

Financial Impact Estimating Conference

Use of Marijuana for Certain Medical Conditions Serial Number 13-02

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Tab 9 (as revised October 30, 2013)

Draft - Summary of Initiative Financial Information Statement

**INITIATIVE FINANCIAL INFORMATION STATEMENT
ALLOWING THE USE OF MARIJUANA FOR CERTAIN MEDICAL CONDITIONS**

SUMMARY OF INITIATIVE FINANCIAL INFORMATION STATEMENT

{Insert 500 word summary here}

FIANCIAL IMPACT STATEMENT

{Insert 75 word statement}

I. SUBSTANTIVE ANALYSIS

A. Proposed Amendment

Ballot Title:

Use of Marijuana for Certain Medical Conditions.

Ballot Summary:

Allows the medical use of marijuana for individuals with debilitating diseases as determined by a licensed Florida physician. Allows caregivers to assist patients' medical use of marijuana. The Department of Health shall register and regulate centers that produce and distribute marijuana for medical purposes and shall issue identification cards to patients and caregivers. Applies only to Florida law. Does not authorize violations of federal law or any non-medical use, possession or production of marijuana.

Statement and Purpose:

According to the sponsors, "doctors should have the freedom to recommend the treatment they deem appropriate for their patients - including medical marijuana...[and] studies show that many patients suffering with HIV/AIDS, glaucoma, cancer and chemotherapy, multiple sclerosis, epilepsy, and other debilitating illnesses find that marijuana provides relief from their symptoms."¹

Proposed Amendment to the Florida Constitution:

ARTICLE X, SECTION 29. Medical marijuana production, possession and use.—

(a) PUBLIC POLICY.

(1) The medical use of marijuana by a qualifying patient or personal caregiver is not subject to criminal or civil liability or sanctions under Florida law except as provided in this section.

(2) A physician licensed in Florida shall not be subject to criminal or civil liability or sanctions under Florida law for issuing a physician certification to a person diagnosed with a debilitating medical condition in a manner consistent with this section.

(3) Actions and conduct by a medical marijuana treatment center registered with the Department, or its employees, as permitted by this section and in compliance with

¹ See <http://www.unitedforcare.org/>. (last visited on Oct. 10, 2013)

Department regulations, shall not be subject to criminal or civil liability or sanctions under Florida law except as provided in this section.

(b) DEFINITIONS. For purposes of this section, the following words and terms shall have the following meanings:

(1) *"Debilitating Medical Condition"* means cancer, glaucoma, positive status for human immunodeficiency virus (HIV), acquired immune deficiency syndrome (AIDS), hepatitis C, amyotrophic lateral sclerosis (ALS), Crohn's disease, Parkinson's disease, multiple sclerosis or other conditions for which a physician believes that the medical use of marijuana would likely outweigh the potential health risks for a patient.

(2) *"Department"* means the Department of Health or its successor agency.

(3) *"Identification card"* means a document issued by the Department that identifies a person who has a physician certification or a personal caregiver who is at least twenty-one (21) years old and has agreed to assist with a qualifying patient's medical use of marijuana.

(4) *"Marijuana"* has the meaning given cannabis in Section 893.02(3), Florida Statutes (2013).

(5) *"Medical Marijuana Treatment Center"* means an entity that acquires, cultivates, possesses, processes (including development of related products such as food, tinctures, aerosols, oils, or ointments), transfers, transports, sells, distributes, dispenses, or administers marijuana, products containing marijuana, related supplies, or educational materials to qualifying patients or their personal caregivers and is registered by the Department.

(6) *"Medical use"* means the acquisition, possession, use, delivery, transfer, or administration of marijuana or related supplies by a qualifying patient or personal caregiver for use by a qualifying patient for the treatment of a debilitating medical condition.

(7) *"Personal caregiver"* means a person who is at least twenty-one (21) years old who has agreed to assist with a qualifying patient's medical use of marijuana and has a caregiver identification card issued by the Department. A personal caregiver may assist no more than five (5) qualifying patients at one time. An employee of a hospice provider, nursing, or medical facility may serve as a personal caregiver to more than five (5) qualifying patients as permitted by the Department. Personal caregivers are prohibited from consuming marijuana obtained for the personal, medical use by the qualifying patient.

(8) *"Physician"* means a physician who is licensed in Florida.

(9) *"Physician certification"* means a written document signed by a physician, stating that in the physician's professional opinion, the patient suffers from a debilitating medical condition, that the potential benefits of the medical use of marijuana would likely outweigh the health risks for the patient, and for how long the physician recommends the medical use of marijuana for the patient. A physician certification may only be provided after the physician has conducted a physical examination of the patient and a full assessment of the patient's medical history.

(10) *"Qualifying patient"* means a person who has been diagnosed to have a debilitating medical condition, who has a physician certification and a valid qualifying patient identification card. If the Department does not begin issuing identification cards within nine (9) months after the effective date of this section, then a valid physician certification will serve as a patient identification card in order to allow a person to become a "qualifying patient" until the Department begins issuing identification cards.

(c) LIMITATIONS.

- (1) Nothing in this section shall affect laws relating to non-medical use, possession, production or sale of marijuana.
- (2) Nothing in this section authorizes the use of medical marijuana by anyone other than a qualifying patient.
- (3) Nothing in this section allows the operation of a motor vehicle, boat, or aircraft while under the influence of marijuana.
- (4) Nothing in this law section requires the violation of federal law or purports to give immunity under federal law.
- (5) Nothing in this section shall require any accommodation of any on-site medical use of marijuana in any place of education or employment, or of smoking medical marijuana in any public place.
- (6) Nothing in this section shall require any health insurance provider or any government agency or authority to reimburse any person for expenses related to the medical use of marijuana.

(d) DUTIES OF THE DEPARTMENT. The Department shall issue reasonable regulations necessary for the implementation and enforcement of this section. The purpose of the regulations is to ensure the availability and safe use of medical marijuana by qualifying patients. It is the duty of the Department to promulgate regulations in a timely fashion.

- (1) Implementing Regulations. In order to allow the Department sufficient time after passage of this section, the following regulations shall be promulgated no later than six (6) months after the effective date of this section:
 - a. Procedures for the issuance of qualifying patient identification cards to people with physician certifications, and standards for the renewal of such identification cards.
 - b. Procedures for the issuance of personal caregiver identification cards to persons qualified to assist with a qualifying patient's medical use of marijuana, and standards for the renewal of such identification cards.
 - c. Procedures for the registration of Medical Marijuana Treatment Centers that include procedures for the issuance, renewal, suspension, and revocation of registration, and standards to ensure security, record keeping, testing, labeling, inspection, and safety.
 - d. A regulation that defines the amount of marijuana that could reasonably be presumed to be an adequate supply for qualifying patients' medical use, based on the best available evidence. This presumption as to quantity may be overcome with evidence of a particular qualifying patient's appropriate medical use.
- (2) Issuance of identification cards and registrations. The Department shall begin issuing qualifying patient and personal caregiver identification cards, as well as begin registering Medical Marijuana Treatment Centers no later than nine months (9) after the effective date of this section.
- (3) If the Department does not issue regulations, or if the Department does not begin issuing identification cards and registering Medical Marijuana Treatment Centers within the time limits set in this section, any Florida citizen shall have standing to seek judicial relief to compel compliance with the Department's constitutional duties.
- (4) The Department shall protect the confidentiality of all qualifying patients. All records containing the identity of qualifying patients shall be confidential and kept from public disclosure other than for valid medical or law enforcement purposes.

(e) LEGISLATION. Nothing in this section shall limit the legislature from enacting laws consistent with this provision.

(f) SEVERABILITY. The provisions of this section are severable and if any clause, sentence, paragraph or section of this measure, or an application thereof, is adjudged invalid by any court of competent jurisdiction other provisions shall continue to be in effect to the fullest extent possible.

Effective Date:

Article XI, Section 5(e), of the Florida Constitution states that, unless otherwise specified in the Florida Constitution or the proposed constitutional amendment, the proposed amendment will become effective on the first Tuesday after the first Monday in January following the election. This amendment does not specify an effective date and will be effective as stated in Article XI, Section 5(e), of the Florida Constitution. However, the amendment delays implementation of certain provisions by allowing the Department of Health six months after the effective date to promulgate regulations and nine months after the effective date to begin issuing identification cards.

B. Substantive Effect of Proposed Amendment

According to People United for Medical Marijuana², the amendment would:

- Legalize medical marijuana for use by qualifying patients;
- Define qualifying patients as individuals with debilitating diseases as determined by a physician where the benefits of the use of medical marijuana would outweigh the potential harms;
- Remove criminal and civil penalties from qualifying patients, physicians who recommend the use of medical marijuana, caregivers who assist with the administration of medical marijuana to people who are very debilitated and weak; and
- Set up a regulatory structure through the state Department of Health that allows the state to:
 - Keep a database of the folks that are qualifying patients and caregivers;
 - Register treatment centers that would grow, produce, and distribute medical marijuana; and
 - Put safety and quality checks on the product coming out and to establish guidelines for quantities that people can have.

² See http://www.unitedforcare.org/q_a_the_effort_to_make_medical_marijuana_legal_in_florida. (Last visited on Oct. 10, 2013).

Background

Current Legal Status Marijuana in Florida

Florida law defines Cannabis as “all parts of any plant of the genus *Cannabis*, whether growing or not; the seeds thereof; the resin extracted from any part of the plant; and every compound, manufacture, salt, derivative, mixture, or preparation of the plant or its seeds or resin”³ and places it, along with other sources of tetrahydrocannabinol (THC), on the list of Schedule I drugs.⁴ Schedule I drugs are substances that have a high potential for abuse and no currently accepted medical use in treatment in the United States. As a Schedule I drug, possession and trafficking in cannabis carry criminal penalties that vary from a misdemeanor of the first degree⁵ up to a felony of the first degree with a possible minimum sentence of 15 years in prison and a \$200,000 fine.⁶ Paraphernalia⁷ that is sold, manufactured, used, or possessed with the intent to be used to plant, propagate, cultivate, grow, harvest, manufacture, compound, convert, produce, process, prepare, test, analyze, pack, repack, store, contain, conceal, inject, ingest, inhale, or otherwise introduce into the human body a controlled substance is also prohibited and carries criminal penalties ranging from a misdemeanor of the first degree to felony of the third degree.⁸

The Necessity Defense in Florida

Despite the fact that the use, possession, and sale of marijuana is prohibited by state law, Florida courts have found that circumstances can necessitate medical use of marijuana and circumvent the application of any criminal penalties. The necessity defense was successfully applied in a marijuana possession case in *Jenks v. State*⁹ where the First District Court of Appeal found that “section 893.03 does not preclude the defense of medical necessity” for the use of marijuana if the defendant:

- Did not intentionally bring about the circumstance which precipitated the unlawful act;
- Could not accomplish the same objective using a less offensive alternative available; and
- The evil sought to be avoided was more heinous than the unlawful act.

In the cited case the defendants, a married couple, were suffering from uncontrollable nausea due to AIDS treatment and had testimony from their physician that he could find no effective alternative treatment. Under these facts, the First District found that the Jenks met the criteria for the necessity defense and ordered an acquittal of the charges of cultivating cannabis and possession of drug paraphernalia.

³ S. 893.02(c), F.S.

⁴ S. 893.03(c)7. and 37., F.S.

⁵ For possessing or delivering less than 20 grams. See s. 893.13(3) and (6)(b), F.S.

⁶ Trafficking in more than 25 pounds, or 300 plants, of cannabis is a felony of the first degree with a minimum sentence that varies from 3 to 15 years in prison depending on the amount of cannabis. See s. 893.135(1)(a), F.S.

⁷ As defined in s. 893.145, F.S.

⁸ S. 893.147, F.S.

⁹ 582 So. 2d 676

Medical Marijuana Laws in Other States

Currently, 20 states and the District of Columbia¹⁰ have some form of law that permits the use of marijuana for medicinal purposes. These laws vary widely in detail but most are similar in that they touch on several recurring themes. Most state laws include the following in some form:

- A list of medical conditions for which a practitioner can recommend the use of medical marijuana to a patient.
 - Nearly every state has a list of medical conditions though the particular conditions vary from state to state. Most states also include a way to expand the list either by allowing a state agency or board to add medical conditions to the list or by including a “catch-all” phrase.¹¹ Most states require that the patient receive certification from at least one, but often two, physicians designating that they have a qualifying condition before they can be issued an ID card.
- Provisions for the patient to designate one or more caregivers who can possess the medical marijuana and assist the patient in preparing and using the medical marijuana.
 - The number of caregivers allowed and the qualifications to become a caregiver vary from state to state. Most states allow 1 or 2 caregivers and require that they be at least 21 years of age and, typically, cannot be the patient’s physician. Caregivers are generally allowed to purchase or grow marijuana for the patient, be in possession of the allowed quantity of marijuana, and aid the patient in using the marijuana, but are strictly prohibited from using the marijuana themselves.
- A required identification card for the patient, caregiver, or both that is typically issued by a state agency.
- A registry of people who have been issued an ID card.
 - A method for registered patients and caregivers to obtain medical marijuana.
 - There are two general methods by which patients can obtain medical marijuana: either they must self-cultivate the marijuana in their homes, or the state allows specified marijuana points of sale or dispensaries. The regulations governing such dispensaries, in states that allow them, vary widely.
- General restrictions on where medical marijuana may be used.

¹⁰ These states include Alaska, Arizona, California, Colorado, Connecticut, Delaware, Hawaii, Illinois (effective 2014), Maine, Maryland, Massachusetts, Michigan, Montana, Nevada, New Hampshire, New Jersey, New Mexico, Oregon, Rhode Island, Vermont, and Washington. California was the first to establish a medical marijuana program in 1996 and Illinois was the most recent state to pass medical marijuana legislation in August of 2013. Illinois legislation does not become effective until 2014. See <http://www.ncsl.org/issues-research/health/state-medical-marijuana-laws.aspx>. Last visited on Oct. 17, 2013.

¹¹ Such as in California’s law that includes “any other chronic or persistent medical symptom that either: Substantially limits the ability of the person to conduct one or more major life activities as defined in the Americans with Disabilities Act of 1990, or If not alleviated, may cause serious harm to the patient's safety or physical or mental health.”

Medical Marijuana Laws and the Federal Government

Regardless of whether an individual state has allowed the use of marijuana for medicinal purposes, or otherwise, the Federal Controlled Substances Act lists it as a schedule I drug with no accepted medical uses. Under federal law possession, manufacturing, and distribution of marijuana is a crime.¹² Although state medical marijuana laws protect patients from prosecution for the legitimate use of marijuana under the guidelines established in that state, such laws do not protect individuals from prosecution under federal law should the federal government choose to act on those laws.

In August of 2013, the United States Justice Department issued a publication entitled “Smart on Crime: Reforming the Criminal Justice System for the 21st Century.”¹³ This document details the federal government’s changing stance on low-level drug crimes announcing a “change in Department of Justice charging policies so that certain people who have committed low-level, nonviolent drug offenses, who have no ties to large-scale organizations, gangs, or cartels will no longer be charged with offenses that impose draconian mandatory minimum sentences. Under the revised policy, these people would instead receive sentences better suited to their individual conduct rather than excessive prison terms more appropriate for violent criminals or drug kingpins.” This announcement indicates the justice department’s relative unwillingness to prosecute low-level drug cases leaving such prosecutions largely up to state authorities.

Proposed Florida Laws

Distinct from the petition initiative, legislation was proposed to enact concepts similar to the subject of the amendment. During the 2013 legislative session, identical bills were introduced in the Senate and House of Representatives relating to medical cannabis. The bill established regulatory responsibilities and rulemaking authority for the Department of Health (DOH) and the Department of Business and Professional Regulation (DBPR), and provided rulemaking authority for the Department of Revenue (DOR) specific to taxation and reporting responsibility for specified entities. The bill:

- Authorized a qualifying patient and the patient's qualified caregiver to possess and administer medical cannabis to a qualifying patient, and to possess and use paraphernalia for specified purposes;
- Provided procedures and requirements for DOH administration;
- Authorized a physician to recommend use of medical cannabis under specified procedures and requirements;
- Required DBPR to regulate licensure of cultivation centers and dispensaries, under related procedures and requirements;
- Established a medical cannabis section within DBPR, including procedures and requirements to authorize a medical cannabis farm to possess, cultivate, and manufacture medical cannabis, medical cannabis-based products, and marijuana plants for wholesale in this state, including permitting and licensing procedures and fees, administrative fines, license suspension, and injunctive relief.

¹² The punishments vary depending on the amount of marijuana and the intent with which the marijuana is possessed. See <http://www.fda.gov/regulatoryinformation/legislation/ucm148726.htm#cntlsbd>. Last visited Oct. 17, 2013.

¹³ See <http://www.justice.gov/ag/smart-on-crime.pdf>. Last visited on Oct. 17, 2013

- Required rule adoption by specified dates;
- Provided that use of medical cannabis is a defense to certain offenses, and does not create defense to certain other offenses;
- Made conforming revisions to a variety of criminal provisions, including changes to the Offense Severity Ranking Chart;
- Included a severability clause; and
- Provided an effective date of July 1, 2013.

The bill stipulated that fees established by DOH must offset all expenses of implementing and administering the provisions of the bill, specified fee caps for DBPR permitting purposes, and indicated that fees collected by DOH, DBPR, and DOR be applied first to administering the responsibilities assigned under the provisions. Senate Bill (SB) 1250, introduced by Senator Clemens and one co-sponsor, was referred to four committees of reference. House Bill 1139, introduced by Representative Edwards and five co-sponsors, was referred to four committees of reference. A related public records exemption bill, SB 1214, was also filed by Senator Clemens. When the 2013 session ended, each bill died in its initial committee of reference, having not been heard.

Potential Users of Medical Marijuana

The Florida Legislature’s Office of Economic and Demographic Research (EDR) developed six approaches that estimate the number of medical marijuana users in Florida as of April 1, 2015. Approach I draws on the experience of other states. Approaches II – V attempt to capture eligible users with the specified medical conditions in the proposed ballot initiative, except “other conditions.” It is not possible to precisely estimate the number of users that would qualify under “other conditions” as these conditions are currently unknown and to be determined by the physician when he or she believes that the medical use of marijuana would likely outweigh the potential health risks for a patient. Approach VI uses the number of illicit recreational marijuana users as a guide.

Estimates of Potential Florida Medical Marijuana Users

Estimation Approach	April 1, 2015
I. States with medical marijuana laws	452 to 417,252
II. Disease prevalence	1,295,922
III. Disease incidence	116,456
IV. Use by cancer patients	173,671
V. Deaths	46,903
VI. Self-reported marijuana use	1,052,692 to 1,619,217
Range	452 to 1,619,217

The following is a summary of each of these approaches.

Approach I. States with Medical Marijuana Laws

Approach I applies rates of medical marijuana use from other states to Florida’s 2015 projected population. Using the current experience of 16 other states, there may be an estimated 452 to 417, 252 Floridians using medical marijuana in 2015. The lower range of the estimate is more likely if the medical marijuana program is rolled out slowly, such

as in New Jersey, or faces implementation, administrative, and/ or legal challenges that will limit the number of registrants in the first year. The higher range of the estimate may be more likely at full implementation of a more mature program, such as in Colorado.

Approach II. Disease Prevalence

Approach II uses disease prevalence rates (proportion of people alive diagnosed with a certain disease) for cancer, hepatitis C, and HIV to determine the number of eligible patients with the conditions specified in the proposed ballot initiative. There will be an estimated 1,295,922 patients alive in 2015 that have been diagnosed with cancer, hepatitis C, or HIV during their lifetime. These patients represent the pool of eligible patients for medical use of marijuana. Prevalence data for the remaining conditions specified in the proposed ballot initiative were not available. In addition, there are unspecified “other conditions” in the proposed ballot initiative which cannot be estimated under this approach.

Approach III. Disease Incidence

Approach III uses disease incidence rates (proportion of people newly diagnosed with a certain disease) for cancer, hepatitis C, HIV, and amyotrophic lateral sclerosis (ALS) to determine the number of eligible patients with the conditions specified in the proposed ballot initiative. Disease incidence cases are a subset of disease prevalence cases, so Approach III has a smaller estimate than Approach II. There will be an estimated 116,456 patients newly diagnosed with cancer, hepatitis C, HIV, or ALS in 2015 in Florida. These patients represent the pool of eligible patients for medical use of marijuana. Incidence data for the remaining conditions specified in the proposed ballot initiative were not available. In addition, there are unspecified “other conditions” in the proposed ballot initiative which cannot be estimated under this approach.

Approach IV. Use by Cancer Patients

Approach IV uses medical marijuana penetration rates by disease, specifically cancer, to estimate medical marijuana users in Florida. The number of Florida cancer patients that are likely to use medical marijuana in 2011 is calculated by applying the average penetration rate among cancer patients from seven other states to the Florida number of cancer patients. Assuming Florida will have the same average proportion of cancer patients in the total medical marijuana users as these seven states, the number of medical marijuana users with cancer is grown to represent total medical marijuana users with all conditions in Florida in 2011. The latter is then adjusted to produce 173,671 medical marijuana users with all conditions in 2015.

Approach V. Deaths

Approach V assumes that mostly terminally ill patients will use medical marijuana. Thus, it uses 2012 death rates by disease for the specified diseases, excluding glaucoma and ALS for which no data were available, in the proposed ballot initiative to estimate the number of users. Adjusting these rates to 2015 population projections produces 46,903 potential medical marijuana patients with the specified conditions. In addition, there are unspecified “other conditions” in the proposed ballot initiative which cannot be estimated under this approach.

Approach VI. Self-Reported Marijuana Use (Illicit Recreational Use)

Approach VI presents self-reported illicit marijuana use from the 2011 National Survey on Drug Use and Health. Adjusting 2011 survey results to the 2015 Florida population projections shows that there may be an estimated 1,619,217 self-reported recreational users of marijuana in Florida. If we exclude the population 18 to 24 from this estimate since they would not be as likely to suffer from the debilitating conditions envisioned in the ballot initiative as their older counterparts, it is estimated that there may be 1,052,692 self-reported recreational users of marijuana in Florida. Approach VI was included because some of the current illicit use may be for medical purposes. This estimation approach has been used by other states to estimate recreational marijuana use.

The conference requested EDR to estimate to what extent a pill mill scenario and medical marijuana tourism may affect the potential number of users of medical marijuana.

- *Pill Mills:* The potential medical marijuana population was compared to the estimates of the population illicitly using pain relievers for nonmedical reasons to examine whether “pill mills” can develop for medical marijuana. Applying use rates from the 2011 National Survey on Drug Use and Health, it is estimated that there will be 676,099 pain reliever users for nonmedical reasons in 2015, with higher rates among the 12 to 17 and 18 to 24 age groups compared to the 25 and over group. The multi-step process consisting of (1) an examination and assessment by a physician in order for a patient to receive a physician certificate and (2) the application process through the Department of Health for an identification card would most likely dissuade a pill mill scenario. Further, the amendment allows the Department of Health to issue implementing regulations, and allows the Legislature to enact laws consistent with the amendment that may provide additional regulatory protection.
- *Medical Marijuana Tourism:* The multi-step process described above would discourage shorter-duration visitors from participating in Florida’s medical marijuana program. Snowbirds (visitors staying one month or longer) were used as a potential universe for medical marijuana tourists. An estimated 17,178 to 41,271 snowbirds may apply for ID cards.

For a variety of reasons, the estimates of pill mill and medical tourism were included to “color” the final estimate of the potential number of medical marijuana users and are not meant to be additive to approaches I – VI.

After careful consideration and review of all methods, the conference determined that the likely number of potential users of medical marijuana upon full implementation of the amendment would be **less than 450,000 persons per year**.

C. Fiscal Impact of Proposed Amendment

Input Received from Proponents and Opponents

The Principals and staff of the Fiscal Impact Estimating Conference sought input from those groups who were on record as supporting or opposing the petition initiative. The proponents chose not to provide a response to a request for input. An opponent group, Save Our Society from Drugs (S.O.S), a non-profit drug policy organization based in St. Petersburg, submitted testimony specific to the petition initiative. The testimony focused on the status of marijuana as not approved by the federal Food and Drug Administration (FDA) and the resulting unregulated

nature of the use of marijuana, emphasizing that “crude (smoked) marijuana does not meet the standards of modern medicine.” The testimony also noted that “the approval of medicines and the protection of consumers are the responsibility of the FDA, not state legislators, not voters and not governors petitioning for marijuana to be rescheduled.” The testimony also expressed concerns relating to: potential impacts on public safety, with an emphasis on drugged driving; environmental impacts of marijuana production, including water quality and water use, wildlife, and wildfires; and the fiscal impact of regulating and policing “pot shops.”

Summary of the Department of Health’s Analysis

The Department’s Planning Assumptions

This analysis assumes the proposed Constitutional Amendment entitled “Use of Marijuana for Certain Medical Conditions” will be approved by the Florida voters and will have an effective date of January 1, 2015. The analysis further assumes the Florida Department of Health will: (1) promulgate rules by June 30, 2015, (2) issue qualified patient and personal caregiver identification cards prior to October 1, 2015, and (3) register Medical Marijuana Treatment Centers prior to October 1, 2015.

The department analysis provides general planning assumptions, as well as a series of assumptions specific to marijuana, physician authority under state and federal law and regulations, patient and caregiver identification cards, medical marijuana treatment centers, and the department’s responsibilities.

The department estimates that when the program is fully implemented, the number of annual program participants to be: (1) 347,700 qualified patients, (2) 208,620 personal caregivers and (3) 809 registered Medical Marijuana Treatment Centers. These estimates were derived based on experience data for the states of Colorado and Oregon.

Program Components

The Florida Department of Health will establish a Florida Medical Marijuana Program which supports: (1) physician issuance of certification, (2) patient and caregiver identification cards, (3) medical marijuana treatment center registration and regulation, and (4) regulation of the adequate supply of marijuana for a qualifying patient’s medical use. For each of these components, the department’s analysis cited relevant definitions as provided in the petition initiative language and indicates the department’s responsibilities relative to each component.

Program Costs

The department estimated start up costs of \$913,301, with annual recurring program costs of \$707,256. Details regarding these costs are in the following table.

Cost Analysis

Cost of Implementation	Year 1 2015	Year 2 2016	Description
Program Staff State Health Office	\$198,067	\$238,181	<p>Year 1 Recurring FTE. Program Manager, \$60,000 salary, fringe (35%) & expense package (\$15,541). One-time contracted positions- Rule making support \$20 hr/2080 hours plus fringe (35%) and contract overhead (4%). Educator \$20.00 hr/1500 hours plus fringe (35%) and contract overhead (4%).</p> <p>Year 2 Program Manager and 2.0 additional recurring FTEs to manage established program. Environmental Consultant (\$82,587) and Senior Clerk (\$37,993). Year 2 includes 750 hours of contracted time to refresh training materials.</p>
Data system implementation and maintenance	\$238,400	\$25,000	<p>Year 1 Business Analysis for program and data system development \$85 per hours for 1040 hours. One-time contractual. Cost to design, develop, test and data system based on business requirements. One-time contractual 1800 hours at \$75.00 per hour (\$135,000) and \$15,000 for hardware.</p> <p>Year 2 Annual cost of help desk and software maintenance 625 hours per year at \$40 per hour. Recurring \$25,000 after Year 1 implementation.</p>
Treatment facility inspections, reinspections, and complaint investigations	\$476,834	\$444,075	<p>Year 1 25% of Year 2 cost for services (\$110,394). One-time cost for 10 state vehicles @ \$35,000 each, 10 pentablocks @ \$1,500, and VPN connectivity service \$48 per month for 3 months \$1,440.</p> <p>Year 2 Cost for services for 12 months - 749 dispensary/transporter/processor quarterly inspections @ \$85 each= \$254,660; 25% reinspections rate = \$63,665; 20% complaint investigations 150 @ \$85 = \$12,750; 125 cultivators quarterly inspections @ \$170 = \$85,000; 25% reinspections rate \$21,250; 20% complaint investigations 25 @ 170 = \$4,250. Interagency Agreement with DOACS for inspections of cultivators/processors = \$2,500 per year beginning year 2.</p>
Total	\$913,301	\$707,256	

Requested Information from State Agencies

The following table reflects a summary of information gleaned from several agencies that were asked to appear before the conference. Note the information specific to the Department of Revenue is addressed separately under tax discussions that appear subsequently in this document.

State / Local Agency	Date Info Provided	Result
Department of Health	10/21/2013	Written preliminary analysis and testimony showing \$707,256 in ongoing annual costs for regulatory activity and \$206,045 in start-up costs, all likely to be paid for by fees (see preceding section).
Department of Children and Families	10/28/2013	The department indicated that the budget impact cannot be determined. The budget for these services is set in the General Appropriations Act, which is controlled by the Legislature and these services are not an entitlement.
Agency for HealthCare Administration	10/28/2013	Discussed the possible impact regarding "personal care givers". The activity would fall into current regulatory oversight and would not significantly change regulatory duties. Health care clinics would only be impacted if the clinics accept 3 rd party reimbursement.
Board of Pharmacy	10/28/2013	The dispensaries would be a separate facility or entity and the certificate is not a prescription, so there would be no additional costs.
Department of Business and Professional Regulation Division of Drugs, Devices and Cosmetics	10/28/2013	The intent is to make this a palliative care to a patient, so it is possible that it may fall under the rubric of 'common household remedies'. The form of the substance does not greatly matter, unless it is a food. Would have little authority over related supplies or devices. No significant rule making or regulatory costs.
Department of Agriculture	10/28/2013	Would not result in a significant regulatory impact to the agency: oversight of the plants; nursery stock dealers' license; commercial weights; agricultural inspection stations, etc. Fees would cover any additional costs.
Florida Department of Law Enforcement	10/22/2013	Deferred to the Attorney General's office, as per phone call with staff.
Office of the Attorney General	10/24/2013	Referred the conference to a letter that was submitted to the Chief Justice and Justices of the Florida Supreme Court detailing several concerns; among them the interaction of the amendment and current federal law.
Highway Safety and Motor Vehicles	10/31/2013	{To be added}
Association of Counties	10/29/2013	The Florida Association of Counties is unable to make a determination about the financial impact of the proposed amendment on local governments as per email.
League of Cities	10/30/2013	Responded via phone call to staff that they had no input at this time and referred the conference to the Police Chiefs Association.
Police Chiefs Association	10/25/2013	Email indicating additional enforcement costs based on the experience from other states that have similar amendments, but they were unable to quantify these costs at this time.
Sheriffs Association	10/21/2013 10/27/2013	Presentation and email indicating additional enforcement costs based on the experience from other states that have similar amendments, but they were unable to quantify these costs at this time.

Florida Sales Tax Treatment of Medical Marijuana

{To be added}

Florida Property Tax Treatment of Medical Marijuana

{To be added}

Conclusion

{To be added}

Tab 10 (continued)

Analysis Data

Analysis Data

The following presents Florida Department of Revenue Nontaxable Medical Items and General Grocery List, as of 07/10.



Nontaxable Medical Items and General Grocery List

DR-46NT
R. 07/10

Rule 12A-1.097
Florida Administrative Code
Effective 07/10

Chemical Compounds and Test Kits

Chemical compounds and test kits used for the diagnosis or treatment of disease, illness, or injury, dispensed according to an individual prescription or prescriptions written by a licensed practitioner authorized by Florida law to prescribe medicinal drugs are EXEMPT. In addition, the following chemical compounds and test kits (including replacement parts) for HUMAN USE are EXEMPT, with or without a prescription.

- Allergy test kits that use human blood to test for the most common allergens
- Anemia meters and test kits
- Antibodies to Hepatitis C test kits
- Bilirubin test kits (blood or urine)
- Blood analyzers, blood collection tubes, lancets, capillaries, test strips, tubes containing chemical compounds, and test kits to test human blood for levels of albumin, cholesterol, HDL, LDL, triglycerides, glucose, ketones, or other detectors of illness, disease, or injury
- Blood sugar (glucose) test kits, reagent strips, test tapes, and other test kit refills
- Blood pressure monitors, kits, and parts
- Breast self-exam kits
- Fecal occult blood tests (colorectal tests)
- Hemoglobin test kits
- Human Immunodeficiency Virus (HIV) test kits and systems
- Influenza AB test kits
- Middle ear monitors
- Prostate Specific Antigen (PSA) test kits
- Prothrombin (clotting factor) test kits
- Thermometers, for human use
- Thyroid Stimulating Hormone (TSH) test kits
- Urinalysis test kits, reagent strips, tablets, and test tapes to test levels, such as albumin, blood, glucose, leukocytes, nitrite, pH, or protein levels, in human urine as detectors of illness, disease, or injury
- Urinary tract infection test kits
- Vaginal acidity (pH) test kits

Chemical compounds and test kits used for the diagnosis or treatment of animals' disease, illness, or injury are TAXABLE.

Common Household Remedies

Tax is not imposed on any common household remedy dispensed according to an individual prescription or prescriptions written by a licensed practitioner authorized by Florida law to prescribe medicinal drugs. In addition, the following common household remedies are specifically EXEMPT with or without a prescription.

- Adhesive tape
- Alcohol, alcohol wipes, and alcohol swabs containing ethyl or isopropyl alcohol
- Allergy relief products
- Ammonia inhalants/smelling salts
- Analgesics (pain relievers)
- Antacids
- Antifungal treatment drugs
- Antiseptics
- Asthma preparations
- Astringents, except cosmetic
- Band-aids
- Bandages and bandaging materials
- Boric acid ointments
- Bronchial inhalation solutions
- Bronchial inhalers
- Burn ointments and lotions, including sunburn ointments generally sold for use in treatment of sunburn
- Calamine lotion
- Camphor
- Castor oil
- Cod liver oil
- Cold capsules and remedies
- Cold sore and canker remedies
- Cough and cold items, such as cough drops and cough syrups
- Denture adhesive products
- Diarrhea aids and remedies
- Digestive aids
- Disinfectants, for use on humans
- Diuretics
- Earache products and ear wax removal products
- Enema preparations
- Epsom salts
- External analgesic patch, plaster, and poultice
- Eye bandage, patch, and occlusor
- Eye drops, lotions, ointments and washes, contact lens lubricating and rewetting solutions (Contact lens cleaning solutions and disinfectants are TAXABLE.)
- First aid kits

Common Household Remedies - continued

- Foot products (bunion pads, medicated callus pads and removers, corn pads or plasters, ingrown toenail preparations, and athlete's foot treatments)
- Gargles, intended for medical use
- Gauze
- Glucose for treatment or diagnosis of diabetes
- Glycerin products, intended for medical use
- Hay fever aid products
- Headache relief aid products
- Hot or cold disposable packs for medical purposes
- Hydrogen peroxide
- Insect bite and sting preparations
- Insulin
- Ipecac
- Itch and rash relievers, including feminine anti-itch creams
- Laxatives and cathartics
- Lice treatments (pediculicides), including shampoos, combs, and sprays
- Liniments
- Lip balms, ices, and salves
- Lotions, medicated
- Menstrual cramp relievers
- Mercurochrome
- Milk of Magnesia
- Mineral oil
- Minoxidil for hair regrowth
- Motion sickness remedies
- Nasal drops and sprays
- Nicotine replacement therapies, including nicotine patches, gums, and lozenges
- Ointments, medicated
- Pain relievers, oral or topical
- Petroleum jelly and gauze
- Poison ivy and oak relief preparations
- Rectal preparations (hemorrhoid and rash)
- Sinus relievers
- Sitz bath solutions
- Skin medications
- Sleep aids (inducers)
- Styptic pencils
- Suppositories, except contraceptives
- Teething lotions and powders
- Throat lozenges
- Toothache relievers
- Wart removers
- Witch hazel
- Worming treatments (anthelmintics), for human use

Cosmetics and Toilet Articles

Cosmetics and toilet articles **ARE TAXABLE**, even when the cosmetic or toilet article contains medicinal ingredients. Examples of cosmetics are cold cream, suntan lotion, makeup, body lotion, soap, toothpaste, hair spray, shaving products, cologne, perfume, shampoo, deodorant, and mouthwash. Cosmetics and toilet articles are **EXEMPT** only when dispensed according to an individual prescription or prescriptions written by a licensed practitioner authorized by Florida law to prescribe medicinal drugs.

Prosthetic Appliances or Orthopedic Appliances

Prosthetic or orthopedic appliances dispensed according to an individual prescription written by a licensed practitioner (a physician, osteopathic physician, chiropractic physician, podiatric physician, or dentist duly licensed under Florida law) are **EXEMPT**.

In addition, the following prosthetic and orthopedic appliances are specifically **EXEMPT** under Florida law or have been certified by the Department of Health as **EXEMPT** without a prescription.

- Abdominal belts
- Arch, foot, and heel supports; gels, insoles, and cushions, excluding shoe liners and pads
- Artificial eyes
- Artificial limbs
- Artificial noses and ears
- Back braces
- Batteries, for use in prosthetic and orthopedic appliances
- Braces and supports worn on the body to correct or alleviate a physical incapacity or injury
- Canes (all)
- Crutches, crutch tips, and pads
- Dentures, denture repair kits, and cushions
- Dialysis machines and artificial kidney machines, parts, and accessories
- Fluidic breathing assistors; portable resuscitators
- Hearing aids (repair parts, batteries, wires, condensers)
- Heart stimulators and external defibrillators
- Mastectomy pads
- Ostomy pouch and accessories
- Patient safety vests
- Rupture belts

Prosthetic Appliances or Orthopedic Appliances - continued

- Suspensories
- Trusses
- Urine collectors and accessories
- Walkers, including walker chairs
- Walking bars
- Wheelchairs, including powered models, their parts, and repairs

Other Exempt Medical Items

- Hypodermic needles and syringes
- Lithotripters

Medical products and supplies used in the cure, mitigation, alleviation, prevention, or treatment of injury, disease, or incapacity that are temporarily or permanently incorporated into a patient or client or an animal by a licensed practitioner or a licensed veterinarian are **EXEMPT**. Examples are dental bridges and crowns.

Medical products, supplies, or devices are **EXEMPT** when they are:

1. dispensed under federal or state law only by the prescription or order of a licensed practitioner, e.g., "Rx only" or "CAUTION: Federal law restricts this device to sale by or on the order of a [designation of a licensed health care practitioner authorized to use or order the use of the device]"; and
2. intended for use on a single patient and are not intended to be reusable.

Some examples of items that would meet these requirements are:

- Artificial arteries, heart valves, and larynxes
- Bone cement, nails, pins, plates, screws, and wax
- Catheters
- Eyelid load prosthesis
- Pacemakers

Unless listed as a specifically tax-exempt item, sales of medical equipment to physicians, dentists, hospitals, clinics, and like establishments are **TAXABLE**, even though the equipment may be used in connection with medical treatment.

Optical Goods

Prescription eyeglasses, lenses, and contact lenses, including items that become a part thereof, are **EXEMPT**. Standard or stock eyeglasses and other parts sold without a prescription are **TAXABLE**.

General Groceries

The following general classifications of grocery products are **EXEMPT** from tax. However, food products prepared and sold for immediate consumption (except food products prepared off the seller's premises and sold in the original container or sliced into smaller portions), sold as part of a prepared meal (whether hot or cold), or sold for immediate consumption within a place where the entrance is subject to an admission charge are **TAXABLE**. Sandwiches sold ready for immediate consumption are **TAXABLE**.

- Baked goods and baking mixes
- Baking and cooking items advertised and normally sold for use in cooking or baking, such as chocolate morsels, flavored frostings, glazed or candied fruits, marshmallows, powdered sugar, or food items intended for decorating baked goods
- Bread or flour products
- Breakfast bars, cereal bars, granola bars, and other nutritional food bars, including those that are candy-coated or chocolate-coated
- Butter
- Canned foods
- Cereal and cereal products
- Cheese and cheese products
- Cocoa
- Coffee and coffee substitutes
- Condiments and relishes, including seasoning sauces and spreads, such as mayonnaise, ketchup, or mustard
- Cookies, including chocolate-coated or cream-filled
- Crackers
- Dairy products
- Dairy substitutes
- Dietary substitutes (including herbal supplements)
- Drinking water, including water enhanced by the addition of minerals (except when carbonation or flavorings have been added to the water in the manufacturing process)

General Groceries - continued

Eggs and egg products
Fish, shellfish, and other fish products
Food coloring
Food supplements
Frozen foods
Fruit (including fruit sliced, chunked, or otherwise cut by the retailer)
Fruit snacks, fruit roll-ups, and dried fruit, including those sweetened with sugar or other sweeteners
Gelatins, puddings, and fillings, including flavored gelatin desserts, puddings, custards, parfaits, pie fillings, and gelatin base salads
Grain products and pastas, including macaroni and noodle products, rice and rice dishes
Honey
Ice cream, frozen yogurt, sherbet, and similar frozen dairy or nondairy products sold in units larger than one pint (Ice cream, frozen yogurt, and similar frozen dairy or nondairy products in cones, small cups, or pints, and popsicles, frozen fruit bars, or other novelty items, whether sold separately or in multiple units are TAXABLE.)
Jams, jellies, and preserves
Margarine
Marshmallows
Meal replacement powders and drinks, including liquid food supplements
Meat and meat products
Meat substitutes
Milk and milk products, including products intended to be mixed with milk
Natural fruit juices containing 100 percent fruit juices (Fruit drinks labeled ades, beverages, cocktails, drink or fruit or vegetable flavor, flavored, or flavorings are TAXABLE.)
Peanut butter
Poultry and poultry products
Salad dressings and dressing mixes
Salt, salt tablets, pepper, spices, seeds, herbs, seasonings, blends, extracts, and flavorings, whether natural or artificial
Sandwich spreads
Sauces and gravies
Seafood and seafood products

General Groceries - continued

Snack foods, including chips, corn chips, potato chips, cheese puffs and curls, cereal bars, cracker jacks, granola bars, nuts and edible seeds, pork rinds, and pretzels, including those that are chocolate-coated, honey-coated, or candy-coated (Candy and like items regarded and advertised as candy, as indicated on the label, are TAXABLE.)
Spreads, except those cooked or prepared on the seller's premises
Sugar, sugar products, and substitutes
Tea (including herbal tea), unless sold in liquid form
Vegetables and vegetable products, including natural vegetable products that include natural vegetable juices
Vegetable juices, natural (except those labeled as ades, beverages, cocktails, drink, or fruit or vegetable flavor, flavored, or flavorings)
Vegetable oils, lard, olive oil, shortenings, and oleomargarine
Vegetable salads, fresh (except those sold cooked with eating utensils)
Vitamins and minerals

Bakeries, Pastry Shops, or Similar Establishments

Bakery products sold by bakeries, pastry shops, or similar establishments that do not have eating facilities are EXEMPT.

Bakery products sold by bakeries, pastry shops, or similar establishments that have eating facilities are TAXABLE, except when sold for consumption off premises. Bakery products sold in quantities of five (5) or fewer are presumed to be TAXABLE. Bakery products, regardless of the quantity, that are not packaged with an intention by the customer to consume the products off the premises are also presumed to be TAXABLE.

Exempt Infant Supplies

Baby food
Baby formulas, liquid or powder
Baby teething lotion
Baby teething powder
Oral electrolyte solutions for infants and children

Exempt Miscellaneous Items

Bibles, hymn books, and prayer books
Flags, United States or official state flag of Florida

Seeds and Fertilizers

Fertilizers, including peat, topsoil, and manure^{1 and 2}
Seeds, including field, garden, and flower (no exemption certificate required)
Fungicides^{1 and 2}
Herbicides^{1 and 2}
Insecticides^{1 and 2}
Pesticides^{1 and 2}
Seedlings, cuttings, plants, and fruit or nut trees used to produce food for humans²
Weed killers^{1 and 2}

¹ Exempt if used for application on or in cultivation of crops, groves, and home vegetable gardens or by commercial nurserymen.

² The purchaser **must** furnish the seller a certificate stating that the item is used exclusively for exempt purposes.

Tab 12 (continued)

Responses from State and Local Agencies

Responses from State and Local Agencies

The following presents responses from state and local agencies.

- A table detailing Marijuana Use by Substance Abuse Clients from the Florida Department of Children and Families, forwarded via email on October 24, 2013

Marijuana Use by Substance Abuse Clients
Department of Children & Families

Substance Abuse Program Client	Gender	Fiscal Year 2009-2010			Fiscal Year 2010-2011			Fiscal Year 2011-2012			Fiscal Year 2012-2013		
		Total Served	Persons served with marijuana as a substance of choice	Percent of persons served with marijuana as a substance of choice	Total Served	Persons served with marijuana as a substance of choice	Percent of persons served with marijuana as a substance of choice	Total Served	Persons served with marijuana as a substance of choice	Percent of persons served with marijuana as a substance of choice	Total Served	Persons served with marijuana as a substance of choice	Percent of persons served with marijuana as a substance of choice
Adults	Female	40,414	10,541	26.1%	44,113	10,928	24.8%	44,244	10,596	24.0%	43,163	9,809	22.2%
	Male	60,097	19,127	31.8%	60,340	18,800	31.2%	58,483	17,858	29.6%	57,095	16,706	28.6%
Children	Female	13,896	4,898	35.2%	13,668	4,925	36.0%	13,785	4,670	34.2%	12,690	4,263	30.9%
	Male	33,797	15,447	45.7%	30,466	15,741	51.7%	30,139	15,083	49.5%	27,173	13,813	45.8%

Source: Attachment to an Email received from Jane Johnson, Chief of Staff, Department of Children & Families, to Amy Baker, Coordinator, Office of Economic and Demographic Research, Thursday, October 24, 2013, 2:58 PM

Responses from State and Local Agencies

The following presents:

- An email from the Florida Association of Counties regarding the impact of the proposed ballot initiative on local governments.

From: Deena Reppen <dreppen@fl-counties.com>
Sent: Tuesday, October 29, 2013 12:35 PM
To: Schenker, Pamela
Cc: Lisa Hurley; Eric Poole
Subject: Re: Financial Impact Estimating Conference

Dear Pam:

The Florida Association of Counties appreciates EDR reaching out to our organization. FAC is unable to make a determination about the financial impact of the proposed amendment on local governments.

We respectfully request that you keep FAC apprised of EDR's determinations so that they may be shared with our membership.

Sincerely,
Deena Reppen
Legislative Director
Florida Association of Counties

Sent from my iPad

Responses from State and Local Agencies

The following presents:

- An email from the Florida Agency for HealthCare Administration regarding the impact of the proposed ballot initiative on the agency.

From: Chaney, Chris [mailto:Chris.Chaney@ahca.myflorida.com]
Sent: Monday, October 28, 2013 8:45 AM
To: Williams, Phil
Subject: Re: Financial Impact Estimating Conference: Medical Use of Marijuana

The definition of “personal Caregiver” in the medical marijuana petition uses the term “medical facility”. “Medical facility” is not defined so it is not clear if it would include all facilities licensed by the Agency. As an example, although most licensed facilities are under the statutory heading of “Public Health” (chapter 381-408), Chapter 429 falls under “Social Welfare” and includes assisted living facilities which provide some level of nursing services and may serve hospice residents.

Under LIMITATIONS the language states: “(5) Nothing in this section shall require any accommodation of any on-site medical use of marijuana in any place of education or employment, or of smoking medical marijuana in any public place.” It is not clear if hospitals or other medical facilities would be required to allow patients to use medical marijuana.

We do not expect the amendment to have a significant impact on the Agency for Health Care Administration (Agency). However, potential impacts are listed below:

- AHCA staff would refer information to the Department of Health (DOH) if potential violations are identified during health care facility licensure duties. For example, an employee of a hospice, nursing home or any facility regulated by AHCA that is assisting more than 5 people, or is not registered with DOH.
- AHCA staff may have to review how marijuana is stored and dispensed at facilities regulated by AHCA, similar to reviews of prescribed controlled substances used by patients in health care facilities.
- There may be some growth in the number of Health Care Clinics licensed by the Agency, but the growth cannot be determined at this time. A health care clinic license is required if a clinic provides health care services and bills a third party for those services. There are several exemptions from health care clinic licensure for clinics that are owned by physicians or other health care providers already licensed by the state. The language does not require a health insurance provider or government agency to reimburse for expenses related to the medical use of marijuana; if a clinic does not bill a third party no license is required. There are currently 1,994 licensed health care clinics in Florida and the Agency has issued 9,317 health care clinic exemption certificates.

Please let us know if you would like additional information.

“Personal caregiver” means a person who is at least twenty-one (21) years old who has agreed to assist with a qualifying patient's medical use of marijuana and has a caregiver identification card issued by the Department. A personal caregiver may assist no more than five (5) qualifying patients at one time. An employee of a hospice provider, nursing, or medical facility may serve as a personal caregiver to more than five (5) qualifying patients as permitted by the Department. Personal caregivers are prohibited from consuming marijuana obtained for the personal, medical use by the qualifying patient.

Sent from my iPhone

Responses from State and Local Agencies

The following presents:

- An email from the Florida Sheriffs Association regarding the impact of the proposed ballot initiative.

From: Sarrah Carroll <scarroll@flsheriffs.org>
Sent: Sunday, October 27, 2013 9:33 PM
To: Baker, Amy
Subject: Fiscal estimating conference

Hello Amy,

We've compiled a bit more information for the meeting tomorrow. Please let me know if you have any questions.

Thank you,

Sarrah

Law enforcement would certainly face additional costs in many different ways if medical marijuana were to become legal in the state of Florida. According to the Federal Bureau of Investigation's 2012 report on crime in the U.S., marijuana accounted for 48 percent of drug related arrests. Whether the medical marijuana industries in these states are highly regulated or not, there is still much confusion over when a person may be breaking the law.

Verifying the medical marijuana licenses for individuals and grow houses will take more time and resources in the course of an investigation. It would be incumbent on law enforcement to prove the grow house was not being maintained for the sale of medicinal marijuana before a search warrant would be issued. While law enforcement researched the validity of the status, the grow house could close up shop or claim to be victims of a burglary/theft.

In states that have legalized marijuana, crime has increased. Dispensaries have been the target of robberies, as well as its customers. Dispensaries primarily take cash only because credit card companies refuse to process any payments made to dispensaries due to the federal laws. This makes the dispensaries easy targets for those criminals looking for quick cash.

Another concern we have is that dispensaries may become the next generation of "pill mill" storefronts. Many states have seen large number of dispensaries open within their state. Cities, like Los Angeles, have created moratorium ordinances in an attempt to prevent more from sprouting up and to close those functioning illegally. It is thought that 850 dispensaries are operating illegally. (<http://articles.latimes.com/2013/oct/12/local/la-me-closing-pot-shops-20131012>) Resources such as the PDMP have since been created to assist law enforcement in their eradication.

In the state of Washington, the laws were so cumbersome on law enforcement to prove that the marijuana grow operations were for medicinal purposes, the state returned funds back to the federal government because they were unable to comply with the agreement in place to prevent and investigate marijuana cultivation. It is highly probable that the Department of Agriculture and Consumer Services would lose federal revenue for the domestic marijuana eradication program if this ballot initiative were to pass.

Additional costs would be borne by local and state law enforcement to enforce DUI statutes for marijuana use. The ballot is written so permissively that we anticipate many Floridians seeking a doctors certification, increasing the need for education and enforcement of the traffic laws.

Sarrah Carroll
Florida Sheriffs Association
850-284-5993
www.flsheriffs.org