS AND SUBMIT REPORTS; TO ESTABLISH A MEDICAL CANNABIS PROGRAM FUND AND TO PROVIDE FOR ITS PURPOSES; TO ESTABLISH A MEDICAL CANNABIS ADVISORY BOARD AND TO PROVIDE FOR ITS MEMBERSHIP AND DUTIES; AND FOR OTHER PURPOSES; TO AMEND SECTION 12-36-2120, RELATING TO EXEMPTIONS FROM THE SOUTH CAROLINA SALES AND USE TAX, SO AS TO EXEMPT FROM SALES TAX CANNABIS SOLD BY A DISPENSARY TO A CARDHOLDER; AND TO REPEAL ARTICLE 4, CHAPTER 53, TITLE 44 RELATING TO CONTROLLED SUBSTANCES THERAPEUTIC RESEARCH.

AND FOR OTHER PURPOSES; TO AMEND SECTION 12-36-2120, RELATING TO EXEMPTIONS FROM SOUTH CAROLINA SALES AND USE TAX, SO AS TO EXEMPT FROM SALES TAX CANNABIS SOLD BY DISPENSARY TO A CARDHOLDER; AND TO REPEAL ARTICLE 4, CHAPTER 53, TITLE 44 RELATING TO CONTROLLED SUBSTANCES THERAPEUTIC RESEARCH.

Be it enacted by the General Assembly of the State of South Carolina:

SECTION 1. This act must be known and may be cited as the "South Carolina Compassionate Care Act."

SECTION 2. (A) The General Assembly finds that:

(1) As of January 1, 2019, thirty-three states and the District of Columbia have removed state-level criminal penalties for the medical use, cultivation, and distribution of cannabis, and South Carolina now joins in this effort for the health and welfare of its citizens.

(2) The United States Congress has signaled support for allowing states to set their own medical cannabis laws, and the Department of Justice has approved budgets that include a proviso that restricts the Department of Justice from using any appropriated funds to interfere with the implementation of those laws.

(3) On January 12, 2017, the National Academies of Sciences, Engineering, and Medicine issued a report with nearly one hundred conclusions related to the health effects of cannabis and cannabinoid use. Among other conclusions, the report concluded that there is evidence that cannabis or cannabinoids are effective for the treatment of several medical conditions and symptoms, including chronic pain, chemotherapy-induced nausea and vomiting, the improvement of multiple sclerosis spasticity symptoms, the improvement of anxiety symptoms in individuals with social anxiety disorder, and the improvement of symptoms of posttraumatic stress disorder.

(4) Clinical studies continue to show the therapeutic value of cannabis in treating a wide array of debilitating medical conditions, including relief of the neuropathic pain that often fails to respond to conventional treatments, reduced reliance on opiate-based painkillers, and relief of the severe nausea associated with hepatitis C, thereby improving patients' ability to continue on life-saving treatment regimens.

(5) Cannabis has many accepted medical uses in the United States, having been recommended by thousands of licensed physicians to more than two million patients in the states that have medical cannabis laws, and a wide variety of medical and public health organizations have recognized the medical utility of cannabis, including the American Academy of HIV Medicine, the American College of Physicians, the American Nurses Association, the American Medical Association, the Health Association, the Leukemia & Lymphoma Society, and the Epilepsy Foundation.

(B) Nothing in this act shall be construed or interpreted as an effort by the South Carolina General Assembly to legalize cannabis for any reason except for the therapeutic benefit for patients upon the recommendation and under the supervision of a physician, under the circumstances and subject to the guidelines contained herein.

SECTION 3. Chapter 53, Title 44 of the 1976 Code is amended by adding:

"Article 20

The South Carolina Compassionate Care Act

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

(1)(a) 'Allowable amount of medical cannabis' means, for a fourteen-day period, a combined total of up to

(i) two ounces of cannabis; or

(ii) cannabis products in an amount equivalent to two ounces of cannabis, which shall be determined by the department based on the most widely accepted conversion factors between cannabis flower weight and non-flower product units.

- (b) The allowable amount of medical cannabis does not include industrial hemp for human consumption.
- (2) 'Bona fide physician-patient relationship' has the same meaning as in Section 40-47-113(A).
- (3) 'Cannabis' means all parts of any plant of the cannabis genus of plants, whether growing or not; the seed of the plant; the resin extracted from any part of the plant; and every compound, manufacture, salt, derivative, mixture, or preparation of the plant, its seeds, or resin. 'Cannabis' does not mean the mature stalks of the plant; fiber produced from the stalks; oil or cake made from the seeds of the plant; any other compound, manufacture, salt, derivative, mixture, or preparation of a mature stalk, except the resin extracted from the plant; or the sterilized seeds of the plant that are incapable of germination.
- (4) 'Cannabis products' means concentrated cannabis, cannabis extracts, and products that are infused with cannabis or an extract thereof and that are intended for use or consumption by humans. The term includes, but is not limited to, edible cannabis products, beverages, topical products, ointments, oils, patches, sprays, suppositories, and tinctures.
- (5) 'Cardholder' means a qualifying patient or a designated caregiver who has been issued and possesses a valid registry identification card by the department.
- (6) 'Child-resistant packaging' means packaging that is designed or constructed to be significantly difficult for a child under five years of age to open and not difficult for normal adults to use properly, substantially similar to the packaging required by 16 C.F.R. 1700.20 (1995), opaque so that the packaging does not allow the product to be seen without opening the packaging material, and resealable for any product intended for more than a single use or containing multiple doses.
- (7) 'Cultivation center' means a facility operated by an organization or business that is licensed by the department pursuant to this article to cultivate, possess, and distribute cannabis to state-licensed processing facilities, dispensaries, and independent testing laboratories.
- (8) 'Debilitating medical condition' means:
- (a) one or more of the following: cancer; multiple sclerosis; a neurological disease or disorder, including epilepsy, glaucoma; post-traumatic stress disorder; Crohn's disease; sickle cell anemia; ulcerative colitis; cachexia or wasting syndrome; severe or persistent nausea in a person who is not pregnant that is related to end-of-life or hospice care; a person who is bedridden or homebound because of the condition; a chronic medical condition causing severe and persistent muscle spasms, including multiple sclerosis; or 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;
- (b) a terminal illness with a life expectancy of less than one year in the opinion of the patient's treating physician;
- (c) any other serious medical condition or its treatment added by the Medical Cannabis Advisory Board, as provided for in Section 44-53-2060.
- (9) 'Department' means the South Carolina Department of Health and Environmental Control.
- (10) 'Designated caregiver' means a person who possesses a valid registry identification card issued by the department authorizing the person to assist a qualifying patient with the medical use of cannabis. A designated caregiver must be at least twenty-one years of age unless the person is the parent or legal guardian of each patient the person assists.
- (11) 'Dispensary' means a facility operated by an organization or business licensed by the department pursuant to this article that possesses and dispenses cannabis, cannabis products, industrial hemp for human consumption, and paraphernalia to cardholders.
- (12) 'Diversion' means the obtaining or transferring of cannabis from a legal possession or use to an illegal possession or use by a person not authorized to use or obtain cannabis or cannabis products pursuant to this article.

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

(14) 'Exit packaging' means a sealed, child-resistant receptacle into which cannabis or prepackaged cannabis products are placed at the retail point of sale at a licensed dispensary.

(15) 'Human consumption' has the same meaning as in Section 46-55-10.

(16) 'Independent testing laboratory' means a facility licensed by the department pursuant to this article to perform testing related to cannabis, cannabis products, industrial hemp, and industrial hemp products that is independent of any entity that cultivates, processes, or dispenses cannabis, cannabis products, industrial hemp, or industrial hemp products for human consumption.

(17) 'Industrial hemp' has the same meaning as in Section 46-55-10.

(18) 'Medical cannabis establishment' means a cultivation center, dispensary, independent testing laboratory, or processing facility licensed by the department pursuant to this article.

(19) 'Medical cannabis establishment agent' means a board member, owner, officer, employee, or volunteer of a medical cannabis establishment.

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

(21) 'Medical use' means the acquisition, administration, possession, preparation, transportation, or use of cannabis products, or paraphernalia used to administer cannabis or cannabis products to treat or alleviate a qualifying patient's debilitating medical condition or symptoms associated with the patient's debilitating medical condition and includes the transfer of cannabis from a designated caregiver to a qualifying patient who the caregiver is registered to assist. 'Medical use' does not include the extraction of resin from cannabis by solvent extraction with water, glycerin, propylene glycol, vegetable oil, or food grade ethanol (ethyl alcohol), unless the extraction is performed at a processing facility.

(22) 'Nonresident cardholder' means a person who:

(a) has been diagnosed with a debilitating medical condition or is the parent, guardian, conservator, or other person with authority to consent to the medical treatment of a person who has been diagnosed with a debilitating medical condition;

(b) is not a resident of South Carolina or who has been a resident of South Carolina for less than sixty days;

(c) is in compliance with Section 44-53-2120.

(23) 'Opioid' means a narcotic drug or substance that is a Schedule II controlled substance defined in Section 44-53-210(b) or (c).

(24) 'Paraphernalia' means paraphernalia as defined in Section 44-53-110, if its sole intended purpose is for the use of cannabis.

(25) 'Physician' means a physician as defined in Section 40-47-20 who is authorized to prescribe medication pursuant to state law and by the South Carolina Board of Medical Examiners and who has a controlled substances registration issued pursuant to Section 44-53-290 and a controlled substances registration issued by the federal Drug Enforcement Administration. In relation to a nonresident cardholder, 'physician' means a medical practitioner who is allowed to prescribe medication to patients to use medical cannabis in the state of the patient's residence.

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

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

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

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

(30) 'Smoking' or 'smoke' means the inhalation of smoke caused by the combustion of cannabis that causes a person to inhale smoke.

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

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

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

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

(1) fifty percent to SLED for subsequent distribution between SLED and the forty-six county sheriffs' offices;

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

(3) twenty percent to the state general fund; and

(4) ten percent in equal shares to the University of South Carolina School of Medicine and the Medical University of South Carolina to be used in connection with medical cannabis research and development.

(C)(1) SLED shall promulgate regulations to divide the funds provided by subsection (B)(1) between SLED and the forty-six sheriffs' offices exclusively.

(2) The distribution must be equitable and based on a distribution plan developed and agreed to by the South Carolina Sheriffs' Association, with the plan taking into consideration the population of the counties and the location of the licensed cultivation facilities, dispensary locations, and processing facilities.

(3) The distribution plan must be reviewed by SLED and the Sheriffs' Association two years following the implementation of the original distribution plan to determine if any alterations to the plan are necessary and appropriate.

appropriate.

(D) The South Carolina Medical Cannabis Program Fund is not subject to any fiscal or budgetary action that in any way transfer any amount from the South Carolina Medical Cannabis Program Fund into any other fund except as provided by this article.

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

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

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

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

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

Section 44-53-2050. Subject to Chapter 35, Title 11, the South Carolina Consolidated Procurement Code, the department is authorized to procure the services of qualified contractors or other state agencies to assist the department in implementing this article, including licensing, testing, auditing, inspections, registry management, diversion control, and other compliance services.

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) one member appointed by the chief of SLED, or his designee; and
- (3) the following members appointed by the Governor, upon the advice and consent of the Senate:
 - (a) two licensed medical doctors authorized by the State to practice medicine;
 - (b) one licensed doctor of osteopathic medicine;
 - (c) one research scientist with expertise in the field of cannabinoid medicine;
 - (d) one licensed pharmacist;
 - (e) one cardholder;
 - (f) one representative of a registered medical cannabis establishment; and
 - (g) one representative of a municipality.

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

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

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

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

Section 44-53-2070. Nothing in this article may be construed to require a health insurance provider, health maintenance organization, or medical assistance program to be liable for or reimburse a claim for the medical use of cannabis. Consultants and other health care providers which physicians diagnose qualifying conditions and complete written certifications shall be reimbursed for the cost of any other visit to a health care facility.

Section 44-53-2080. The department shall develop a written certification form to be completed annually by a physician. The written certification must include:

- (1) the physician's name, address, phone number, and medical license number;
- (2) an acknowledgement to be signed by the physician that sets forth the penalties for providing false information, including the department's right to notify the medical board or other similar authority established pursuant to Section 44-53-2070, Title 40;
- (3) a statement for the physician to attest to and sign with the following provisions:
 - (a) that the physician and patient have a bona fide physician-patient relationship as a prerequisite to any recommendation, in accordance with Section 44-53-2010(2);
 - (b) that the physician has consulted the prescription drug monitoring program, established pursuant to Article 53, Chapter 53, Title 44, to review the patient's controlled-substance prescription history and has documented such consultation in the patient's medical record;
 - (c) that the physician has conducted an in-person evaluation and collected relevant clinical history commensurate with the presentation of the patient prior to recommending cannabis for medical use. At a minimum, the evaluation should include the patient's history of present illness; social history; past medical and surgical history; alcohol and substance use history; family history with an emphasis on addiction, mental illness, or psychotic disorders; physical examination; and documentation of therapies with inadequate response;
 - (d) that the patient has a debilitating medical condition, identifying the patient's condition, and the symptoms and effects of the condition or its treatment could benefit from a recommendation for the medical use of cannabis;
 - (e) that the physician has developed a written treatment plan that includes:
 - (i) a review of other measures attempted to ease the suffering caused by the debilitating medical condition that do not involve the recommendation of medical cannabis;
 - (ii) advice about other options for managing the debilitating medical condition;
 - (iii) advice about the potential risks of the use of medical cannabis, to include:
 - (A) the variability of quality and concentration of cannabis;
 - (B) the risk of cannabis use disorder;
 - (C) the potential exacerbation of psychotic disorders and adverse cognitive effects for children and young adults;
 - (D) adverse events, exacerbation of psychotic disorder, adverse cognitive effects for children and young adults, and other risks, including falls or fractures;
 - (E) the use of cannabis during pregnancy or breast feeding; and
 - (F) the need to safeguard all cannabis and cannabis products from children and pets or other domestic animals.

- (iv) additional diagnostic evaluations or other planned treatments; and
- (v) an ongoing treatment plan as medically appropriate;
- (f) notification of the patient or caregiver that the medical cannabis is for the patient's use only and that the medical cannabis or cannabis products should not be donated or otherwise supplied to another individual; and
- (g) that the physician has discussed the risks and benefits of the use of medical cannabis with the patient or caregiver, including the variability and lack of standardization of cannabis preparations and their potential effects, and an admonition that patients should not drive or operate heavy machinery while under the influence of medical cannabis;
- (4) a statement that the physician maintains documentation in the patient's medical record, if the patient's medical condition is one for which **opioid** medications could be or have been prescribed;
- (5) either a statement that the patient's debilitating medical condition is expected to last for a year or until the patient is no longer expected to benefit from medical cannabis;
- (6) the date of the patient's follow-up appointment to assess whether the patient has found relief from his or her condition and the patient's overall health and level of function. The follow-up appointment shall not exceed 90 days after the initial consultation or renewal appointment; and
- (7) an acknowledgement that the physician has considered that any patient who has a history of substance use disorder or a co-occurring mental health disorder may require specialized assessment and treatment; in those instances, the physician should seek a consultation with or refer the patient to a pain management, psychiatric, addiction, or mental health specialist as needed.

Section 44-53-2090. (A) Any physician who issues written certifications must complete a three-hour continuing medical education course on medical cannabis that is approved by the department and must file a form with the department attesting to the completion of the course:

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

(B) A physician is not subject to arrest by state or local law enforcement, prosecution or penalty under state 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 authorized by this article. A physician may not be sued for medical malpractice as a result of certifying a qualified patient's medical use of cannabis.

- (C)(1) Except as allowed pursuant to Section 44-53-2470, a physician shall not:
- (a) accept, solicit, or offer any form of pecuniary remuneration from or to a dispensary;
 - (b) offer a discount or any other thing of value to a cardholder who uses or agrees to use a particular dispensary;
 - (c) examine a patient for the purposes of diagnosing a debilitating medical condition at a location where cannabis products are sold;
 - (d) refer a patient to a particular dispensary or display or distribute marketing materials for medical cannabis at any dispensary within the physician's office if the physician certifies the debilitating medical conditions of the patient; or
 - (e) recommend, attest, or otherwise authorize the use of medical cannabis for himself or for a family member.

(2) If the department has reasonable cause to believe that a physician has violated the provisions of this section, the department may refer the matter to the South Carolina Board of Medical Examiners for an investigation and determination. If the South Carolina Board of Medical Examiners finds that the physician engaged in unprofessional conduct by violating this section, then the department shall restrict the physician's authority to recommend the use of medical cannabis. This restriction may be in addition to any sanction imposed by the South Carolina Board of Medical Examiners.

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

(1) developing and establishing registry identification card application forms and the process for the issuance of registry identification cards for qualifying patients and designated caregivers, including a state and national criminal records check for a designated caregiver's initial registration and annual registration renewal; and the issuance, denial, and revocation of registry identification cards;

(2) developing and facilitating a process and establishing a reasonable fee to allow nonresident cardholders to access medical cannabis from a licensed dispensary; and

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

(a) the fees charged to qualifying patients, nonresident cardholders, and caregivers must be no greater than the cost of processing the applications and issuing registry identification cards or registrations;

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

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

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

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

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

(1) the name of the cardholder;

(2) the address of the cardholder;

(3) the cardholder's date of birth;

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

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

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

(7) if the cardholder is a designated caregiver, the random alphanumeric identification number of the registry identification card of the qualifying patient that the designated caregiver is receiving the registry identification card to assist; and

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

(B) Except as provided in this subsection, the expiration date of a registry identification card is one year after issuance.

(C) If the practitioner stated in the written certification that the qualifying patient is expected to recover from debilitating medical condition earlier than one year from issuance or if the qualifying patient is not expected from medical cannabis for an entire year, then the registry identification card expires on a date specified.

(D) The department shall issue a registry identification card within twenty-five days of receiving a valid application from a prospective qualifying patient or designated caregiver.

Section 44-53-2120. A valid registry identification card, or its equivalent, that is issued pursuant to the law of another state, district, territory, commonwealth, or insular possession of the United States that allows, in its jurisdiction, issuance, a nonresident cardholder to possess cannabis for medical use has the same force and effect as a registry identification card issued by the department in this State, provided that the person produces a state physician stating that the person has a debilitating medical condition, submits any other documentation required by the department, and has received confirmation of registration.

Section 44-53-2130. (A) The department shall issue registry identification cards to qualifying patient applicants who submit a completed application and, at a minimum, the following, in accordance with the department's regulations:

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

(2) recent passport-sized photographs of each qualifying patient applicant's face and proposed designated caregiver's face;

(3) the name, mailing address, and telephone number of the applicant's physician authorized by this article to recommend medical cannabis;

(4) the written certification dated, signed, and submitted to the department by the physician;

(5) the name, residential and mailing address, email address, telephone number, and date of birth of the proposed designated caregiver or caregivers. If more than one designated caregiver is designated at any given time, then the patient applicant must submit documentation demonstrating that the additional designated caregiver is needed due to the patient's age, medical condition, or place of residency;

(6) statements signed by the qualifying patient applicant or proposed designated caregiver agreeing not to transfer cannabis to anyone who is not allowed to possess cannabis pursuant to this article and acknowledging that possession of cannabis is a felony that, upon conviction, results in the revocation of the registry identification card and subjecting the applicant to a fine of not more than five thousand dollars, imprisonment of not more than five years, or both;

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

(8) the date of a prescheduled follow-up appointment with the patient's physician, which shall be no later than six months after the date of the certification. A follow-up appointment may be conducted in person or through telemedicine.

(B) If the patient is a new patient between the ages of eighteen and twenty-three, then the patient must submit certifications from two physicians.

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

(1) a physician provides a written certification to a designated custodial parent or legal guardian with the legal authority to make health care decisions on behalf of the minor;

(2) the physician has explained the potential risks and benefits of the medical use of cannabis to the custodial parent or legal guardian.

or legal guardian with the legal authority to make health care decisions on behalf of the minor;

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

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

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

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

(4) the custodial parent or legal guardian with the legal authority to make health care decisions on behalf of the minor completes an application in accordance with the requirements of Section 44-53-2130 on behalf of the minor.

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

(1) a physician provides a written certification on behalf of the incapacitated person to a designated person with the legal authority to make health care decisions on behalf of the incapacitated person;

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

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

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

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

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

(4) the person with the legal authority to make health care decisions for the incapacitated person completes an application in accordance with the requirements of Section 44-53-2130 on behalf of the incapacitated person;

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

(C) For new patients, not to include renewals, the department may not issue a registry card to a patient who is between the ages of eighteen and twenty-three years unless the patient submits written certifications from two physicians who have performed in-person exams and verified the patient's qualifying debilitating condition.

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

(1) is a health care facility, residential care facility, or entity that provides home care aides to seriously ill patients;

(2) is a first-degree relative to all patients by blood or marriage; or

(3) is a health care aide or medical professional.

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

(C) A designated caregiver must be a natural person unless it is a health care facility, residential care facility, or entity that provides home care aides to seriously ill patients. A designated caregiver who is a natural person must be at least twenty-one years of age unless the person is the parent or legal guardian of the qualifying patient or patient's

person assists.

(D) In order to obtain a registry identification card as a designated caregiver, a person must provide to the department:

(1) a copy of the proposed designated caregiver's SLED criminal-records check report that bears a SLED stamp which the proposed designated caregiver must pay the costs; and

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

(E) The department has the discretion not to issue a registry identification card to a designated caregiver who has been convicted of, or pled guilty or nolo contendere to, a felony drug-related offense, unless the person has completed the sentence, including any term of probation or supervised release, at least five years prior.

(F)(1) A registry identification card issued pursuant to this section must be printed with tamper-resistant text and contain, at a minimum, the following information:

(a) the name of the cardholder;

(b) the address of the cardholder;

(c) the cardholder's date of birth;

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

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

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

(g) if the cardholder is a designated caregiver, the random alphanumeric identification number of the registry identification card of the qualifying patient that the designated caregiver is receiving the registry identification card to assist; and

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

(2) Except as provided in this subsection, the expiration date of a registry identification card is one year from issuance.

(3) If the practitioner stated in the written certification that the qualifying patient is expected to recover from a debilitating medical condition earlier than one year from issuance or if the qualifying patient is not expected to remain on medical cannabis for an entire year, then the registry identification card expires on a date specified.

Section 44-53-2160. The department shall promulgate regulations governing health care facilities, residential care facilities, and entities that provide home care aides to seriously ill patients that serve as designated caregivers, including regulations to:

(1) limit the number of individuals who may transport and administer cannabis on behalf of a facility to a reasonable necessary number who have undergone appropriate training; and

(2) require the name and date of birth of each individual who may transport or administer cannabis on behalf of a facility to be registered with the department.

Section 44-53-2170. (A) Until sixty days after the department makes applications available, a valid, written certification issued within the previous year must be deemed a registry identification card for a qualifying patient.

(B) Until sixty days after the department makes applications available, the following must be deemed a registry identification card for a qualifying patient:

identification card for a designated caregiver:

- (1) a copy of a qualifying patient's valid written certification issued within the previous year; and
- (2) a notarized affidavit attesting that the person has significant responsibility for managing the well-being of the qualifying patient and that the person has been chosen by the qualifying patient.

(C) Until a qualifying patient who has submitted an application and the required fee to the department receives a registry identification card or a rejection, a copy of the individual's application, written certification, and proof that the application was submitted to the department shall be deemed a registry identification card.

(D) Until a designated caregiver whose qualifying patient has submitted an application and the required fee to the department receives a registry identification card or a rejection, a copy of the qualifying patient's application, written certification, and proof that the application was submitted to the department shall be deemed a registry identification card.

Section 44-53-2180. (A)(1) A qualifying patient shall notify the department of any change in the patient's address, or if the qualifying patient ceases to have the debilitating medical condition, not including if the patient's debilitating medical condition or the underlying cause of the debilitating medical condition goes into remission due to medical cannabis, within ten days of the change.

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

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

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

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

(C) A registry identification cardholder who fails to notify the department as required by this section is subject to a civil penalty, punishable by a fine of no more than one hundred fifty dollars, per occurrence.

(D) If the qualifying patient's physician notifies the department in writing either that the qualifying patient has ceased to suffer from a debilitating medical condition, not including if the cause of the patient's debilitating medical condition goes into remission due to medical cannabis, or that the physician no longer believes that the patient could benefit from the medical use of cannabis, then the card shall become null and void; however, the qualifying patient shall have ten days to destroy all remaining cannabis by returning it to a licensed dispensary for destruction.

Section 44-53-2190. (A) The department shall maintain a confidential list of the persons to whom the department has issued registry identification cards and all of their information required in Section 44-53-2110. The department shall maintain a confidential list of any person who submitted an unsuccessful application. These confidential lists shall not be combined or linked in any manner with any other list or database, nor may the lists be used for any purpose not provided for in this article.

(B) The department shall establish a secure phone or web-based verification system. The verification system shall allow law enforcement personnel and medical cannabis establishments to enter a registry identification number and determine whether the number corresponds with a current, valid registry identification card. The system may

only:

- (1) whether the identification card is valid;
- (2) the name, address, and date of birth of the cardholder;
- (3) a photograph of the cardholder;
- (4) whether the cardholder is a qualifying patient or a designated caregiver; and
- (5) the registry identification number of any affiliated registered qualifying patient.

(C) No person or entity may have access to information contained in the department's verification system as an authorized employee of the department in the course of his official duties or a state or local law enforcement officer who has detained or arrested a person who claims to be a qualifying patient, designated caregiver, medical cannabis establishment principal, or medical cannabis establishment agent engaged in conduct authorized in this article.

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

(B) A cardholder who is a designated caregiver may purchase cannabis, cannabis products, and paraphernalia to assist a qualifying patient with the medical use of cannabis pursuant to this article from a licensed dispensary, provided that the designated caregiver and the caregiver's associated qualifying patients may not obtain a combined allowable amount of medical cannabis, cannabis products, or a combined allowable amount, for a fourteen-day period for each qualifying patient.

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

(B) A designated caregiver, or an agent acting on behalf of a designated caregiver if the designated caregiver is a health care facility, residential care facility, or entity that provides home care aides to seriously ill patients, is not subject to arrest by state or local law enforcement, prosecution or penalty under state or local law, or the denial of a right or privilege for assisting a qualifying patient with the medical use of cannabis pursuant to this article if the designated caregiver does not possess more than the allowable amount of medical cannabis for each associated qualifying patient.

(C) An agent of a licensed health care facility that is a designated caregiver is not subject to arrest by state or local law enforcement, prosecution or penalty under state or local law, or the denial of a right or privilege for transporting cannabis or administering cannabis to the facility's associated qualifying patients, provided that the agent complies with regulations promulgated pursuant to this article.

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

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

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

as provided in this article.

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

Section 44-53-2220. It is unlawful for a cardholder to smoke cannabis or use a device to facilitate the smoking of cannabis. A violation of this subsection is punishable by a civil fine of up to one hundred fifty dollars.

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

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

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

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

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

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

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

(7) the use of cannabis for medical use by a law enforcement officer, correctional officer, correctional probation officer, or firefighter while on duty, except in the case of a medical emergency.

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

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

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

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

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

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

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

Section 44-53-2250. (A) If a state or local law enforcement officer has probable cause to believe that a person possessed at a specific address in violation of South Carolina law, then the officer may request that the department verify whether the address is associated with a qualifying patient or a medical cannabis establishment.

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

Section 44-53-2260. (A) Except as provided in this article, a registered qualifying patient who uses cannabis for medical purposes must be afforded the same rights under state and local law, including those guaranteed by Article 1, Chapter 9, Title 45, as the person would be afforded if the person was prescribed solely pharmaceutical medications, as pertaining to:

- (1) any interaction with a person's employer;
- (2) drug testing by a person's employer; or
- (3) drug testing required by any state or local law, agency, or governmental official.

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

(C) No employer may discharge, threaten, refuse to hire, or otherwise discriminate or retaliate against an employee regarding an employee's compensation, terms, conditions, location, or privileges solely on the basis of the employee's status as a cardholder.

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

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

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

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

- (1) failing to do so would violate federal law or regulations or would cause the school or landlord to lose a monetary licensing-related benefit under federal law or regulations; or
- (2) at the discretion of the landlord or manager, the conduct due to a cannabis-related offense would give the landlord or manager to deny or terminate Section 8 housing to a cardholder as dictated by federal law. Denial of

terminations on the basis of cannabis-related conduct must be reported to the Office of the Attorney General for assessment for racially discriminatory conduct or disparate racial impact.

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

Section 44-53-2290. 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 North Carolina Board of Medical Examiners or any other occupational or professional licensing entity, for providing certification as authorized by state law. A physician may not be sued for medical malpractice as a result of a qualifying patient's medical use of cannabis.

Section 44-53-2300. (A) A state-chartered bank or credit union, licensed attorney, or certified public accountant, along with all associated employees, are not subject to arrest by state or local law enforcement, prosecution or penalty under state or local law, the denial of a right or privilege for engaging in conduct authorized by this article, or professional discipline for providing advice or services related to medical cannabis establishments or applications to operate medical cannabis establishments on the basis that cannabis is illegal under federal law.

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

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

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

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

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

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

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

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

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

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

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

members:

- (1) the director of the department, or his designee;
- (2) the Director of the South Carolina Department of Labor, Licensing, and Regulation, or his designee;
- (3) the President of the South Carolina Board of Medical Examiners, or his designee;
- (4) the Chief of SLED, or his designee;
- (5) a sheriff designated by the South Carolina Sheriffs' Association;
- (6) the Commissioner of the South Carolina Department of Agriculture, or his designee;
- (7) a patient representative, appointed by the Governor;
- (8) an industry representative, appointed by the Governor, subject to the limitation that, although the industry representative may participate in assisting with the process of promulgating regulations, the industry representative must not participate in the license-selection process if that appointee has applied for or has an affiliation with an applicant through family or business; and
- (9) a representative of the African-American community, appointed by the Governor in consultation with the South Carolina Commission for Minority Affairs.

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

(C) Upon issuance of all of the cannabis establishment licenses, the commission shall dissolve, and any unissued license shall be chosen by the department based on the criteria established by the commission.

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

- (1) establish the form and content of a medical cannabis establishment license and renewal applications;
- (2) establish a system to numerically score competing medical cannabis establishment applicants and, in the case in which more applicants apply than are allowed by the local government, the system must include an analysis of:
 - (a) the preference of the local government;
 - (b) in the case of dispensaries, the suitability of the proposed location and its accessibility for patients;
 - (c) the character, veracity, diversity, residency, background, qualifications, and relevant experience of principal officers and board members; and
 - (d) the business plan proposed by the applicant, which in the case of cultivation centers and dispensaries must include the ability to maintain an adequate supply of cannabis, plans to ensure the safety and security of patients and the community, procedures to be used to prevent diversion, and any plan for making cannabis available to registered qualifying patients;
- (3) ensure the equitable distribution of dispensaries throughout the State to ensure that patients have access to medical cannabis, with a minimum of one dispensary per county;
- (4) in coordination with the Office for Economic Development, implement policies to:
 - (a) engage in outreach to encourage racial, ethnic, and gender diversity in the South Carolina medical cannabis industry;

- (b) ensure that diverse groups are afforded equal opportunity in licensing and permitting; and
- (c) develop policies for medical cannabis establishments to promote the participation of diverse groups and equal access to employment;
- (5) govern medical cannabis establishments, with the goals of ensuring the health and safety of qualifying patients and preventing diversion and theft, without creating an undue burden or compromising the confidentiality of cardholders, including:
 - (a) oversight requirements;
 - (b) recordkeeping and inventory-management requirements;
 - (c) security requirements, which must be developed in consultation with SLED, including lighting, physical and alarm requirements and, in the case of a registered cultivation center, access controls, perimeter intrusion detection systems, personnel identification systems, and a twenty-four hour surveillance system to monitor the interior and exterior of the cultivation center, that are accessible to authorized law enforcement and the department;
 - (d) health and safety regulations, including restrictions on the use of pesticides that are injurious to humans;
 - (e) standards for the manufacture of cannabis products and both the indoor and outdoor cultivation of cannabis at cultivation centers, including environmental impact regulations;
 - (f) requirements for the secure transportation and storage of cannabis by medical cannabis establishments, which must be developed in consultation with SLED;
 - (g) employment and training requirements, including requiring medical cannabis establishments to create an identification badge for each medical cannabis establishment agent and principal;
 - (h) standards for the safe manufacture of cannabis products, including extracts and concentrates;
 - (i) restrictions on the advertising, signage, and display of medical cannabis, provided that the restrictions do not prevent appropriate signs on the property of a dispensary; listings in business directories, including phone books and online listings in cannabis-related or medical publications; or the sponsorship of health or not-for-profit charity or other community events;
 - (j) requirements and procedures for the safe and accurate packaging and labeling of medical cannabis products, and industrial hemp for human consumption;
 - (k) standards for independent testing laboratories, including requirements for equipment and qualification of personnel;
 - (l) protocol for the safe delivery of cannabis from dispensaries to cardholders, which must be developed in consultation with SLED; and
 - (m) requirements and procedures for facility and equipment sanitary conditions;
- (6) establish procedures for suspending or terminating the licenses of medical cannabis establishments that have multiple or serious violations of the provisions of this article or the regulations promulgated pursuant to this article;
- (7) establish labeling requirements for cannabis, cannabis products, and industrial hemp for human consumption, which must require cannabis product labels to include the following:
 - (a) the length of time it typically takes for the product to take effect;
 - (b) disclosure of ingredients and possible allergens;

(c) a nutritional fact panel; and

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

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

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

(10) establish restrictions, if any, on the forms or appearance of edible cannabis products in order to reduce their appeal to young children;

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

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

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

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

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

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

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

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

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

Section 44-53-2360. (A) The department shall establish standards for and shall license up to five independent testing laboratories to test cannabis that is to be sold in the State. An independent testing laboratory must analyze a representative sample of all cannabis and cannabis products pursuant to Section 44-53-2450 before sale to dispensaries.

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

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

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

- (3) moisture content;
- (4) allergens;
- (5) potency analysis;
- (6) foreign matter inspection, including heavy metals;
- (7) microbiological screening;
- (8) residual solvent testing;
- (9) the presence and identification of fungi, including molds;
- (10) the presence and concentration of fertilizers and other nutrients; and
- (11) any other determinations required by the department.

(C) A licensed independent testing laboratory shall report the results of all testing required by the department to the department's seed-to-sale tracking system.

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

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

- (1) tracking all plants, products, packages, patients, waste, transfers, conversions, sales, and returns, and unique identification numbers;
- (2) tracking lot and batch information throughout the entire chain of custody until the point of sale to a consumer;
- (3) tracking all products, conversions, and derivatives throughout the entire seed-to-sale chain of custody;
- (4) tracking plant, batch, and product destruction;
- (5) tracking the transportation of products;
- (6) performing complete batch recall tracking capabilities that must be able to clearly identify all of the following details relating to a specific batch subject to recall:
 - (a) all sold products;
 - (b) products available for sale, which are in the finished inventory but have not been sold;
 - (c) products that are in the transfer process;
 - (d) work-in-progress products, which are in the process of being converted; and
 - (e) raw material products, which are in the post-harvest stage of the process, such as drying, trimming, and curing;
- (7) reporting and tracking loss, theft, or diversion of products containing cannabis;
- (8) reporting and tracking all inventory discrepancies to the department;

- (9) reporting and tracking all sales and refunds to the department;
- (10) real-time alerts and notifications to the department regarding when propagation sources are planted, are harvested and destroyed, and when cannabis products are transported, sold, or destroyed;
- (11) tracking all plants and products using a tagging methodology that is considered environmentally friendly and sustainable;
- (12) tracking all plants and products using a tagging methodology that avoids adding an undue financial burden on cultivators, processors, and dispensaries;
- (13) receiving testing results electronically from independent testing laboratories via a secure application interface into the seed-to-sale tracking system and directly attaching the testing results to the source batch;
- (14) restricting the altering of test results by the operator;
- (15) providing the department with real-time access to the database;
- (16) providing real-time analytics to the department regarding key performance indicators, including, but not limited to:
 - (a) total daily sales;
 - (b) total plants in production;
 - (c) total plants destroyed; and
 - (d) total inventory adjustments; and
- (17) providing other information specified by the department.

(C) The department shall require that the provider of the system:

- (1) have a current security audit that is no more than twelve months old and that was performed by a third party certified to perform such audits, demonstrating the use of sound security measures and practices by the provider hosting the data or application processing the data, as defined by a nationally recognized security framework;
- (2) submit an annual update on any open corrective action plans associated with the most recent audit's findings and deficiencies;
- (3) produce a new or updated audit every three years; and
- (4) have experience implementing and maintaining a seed-to-sale tracking system of a similar size and nature as that of at least two other state governmental agencies without interruptions of service or security breaches, or otherwise demonstrate the ability to implement and maintain such systems.

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

- (1) possess, plant, propagate, cultivate, grow, harvest, produce, process, manufacture, compound, convey, pack, repack, transport, or store cannabis;
- (2) possess, use, and manufacture cannabis paraphernalia;
- (3) deliver, sell, supply, transfer, or transport cannabis, cannabis paraphernalia, and educational materials to processing facilities or dispensaries; and

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

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

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

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

(3) deliver, sell, supply, transfer, or transport cannabis or industrial hemp for human consumption and educational materials to licensed dispensaries; and

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

(C) It is not unlawful for a licensed dispensary to obtain, possess, transport, or dispense cannabis, cannabis products, industrial hemp for human consumption that has passed independent laboratory testing pursuant to Section 40(G), cannabis paraphernalia, or educational materials to a cardholder in accordance with the requirements of this article.

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

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

(F) Industrial hemp operations and individuals who have been issued permits pursuant to Section 46-55-20 to the cultivation of industrial hemp are authorized to provide industrial hemp for human consumption to licensed processing facilities or dispensaries licensed pursuant to this article.

(G) A medical cannabis establishment is not subject to prosecution, search, seizure, or penalty in any manner, and no person may not be denied any right or privilege, including civil penalty or disciplinary action by a court or business regulatory board or entity, for engaging in activities related to cannabis that are not unlawful under South Carolina law pursuant to this article.

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

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

Section 44-53-2390. (A) The department shall issue registrations of the following number to qualified applicants:

(1) fifteen cultivation center licenses;

(2) thirty processing facility licenses;

(3) one dispensary license for every twenty pharmacies with a state-issued permit in the State; and

(4) five independent testing laboratory licenses.

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

- (1) a nonrefundable application fee to be determined by the department;
 - (2) proof that the applicant has sufficient liquid and non-liquid assets to open and operate the type of medical cannabis establishment as determined by the department through regulation;
 - (3) on renewal, a financial statement reviewed by a licensed certified public accountant or a licensed public accountant in accordance with Generally Accepted Accounting Principles, including all disclosures required by Generally Accepted Accounting Principles;
 - (4) the legal name of the proposed medical cannabis establishment;
 - (5) the physical address of the proposed medical cannabis establishment, which:
 - (a) shall not be within one thousand feet of a public or private school existing before the date of the medical cannabis establishment application, except as provided in Section 44-53-2420;
 - (b) if a dispensary applicant, shall be located in an area zoned for commercial use; and
 - (c) if a processing facility or cultivation center applicant, shall be located in an area zoned for manufacturing or agriculture;
 - (6) a sworn statement certifying that the proposed medical cannabis establishment is in compliance with all applicable government-enacted zoning restrictions, if applicable;
 - (7) a copy of any local registration, license, or permit required by local government for the proposed medical cannabis establishment;
 - (8) the name, date of birth, and contact information for each principal officer and board member of the proposed medical cannabis establishment with a copy of a SLED criminal records background check report for each principal officer or board member paid for by the principal officer or board member;
 - (9) operating procedures for the proposed medical cannabis establishment to ensure accurate recordkeeping and adequate security measures;
 - (10) a security plan that meets all requirements promulgated by the department, which, in connection with the application, shall be subject to review and consultation with and receive input from SLED;
 - (11) for a cultivation center applicant, documentation demonstrating that the applicant has appropriate experience in cannabis agriculture and is qualified to process cannabis to sell, deliver, transport, or distribute solely for use pursuant to this article;
 - (12) for a processing facility applicant, documentation demonstrating that the applicant is qualified to process cannabis into cannabis products, utilizing industry standards for the safe handling of food products and consumer product production;
 - (13) for an application to operate an independent testing laboratory, documentation demonstrating that the applicant meets the standards and requirements for accreditation, inspection, and testing established through regulation by the department;
 - (14) the applicant's plan to hire employees from within the community in which it will be operating; and
 - (15) for an applicant who is applying for more than one license, a notation on the application regarding the other licenses for which the applicant has applied.
- (C) All license recipients must be operable within twelve months of issuance or the license reverts to the department, which shall within thirty days issue a license to the most qualified applicant that did not receive one of the licenses.

licenses.

(D) No license granted for cultivation, processing, dispensing, or testing is transferable until the expiration four months from its issuance.

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

(F) Upon approval and before beginning its operations, a medical cannabis establishment shall pay a non-refundable license fee in an amount determined by the department.

(G) The department shall issue a renewal license within thirty days of receiving a completed license renewal application and renewal fee from a medical cannabis establishment if the license is not under suspension or has not been revoked. Any changes in board members or principal officers must be noted on the renewal application. The application must include their name, date of birth, contact information, and SLED background check.

Section 44-53-2400. (A) A medical cannabis establishment shall issue an identification card to each medical cannabis establishment agent and medical cannabis establishment principal.

(B) A medical cannabis establishment shall request and obtain a SLED criminal records check report that includes a SLED stamp on every person seeking to become a medical cannabis establishment principal or medical cannabis establishment agent within the previous ninety days before the person is issued an identification card or begins work at a medical cannabis establishment.

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

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

(2) the department grants a waiver that the person has not been convicted of, or pled guilty or nolo contendere to, a felony drug-related offense, provided, however, that this restriction does not apply if the person completed a term of imprisonment, including any term of probation or supervised release, at least five years prior;

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

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

(D) Each medical cannabis establishment shall retain records of agents and principals for at least five years after the end of their employment.

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

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

(C) During an inspection, the department may review the medical cannabis establishment's records required by this article and department regulations. Records must track patient-specific and caregiver-specific information and include a registry identification number to protect confidentiality.

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

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

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

(G) Department counsel may not:

(1) make determinations as to reporting fraudulent information submitted to the department but rather make such determinations through department employees as needed; or

(2) be the decision maker for the department for purposes of determining whether probable cause exists to search a premises; or
may be a legal adviser.

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

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

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

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

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

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

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

(B) All cultivation, harvesting, processing, and packaging of cannabis must take place in a secure facility at the address provided to the department and SLED during the processing facility or cultivation center's license application process. The secure facility may be accessed only by medical cannabis establishment agents, medical cannabis establishment principals, authorized department personnel, law enforcement personnel, emergency personnel, and adults who are twenty-one years of age and older who are accompanied by medical cannabis establishment principals.

(C) All locations at which cultivation, harvesting, processing, and packaging of cannabis takes place are subject to random inspection by the department and SLED in accordance with regulations promulgated by the department. Such regulations shall be developed by the department after consulting with and receiving input from SLED.

Section 44-53-2450. (A) The department shall require, at a minimum, routine testing of cannabis and cannabis products by a cultivation center and processing facility.

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

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

Section 44-53-2460. (A) All cultivation center cannabis by-product, scrap, and harvested cannabis not intended for distribution to a dispensary, processing facility, or independent testing laboratory must be destroyed and disposed in accordance with department regulations. Documentation of destruction and disposal must be retained by the cultivation center for a period of no less than one year. The cultivation center shall maintain a record of the date of destruction and the amount destroyed.

(B) A dispensary shall destroy all cannabis that is not sold to qualifying patients or designated caregivers. The dispensary shall retain documentation of destruction and disposal for a period of no less than one year. The dispensary shall maintain a record of the date of destruction and the amount destroyed.

(C) A dispensary shall destroy all unused cannabis that is returned to a dispensary by a patient or his caregiver if the patient no longer qualifies for the use of medical cannabis.

Section 44-53-2470. (A) Each dispensary must contract with or employ at least one pharmacist, physician assistant, or clinical practice nurse who is licensed by the State and who has completed a department-approved medical cannabis continuing education course. The pharmacist, physician assistant, or clinical practice nurse must be reasonably available during business hours to advise and educate patients, in person or by telemedicine. A pharmacist, physician assistant, or clinical practice nurse may contract with multiple dispensaries.

(B) Each dispensary agent who dispenses cannabis or cannabis products to patients must complete a department-approved medical cannabis continuing education course prior to dispensing cannabis.

(C)(1) All items sold at a dispensary must be properly labeled and contained in a child-resistant package. Labels must comply with state laws and regulations and, at a minimum, must include:

(a) the name of the licensed dispensary;

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

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

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

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

(3) All cannabis and cannabis products purchased in dispensaries should be placed in child-resistant exit packaging before leaving the dispensary.

Section 44-53-2480. After consulting with medical professionals who are knowledgeable about the risks associated with the use of cannabis, the department shall develop a scientifically accurate safety information flyer, which shall be provided to each patient applying for a registry identification card when the department sends the patient the identification card. The flyer must be offered at every dispensary when medical cannabis is dispensed. It must include:

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

(i) the variability of quality and concentration of cannabis;

- (ii) the risk of cannabis use disorder and where to reach out for help;
 - (iii) any potential exacerbation of psychotic disorders and any adverse cognitive effects for children and youth;
 - (iv) potential adverse events and other risks, including falls or fractures;
 - (v) the risks of using cannabis during pregnancy or breast feeding; and
 - (vi) the need to safeguard all cannabis and cannabis products from children and pets or other domestic animals.
- (2) a notification to the patient or caregiver that the medical cannabis is for the patient's use only and the cannabis products should not be donated or otherwise supplied to another individual;
 - (3) a notification of the variability and lack of standardization of cannabis preparations and their potential effects;
 - (4) a warning to patients not to drive or operate heavy machinery while under the influence of medical cannabis.

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

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

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

(D) Operators of dispensaries and cultivation centers must be granted a reasonable resolution period established by the department to implement corrective actions acceptable to the department.

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

(F) The department is authorized to impose monetary penalties on a dispensary, dispensary principal, cultivation center, cultivation center principal, or independent testing laboratory for violations of this article.

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

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

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

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

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

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

- (1) the number of registry identification card applications submitted, granted, and renewed;
- (2) the number of qualifying patients and designated caregivers served by each medical cannabis establishment during the report year;
- (3) the nature of the debilitating medical conditions of the qualifying patients and a breakdown of qualifying patients by age group;
- (4) the efficacy or satisfaction of medical cannabis on a yes-no questionnaire basis as submitted by the patients on a voluntary, anonymous survey, which may be conducted online or through licensed dispensaries;
- (5) the number of registry identification cards suspended or revoked;
- (6) the number of physicians providing written certifications for qualifying patients; and
- (7) the number and type of licensed medical cannabis establishments by county.

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

SECTION 4. Section 12-36-2120(69) of the 1976 Code is amended to read:

"(69) ~~Reserved~~ cannabis sold by a dispensary to a cardholder pursuant to Article 20, Chapter 53, Title 44

SECTION 5. Article 4, Chapter 53, Title 44 of the 1976 Code is repealed.

SECTION 6. The repeal or amendment by this act of any law, whether temporary, permanent, civil, or criminal, shall not affect pending actions, rights, duties, or liabilities founded thereon or alter, discharge, release, or extinguish any penalty, forfeiture, or liability incurred under the repealed or amended law unless the repealed or amended law shall so expressly provide. After the effective date of this act, all laws repealed or amended by this act must be construed and treated as remaining in full force and effect for the purpose of sustaining any pending or vested right, contract, special proceeding, criminal prosecution, or appeal existing as of the effective date of this act and for the enforcement of rights, duties, penalties, forfeitures, and liabilities as they stood under the repealed or amended laws.

SECTION 7. If any section, subsection, paragraph, subparagraph, sentence, clause, phrase, or word of this act for any reason held to be unconstitutional or invalid, then such holding shall not affect the constitutionality of the remaining portions of this act, the General Assembly hereby declaring that it would have passed this act and every section, subsection, paragraph, subparagraph, sentence, clause, phrase, and word thereof, irrespective of the fact that any one or more other sections, subsections, paragraphs, subparagraphs, sentences, clauses, or words hereof may be declared to be unconstitutional, invalid, or otherwise ineffective.

SECTION 8. (A) After the effective date of this act, the South Carolina Department of Health and Environmental Control shall:

- (1) create a commission pursuant to Section 44-53-2340, as added by this act, within thirty days;
- (2) develop a written certification form pursuant to Section 44-53-2080, as added by this act, after no later than thirty days;
- (3) promulgate regulations pursuant to Section 44-53-2100(A), as added by this act, after no later than one hundred twenty days;
- (4) engage a company to create the necessary software for an electronic patient registry pursuant to Section 44-53-2100(B), as added by this act, after no later than one hundred twenty days;
- (5) develop a safety information flyer pursuant to Section 44-53-2480, as added by this act, after no later than one hundred twenty days.

hundred twenty days;

(6) establish a secure phone or web-based verification system pursuant to Section 44-53-2190(B), as added by this act, within one hundred eighty days;

(7) promulgate regulations pursuant to Section 44-53-2350, as added by this act, after no later than one year after the effective date of this act;

(8) issue registrations pursuant to Section 44-53-2390, as added by this act, after no later than eighteen months after the effective date of this act;

(B) If the South Carolina Department of Health and Environmental Control fails to promulgate regulations pursuant to the provisions of this act within two hundred days of the effective date of this act, then a qualifying patient may commence an action in the South Carolina Administrative Law Court to compel the South Carolina Department of Health and Environmental Control to perform the actions mandated pursuant to the provisions of this act.

(C) No later than one year after the effective date of this act, the South Carolina Law Enforcement Division shall promulgate regulations pursuant to Section 44-53-2020(C), as added by this act.

SECTION 9. This act takes effect upon approval by the Governor.

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