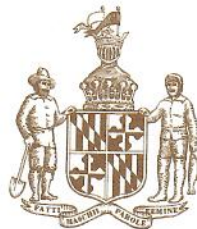


MARY ANN LISANTI
Legislative District 34A
Harford County



The Maryland House of Delegates
6 Bladen Street, Room 415
Annapolis, Maryland 21401
410-841-3331 · 301-858-3331
800-492-7122 Ext. 3331
Fax 410-841-3002 · 301-858-3002
MaryAnn.Lisanti@house.state.md.us

THE MARYLAND HOUSE OF DELEGATES
ANNAPOLIS, MARYLAND 21401

Support HB 331

Supporting documents attached.

NATALIE M. LAPRADE

MMCC



**MARYLAND MEDICAL
CANNABIS COMMISSION**

April 10, 2019

Mr. and Mrs. Mike Sheffield
510 Risen Star
Havre de Grace, MD 21078

VIA ELECTRONIC TRANSMISSION TO SHEFFIELDMOTORSPORTS42@GMAIL.COM

Dear Mr. and Mrs. Sheffield:

Thank you for your communication to Senator Bob Cassilly regarding your son Connor, and the difficulty you have had with administering his medical cannabis treatment while attending school at Havre de Grace High School. The Maryland Medical Cannabis Commission values your interest in the policies of this administration and appreciates your comments about those issues that are most important to you and the citizens of Maryland.

The Maryland Medical Cannabis Commission (the "Commission") does not have authority to require or enforce drug policy on any school grounds. The Commission licenses and regulates the businesses that cultivate, process, and dispense medical cannabis. The Maryland Department of Education ("MSDE"), and the Harford County Board of Education, retain authority over whether medical cannabis use is permitted on school grounds. The MSDE or County Board of Education may be able to provide additional assistance with this issue. I am very sorry that you have this hurdle to face, and hopefully in the near future, a policy will be developed to assist Connor.

We are honored and truly humbled to serve our fellow Marylanders, and appreciate your input as we continue to improve our processes. The Governor appreciates hearing from you, and on his behalf, I want to thank you for highlighting this issue from your viewpoint. If you have any further questions or comments, please contact me via email to mdh.infoandregistration@maryland.gov, or by telephone at 410-487-8100.

Sincerely,

Joy A. Strand, MHA
Executive Director
Maryland Medical Cannabis Commission

cc: The Honorable Larry Hogan
The Honorable Robert Cassily, District 34
Webster Ye, Maryland Department of Health

NATALIE M. LAPRADE

MMCC



**MARYLAND MEDICAL
CANNABIS COMMISSION**

As of July 31, 2019

States that Authorize Medical Cannabis on School Property, by Jurisdiction

State	Parents/Guardians to Administer	Nurse or other School Personnel to Administer	Location	Authority
CO	X "Primary caregiver" as determined by the board of education or charter school	X Pursuant to the definition of "primary caregiver" per local policy. No requirement for staff to administer	School grounds, school bus, or at a school-sponsored event.	School may allow
DE	X	-	School grounds or a school bus	Statutory mandate
FL	X School board policy may allow	X If specified in the district school board policy to ensure access	School grounds	School may allow
IL	X Any designated caregiver may administer	X If registered as the patient's caregiver	School grounds or a school bus	School shall allow
ME	X Legal custodian or others if registered caregivers	X If registered as the patient's caregiver	School grounds or a school bus	School shall allow
NJ	X Any "primary caregiver"	X If considered a "primary caregiver" under the school policy	School grounds, school bus, or at a school-sponsored event	School shall allow
NM	X	X By designated school personnel	'School settings' as determined by local board policy	School shall allow
VA	-	X School nurse and other designated personnel; applies only to CBD and THC-A oil	At school	School may allow
WA	X	-	School grounds, a school bus, or at a school-sponsored event	School shall allow, upon request by parent or guardian



July 25, 2019

MEDICAL CANNABIS ON SCHOOL PROPERTY

I. Issue.

Across the U.S., schools are contemplating the factors necessary for the administration of medical cannabis on school property. School drug free policies have historically prohibited onsite cannabis use. However, with the introduction of medical cannabis, policymakers are re-examining school drug free policies in light of medical cannabis laws.

There are two key issues surrounding medical cannabis on school property in need of consideration: 1) Whether students who are being treated with medical cannabis should be permitted to have their medical cannabis administered on school property; and 2) Whether designated school personnel should be authorized to administer the medical cannabis.

A number of schools in Maryland require a student who is a medical cannabis patient to leave school property or a school-sponsored event in order for the student's parent or legal guardian to administer the medical cannabis. It is unclear the extent to which this exists Statewide. Maryland State Department of Education (MSDE) and the county boards of education have authority over whether medical cannabis use is permitted on school property. To date, MSDE has not issued any Statewide guidance on the administration of medical cannabis at school. Further, the Maryland Medical Cannabis Commission (Commission) is unaware of specific policies adopted by any county boards of education on this issue.

The authority of designated school personnel to administer the medical cannabis would require a change in State statute. Current law authorizes minors to be medical cannabis patients provided that the medical cannabis is administered by a "caregiver" who is minor patient's parent or legal guardian. (See Health-General Article § 13-3301). Adult medical cannabis patients may also choose to have their medical cannabis purchased and/or administered by a caregiver. Every medical cannabis caregiver, whether for a minor or adult patient, must register with the Commission and obtain a Commission-issued identification card in order to purchase medical cannabis from a licensed medical cannabis dispensary and administer the medical cannabis to the patient.

II. Background.

Thirty-three states and Washington, D.C. have medical cannabis programs, with 17 of those states permitting medical cannabis for pediatric patients. Of the 17 states, nine states permit medical cannabis to be administered to students on school property.

Support

Some students depend on medical cannabis for daily functioning (e.g. seizure disorders, autism, posttraumatic stress disorder, etc.). There is a benefit to finding a solution to the prohibition of medical cannabis on school property so that medical cannabis students can attend school throughout the day without interruption.

According to the Pew Research Center both parents work full-time in more than half of U.S. households, thereby making it inconvenient or even unworkable for students to have the medical cannabis administered by their parents during the school day. More than one-third of U.S. children are being raised by single parents compounding the difficulty of employment disruptions. (Kids Count Data Center, 2016). Therefore, allowing designated school health personnel to administer the medical cannabis on school property would address significant barriers to care and ensure compliance with a student's treatment regime.

Concerns

School drug free policies prohibit cannabis use on school property. There are concerns about students administering their own medical cannabis due to the risk of diversion to other students or disruption to the educational environment. This is also true of other medications at schools. Young students may not have the ability to administer medical cannabis to themselves and substance abuse concerns exist.

Because medical cannabis is classified as a Schedule I drug in the Controlled Substances Act of 1970, the following concerns to administering a federally-illicit substance on school grounds have been raised throughout the U.S. School nurses have expressed concerns about Drug Enforcement Administration (DEA) arrests and convictions for administering medical cannabis or losing their nursing license. Educational policy groups and administrators have expressed concerns about the possibility of losing school funding for permitting the administration of State-sanctioned medical cannabis on school property. The Commission is unaware of any school or university having its federal funding withheld for permitting medical cannabis on school property or for conducting academic medical cannabis research in accordance with State laws.

Enforcement - Legal Medical Cannabis Programs

Although the federal government cannot require State and local governmental to enforce federal law, the U.S. Department of Justice (DOJ) has the authority to enforce federal cannabis laws, even in states with authorized medical cannabis programs. However, federal budget legislation passed in 2014, subject to reauthorization each year, prohibits the DOJ from interfering with the implementation of State medical cannabis programs. Courts have consistently interpreted this statutory provision to protect “individuals who engaged in conduct permitted by state medical cannabis laws and who fully complied with such laws.” *U.S. v. McIntosh*, 833 F.3d 1163 (9th Cir. 2016).

IV. Other Jurisdictions.

Most of the states that permit medical cannabis to be administered on school grounds have the following provisions in common:

- Students using medicinal cannabis products must have a valid medical recommendation.
- Only non-smokeable cannabis products may be administered on school grounds.
- Only parents, legal guardians, or primary caregivers may administer the medical cannabis.
- Students cannot be punished for medical cannabis use on school property.

Enacted Laws

Colorado. A school district board of education may adopt and implement a policy whereby a primary caregiver may administer medical cannabis to a student who is a qualifying medical cannabis patient who is enrolled in a school of the school district on school grounds, upon a school bus, or at any school-sponsored event.

- The primary caretaker may not administer the non-smokeable medical cannabis in a manner that creates disruption to the educational environment or causes exposure to other students.
- The school district board of education or charter school determines who may act as the primary caretaker and the reasonable parameters for the administration and use of the non-smokeable medical cannabis. However, nothing requires the school district staff to administer the medical cannabis.
- A school is exempt if the school district or charter school can reasonably demonstrate that it lost federal funding as the result of implementing.
- The non-smokeable cannabis may not be administered at school unless a written plan for the administration of the cannabis is agreed to and signed by the school principal or his/her designee and a parent or legal guardian.
- Requires a written statement releasing the school, and employees and volunteers of the school, from liability except in cases of willful or wanton conduct or disregard of the treatment plan.
- The medical cannabis storage container or plan for administration must have clearly labeled dosing, timing, and delivery route instructions from a recommending provider.

- After administration, the medical cannabis must be kept in a locked storage container and must be returned to the student's parent, legal guardian, or designee at the end of the school day. (Colorado Revised Statutes – C.R.S. 22-1-119.3)

Delaware. Allows designated registered caregivers (parents or legal guardians) to legally administer medical cannabis oil to students within the State's medical cannabis program on a school bus and on school property of the preschool, primary, or secondary school in which the qualifying patient is enrolled. The law does not allow school nurses or other school employees to administer the medical cannabis unless he or she is a parent or legal guardian of the student medical cannabis patient. The parent or legal guardian may possess no more than the number of doses of medical cannabis oil prescribed per day which must be kept at all times on his or her person. Provides for immunity from civil, criminal, or other penalties. The law was supported by the Delaware Department of Education. (Senate Bill 181 (2016)) - Title 16, Ch 49A, §4904A of the Delaware Code)

Florida. Permits medical cannabis to be administered on school grounds but requires district school boards to adopt a policy and procedure for the administration. The policy shall ensure access by the qualified patient; identify how the cannabis will be received, accounted for and stored, and establish processes to prevent access by other students and school personnel whose access would be unnecessary for the implementation of the policy. (2018 Florida Statutes, Title XLVIII, Chapter 1006.062)

Illinois. Requires a school district, public school, charter school, or nonpublic school to adopt a policy for the implementation of a medical cannabis infused product on school premises or a school bus. Authorizes a parent, guardian, or any other individual registered with the Department of Public Health as a designated caregiver of a student who is a qualifying medical cannabis patient to administer a medical cannabis infused product to the student on the premises of the child's school or on the child's school bus if both the student and the parent, guardian, or registered caregiver have been issued registry identification cards. After administering the product, the parent, guardian, or registered caregiver must remove the medical cannabis from the school premises or school bus. The medical cannabis infused product may not be administered in a manner that would create a disruption to the school's educational environment or would cause exposure of the product to other students. Nothing in this law requires a school's staff member to administer the medical cannabis infused product to a student. (Illinois Compiled Statutes, Chapter 105 § 22-33)

Maine. Provides that a "primary caregiver" (defined as parent, guardian or legal custodian under Maine's medical cannabis law, 22 MRSA § 2423-A91)(E)) may possess and administer cannabis in a non-smokeable form on a school bus or the grounds of the preschool, primary, or secondary school in which a minor qualifying patient is enrolled, if: a) a medical provider has provided the minor qualifying patient with a current written certification for the medical use of cannabis; b) possession of medical cannabis is for the purpose of administering it to the minor qualifying

patient; and c) the caregiver has notified the school that the caregiver has been designated on behalf of the qualifying patient to possess and administer the cannabis to the qualifying patient. Prohibits a school or school district from authorizing medical cannabis if the school or school district would lose federal funding as the result of the authorization. (Title 22, Subtitle 2, Part 5, Chapter 558-C, Section 2426)

New Jersey. Requires a Board of Education or Chief School Administrator of a nonpublic school to develop a policy authorizing parents, guardians and primary caregivers to administer medical cannabis to a student while the student is on school grounds, aboard a school bus or attending a school-sponsored event. The statute goes on to further state that the minimum features of such a policy would allow for protocols to be established for proper use; provide for the manner in which authorization for the administration of the medical cannabis is issued; establish certain locations on school grounds where the medical cannabis may be administered; and prohibit any inhalation or smoking of the medical cannabis. (New Jersey Statutes, Title 18A §40-12.22)

New Mexico. Requires local school boards and the governing bodies of charter schools to adopt policies to authorize the possession, storage, and administration of medical cannabis by parents and legal guardians or by designated school personnel to qualified students for use in school settings. Prohibits a student from self-administering the medical cannabis. Provides the medical cannabis may not be administered in a manner that disrupts the educational environment or causes other students to be exposed to medical cannabis. In order to permit a student who is a medical cannabis patient to have the medical cannabis administered at school, the student must have a treatment plan that is agreed upon by the school's principal and the student's legal guardian. The bill provides exclusions for school districts that can prove that it could lose or has lost federal funding due to allowing medical cannabis in school settings. Provides for immunity from criminal or civil penalties. (Senate Bill 204 (2019); Chapter 261)

Virginia. Provides that no school board can be required to suspend or expel any student who holds a valid written certification for the use of cannabidiol oil or THC-A oil issued by a practitioner for the possession or use of such oil in accordance with the student's individualized health plan and in compliance with a policy adopted by the school board. Prohibits prosecution of a school nurse and other school personnel employed or contracted to deliver health-related services for the possession or distribution of cannabidiol oil or THC-A oil, in accordance with a policy adopted by the local school board, to a student who has been issued a valid written certification. (Chapter 574 §18.2-251.1:1 of the Code of Virginia)

Washington. Permits parents and guardians to administer medical cannabis infused products on school grounds, aboard a school bus, or while attending a school-sponsored event in accordance with the school district's policy. The policy must identify specific locations where the cannabis infused products may be administered. Provides immunity for those acting in accordance with the school district's policy. Includes a provision for the suspension of the law if the federal government communicates that federal education funding will be withheld or that reasonably demonstrates that

future federal funding will be jeopardized. (House Bill 1095(2019); Chapter 204, Laws of 2019 – Effective date: July 28, 2019)

Policy Guidance

Pennsylvania. The Pennsylvania departments of health and education support the administration of medical cannabis under a Safe Harbor Letter to students with serious medical conditions and the maintenance of a safe environment for other students while on school property. A parent, legal guardian, or caregiver may administer medical cannabis to their child/student on school premises provided that the parent, legal guardian or caregiver: (1) provides the school principal with a copy of the Safe Harbor Letter; and (2) notifies the school principal, in advance, of each instance in which the parent or caregiver will administer the medical cannabis to the child/student.

Expiration: The recommended guidance will remain in effect until the Pennsylvania Department of Education promulgates regulations regarding the possession and use of medical cannabis in the commonwealth's schools.

Oklahoma City. The Oklahoma City Public Schools Board approved a policy whereby students in the Oklahoma Public Schools District with medical conditions that require cannabis are now permitted to use the medical cannabis at school. The district will provide a place for a guardian to administer medical cannabis to students at school. The policy also states that the caregiver would be responsible for delivering the cannabis to the qualifying students and removing it from the premises after consumption.

V. Maryland School Health Services.

COMAR 13A.05.05.05 – .15 mandates health coverage in schools by a school health services professional. The school health services professional is defined in COMAR as a physician, certified nurse practitioner, or registered nurse, with experience and or training in working with children or school health programs. Local jurisdictions in Maryland meet the mandate in a variety of ways. Some have a registered nurse in every school; others employ licensed practical nurses or registered nurses in each school. In some schools, trained unlicensed health staff are in each school working under the supervision of a registered nurse who may be responsible for one to three schools.



THE MARYLAND HOUSE OF DELEGATES
ANNAPOLIS, MARYLAND 21401

April 2, 2019

Memorandum

TO: The Honorable Delegate Joseline Pena-Melnyk, Vice Chairman
FROM: Delegate Mary Ann Lisanti *mal*
RE: **Meeting request: Constituent assistance; Connor Sheffield**

Thank you for agreeing to meet with me and assist in a resolution for my constituent. As I mentioned, Conner is a minor, attending a Maryland public high school in my district. He has been diagnosed with Progressive Gastrointestinal Dysmotility / Pseudo Obstruction. Sadly, there is no cure and the rarity of his condition has forced his parents to obtain medical care for him at Boston Children's hospital and seek alternative medial relief.

While Conner's parents have helped him receive a medial cannabis license, they have been unsuccessful in obtaining permission to administer the therapeutic oils in school or by the school nurse. I recently became aware of their situation yet it has been on-going for months.

As of last week, the High School Principal sent an email to the parents offering to permit Conner to be taken off-campus to administer the oils, however this is still very difficult for working parents to achieve.

In advance of our meeting, I am attaching a copy of the Principal's email, an overview of Conner's story and medial directive. Thank you in advance for agreeing to help me assist this very special family.

I am grateful for your interest in his case.

Attachments: 3

Lisanti, Mary Ann Delegate

From: Sheffield Motorsports <sheffieldmotorsports42@gmail.com>
Sent: Wednesday, March 27, 2019 12:16 PM
To: Lisanti, Mary Ann Delegate
Subject: Fwd: from principal at havre de grace

----- Forwarded message -----

From: **Reynolds, Jim** <Jim.Reynolds@hcps.org>
Date: Wed, Mar 27, 2019 at 12:00 PM
Subject:
To: Sheffield Motorsports <sheffieldmotorsports42@gmail.com>
CC: Schmitz, Joseph <Joseph.Schmitz@hcps.org>, Spicer, Patrick <Patrick.Spicer@hcps.org>

Dear Mr. and Mrs. Sheffield:

It was directed that the therapeutic oil may not be possessed in school by Connor and cannot be held in the nurse's office and administered by the nurse.

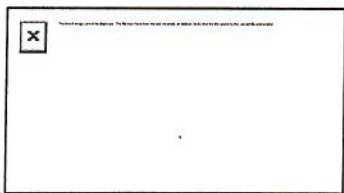
In addition, it was determined that Connor may, during school hours, on a reasonable as-needed basis, enter his parents vehicle off-campus (i.e. parked on the street), so that the parents may provide/administer the therapeutic oil; which provides Connor relief with respect to his medical condition.

Sincerely,

Mr. Jim Reynolds

Jim Reynolds

Principal



Havre de Grace High School

700 Congress Ave.

Havre de Grace, MD 21078

Phone: 410-939-6600

Fax: 410-939-6667

[https://www.edline.net/pages/Havre De Grace High School](https://www.edline.net/pages/Havre_De_Grace_High_School)



A. A. Roberty Building

102 S. Hickory Ave.

Bel Air, MD 21014

Phone: 410-838-7300

www.hcps.org

Lisanti, Mary Ann Delegate

From: Sheffield Motorsports <sheffieldmotorsports42@gmail.com>
Sent: Wednesday, March 27, 2019 12:19 PM
To: Lisanti, Mary Ann Delegate
Subject: Connors story

Connor Sheffield has Progressive Gastrointestinal Dysmotility/ Pseudo Obstruction. There is no cure. There is not even a Pediatric Motility Specialists Doctor in the state of Maryland to Help patients like Connor.

Connor has been receiving majority of his care for the past couple of years at Johns Hopkins Childrens Center. He's had to travel out of state for testing and proper diagnosis for his disease. (Boston Childrens diagnosed Connor)

His disease comes from his central nervous system

Having this disease means things cannot move through the intestines properly. Sometimes they become completely blocked with life threatening bowel obstructions.

His disease has progressively gotten worse over time. He's underwent many surgeries and stayed weeks at a time in the hospital. He spent the entire month of August 2018 at Hopkins and underwent 4 surgeries during just that stay , he was also put on TPN in the past which means he was fed totally through his veins.

You cannot live long term on TPN your organs could shut down and prawn high risk to line infections and the line goes directly to your heart.

Connor currently had a feeding tube and a ileostomy.

The feeding tube was placed because Connor was unable to drink and eat enough to get in enough Calories in a day. He was very low weight.

We were given prescription drug called Periactin, this is the only drug that was offered to us to stimulate hunger, this gave Connor neurological side effects which sent us to the ER and we had to stop that medicine.

We were given Zofran for nausea but that does nothing for Connor.

We were given erythromycin for Motility to try and get Connors bowels to move. This is a antibiotic that actually can allow to help move the bowels.

Unfortunately his body became use to it and he became more and more sick.

He started losing weight again. He could not tolerate the tube feeds because they were not moving or not moving fast enough for him to get in enough calories a day. Which led to weight loss

We asked for any other Motility medications and any other anti nausea meds. We were told there was nothing else. I have proof via An email from our GI doctor at Hopkins that there are no other Motility meds except what we were offered.

Dec 27 we basically had no other options but to TRY Medical cannabis. I did not even think it would work because nothing else did.

But once we gave it to him, within 20 minutes he started feeling better.. within 30 minutes he told us he was HUNGRY. He's never felt hunger!

We kept giving it to him and he kept getting better and better.

We use a combination of THC oil, CBD oil and CBN oil.

It's just a few drops a day but he has to take them throughout the day or he will start to decline.

The THC is one of the my meds that Connor has to have.

Connor was 76 pounds in September.

He struggled gaining weight ... we started medical cannabis Dec 27 and today he weights 111 pounds and he's grown a few inches in height!

He's gaining about a half a pound a week!

He's eating 3 times or more a day! He's able to function.

This was not an alternative for us. This was are only Option to make Connor better.

Please help us. There are more like us with similar or other diseases. Children with cancer , epilepsy, and other diseases that medical cannabis actually really helps.

Thank you very much

Tricia Sheffield

DR. WENG

COMPASSIONATE • EMPOWERING • SAFE



8501 LaSalle Rd Ste 310
Towson, MD 21286

Charles T. Weng, III, MD
Tel: 410.339.3850
Fax: 410.339.3852

Date: 3/18/2019

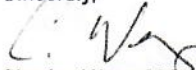
To whom it may concern;

Conner Sheffield suffers from complex gastrointestinal disorders. As you are aware he has an ileostomy and feeding tube. He has tried many different prescription medications to improve his motility, decrease nausea and improve appetite. None of which have provided the improvement needed.

A regimen involving CBD and THC has really improved his condition and allows him to eat. Prior to this he was losing weight. Without it he does not eat and can become ill. Therefore, it is my recommendation that he is given these herbal supplements during the day.

Upon awakening he takes 0.5ml THC in the morning and a drop of CBD. Around 11am he should take 0.5ml of THC tincture if needed as well.

Sincerely,



Charles Weng M.D.

Amends to HB 331 / SB 605

7 - 446.

(A) ON OR BEFORE DECEMBER 1, 2020, THE DEPARTMENT AND THE NATALIE M. LAPRADE MEDICAL CANNABIS COMMISSION JOINTLY SHALL DEVELOP GUIDELINES FOR PUBLIC SCHOOLS REGARDING ALLOWING THE ADMINISTRATION OF MEDICAL CANNABIS TO STUDENTS WHO ARE QUALIFYING PATIENTS UNDER TITLE 13, SUBTITLE 33 OF THE HEALTH - GENERAL ARTICLE DURING SCHOOL HOURS AND SCHOOL-SPONSORED ACTIVITIES.

(B) THE GUIDELINES SHALL ~~INCLUDE~~ ESTABLISH:

(1) WHICH SCHOOL PERSONNEL ARE AUTHORIZED TO ADMINISTER MEDICAL CANNABIS TO A STUDENT WHO IS A QUALIFYING PATIENT DURING SCHOOL HOURS AND SCHOOL-SPONSORED ACTIVITIES;

(2) SPECIFIC LOCATIONS WHERE MEDICAL CANNABIS MAY BE ADMINISTERED TO A STUDENT WHO IS A QUALIFYING PATIENT DURING SCHOOL HOURS AND SCHOOL-SPONSORED SCHOOL ACTIVITIES;

(3) PROCEDURES FOR EDUCATING SCHOOL NURSES AND OTHER SCHOOL PERSONNEL ON ISSUES RELATING TO MEDICAL CANNABIS INCLUDING: SAFETY CONSIDERATIONS FOR PATIENT USE OF MEDICAL CANNABIS AS IT RELATES TO A SCHOOL SETTING;

~~(I) THE STATE'S MEDICAL CANNABIS PROGRAM;~~

~~(II) FEDERAL AND STATE LAWS AND REGULATIONS;~~

~~(III) PROFESSIONAL LICENSURE AND CIVIL AND CRIMINAL LIABILITY ISSUES;~~

~~(IV) CANNABIS PHARMACOLOGY AND RESEARCH ASSOCIATED WITH THE MEDICAL USE OF CANNABIS; AND~~

~~(V) SAFETY CONSIDERATIONS FOR PATIENT USE OF CANNABIS AS IT RELATES TO A SCHOOL SETTING;~~

(4) PROTOCOLS TO ENSURE STUDENTS WHO ARE QUALIFYING PATIENTS RECEIVE CARE DURING SCHOOL HOURS AND SCHOOL-SPONSORED ACTIVITIES;~~AS DETERMINATE BY:~~

~~(I) THE STUDENT'S CERTIFYING PROVIDER~~

~~(II) THE STUDENT'S PARENT OR GUARDIAN OR CAREGIVER; AND~~

~~(III) THE SCHOOL NURSE'S ASSESSMENT;~~

~~(5) SECURITY PROTOCOLS FOR THE POSSESSION, STORAGE, AND LOSS OR THEFT OF MEDICAL CANNABIS ON SCHOOL PROPERTY;~~

~~(4) (6) A PLAN FOR THE ADMINISTRATION OF MEDICAL CANNABIS BY A SCHOOL NURSE, OR CAREGIVER DURING SCHOOL HOURS AND SCHOOL-SPONSORED AFTER-SCHOOL ACTIVITIES AND WHILE ON A SCHOOL BUS THAT MUST HAVE INCLUDE LABELING, AS WELL AS DOSING, TIMING AND DELIVERY ROUTE INSTRUCTIONS AS PROVIDED BY THE AUTHORIZED MEDICAL PROFESSIONALS WRITTEN INSTRUCTIONS;~~

~~(7) A CLEAR PROHIBITION ON ANY METHOD OF ADMINISTRATION OF MEDICAL CANNABIS THAT INCLUDES INHALATION OR SMOKING;~~

~~(5) (8) NOTICE REQUIREMENTS TO APPROPRIATE SCHOOL PERSONNEL, PARENTS AND GUARDIANS, AND LOCAL LAW ENFORCEMENTS, IF NECESSARY; AND~~

~~(9) MEDICAL CANNABIS SHALL BE RETAINED AND ADMINISTERED ON SCHOOL GROUNDS IN A MANNER CONSISTENT WITH OTHER MEDICATIONS AND THE DEPARTMENT SHALL UPDATE THE MARYLAND STATE SCHOOLS HEALTH SERVICES GUIDELINES FOR THE ADMINISTRATION OF MEDICATION IN SCHOOLS TO INCLUDE MEDICAL CANNABIS~~

~~(10) ANY OTHER NECESSARY GUIDELINES ON ISSUES CONCERNING THE ADMINISTRATION OF MEDICAL CANNABIS TO STUDENTS WHO ARE QUALIFYING PATIENTS DURING SCHOOL HOURS AND SCHOOL-SPONSORED ACTIVITIES.~~

~~(C) ON OR BEFORE DECEMBER 1, 2020, THE DEPARTMENT AND THE NATALIE M. LAPRADE MEDICAL CANNABIS COMMISSION JOINTLY SHALL:~~

~~(1) PROVIDE TECHNICAL ASSISTANCE TO SCHOOLS TO:~~

~~(I) IMPLEMENT THE GUIDELINES ESTABLISHED UNDER THIS SECTION; AND~~

~~(II) INSTRUCT SCHOOL PERSONNEL AT THE LOCAL LEVEL REGARDING THE GUIDELINES ESTABLISHED UNDER THIS SECTION;~~

~~(2) DEVELOP A PROCESS TO MONITOR IMPLEMENTATION OF THE GUIDELINES; AND~~

~~(3) SHARE THE GUIDELINES ESTABLISHED UNDER THIS SECTION WITH A NONPUBLIC SCHOOL THAT ESTABLISHES OR SEEKS TO ESTABLISH A POLICY UNDER SUBSECTION (D) OF THIS SECTION.~~

(C) ON, BEFORE AND AFTER DECEMBER 1, 2020, THE NATALIE M. LAPRADE MEDICAL CANNABIS COMMISSION SHALL IN CONSULTATION WITH THE CAREGIVER PROVIDE TECHNICAL ASSISTANCE TO THE DEPARTMENT ON AN AS NEEDED BASIS WITH IMPLEMENTATION OF THE GUIDELINES.

(D) ~~(1)~~ EACH NONPUBLIC SCHOOL IN THE STATE MAY ESTABLISH A POLICY REGARDING THE ADMINISTRATION OF MEDICAL CANNABIS TO STUDENTS WHO ARE QUALIFYING PATIENTS UNDER TITLE 13, SUBTITLE 33 OF THE HEALTH – GENERAL ARTICLE DURING SCHOOL HOURS AND SCHOOL-SPONSORED ACTIVITIES.

~~(2) THE NATALIE M. LAPRADE MEDICAL CANNABIS COMMISSION SHALL:~~

~~(I) PROVIDE TECHNICAL ASSISTANCE TO IMPLEMENT A POLICY ESTABLISHED BY A NONPUBLIC SCHOOL UNDER THIS SUBSECTION; AND~~

~~(II) INSTRUCT SCHOOL PERSONNEL OF A NONPUBLIC SCHOOL REGARDING THE GUIDELINES ESTABLISHED UNDER SUBSECTION (B) OF THIS SECTION.~~

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect ~~July 1,~~ 2020. June 1, 2020