AN ACT relating to medicinal cannabis.

Be it enacted by the General Assembly of the Commonwealth of Kentucky:

➔Section 1. KRS 218B.020 is amended to read as follows:

(1) The Cabinet for Health and Family Services is hereby charged with the implementation, operation, oversight, and regulation of the medicinal cannabis program established in this chapter.

(2) There is hereby established within the cabinet a Board of Physicians and Advisors which shall consist of the following members:

(a) Seven (7) physicians appointed by the Kentucky Board of Medical Licensure and confirmed by the Senate in accordance with KRS 11.160. In order to be eligible to be appointed to the board, a physician shall be authorized, pursuant to KRS 218B.050, to provide written certifications for the use of medicinal cannabis and shall be certified by the appropriate board in one (1) of the following specialties:

1. Addiction medicine;
2. Anesthesiology;
3. Gastroenterology;
4. Infectious disease;
5. Neurology;
6. Obstetrics and gynecology;
7. Oncology;
8. Ophthalmology;
9. Optometry;
10. Pain management;
11. Pain medicine;
12. Pediatrics;
13. Physical medicine and rehabilitation; or

14. Psychiatry;

(b) Two (2) advanced practice registered nurses appointed by the Kentucky Board of Nursing and confirmed by the Senate in accordance with KRS 11.160. In order to be eligible to be appointed to the board, an advanced practice registered nurse shall be authorized, pursuant to KRS 218B.050, to provide written certifications for the use of medicinal cannabis; and

(c) One (1) pharmacist appointed by the Kentucky Board of Pharmacy and confirmed by the Senate in accordance with KRS 11.160.

(3) Each member of the Board of Physicians and Advisors shall:

(a) Serve for a term of four (4) years and until his or her successor is appointed and confirmed by the Senate;

(b) Be eligible for reappointment; and

(c) Serve without compensation, but each member of the board not otherwise compensated for his or her time or expenses shall be entitled to reimbursement for his or her actual and necessary expenses in carrying out his or her duties with reimbursement for expenses being made in accordance with administrative regulations relating to travel expenses.

(4) The Board of Physicians and Advisors shall not be subject to reorganization under KRS Chapter 12.

(5) The Board of Physicians and Advisors shall:

(a) Review and recommend to the cabinet protocols for determining:

1. The amount of medicinal cannabis or delta-9 tetrahydrocannabinol that constitutes a daily supply, an uninterrupted ten (10) day supply, and an uninterrupted thirty (30) day supply of medicinal cannabis for registered qualified patients and visiting qualified patients; and

2. The amount of raw plant material that medicinal cannabis products are considered to be equivalent to;

(b) Review and recommend to the cabinet protocols, evolving continuous quality improvement metrics, and minimal performance standards for the biennial accreditation process of licensed cannabis businesses;

(c) Review relevant peer-reviewed, scientific data related to the delta-9 tetrahydrocannabinol content limits established in KRS 218B.095(2)(b) and make recommendations to the General Assembly regarding revisions to the limits as the board deems appropriate;

(d) Review relevant peer-reviewed, scientific data related to the various methods of use and consumption of medicinal cannabis and make recommendations to the General Assembly to approve or restrict certain methods as the board deems appropriate;

(e) Review relevant peer-reviewed, scientific data related to the use of medicinal cannabis for medical, therapeutic, or palliative purposes and make recommendations to the General Assembly to add or remove conditions from the list of qualifying medical conditions defined in KRS 218B.010;

(f) Perform other duties related to the use of medicinal cannabis upon request by the secretary of the cabinet; and

(g) Assist the cabinet in developing the Medicinal Cannabis Advisory Pamphlet described in KRS 218B.140(2)(b).

(6) No later than December 1 of each year~~[beginning in 2024]~~, the cabinet~~[, in consultation with the University of Kentucky College of Medicine and the Kentucky Center for Cannabis,]~~ shall submit an annual report to the Legislative Research Commission. The report submitted by the cabinet shall, at a minimum, include:

(a) The number of applications and renewals received by the cabinet for registry identification cards for registered qualified patients, visiting qualified patients, and designated caregivers, individually and collectively;

(b) The number of applications and renewals for registry identification cards that were approved and denied by the cabinet;

(c) The number of registry identification cards revoked by the cabinet for misconduct and the nature of the misconduct;

(d) The number of medicinal cannabis practitioners authorized to provide written certifications;

(e) The nature of the medical conditions for which medicinal cannabis practitioners have provided written certifications;

(f) The number of applications and renewals received by the cabinet for cannabis business licenses, the number of cannabis business licenses issued for each business type and tier, and the number of cannabis business license applications and renewals that were denied by the cabinet;

(g) The number of cannabis business agents employed by each type of cannabis business;

(h) An assessment of:

1. The ability of cardholders in all areas of the state to obtain timely affordable access to medicinal cannabis;

2. The evolving continuous quality improvement metrics and minimal performance standards for the biennial accreditation process of licensed cannabis businesses;

3. The effectiveness of the cultivators, processors, and producers licensed under this chapter, individually and collectively, in serving the needs of processors, dispensaries, and cardholders, the reasonableness of their fees, whether they are generating any complaints or security problems, and the sufficiency of the number operating to serve processors, dispensaries, and cardholders in the Commonwealth;

4. The effectiveness of the dispensaries licensed under this chapter,

individually and collectively, in serving the needs of cardholders, including the provision of educational and support services, the reasonableness of their fees, whether they are generating any complaints or security problems, and the sufficiency of the number operating to serve cardholders in the Commonwealth; and

5. The effectiveness of the licensed safety compliance facilities licensed under this chapter, individually and collectively, in serving the needs of other cannabis businesses, including the provision of testing and training services, the reasonableness of their fees, whether they are generating any complaints or security problems, and the sufficiency of the number operating to serve other cannabis businesses and cardholders in the Commonwealth;

(i) The amount of medicinal cannabis sold per month in the Commonwealth;

(j) The total amount of revenue for each calendar year and aggregated by prior years generated from any cannabis business licensure and cardholder application and renewal fees established by the cabinet;

(k) The total cost of enforcement for the medicinal cannabis program at the time of the report, by city, county, and overall;

(l) The sufficiency of the regulatory and security safeguards contained in this chapter and adopted by the cabinet through administrative regulations to ensure that access to and use of medicinal cannabis cultivated and processed in this state is provided only to cardholders;

(m) Any recommended additions or revisions to this chapter or administrative regulations promulgated thereunder, including those relating to security, safe handling, labeling, and nomenclature;

(n) The results of any scientific research studies regarding the health effects of cannabis; and

(o) Any other data requested by the Legislative Research Commission relating to the medicinal cannabis program and this chapter.

(7) ***The cabinet may consult with the University of Kentucky College of Medicine and the Kentucky Center for Cannabis for the purposes of compiling information required under subsection (6)(h)1., (m), and (n) of this section.***

(8) The cabinet shall provide the University of Kentucky College of Medicine and the Kentucky Center for Cannabis established in KRS 164.983 with all information necessary to allow collaboration with the cabinet on the preparation of this report. The University of Kentucky College of Medicine and the Kentucky Center for Cannabis may also produce its own report regarding the medicinal cannabis program established in this chapter which, if produced, shall be submitted to the Legislative Research Commission upon completion.

(9) ~~[(8)]~~ The information contained in the report described in subsection (6) of this section shall be presented in a manner that complies with the federal Health Insurance Portability and Accountability Act, Pub. L. No. 104-191, and does not disclose any identifying information about cardholders or licensed cannabis businesses.

➔Section 2. KRS 218B.050 is amended to read as follows:

(1) Except as provided in subsection (11) of this section, a physician or an advanced practice registered nurse who is authorized to prescribe controlled substances under KRS 314.042 seeking to provide written certifications for the use of medicinal cannabis shall apply to the same state licensing board that issued his or her professional practice license, on a form prescribed by the state licensing board, for authorization to provide written certifications for the use of medicinal cannabis.

(2) (a) A state licensing board shall approve an application for authorization to provide written certifications for the use of medicinal cannabis if the application is complete and meets the requirements established in

administrative regulations promulgated by the state licensing board.

(b) A state licensing board shall not authorize an application for authorization to provide written certifications for the use of medicinal cannabis if the applicant has an ownership or investment interest in or compensation agreement with a cannabis business licensed under this chapter. A state licensing board may consult with the cabinet to determine if an applicant has an ownership or investment interest in or compensation agreement with a cannabis business.

(3) Authorization to provide written certifications for the use of medicinal cannabis granted under this section shall expire and may be renewed in accordance with administrative regulations promulgated by a state licensing board.

(4) A medicinal cannabis practitioner authorized by a state licensing board to provide written certifications for the use of medicinal cannabis may only provide a patient with a written certification after the medicinal cannabis practitioner has:

(a) Established a bona fide practitioner-patient relationship with the patient;

(b) Diagnosed the patient, or confirmed a diagnosis provided by another health care provider, with a medical condition for which the medicinal cannabis practitioner believes that the patient is likely to receive safe and effective therapeutic or palliative benefit from the use of medicinal cannabis;

(c) Reviewed a report of information from the electronic monitoring system established pursuant to ***Section 8 of this Act***~~[KRS 218A.202]~~ related to the patient for a period of time that covers at least the twelve (12) months immediately preceding the date of the report;

(d) Consulted with the patient, or the patient's custodial parent or legal guardian responsible for providing consent to treatment if the patient is a minor child, with respect to the possible risks and side effects associated with medicinal cannabis, including possible interactions between medicinal cannabis and any other drug or medication that the patient is taking at that time; and

(e) Obtained the consent of the patient's custodial parent or legal guardian responsible for providing consent to treatment, if the patient is a minor child.

(5) A bona fide practitioner-patient relationship may be established following a referral from the patient's primary care provider and may be maintained via telehealth. However, a bona fide practitioner-patient relationship shall not be established via telehealth.

(6) (a) When issuing a written certification for the use of medicinal cannabis to a patient, the medicinal cannabis practitioner shall use a form prescribed by the cabinet.

(b) An initial written certification for the use of medicinal cannabis shall be provided during the course of an in-person examination of the patient by the medicinal cannabis practitioner. Subsequent written certifications, including for the purpose of renewing a registry identification card, may be provided electronically or during the course of a telehealth consultation.

(c) For the purpose of applying for a registry identification card, a written certification provided under this section shall be valid for a period of not more than sixty (60) days. The medicinal cannabis practitioner may renew a written certification for not more than three (3) additional periods of not more than sixty (60) days each. Thereafter, the medicinal cannabis practitioner may issue another certification to the patient only after an in-person examination or an examination conducted via telehealth of the patient by the medicinal cannabis practitioner.

(d) Within twenty-four (24) hours of providing a patient with a written certification for the use of medicinal cannabis, a medicinal cannabis practitioner shall record the issuance of the written certification in the electronic monitoring system established pursuant to ***Section 8 of this Act***~~[KRS 218A.202]~~.

(7) A medicinal cannabis practitioner shall not:

(a) Dispense medicinal cannabis; or

(b) Provide a written certification for the use of medicinal cannabis to a family member or for himself or herself.

(8) Nothing in this chapter shall prevent a medicinal cannabis practitioner from being sanctioned for:

(a) Issuing a written certification without first obtaining authorization to provide written certifications from a state licensing board;

(b) Issuing a written certification to a patient with whom the medicinal cannabis practitioner does not have a bona fide practitioner-patient relationship;

(c) Failing to properly evaluate a patient's medical history and current medical condition, including all prescription drugs that the patient is currently taking, prior to issuing a written certification;

(d) Otherwise failing to use good faith in his or her treatment of the patient; or

(e) Any other violation of this section.

(9) A state licensing board may suspend or revoke a medicinal cannabis practitioner's authorization to provide written certification for the use of medicinal cannabis and practice license for multiple violations or a serious violation of this section or administrative regulations promulgated thereunder.

(10) The state licensing boards shall:

(a) No later than July 1, 2024, promulgate administrative regulations in accordance with KRS Chapter 13A to establish:

1. Procedures for applying for authorization to provide written certifications;

2. The conditions that must be met to be eligible for authorization to provide written certifications;

3. The process and procedures for renewing authorization to provide

written certifications;

4. Continuing education requirements for medicinal cannabis practitioners who are authorized to provide written certifications;

5. The reasons for which authorization to provide written certifications for the use of medicinal cannabis may be suspended or revoked; and

6. The minimal standards of care when providing written certifications including record maintenance and follow-up care requirements;

(b) On a regular basis, provide the cabinet with the names of all medicinal cannabis practitioners; and

(c) Immediately provide the cabinet with the name of any medicinal cannabis practitioner whose authorization to provide written certifications is suspended or revoked.

(11) This section does not apply to a practitioner who recommends treatment with cannabis or a drug derived from cannabis under any of the following that are approved by an investigational review board or equivalent entity, the United States Food and Drug Administration, or the National Institutes for Health or any of its cooperative groups or centers under the United States Department of Health and Human Services:

(a) A research protocol;

(b) A clinical trial;

(c) An investigational new drug application; or

(d) An expanded access submission.

(12) As used in this section, "telehealth" has the same meaning as in KRS 211.332.

➔Section 3. KRS 218B.060 is amended to read as follows:

(1) The cabinet shall establish, implement, and operate a registry identification card program, including registry identification card application and renewal fees, for registered qualified patients, visiting qualified patients, and designated caregivers.

Registry identification card application and renewal fees collected by the cabinet pursuant to this section shall be retained by the cabinet for administrative purposes.

(2) Registry identification cards shall contain the following:

(a) The name of the cardholder;

(b) A designation of whether the cardholder is a registered qualified patient, visiting qualified patient, or designated caregiver;

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

(d) A random alphanumeric identification number of at least ten (10) characters, containing at least four (4) numbers and at least four (4) letters, that is unique to the cardholder;

(e) A bar code or other marking that can be scanned electronically;

(f) A photograph of the cardholder, if the cabinet's administrative regulations require one;

(g) The telephone number and website address for the electronic monitoring system established pursuant to ***Section 8 of this Act***~~[KRS 218A.202]~~;

(h) If the cardholder is a registered qualified patient who has designated one (1) or more designated caregivers, the random alphanumeric identification number of the patient's designated caregivers;

(i) If the cardholder is a designated caregiver, the random alphanumeric identification number of the registered qualified patient the designated caregiver is receiving the registry identification card to assist; and

(j) If the cardholder is under eighteen (18) years of age, a clear and obvious designation or identifier indicating that the cardholder is under eighteen (18) years of age.

(3) (a) Except as provided in paragraph (b) of this subsection, the expiration date for registry identification cards shall be one (1) year after the date of issuance.

(b) If a medicinal cannabis practitioner states in the written certification that the

qualified patient would benefit from the use of medicinal cannabis until a specified earlier date, then the registry identification card shall expire on that date.

(4) The cabinet may, at its discretion, electronically store in the card all of the information listed in subsection (2) of this section, along with the address and date of birth of the cardholder, to allow it to be read electronically by law enforcement agents and licensed cannabis businesses.

➔Section 4. KRS 218B.065 is amended to read as follows:

(1) Except as provided in subsections (2) to (5) of this section, the cabinet shall:

(a) Acknowledge receipt of an application within fifteen (15) days of receipt, and approve or deny an application or renewal within thirty (30) days of receiving a completed application or renewal application; and

(b) Issue registry identification cards to a qualified patient and any individual designated by the qualified patient as a designated caregiver or a visiting qualified patient within five (5) days of approving the application or renewal. An individual designated as a caregiver shall be issued a designated caregiver registry identification card for each registered qualified patient to whom he or she is connected through the cabinet's registration process.

(2) The cabinet shall not issue a registry identification card to a qualified patient who is younger than eighteen (18) years of age unless:

(a) The custodial parent or legal guardian with responsibility for health care decisions for the qualified patient consents in writing to:

1. Allow the qualified patient's use of medicinal cannabis;

2. Serve as the qualified patient's designated caregiver; and

3. Control the acquisition of the medicinal cannabis, the dosage, and the frequency of the use by the qualified patient; and

(b) The designated caregiver application for the custodial parent or legal guardian

with responsibility for health care decisions for the qualified patient is approved.

(3) The cabinet may deny an application or renewal for a qualified patient's or visiting qualified patient's registry identification card for any reason that the cabinet, in the exercise of sound discretion, deems sufficient, including but not limited to if the applicant:

(a) Did not provide the information or materials required by KRS 218B.055;

(b) Previously had a registry identification card revoked;

(c) Provided false or falsified information; or

(d) Does not meet the eligibility requirements established in KRS 218B.055.

(4) (a) Except as provided in paragraph (b) of this subsection, the cabinet may deny an application or renewal for a designated caregiver's registration card for any reason that the cabinet, in the exercise of sound discretion, deems sufficient, including but not limited to if the applicant:

1. Is already registered as a designated caregiver for three (3) registered qualified patients;

2. Does not meet the eligibility requirements established in KRS 218B.055;

3. Did not provide the information or materials required by KRS 218B.055;

4. Previously had a registry identification card revoked;

5. Provided false or falsified information;

6. Was previously convicted of a disqualifying felony offense; or

7. Has applied as a designated caregiver for a qualified patient whose application or renewal for a registry identification card was denied.

(b) Notwithstanding paragraph (a) of this subsection, the cabinet shall approve an application or renewal for a designated caregiver's registration card if the

applicant has applied as a designated caregiver for a qualified patient for who the applicant has been appointed under KRS Chapter 387 as a guardian, limited guardian, conservator, or limited conservator.

(5) The cabinet may deny an application or renewal for a visiting qualified patient's registration card for any reason that the cabinet, in the exercise of sound discretion, deems sufficient, including but not limited to if the applicant:

(a) Did not provide the information or materials required by KRS 218B.055;

(b) Previously had a registry identification card revoked;

(c) Provided false or falsified information; or

(d) Does not meet the eligibility requirements established in KRS 218B.055.

(6) The cabinet may conduct a criminal background check for each applicant solely to determine whether the applicant was previously convicted of a disqualifying felony offense.

(7) The cabinet shall notify the registered qualified patient who has designated someone to serve as his or her designated caregiver if the individual designated as a caregiver is denied a registry identification card.

(8) The cabinet shall notify the applicant in writing of the denial and reasons~~[by registered or certified mail]~~ at the address given in the application or supplement. The applicant may, within thirty (30) days after the date of the mailing of the cabinet's notice, file a written request for an administrative hearing on the application. The hearing shall be conducted on the application in compliance with the requirements of KRS Chapter 13B.

(9) Final orders of the cabinet after administrative hearings shall be subject to judicial review. Jurisdiction and venue for judicial review are vested in the ***Franklin*** Circuit Court~~[of the county in which the appealing party resides]~~.

➔Section 5. KRS 218B.090 is amended to read as follows:

(1) The cabinet shall:

(a) Acknowledge receipt of an application for a cannabis business license within fifteen (15) days of receipt;

(b) Provide notification to the cannabis business license applicant as to whether the application for a cannabis business license has been approved or denied within forty-five (45) days of receiving a completed application; and

(c) When reviewing and considering cannabis business applications, prioritize the review of applications submitted by an individual or entity who is an existing Kentucky hemp business in good standing with the Kentucky Department of Agriculture, if they meet the application requirements set forth in this chapter and administrative regulations promulgated by the cabinet thereunder.

(2) The cabinet may deny an application for a cannabis business license for any reason that the cabinet, in the exercise of sound discretion, deems sufficient, including but not limited to:

(a) The applicant failed to submit the materials required by KRS 218B.085, including if the applicant's plans do not satisfy the security, oversight, or recordkeeping administrative regulations promulgated by the cabinet;

(b) The applicant falsifies information on the licensure application;

(c) The applicant would not be in compliance with local cannabis business prohibitions enacted pursuant to KRS 218B.130;

(d) One (1) or more of the prospective principal officers or board members:

1. Has been convicted of a disqualifying felony offense, the provisions of KRS 335B.020 and 335B.030 notwithstanding;

2. Has served as a principal officer or board member for a cannabis business that has had its license revoked;

3. Is younger than twenty-one (21) years of age; or

4. Is a medicinal cannabis practitioner; or

(e) 1. For a safety compliance facility, one (1) or more of the prospective

principal officers or board members is a principal officer or board member of a cultivator, processor, producer, or dispensary licensed to operate in Kentucky.

2. For a cultivator, processor, producer, or dispensary, one (1) or more of the prospective principal officers or board members is a principal officer or board member of a safety compliance facility licensed to operate in Kentucky.

(3) If a cannabis business license application is approved:

(a) The cannabis business shall, before it begins operations, submit its complete physical address and the global positioning system coordinates for any cultivation activities if a physical address or the global positioning system coordinates for any cultivation activities had not been finalized when it applied; and

(b) The cabinet shall:

1. Issue a copy of the license that includes the business's identification number to the approved cannabis business;

2. Provide a licensed dispensary with contact and access information for the electronic monitoring system established pursuant to ***Section 8 of this Act***~~[KRS 218A.202]~~; and

3. Provide notice of licensure approval and issuance to the city and county in which the cannabis business intends to operate.

(4) If a cannabis business license application is denied, the cabinet shall notify the applicant in writing of a license denial and reasons~~[by registered or certified mail]~~ at the address given in the application or supplement. The applicant may, within thirty (30) days after the mailing of the cabinet's notice, file a written request for an administrative hearing on the application. The hearing shall be conducted on the application in compliance with the requirements of KRS Chapter 13B. Final orders

of the cabinet after administrative hearings shall be subject to judicial review as provided in KRS 13B.140. Jurisdiction and venue for judicial review are vested in the ***Franklin*** Circuit Court~~[of the county in which the applicant's business would be located]~~.

(5) Notwithstanding any provision of law to the contrary, a cannabis business licensed by the cabinet pursuant to this chapter shall be subject to and required to comply with:

(a) Any subsequent action that may be taken pursuant to KRS 218B.130(2)(a) by the local government within whose territory the cannabis business is licensed to operate if such action is taken prior to January 1, 2025, including but not limited to the prohibition of cannabis business operations within the territory of the local government; and

(b) Any local zoning ordinances and regulations that may be adopted pursuant to KRS 218B.130(2)(b) by the local government within whose territory the cannabis business is licensed to operate.

➔Section 6. KRS 218B.095 is amended to read as follows:

(1) A cannabis business licensed under this chapter shall:

(a) Comply with this chapter and any administrative regulations promulgated thereunder by the cabinet;

(b) Conduct a criminal background check into the criminal history of each person seeking to become a principal officer, board member, agent, volunteer, or employee before that person begins work. A cannabis business shall not employ, accept as a volunteer, or have as a board member, principal officer, or agent any person who:

1. Was convicted of a disqualifying felony offense; or

2. Is younger than twenty-one (21) years of age;

(c) Implement appropriate security measures to deter and prevent the theft of

medicinal cannabis and unauthorized entrance into areas containing medicinal cannabis;

(d) Demonstrate sufficient capital such that it can establish its business and meet the needs for its type of cannabis business;

(e) Display its license on the premises at all times;~~[and]~~

(f) Only acquire, possess, cultivate, manufacture, deliver, transfer, transport, supply, or dispense medicinal cannabis:

1. For the purposes of distributing medicinal cannabis to cardholders who possess a valid registry identification card issued by the cabinet, or for visiting qualified patients, a valid out-of-state registry identification card and documentation of having been diagnosed with a qualifying medical condition; and

2. From a cannabis business licensed under this chapter***; and***

(g) Comply with all filing and payment requirements set forth by the Kentucky Department of Revenue.

(2) A cannabis business licensed under this chapter shall not:

(a) Be located within one thousand (1,000) feet of an existing elementary or secondary school or a daycare center;

(b) Acquire, possess, cultivate, process, manufacture, deliver, transfer, transport, supply, dispense, or sell:

1. Raw plant material with a delta-9 tetrahydrocannabinol content of more than thirty-five percent (35%);

2. Medicinal cannabis products intended for oral consumption as an edible, oil, or tincture with more than ten (10) milligrams of delta-9 tetrahydrocannabinol per serving;

3. Any medicinal cannabis product not described in subparagraph 1. or 2. of this paragraph with a delta-9 tetrahydrocannabinol content of more

than seventy percent (70%); or

4. Any medicinal cannabis product that contains vitamin E acetate;

(c) Permit a person under eighteen (18) years of age to enter or remain on the premises of a cannabis business;

(d) Permit a person who is not a cardholder to enter or remain on the premises of a cannabis business, except in accordance with subsection (6) of this section;

(e) Employ, have as a board member, or be owned by, in part or in whole, a medicinal cannabis practitioner;~~[or]~~

(f) Advertise medicinal cannabis sales in print, broadcast, online, by paid in-person solicitation of customers, or by any other advertising device as defined in KRS 177.830, except that this paragraph shall not prevent appropriate signs on the property of a licensed cannabis business, listings in business directories including phone books, listings in trade or medical publications, or sponsorship of health or ***nonprofit***~~[not-for-profit]~~ charity or advocacy events***;***

or

(g) Pledge or grant a security interest in any cannabis business license. This type of pledge or security interest and any contract providing for the pledge or security interest shall be void.

(3) The operating documents of a cannabis business shall include procedures for its oversight and procedures to ensure accurate recordkeeping and inventory control.

(4) When transporting medicinal cannabis on behalf of a cannabis business that is permitted to transport it, a cannabis business agent shall have:

(a) A copy of the cannabis business license for the business that employs the agent;

(b) Documentation that specifies the amount of medicinal cannabis being transported and the date on which it is being transported; and

(c) The cannabis business license number and telephone number of any other

cannabis business receiving or otherwise involved in the transportation of the medicinal cannabis.

(5) The cultivation of medicinal cannabis for cannabis businesses licensed in this state shall only be done by cultivators and producers licensed under this chapter and shall only take place in an enclosed, locked facility which can only be accessed by cultivator agents working on behalf of the cultivator or producer at the physical address or global positioning system coordinates provided to the cabinet during the license application process.

(6) A person who is at least eighteen (18) years of age but not a cardholder may be allowed to enter and remain on the premises of a cannabis business if:

(a) The person is present at the cannabis business to perform contract work, including but not limited to electrical, plumbing, or security maintenance, that does not involve handling medicinal cannabis; or

(b) The person is a government employee and is at the cannabis business in the course of his or her official duties.

➔Section 7. KRS 218B.110 is amended to read as follows:

(1) A dispensary or dispensary agent acting on behalf of a dispensary shall not be subject to prosecution under state or local law, to search or inspection except by the cabinet pursuant to KRS 218B.100, to seizure or penalty in any manner, or be denied any right or privilege, including but not limited to a civil penalty or disciplinary action by a court or business licensing board, for acting pursuant to this chapter and the cabinet's administrative regulations for:

(a) Acquiring or possessing medicinal cannabis from a cultivator, processor, or producer in this state;

(b) Acquiring or possessing medicinal cannabis accessories or educational material;

(c) Supplying, selling, dispensing, distributing, or delivering medicinal cannabis,

medicinal cannabis accessories, and educational material to cardholders or other dispensaries;

(d) Selling cannabis seeds to similar entities that are licensed to cultivate cannabis in this state or in any other jurisdiction; or

(e) Acquiring, accepting, or receiving medicinal cannabis products from a cardholder, except that a dispensary may not offer anything of monetary value in return for medicinal cannabis received from a cardholder. Any medicinal cannabis received by a dispensary under this paragraph or pursuant to KRS 218B.070 shall be destroyed by the dispensary or its agents and shall not be sold, dispensed, or distributed to another cardholder.

(2) A dispensary or dispensary agent acting on behalf of a dispensary shall:

(a) Maintain records that include specific notations of the amount of medicinal cannabis being dispensed to a cardholder and whether it was dispensed directly to a registered qualified patient or visiting qualified patient, or to a registered qualified patient's designated caregiver. Each entry shall include the date and time the medicinal cannabis was dispensed. The data required to be recorded by this paragraph shall be entered into the electronic monitoring system established pursuant to ***Section 8 of this Act***~~[KRS 218A.202]~~ in accordance with administrative regulations promulgated by the cabinet for the recording of medicinal cannabis dispensing;

(b) Only dispense or sell medicinal cannabis after it has been checked by a safety compliance facility agent for cannabinoid contents and contaminants in accordance with administrative regulations promulgated by the cabinet;

(c) Only dispense or sell medicinal cannabis to a registered qualified patient, visiting qualified patient, or designated caregiver after making a diligent effort to verify:

1. That the registry identification card or, for visiting qualified patients, the

out-of-state registry identification card presented to the dispensary is valid, including by checking the verification system, if it is operational, or other cabinet-designated databases;

2. That the person presenting the registry identification card or, for visiting qualified patients, the out-of-state registry identification card is at least eighteen (18) years of age and is the person identified on the registry identification card by examining at least one (1) other form of government-issued photo identification; and

3. The amount of medicinal cannabis the person is legally permitted to purchase pursuant to KRS 218B.025 by checking the electronic monitoring system established pursuant to ***Section 8 of this Act***~~[KRS 218A.202]~~;

(d) 1. Upon dispensing medicinal cannabis to a cardholder:

a. Provide the cardholder with a copy of the Medicinal Cannabis Advisory Pamphlet described in KRS 218B.140~~[(2)(b)]~~ if:

i. It is the first time the patient has purchased medicinal cannabis from the dispensary;

ii. It has been more than twelve (12) months since the dispensary last provided the cardholder with a copy of the pamphlet; or

iii. The content of the pamphlet has materially changed since the dispensary last provided the cardholder with a copy of the pamphlet;

b. Obtain the cardholder's signature as required by KRS 218B.140~~[(2)(b)]~~; and

c. Retain the signature form as required by KRS 218B.140~~[(2)(b)]~~.

2. The advisory pamphlet required to be provided to cardholders under

subparagraph 1. of this paragraph may be provided electronically, and dispensaries may obtain and retain electronic signatures;

(e) Not acquire, possess, dispense, sell, offer for sale, transfer, or transport:

1. Raw plant material with a delta-9 tetrahydrocannabinol content of more than thirty-five percent (35%);

2. Medicinal cannabis products intended for oral consumption as an edible, oil, or tincture with more than ten (10) milligrams of delta-9 tetrahydrocannabinol per serving;

3. Any medicinal cannabis product not described in subparagraph 1. or 2. of this paragraph with a delta-9 tetrahydrocannabinol content of more than seventy percent (70%); or

4. Any medicinal cannabis product that contains vitamin E acetate;

(f) Not acquire medicinal cannabis from any person other than a cannabis business licensed under this chapter, or an agent thereof, a registered qualified patient, or a designated caregiver;

(g) Not sell or dispense medicinal cannabis products intended for consumption by vaporizing to a cardholder who is younger than twenty-one (21) years of age or to a designated caregiver for a registered qualified patient who is younger than twenty-one (21) years of age;

(h) Not dispense or sell medicinal cannabis to a minor;

(i) Not dispense or sell more medicinal cannabis to a cardholder than he or she is legally permitted to purchase at the time of the transaction; and

(j) Not rent office space to a medicinal cannabis practitioner.

(3) (a) A dispensary may operate a delivery service for cardholders and may deliver medicinal cannabis, medicinal cannabis accessories, and educational material to cardholders at the address identified on the cardholder's registry identification.

(b) All delivery services operated or offered by a dispensary shall comply with administrative regulations promulgated by the cabinet pursuant to this section and KRS 218B.140.

(4) If a dispensary or dispensary agent fails to comply with subsection (2)(c), (d), (e), (f), (g), or (h) of this section, the dispensary and dispensary agent are liable in a civil action for compensatory and punitive damages and reasonable attorney's fees to any person or the representative of the estate of any person who sustains injury, death, or loss to person or property as a result of the failure to comply with subsection (2)(c), (d), (e), (f), (g), or (h) of this section. In any action under this subsection, the court may also award any injunctive or equitable relief that the court considers appropriate.

(5) Notwithstanding any provision of law to the contrary, a dispensary licensed pursuant to this chapter prior to January 1, 2025, shall not be permitted to open to the public or otherwise engage in the practice of dispensing medicinal cannabis to cardholders in the Commonwealth before January 1, 2025, except the provisions of this subsection shall not prohibit a licensed dispensary from acquiring or possessing medicinal cannabis products prior to January 1, 2025.

➔Section 8. KRS 218B.140 is amended to read as follows:

(1) ~~[No later than July 1, 2024,]~~The cabinet shall:

(a) ***Establish, maintain, and operate an electronic monitoring system for monitoring medicinal cannabis in the manner described in this section;***

(b) Ensure that the electronic monitoring system ***for monitoring medicinal cannabis***~~[established pursuant to KRS 218A.202]~~ is designed or configured to enable:

1. Medicinal cannabis practitioners to record the issuance of written certifications to qualified patients, as required by KRS 218B.050;

2. The cabinet and state licensing boards to monitor the issuance of written

certifications by medicinal cannabis practitioners;

3. Cabinet personnel, law enforcement personnel, and dispensary agents to verify the validity of registry identification cards issued by the cabinet by entering a registry identification number to determine whether or not the identification number corresponds with a current, valid registry identification card. The system shall only disclose whether the identification card is valid and whether the cardholder is a registered qualified patient, visiting qualified patient, or designated caregiver;

4. Law enforcement personnel and dispensary agents to access medicinal cannabis sales data recorded by dispensary agents pursuant to KRS 218B.110;

5. Dispensary agents to record the amount of medicinal cannabis that is dispensed to a cardholder during each transaction as required by KRS 218B.110;~~[and]~~

6. The sharing of dispensing data recorded by dispensary agents pursuant to KRS 218B.110 with all dispensaries in real time; ***and***

7. Notwithstanding KRS 218B.135, the sharing of a list of registered qualified patients and visiting qualified patients with the database established in Section 11 of this Act.

(c)~~[(b)]~~ Ensure that the electronic monitoring system~~[established pursuant to KRS 218A.202]~~ is designed to facilitate the tracking of medicinal cannabis from the point of cultivation to the point of sale to cardholders; and

(d)~~[(c)]~~ Promulgate administrative regulations in accordance with KRS Chapter 13A to establish:

1. Procedures for the issuance, renewal, suspension, and revocation of registry identification cards, including the creation of a standardized:

a. Written certification form; and

b. Application form ***signed by the applicant***~~[which the cabinet shall require to be notarized]~~;

2. Procedures for the issuance and revocation of registry identification cards;

3. Procedures for the issuance, renewal, suspension, and revocation of cannabis business licenses, including the creation of a uniform licensure application form ***signed by the applicant***~~[which the cabinet shall require to be notarized]~~ and minimal performance standards for a biennial accreditation process with all such procedures subject to the requirements of KRS Chapters 13A and 13B;

4. A convenience fee to be assessed and collected by dispensaries for visiting qualified patients who do not possess a valid registry identification card issued by the cabinet and who purchase medicinal cannabis with an out-of-state registry identification card and documentation of having been diagnosed with a qualifying medical condition. The convenience fee established pursuant to this subparagraph shall not exceed fifteen dollars ($15) per transaction;

5. In collaboration with the Board of Physicians and Advisors:

a. A definition of the amount of medicinal cannabis or delta-9 tetrahydrocannabinol that constitutes a daily supply, an uninterrupted ten (10) day supply, and an uninterrupted thirty (30) day supply of medicinal cannabis; and

b. The amount of raw plant material that medicinal cannabis products are considered to be equivalent to;

6. A process by which a medicinal cannabis practitioner may recommend, and a registered qualified patient or his or her designated caregiver may legally purchase and possess, an amount of medicinal cannabis in excess

of the thirty (30) day supply of medicinal cannabis, if the medicinal cannabis practitioner reasonably believes that the standard thirty (30) day supply would be insufficient in providing the patient with uninterrupted therapeutic or palliative relief;

7. Provisions governing the following matters related to cannabis businesses with the goal of protecting against diversion and theft, without imposing any undue burden that would make cannabis business operations unreasonable or impractical on cannabis businesses or compromising the confidentiality of cardholders:

   a. Recordkeeping and inventory control requirements, including the use of the electronic monitoring systems established pursuant to ***this section***~~[KRS 218A.202]~~;

   b. Procedures for the verification and validation of a registry identification card, or its equivalent, that was issued pursuant to the laws of another state, district, territory, commonwealth, or insular possession of the United States that allows for the use of medicinal cannabis in the jurisdiction of issuance;

   c. Security requirements for safety compliance facilities, processors, producers, dispensaries, and cultivators, which shall include at a minimum lighting, video security, alarm requirements, on-site parking, and measures to prevent loitering;

   d. Procedures for the secure transportation, including delivery services provided by dispensaries, and storage of medicinal cannabis by cannabis business licensees and their employees or agents;

   e. Employment and training requirements for licensees and their agents, including requiring each licensee to create an identification

badge for each of the licensee's agents or employees; and

f. Restrictions on visits to licensed cultivation and processing facilities, including requiring the use of visitor logs;

8. Procedures to establish, publish, and annually update a list of varieties of cannabis that possess a low but effective level of tetrahydrocannabinol, including the substance cannabidiol, by comparing percentages of chemical compounds within a given variety against other varieties of cannabis;

9. A rating system that tracks the terpene content of at least the twelve (12) major terpenoids within each strain of cannabis available for medicinal use within the Commonwealth;

10. Requirements for random sample testing of medicinal cannabis to ensure quality control, including testing for cannabinoids, terpenoids, residual solvents, pesticides, poisons, toxins, mold, mildew, insects, bacteria, and any other dangerous adulterant;

11. Requirements for licensed cultivators, producers, and processors to contract with an independent safety compliance facility to test the medicinal cannabis before it is sold at a dispensary. The cabinet may approve the safety compliance facility chosen by a cultivator, producer, or processor and require that the safety compliance facility report test results for a designated quantity of medicinal cannabis to the cultivator, producer, or processor and cabinet;

12. Standards for the operation of safety compliance facilities which may include:

a. Requirements for equipment;

b. Personnel qualifications; and

c. Requiring facilities to be accredited by a relevant certifying entity;

13. Standards for the packaging and labeling of medicinal cannabis sold or distributed by cannabis businesses which shall comply with 15 U.S.C. secs. 1471 to 1476 and shall include:
    a. Standards for packaging that requires at least a two (2) step process of initial opening;
    b. A warning label which may include the length of time it typically takes for the product to take effect, how long the effects of the product typically last, and any other information deemed appropriate or necessary by the cabinet;
    c. The amount of medicinal cannabis the product is considered the equivalent to;
    d. Disclosing ingredients, possible allergens, and certain bioactive components, including cannabinoids and terpenoids, as determined by the cabinet;
    e. A nutritional fact panel;
    f. Opaque, child-resistant packaging;
    g. A requirement that all raw plant material packaged or sold in this state be marked or labeled as "NOT INTENDED FOR CONSUMPTION BY SMOKING";
    h. A requirement that medicinal cannabis products be clearly marked with an identifiable and standardized symbol indicating that the product contains cannabis;
    i. A requirement that all medicinal cannabis product packaging include an expiration date; and
    j. A requirement that medicinal cannabis products and their packaging not be visually reminiscent of major brands of edible noncannabis products or otherwise present an attractive nuisance

to minors;

14. Health and safety requirements for the processing of medicinal cannabis and the indoor cultivation of medicinal cannabis by licensees;

15. Restrictions on:

    a. Additives to medicinal cannabis that are toxic, including vitamin E acetate, or increase the likelihood of addiction; and

    b. Pesticides, fertilizers, and herbicides used during medicinal cannabis cultivation which pose a threat to human health and safety;

16. Standards for the safe processing of medicinal cannabis products created by extracting or concentrating compounds from raw plant material;

17. Standards for determining the amount of unprocessed raw plant material that medicinal cannabis products are considered the equivalent to;

18. Restrictions on advertising, marketing, and signage in regard to operations or establishments owned by licensees necessary to prevent the targeting of minors;

19. The requirement that evidence-based educational materials regarding dosage and impairment be disseminated to registered qualified patients, visiting qualified patients, and designated caregivers who purchase medicinal cannabis products;

20. Policies governing insurance requirements for cultivators, dispensaries, processors, producers, and safety compliance facilities; and

21. Standards, procedures, or restrictions that the cabinet deems necessary to ensure the efficient, transparent, and safe operation of the medicinal cannabis program, except that the cabinet shall not promulgate any administrative regulation that would impose an undue burden or make cannabis business operations unreasonable or impractical.

(2) No later than January 1, 2025, the cabinet shall:

(a) Establish a medicinal cannabis adverse drug effects reporting system for the purpose of allowing cardholders to report adverse drug effects via telephone or online; and

(b) In collaboration with the Board of Physicians and Advisors, produce the Medicinal Cannabis Advisory Pamphlet which shall include but not be limited to:

1. Information on the risks, dangers, and possible side effects of the use of medicinal cannabis;

2. Information on the medicinal cannabis adverse drug effects reporting system and how to report adverse drug effects; and

3. A detachable signature page which shall be:

a. Signed by a cardholder each time he or she receives a copy of the Medicinal Cannabis Advisory Pamphlet as required under KRS 218B.110(2)(d); and

b. Retained by the dispensary for a period of at least thirty-six (36) months.

(3) ***For the purposes of monitoring the written certification of medicinal cannabis, a medicinal cannabis practitioner who is authorized under KRS 218B.050 to provide written certifications for the use of medicinal cannabis and a cannabis business licensed in accordance with KRS 218B.080 and 218B.085 and Section 6 of this Act shall:***

(a) Register with the cabinet to use the electronic monitoring system established under this section;

(b) Maintain the registration continuously during the medicinal cannabis practitioner's authorization to provide written certifications or during the cannabis business's term of licensure; and

(c) Not be required to pay a fee or tax specifically dedicated to the operation of the system.

(4) The cabinet shall provide each licensed dispensary with an adequate number of Medicinal Cannabis Advisory Pamphlets to ensure that the dispensary is able to comply with the requirements of KRS 218B.110(2)(d).

(5)~~[(4)]~~ Except as provided in KRS 218B.035(1)(g), 218B.095(2)(b), 218.110(2)(e), 218B.115(2), 218B.120(3), and subsection (1)(c)10., 13., 15., and 16. of this section, the cabinet shall not restrict or limit methods of delivery, use, or consumption of medicinal cannabis or the types of products that may be acquired, produced, processed, possessed, sold, or distributed by a cannabis business.

(6)~~[(5)]~~ If a need for additional cannabis cultivation in this state is demonstrated by cannabis businesses or the cabinet's own analysis, the cabinet may through the promulgation of administrative regulations increase the cultivation area square footage limits for either cultivators or producers, or both by up to three (3) times the limits established in KRS 218B.105 and 218B.120. Any increase in the cultivation square footage limits adopted by the cabinet pursuant to this section shall not result in an increase in the licensure application or renewal fees established by the cabinet.

(7)~~[(6)]~~ When promulgating administrative regulations under this section, the cabinet shall consider standards, procedures, and restrictions that have been found to be best practices relative to the use and regulation of medicinal cannabis.

➔SECTION 9. A NEW SECTION OF KRS CHAPTER 218B IS CREATED TO READ AS FOLLOWS:

(1) The cabinet shall only disclose data related to the cultivation, production, recommending, and dispensing of medicinal cannabis to persons and entities authorized to receive that data under this subsection. Disclosure to any other person or entity, including disclosure in the context of a civil action where the disclosure is sought either for the purpose of discovery or for evidence, is

prohibited unless specifically authorized by this subsection. The cabinet shall be authorized to provide data to:

(a) Any person or entity authorized to receive data pursuant to this section;

(b) A designated representative of a state licensing board responsible for the licensure, regulation, or discipline of medicinal cannabis practitioners and who is involved in a bona fide specific investigation involving a designated person;

(c) Employees of the Office of the Inspector General of the cabinet who have successfully completed training to use the electronic system and who have been approved to use the system, Kentucky Commonwealth's attorneys and assistant Commonwealth's attorneys, and county attorneys and assistant county attorneys who are engaged in a bona fide specific investigation involving a designated person;

(d) A properly convened grand jury pursuant to a subpoena properly issued for the records;

(e) A medicinal cannabis practitioner or an employee of a medicinal cannabis practitioner's practice acting under the specific direction of the medicinal cannabis practitioner, who certifies that the request for information is for the purpose of complying with subsection (4)(c) of Section 2 of this Act;

(f) The chief medical officer of a hospital or long-term-care facility, an employee of the hospital or long-term-care facility as designated by the chief medical officer and who is working under his or her specific direction, or a physician designee if the hospital or facility has no chief medical officer, if the officer, employee, or designee certifies that the requested information is for the purpose of providing medical or pharmaceutical treatment to a bona fide current or prospective patient or resident in the hospital or facility;

(g) In addition to the purposes authorized under subparagraph 2. of this

paragraph, the Kentucky Board of Medical Licensure, for any physician who is:

1. Associated in a partnership, other business entity, or supervision agreement established pursuant to KRS 311.854 with a physician who is already under investigation by the Board of Medical Licensure for improper issuance of written certifications;

2. Associated in a partnership or other business entity with an advanced practice registered nurse who is already under investigation by the Board of Nursing for improper issuance of written certifications;

3. In a designated geographic area for which a trend report indicates a substantial likelihood that inappropriate issuance of written certifications may be occurring; or

4. In a designated geographic area for which a report on another physician in that area indicates a substantial likelihood that inappropriate issuance of written certifications may be occurring in that area;

(h) In addition to the purposes authorized under paragraph (b) of this subsection, the Kentucky Board of Nursing, for any advanced practice registered nurse who is:

1. Associated in a partnership or other business entity with a physician who is already under investigation by the Kentucky Board of Medical Licensure for improper issuance of written certifications;

2. Associated in a partnership or other business entity with an advanced practice registered nurse who is already under investigation by the Board of Nursing for improper issuance of written certifications;

3. In a designated geographic area for which a trend report indicates a substantial likelihood that inappropriate issuance of written

certifications may be occurring; or

4. In a designated geographic area for which a report on another advanced practice registered nurse in that area indicates a substantial likelihood that inappropriate issuance of written certifications may be occurring in that area;

(i) A judge or a probation or parole officer administering a diversion or probation program of a criminal defendant arising out of a violation of this chapter or of a criminal defendant who is documented by the court as a substance abuser who is eligible to participate in a court-ordered drug diversion or probation program;

(j) A medical examiner engaged in a death investigation pursuant to KRS 72.026; or

(k) The Legislative Research Commission, the University of Kentucky College of Medicine, or the Kentucky Center for Cannabis established in KRS 164.983 if the cabinet determines that disclosing data related to the cultivation, production, recommending, and dispensing of medicinal cannabis to the Legislative Research Commission, the University of Kentucky College of Medicine, or the Kentucky Center for Cannabis is necessary to comply with the reporting requirements established in KRS subsection (8) of Section 1 of this Act.

(2) A person who receives data or any report of the system from the cabinet shall not provide it to any other person or entity except as provided in this section, in another statute, or by order of a court of competent jurisdiction and only to a person or entity authorized to receive the data or the report under this section, except that:

(a) A person specified in Section 8 of this Act who is authorized to receive data or a report may share that information with any other persons specified in

Section 8 of this Act authorized to receive data or a report if the persons specified in Section 8 of this Act are working on a bona fide specific investigation involving a designated person. Both the person providing and the person receiving the data or report under this subparagraph shall document in writing each person to whom the data or report has been given or received and the day, month, and year that the data or report has been given or received. This document shall be maintained in a file by each agency engaged in the investigation;

(b) If a state licensing board initiates formal disciplinary proceedings against a licensee, and data obtained by the board is relevant to the charges, the board may provide the data to the licensee and his or her counsel, as part of the notice process required by KRS 13B.050, and admit the data as evidence in an administrative hearing conducted pursuant to KRS Chapter 13B, with the board and licensee taking all necessary steps to prevent further disclosure of the data; and

(c) A medicinal cannabis practitioner or an employee of a medicinal cannabis practitioner's practice acting under the specific direction of the medicinal cannabis practitioner who obtains data under Section 8 of this Act may share the report with the patient or person authorized to act on the patient's behalf. Any medicinal cannabis practitioner or employee who obtains data under Section 8 of this Act may place the report in the patient's medical record, in which case the individual report shall then be deemed a medical record subject to disclosure on the same terms and conditions as an ordinary medical record in lieu of the disclosure restrictions otherwise imposed by this section.

(3) The data contained in, and any report obtained from, the electronic system for monitoring established pursuant to this section shall not be a public record.

(4) Intentional disclosure of transmitted data to a person not authorized by subsections (1) and (2) of this section or authorized by KRS 315.121, or obtaining information under this section not relating to a bona fide current or prospective patient or a bona fide specific investigation, shall be a Class B misdemeanor for the first offense and a Class A misdemeanor for each subsequent offense.

(5) The cabinet may, by promulgating an administrative regulation in accordance with KRS Chapter 13A, limit the length of time that data remain in the electronic system. Any data removed from the system shall be archived and subject to retrieval within a reasonable time after a request from a person authorized to review data under this section.

(6) (a) The cabinet shall work with each board responsible for the licensure, regulation, or discipline of medicinal cannabis practitioners for the development of a continuing education program about the purposes and uses of the electronic monitoring system established in this section.

(b) The cabinet shall work with the Kentucky Bar Association for the development of a continuing education program for attorneys about the purposes and uses of the electronic monitoring system established in this section.

(c) The cabinet shall work with the Justice and Public Safety Cabinet for the development of a continuing education program for law enforcement officers about the purposes and uses of the electronic system for monitoring established in this section.

(d) The cabinet shall develop a training program for cannabis business agents about the purposes and uses of the electronic monitoring system established in this section.

(7) The cabinet shall conduct quarterly reviews to identify patterns of potentially improper, inappropriate, or illegal issuances of written certifications by medicinal

cannabis practitioners. The Office of Medical Cannabis may independently investigate and submit findings and recommendations to the appropriate state licensing boards.

(8) The Administrative Office of Courts shall forward all available data regarding any disqualifying felony offense for the previous five (5) calendar years to the cabinet for inclusion in the electronic monitoring system established in this Act. The data shall be forwarded by the Administrative Office of the Courts to the cabinet on a continuing basis. The cabinet shall incorporate the data received into the system so that a query by patient name indicates any prior disqualifying felony conviction.

(9) The cabinet shall promulgate administrative regulations in accordance with KRS Chapter 13A to implement the provisions of this section. The administrative regulations shall include an error resolution process allowing a patient to whom a report had been disclosed under Section 8 of this Act to request the correction of inaccurate information contained in the system relating to that patient.

➔SECTION 10. A NEW SECTION OF KRS CHAPTER 218B IS CREATED TO READ AS FOLLOWS:

(1) For the purposes of this section:

(a) "Executive director" means the executive director of the Office of Medical Cannabis or the executive director's authorized representative; and

(b) "Holding themselves out" means a person or entity portraying themselves or conducting business or activities, either intentionally or unintentionally, that would lead a reasonable person to believe that the business or activity is being conducted while licensed to do so under KRS Chapter 218B.

(2) (a) The executive director shall have the authority to investigate complaints concerning unlicensed persons or entities holding themselves out as a licensed dispensary, cultivator, processor, producer, or safety compliance

facility.

(b) The executive director shall have the same authority as provided the executive director in KRS 218B.100 to investigate a complaint under this section.

(3) (a) Following an investigation, the executive director may issue:

1. Notice of intent to issue a cease and desist order to any person or entity the executive director has reason to believe is engaged in unlicensed conduct for which a license is required by KRS 218B or who is engaged in holding themselves out as having a medicinal cannabis license, in accordance with the following:

a. The person or entity to whom such a notice is issued may, within thirty (30) days after the date of the mailing of the notice, file a written request with the Office of Medical Cannabis for an administrative hearing to contest the notice; and

b. The hearing shall be conducted in compliance with the requirements of KRS Chapter 13B; or

2. A temporary cease and desist order to any person or entity the executive director finds is holding themselves out as having a medicinal cannabis license or makes a written finding of fact that the public interest will be irreparably harmed by delay in issuing an order, in accordance with the following:

a. The person or entity to whom a temporary cease and desist order is issued may, within thirty (30) days after the order is issued, file a written request with the Office of Medical Cannabis for an administrative hearing to contest the finding;

b. The hearing shall be conducted in compliance with the requirements of KRS Chapter 13B; and

c. The person or entity subject to the temporary cease and desist order shall not conduct any business requiring a medicinal cannabis license required by KRS Chapter 218B until the conclusion of the administrative hearing.

(b) Failure to request an administrative hearing will constitute a default whereupon the executive director may:

1. Enter a permanent cease and desist order; and

2. Issue a fine not to exceed one thousand dollars ($1,000) for each day upon which the person or entity is engaged in unlicensed conduct.

(c) Following a requested administrative hearing, the executive director may, if satisfied by the evidence that the person or entity subject to the temporary cease and desist order was holding themselves out as having a licensed dispensary, cultivator, processor, producer, or safety compliance facility:

1. Enter a permanent cease and desist order; and

2. Issue a fine not to exceed one thousand dollars ($1,000) for each day upon which the person or entity is engaged in unlicensed conduct.

(d) Entry of a permanent cease and desist order and issuance of a fine, or either individually, shall be subject to judicial review as provided in KRS 13B.140. Jurisdiction and venue for judicial review shall be vested in the Franklin Circuit Court.

(4) A person or entity subject to a permanent cease and desist order shall not conduct any activities requiring a medicinal cannabis license required by KRS Chapter 218B.

(5) This section shall not be construed to prevent unlicensed persons or entities from facing criminal charges:

(a) For holding themselves out as a licensed dispensary, cultivator, processor, producer, or safety compliance facility; or

(b) Under KRS Chapter 218A.

➔Section 11. KRS 218A.202 is amended to read as follows:

(1) As used in this section:

(a) "Cabinet" means the Cabinet for Health and Family Services;

~~[(b) "Cannabis business" has the same meaning as in KRS 218B.010;]~~

(b) ~~[(c)]~~ "Controlled substance" means any Schedule II, III, IV, or V controlled substance and does not include medicinal cannabis~~[;~~

~~(d) "Dispensary" has the same meaning as in KRS 218B.010;~~

~~(e) "Dispensary agent" has the same meaning as in KRS 218B.010;]~~

(c) ~~[(f)]~~ "Disqualifying felony offense" has the same meaning as in KRS 218B.010;

~~[(g) "Medicinal cannabis" has the same meaning as in KRS 218B.010;~~

~~(h) "Medicinal cannabis practitioner" has the same meaning as in KRS 218B.010;~~

~~(i) "Registry identification card" has the same meaning as in KRS 218B.010;]~~

; and

(d) ~~[(j)]~~ "State licensing board" has the same meaning as in KRS 218B.010~~[;~~

~~(k) "Use of medicinal cannabis" has the same meaning as in KRS 218B.010; and~~

~~(l) "Written certification" has the same meaning as in KRS 218B.010]~~.

(2) The cabinet shall establish and maintain an electronic system for monitoring Schedules II, III, IV, and V controlled substances~~[and medicinal cannabis]~~. The cabinet may contract for the design, upgrade, or operation of this system if the contract preserves all of the rights, privileges, and protections guaranteed to Kentucky citizens under this chapter and the contract requires that all other aspects of the system be operated in conformity with the requirements of this or any other applicable state or federal law.

(3) For the purpose of monitoring the prescribing and dispensing of Schedule II, III, IV, or V controlled substances:

(a) A practitioner or a pharmacist authorized to prescribe or dispense controlled substances to humans shall register with the cabinet to use the system provided for in this section and shall maintain such registration continuously during the practitioner's or pharmacist's term of licensure and shall not have to pay a fee or tax specifically dedicated to the operation of the system;

(b) Every practitioner or pharmacy which dispenses a controlled substance to a person in Kentucky, or to a person at an address in Kentucky, shall report to the cabinet the data required by this section, which includes the reporting of any Schedule II controlled substance dispensed at a facility licensed by the cabinet and a Schedule II through Schedule V controlled substance regardless of dosage when dispensed by the emergency department of a hospital to an emergency department patient. Reporting shall not be required for:

1. A drug administered directly to a patient in a hospital, a resident of a health care facility licensed under KRS Chapter 216B, a resident of a child-caring facility as defined by KRS 199.011, or an individual in a jail, correctional facility, or juvenile detention facility;
2. A Schedule III through Schedule V controlled substance dispensed by a facility licensed by the cabinet provided that the quantity dispensed is limited to an amount adequate to treat the patient for a maximum of forty-eight (48) hours and is not dispensed by the emergency department of a hospital; or
3. A drug administered or dispensed to a research subject enrolled in a research protocol approved by an institutional review board that has an active federalwide assurance number from the United States Department of Health and Human Services, Office for Human Research Protections, where the research involves single, double, or triple blind drug administration or is additionally covered by a certificate of

confidentiality from the National Institutes of Health;

(c) In addition to the data required by paragraph (d) of this subsection, a Kentucky-licensed acute care hospital or critical access hospital shall report to the cabinet all positive toxicology screens that were performed by the hospital's emergency department to evaluate the patient's suspected drug overdose;

(d) Data for each controlled substance that is reported shall include but not be limited to the following:

1. Patient identifier;
2. National drug code of the drug dispensed;
3. Date of dispensing;
4. Quantity dispensed;
5. Prescriber; and
6. Dispenser;

(e) The data shall be provided in the electronic format specified by the cabinet unless a waiver has been granted by the cabinet to an individual dispenser. The cabinet shall establish acceptable error tolerance rates for data. Dispensers shall ensure that reports fall within these tolerances. Incomplete or inaccurate data shall be corrected upon notification by the cabinet if the dispenser exceeds these error tolerance rates;

(f) The cabinet shall only disclose data to persons and entities authorized to receive that data under this subsection. Disclosure to any other person or entity, including disclosure in the context of a civil action where the disclosure is sought either for the purpose of discovery or for evidence, is prohibited unless specifically authorized by this section. The cabinet shall be authorized to provide data to:

1. A designated representative of a board responsible for the licensure,

regulation, or discipline of practitioners, pharmacists, or other person who is authorized to prescribe, administer, or dispense controlled substances and who is involved in a bona fide specific investigation involving a designated person;

2. Employees of the Office of the Inspector General of the cabinet who have successfully completed training for the electronic system and who have been approved to use the system, federal prosecutors, Kentucky Commonwealth's attorneys and assistant Commonwealth's attorneys, county attorneys and assistant county attorneys, a peace officer certified pursuant to KRS 15.380 to 15.404, a certified or full-time peace officer of another state, or a federal agent whose duty is to enforce the laws of this Commonwealth, of another state, or of the United States relating to drugs and who is engaged in a bona fide specific investigation involving a designated person;

3. A state-operated Medicaid program in conformity with paragraph (g) of this subsection;

4. A properly convened grand jury pursuant to a subpoena properly issued for the records;

5. A practitioner or pharmacist, or employee of the practitioner's or pharmacist's practice acting under the specific direction of the practitioner or pharmacist, who certifies that the requested information is for the purpose of:

a. Providing medical or pharmaceutical treatment to a bona fide current or prospective patient;

b. Reviewing data on controlled substances that have been reported for the birth mother of an infant who is currently being treated by the practitioner for neonatal abstinence syndrome, or has

symptoms that suggest prenatal drug exposure; or

c. Reviewing and assessing the individual prescribing or dispensing patterns of the practitioner or pharmacist or to determine the accuracy and completeness of information contained in the monitoring system;

6. The chief medical officer of a hospital or long-term-care facility, an employee of the hospital or long-term-care facility as designated by the chief medical officer and who is working under his or her specific direction, or a physician designee if the hospital or facility has no chief medical officer, if the officer, employee, or designee certifies that the requested information is for the purpose of providing medical or pharmaceutical treatment to a bona fide current or prospective patient or resident in the hospital or facility;

7. In addition to the purposes authorized under subparagraph 1. of this paragraph, the Kentucky Board of Medical Licensure, for any physician who is:

a. Associated in a partnership or other business entity with a physician who is already under investigation by the Board of Medical Licensure for improper prescribing or dispensing practices;

b. In a designated geographic area for which a trend report indicates a substantial likelihood that inappropriate prescribing or dispensing may be occurring; or

c. In a designated geographic area for which a report on another physician in that area indicates a substantial likelihood that inappropriate prescribing or dispensing may be occurring in that area;

8. In addition to the purposes authorized under subparagraph 1. of this paragraph, the Kentucky Board of Nursing, for any advanced practice registered nurse who is:
   a. Associated in a partnership or other business entity with a physician who is already under investigation by the Kentucky Board of Medical Licensure for improper prescribing or dispensing practices;
   b. Associated in a partnership or other business entity with an advanced practice registered nurse who is already under investigation by the Board of Nursing for improper prescribing practices;
   c. In a designated geographic area for which a trend report indicates a substantial likelihood that inappropriate prescribing or dispensing may be occurring; or
   d. In a designated geographic area for which a report on a physician or another advanced practice registered nurse in that area indicates a substantial likelihood that inappropriate prescribing or dispensing may be occurring in that area;
9. A judge or a probation or parole officer administering a diversion or probation program of a criminal defendant arising out of a violation of this chapter or of a criminal defendant who is documented by the court as a substance abuser who is eligible to participate in a court-ordered drug diversion or probation program; or
10. A medical examiner engaged in a death investigation pursuant to KRS 72.026;

(g) The Department for Medicaid Services shall use any data or reports from the system for the purpose of identifying Medicaid providers or recipients whose

prescribing, dispensing, or usage of controlled substances may be:

1. Appropriately managed by a single outpatient pharmacy or primary care physician; or
2. Indicative of improper, inappropriate, or illegal prescribing or dispensing practices by a practitioner or drug seeking by a Medicaid recipient;

(h) A person who receives data or any report of the system from the cabinet shall not provide it to any other person or entity except as provided in this subsection, in another statute, or by order of a court of competent jurisdiction and only to a person or entity authorized to receive the data or the report under this section, except that:

1. A person specified in paragraph (f)2. of this subsection who is authorized to receive data or a report may share that information with any other persons specified in paragraph (f)2. of this subsection authorized to receive data or a report if the persons specified in paragraph (f)2. of this subsection are working on a bona fide specific investigation involving a designated person. Both the person providing and the person receiving the data or report under this subparagraph shall document in writing each person to whom the data or report has been given or received and the day, month, and year that the data or report has been given or received. This document shall be maintained in a file by each agency engaged in the investigation;
2. A representative of the Department for Medicaid Services may share data or reports regarding overutilization by Medicaid recipients with a board designated in paragraph (f)1. of this subsection, or with a law enforcement officer designated in paragraph (f)2. of this subsection;
3. The Department for Medicaid Services may submit the data as evidence

in an administrative hearing held in accordance with KRS Chapter 13B;

4. If a state licensing board as defined in KRS 218A.205 initiates formal disciplinary proceedings against a licensee, and data obtained by the board is relevant to the charges, the board may provide the data to the licensee and his or her counsel, as part of the notice process required by KRS 13B.050, and admit the data as evidence in an administrative hearing conducted pursuant to KRS Chapter 13B, with the board and licensee taking all necessary steps to prevent further disclosure of the data; and

5. A practitioner, pharmacist, or employee who obtains data under paragraph (f)5. of this subsection may share the report with the patient or person authorized to act on the patient's behalf. Any practitioner, pharmacist, or employee who obtains data under paragraph (f)5. of this subsection may place the report in the patient's medical record, in which case the individual report shall then be deemed a medical record subject to disclosure on the same terms and conditions as an ordinary medical record in lieu of the disclosure restrictions otherwise imposed by this section;

(i) The cabinet, all peace officers specified in paragraph (f)2. of this subsection, all officers of the court, and all regulatory agencies and officers, in using the data for investigative or prosecution purposes, shall consider the nature of the prescriber's and dispenser's practice and the condition for which the patient is being treated;

(j) Intentional failure to comply with the reporting requirements of this subsection shall be a Class B misdemeanor for the first offense and a Class A misdemeanor for each subsequent offense; and

(k) If the cabinet becomes aware of a prescriber's or dispenser's failure to comply

with this section, the cabinet shall notify the licensing board or agency responsible for licensing the prescriber or dispenser. The licensing board shall treat the notification as a complaint against the license.

(4) ***The electronic monitoring system established in this section shall:***

(a) Notwithstanding KRS 218B.135, retrieve a list of registered qualified patients and visiting qualified patients as those terms are defined in KRS 218B.020 from the electronic monitoring system established in Section 8 of this Act; and

(b) Enable a pharmacist to identify patients who are registered qualified patients or visiting qualified patients as those terms are defined in KRS 218B.010 so that the pharmacist may advise the patient of any potential adverse interactions or contraindications the patient may suffer as a result of the dispensed or administered medication and medicinal cannabis as defined in KRS 218B.010~~[For the purpose of monitoring the cultivation, processing, production, recommending, and dispensing of medicinal cannabis:~~

~~(a) Every medicinal cannabis practitioner who is authorized pursuant to KRS 218B.050 to provide written certifications for the use of medicinal cannabis and every cannabis business licensed under KRS 218B.080, 218B.085, and 218B.090 shall register with the cabinet to use the system provided for in this section and shall maintain such registration continuously during the medicinal cannabis practitioner's authorization to provide written certifications or a cannabis business's term of licensure and shall not have to pay a fee or tax specifically dedicated to the operation of the system;~~

~~(b) No later than July 1, 2024, the cabinet shall ensure that the system provided for in this section allows:~~

~~1. Medicinal cannabis practitioners to record the issuance of written certifications to a patient as required by KRS 218B.050;~~

~~2. The cabinet, law enforcement personnel, and dispensary agents to verify the validity of registry identification cards issued by the cabinet. When verifying the validity of an identification card, the system shall only disclose whether the identification card is valid and whether the cardholder is a registered qualified patient, visiting qualified patient, or designated caregiver;~~

~~3. Dispensary agents to record the amount of medicinal cannabis that is dispensed to a cardholder during each transaction, as required by KRS 218B.110;~~

~~4. Law enforcement personnel and dispensary agents to access medicinal cannabis sales data recorded by dispensary agents pursuant to KRS 218B.110;~~

~~5. The sharing of dispensing data recorded by dispensary agents, pursuant to KRS 218B.110, with all licensed dispensaries in real time;~~

~~6. Licensed cannabis businesses to record data required by administrative regulations promulgated pursuant to KRS 218B.140 to facilitate the tracking of medicinal cannabis from the point of cultivation to the point of sale to cardholders; and~~

~~7. The cabinet to track all medicinal cannabis in the state from the point of cultivation to the point of sale to a cardholder;~~

~~(c) The cabinet shall only disclose data related to the cultivation, production, recommending, and dispensing of medicinal cannabis to persons and entities authorized to receive that data under this subsection. Disclosure to any other person or entity, including disclosure in the context of a civil action where the disclosure is sought either for the~~

~~purpose of discovery or for evidence, is prohibited unless specifically authorized by this subsection. The cabinet shall be authorized to provide data to:~~

~~1. Any person or entity authorized to receive data pursuant to paragraph (b) of this subsection;~~

~~2. A designated representative of a state licensing board responsible for the licensure, regulation, or discipline of medicinal cannabis practitioners and who is involved in a bona fide specific investigation involving a designated person;~~

~~3. Employees of the Office of the Inspector General of the cabinet who have successfully completed training for the electronic system and who have been approved to use the system, Kentucky Commonwealth's attorneys and assistant Commonwealth's attorneys, and county attorneys and assistant county attorneys who are engaged in a bona fide specific investigation involving a designated person;~~

~~4. A properly convened grand jury pursuant to a subpoena properly issued for the records;~~

~~5. A medicinal cannabis practitioner or an employee of a medicinal cannabis practitioner's practice acting under the specific direction of the medicinal cannabis practitioner, who certifies that the request for information is for the purpose of complying with KRS 218B.050(4)(c);~~

~~6. The chief medical officer of a hospital or long-term care facility, an employee of the hospital or long-term care facility as designated by the chief medical officer and who is working under his or her specific direction, or a physician designee if the hospital or facility has no chief medical officer, if the officer, employee, or designee certifies that the requested information is for the purpose of providing medical or~~

~~pharmaceutical treatment to a bona fide current or prospective patient or resident in the hospital or facility;~~

~~7. In addition to the purposes authorized under subparagraph 2. of this paragraph, the Kentucky Board of Medical Licensure, for any physician who is:~~

~~a. Associated in a partnership, other business entity, or supervision agreement established pursuant to KRS 311.854 with a physician who is already under investigation by the Board of Medical Licensure for improper issuance of written certifications;~~

~~b. Associated in a partnership or other business entity with an advanced practice registered nurse who is already under investigation by the Board of Nursing for improper issuance of written certifications;~~

~~c. In a designated geographic area for which a trend report indicates a substantial likelihood that inappropriate issuance of written certifications may be occurring; or~~

~~d. In a designated geographic area for which a report on another physician in that area indicates a substantial likelihood that inappropriate issuance of written certifications may be occurring in that area;~~

~~8. In addition to the purposes authorized under subparagraph 2. of this paragraph, the Kentucky Board of Nursing, for any advanced practice registered nurse who is:~~

~~a. Associated in a partnership or other business entity with a physician who is already under investigation by the Kentucky Board of Medical Licensure for improper issuance of written certifications;~~

~~b. Associated in a partnership or other business entity with an advanced practice registered nurse who is already under investigation by the Board of Nursing for improper issuance of written certifications;~~

~~c. In a designated geographic area for which a trend report indicates a substantial likelihood that inappropriate issuance of written certifications may be occurring; or~~

~~d. In a designated geographic area for which a report on another advanced practice registered nurse in that area indicates a substantial likelihood that inappropriate issuance of written certifications may be occurring in that area;~~

~~9. A judge or a probation or parole officer administering a diversion or probation program of a criminal defendant arising out of a violation of this chapter or of a criminal defendant who is documented by the court as a substance abuser who is eligible to participate in a court-ordered drug diversion or probation program;~~

~~10. A medical examiner engaged in a death investigation pursuant to KRS 72.026; or~~

~~11. The Legislative Research Commission, the University of Kentucky College of Medicine, or the Kentucky Center for Cannabis established in KRS 164.983 if the cabinet determines that disclosing data related to the cultivation, production, recommending, and dispensing of medicinal cannabis to the Legislative Research Commission, the University of Kentucky College of Medicine, or the Kentucky Center for Cannabis is necessary to comply with the reporting requirements established in KRS 218B.020(8); and~~

~~(d) A person who receives data or any report of the system from the cabinet shall not provide it to any other person or entity except as provided in this section, in another statute, or by order of a court of competent jurisdiction and only to a person or entity authorized to receive the data or the report under this section, except that:~~

~~1. A person specified in paragraph (c)3. of this subsection who is authorized to receive data or a report may share that information with any other persons specified in paragraph (c)3. of this subsection authorized to receive data or a report if the persons specified in paragraph (c)3. of this subsection are working on a bona fide specific investigation involving a designated person. Both the person providing and the person receiving the data or report under this subparagraph shall document in writing each person to whom the data or report has been given or received and the day, month, and year that the data or report has been given or received. This document shall be maintained in a file by each agency engaged in the investigation;~~

~~2. If a state licensing board initiates formal disciplinary proceedings against a licensee, and data obtained by the board is relevant to the charges, the board may provide the data to the licensee and his or her counsel, as part of the notice process required by KRS 13B.050, and admit the data as evidence in an administrative hearing conducted pursuant to KRS Chapter 13B, with the board and licensee taking all necessary steps to prevent further disclosure of the data; and~~

~~3. A medicinal cannabis practitioner or an employee of a medicinal cannabis practitioner's practice acting under the specific direction of the medicinal cannabis practitioner who obtains data under paragraph (c)5. of this subsection may share the report with the patient or person authorized to act on the patient's behalf. Any medicinal cannabis practitioner or employee who obtains data under paragraph (c)5. of this subsection may place the report in the patient's medical record, in which case the individual report shall then be deemed a medical record subject to disclosure on the same terms and conditions as an ordinary medical~~

~~record in lieu of the disclosure restrictions otherwise imposed by this section~~].

(5) The data contained in, and any report obtained from, the electronic system for monitoring established pursuant to this section shall not be a public record, except that the Department for Medicaid Services may submit the data as evidence in an administrative hearing held in accordance with KRS Chapter 13B.

(6) Intentional disclosure of transmitted data to a person not authorized by subsection (3)(f) to (h)[~~ or (4)(c) and (d)~~] of this section or authorized by KRS 315.121, or obtaining information under this section not relating to a bona fide current or prospective patient or a bona fide specific investigation, shall be a Class B misdemeanor for the first offense and a Class A misdemeanor for each subsequent offense.

(7) The cabinet may, by promulgating an administrative regulation, limit the length of time that data remain in the electronic system. Any data removed from the system shall be archived and subject to retrieval within a reasonable time after a request from a person authorized to review data under this section.

(8) (a) The Cabinet for Health and Family Services shall work with each board responsible for the licensure, regulation, or discipline of practitioners, pharmacists, or other persons who are authorized to prescribe, administer, or dispense controlled substances for the development of a continuing education program about the purposes and uses of the electronic system for monitoring established in this section.

(b) ~~[The cabinet shall work with each board responsible for the licensure, regulation, or discipline of medicinal cannabis practitioners for the development of a continuing education program about the purposes and uses of the electronic system for monitoring established in this section.~~

~~(c)]~~The cabinet shall work with the Kentucky Bar Association for the

development of a continuing education program for attorneys about the purposes and uses of the electronic system for monitoring established in this section.

(c)~~[(d)]~~ The cabinet shall work with the Justice and Public Safety Cabinet for the development of a continuing education program for law enforcement officers about the purposes and uses of the electronic system for monitoring established in this section.

(d)~~[(e)]~~ The cabinet shall develop a training program for cannabis business agents about the purposes and uses of the electronic system for monitoring established in this section.

(9) The cabinet, Office of Inspector General, shall conduct quarterly reviews to identify patterns of potential improper, inappropriate, or illegal prescribing or dispensing of a controlled substance~~[, issuance of written certifications, or cultivation, processing, or dispensing of medicinal cannabis]~~. The Office of Inspector General may independently investigate and submit findings and recommendations to the appropriate boards of licensure or other reporting agencies.

(10) The cabinet shall promulgate administrative regulations to implement the provisions of this section. Included in these administrative regulations shall be:

(a) An error resolution process allowing a patient to whom a report had been disclosed under subsections (3)~~[and (4)]~~ of this section to request the correction of inaccurate information contained in the system relating to that patient; and

(b) A requirement that data be reported to the system under subsection (3)(b) of this section within one (1) day of dispensing.

(11) (a) Before July 1, 2018, the Administrative Office of the Courts shall forward data regarding any felony or Class A misdemeanor conviction that involves the trafficking or possession of a controlled substance or other prohibited acts

under KRS Chapter 218A for the previous five (5) calendar years to the cabinet for inclusion in the electronic monitoring system established under this section. On or after July 1, 2018, such data shall be forwarded by the Administrative Office of the Courts to the cabinet on a continuing basis. The cabinet shall incorporate the data received into the system so that a query by patient name indicates any prior drug conviction.

(b) Before July 1, 2024, the Administrative Office of the Courts shall forward all available data regarding any disqualifying felony offense for the previous five (5) calendar years to the cabinet for inclusion in the electronic monitoring system established under this section. On or after July 1, 2024, such data shall be forwarded by the Administrative Office of the Courts to the cabinet on a continuing basis. The cabinet shall incorporate the data received into the system so that a query by patient name indicates any prior disqualifying felony conviction.

➔Section 12. KRS 216B.402 is amended to read as follows:

(1) When a person is admitted to a hospital emergency department or hospital emergency room for treatment of a drug overdose:

(a) The person shall be informed of available substance use disorder treatment services known to the hospital that are provided by that hospital, other local hospitals, the local community mental health center, and any other local treatment programs licensed pursuant to KRS 222.231;

(b) The hospital may obtain permission from the person when stabilized, or the person's legal representative, to contact any available substance use disorder treatment programs offered by that hospital, other local hospitals, the local community mental health center, or any other local treatment programs licensed pursuant to KRS 222.231, on behalf of the person to connect him or her to treatment; and

(c) The local community mental health center may provide an on-call service in the hospital emergency department or hospital emergency room for the person who was treated for a drug overdose to provide information about services and connect the person to substance use disorder treatment, as funds are available. These services, when provided on the grounds of a hospital, shall be coordinated with appropriate hospital staff.

(2) When a person, who is a registered qualified patient or a visiting qualified patient as defined in KRS 218B.010, is admitted to a hospital emergency department or a hospital emergency room for treatment of cannabinoid hyperemesis syndrome, the hospital shall notify the cabinet within forty-eight (48) hours. Notification shall include the registered qualified patient's or a visiting qualified patient's name and registry identification card number, if available. The cabinet shall record all cases of cannabinoid hyperemesis syndrome in the electronic monitoring system established pursuant to ***Section 8 of this Act***~~[KRS 218A.202]~~.