VILLAGE OF PALMETTO BAY

Mayor Karyn Cunningham
Vice Mayor Leanne Tellam
Council Member Patrick Fiore (Seat 1)
Council Member Steve Cody (Seat 2)
Council Member Marsha Matson (Seat 3)

Village Manager Nick Marano
Village Attorney John C. Dellagloria
Village Clerk Missy Arocha

In accordance with the Americans with Disabilities Act of 1990, persons needing special accommodation, a sign language interpreter, or hearing impaired to participate in this proceeding should contact the Village Clerk at (305) 259-1234 for assistance no later than four days prior to the meeting.

AGENDA
VIRTUAL COMMITTEE OF THE WHOLE WORKSHOP
WEDNESDAY, MAY 15, 2024 – 7:00 PM

(305) 259-1234

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1. **CALL TO ORDER, ROLL CALL, INVOCATION, PLEDGE OF ALLEGIANCE, AND DECORUM STATEMENT, IN THAT ORDER:** Any person making impertinent or slanderous remarks, or who becomes boisterous, while addressing the Council may be barred from further appearance before the Council by the Mayor, unless permission to continue or again address the Council is granted by a majority vote of the Council. Applauding speakers shall be discouraged. Heckling or verbal outbursts in support or opposition to a speaker, or his or her remarks, shall be prohibited. No signs or placards shall be allowed in the Council meeting. Persons exiting the Council meeting shall do so quietly. All cellular telephones and beepers are to be silenced during the meeting.

2. **PUBLIC COMMENTS**

3. **PRESENTATIONS**

4. **VILLAGE COUNCIL AND ADMINISTRATION DISCUSSION ITEMS**

   A. AMENDING SECTION 30-60.32 RELATING TO MEDICAL MARIJUANA REGULATIONS (*Sponsored by Administration and Prepared by Community and Economic Development Director, Heidi Siegel, AICP)*

B. A COMMUNITY GARDEN AND ART PARK *(Sponsored by Councilmember Marsha Matson)*

C. INVESTIGATING THE POSSIBILITY OF ADDING A SIDEWALK ON THE WEST SIDE OF SW 84TH AVENUE FROM 160TH STREET TO 162ND STREET, WITH A CROSSWALK FOR THE SAFETY OF CHILDREN WALKING HOME FROM SOUTHWOOD MIDDLE SCHOOL, WITH A POSSIBLE EXTENSION FROM 162ND STREET TO 165TH TERRACE, ALLOWING FOR NEIGHBOR INPUT ADJACENT TO POSSIBLE SIDEWALK *(Sponsored by Councilmember Patrick Fiore)*

D. AUTHORIZING PARTICIPATION IN A LAWSUIT CHALLENGING THE FORM 6 REQUIREMENT *(Sponsored by Vice Mayor Leanne Tellam)*

E. ELECTRIC BICYCLES (E-BIKES) *(Sponsored by Mayor Karyn Cunningham)*

F. CONSIDERATION OF THE PURCHASE OF AUGER MACHINERY FOR PUBLIC WORKS, IN ORDER TO PLANT POSTS, SIGNS, AND TREES IN THE FUTURE, IN LIEU OF SUBCONTRACTING WORK, FOR SMALLER PROJECTS *(Sponsored by Councilmember Patrick Fiore)*

G. FLORIDA RETIREMENT SYSTEM ("FRS") *(Sponsored by Administration and Prepared by Human Resources and Communications Director, Olga Cadaval)*

H. HOLOCAUST MEMORIAL *(Sponsored by Councilmember Patrick Fiore)*

I. BIKE LANES *(Sponsored by Councilmember Patrick Fiore)*

5. NEXT COMMITTEE OF THE WHOLE WORKSHOP DATE

6. ADJOURNMENT

WE, THE VILLAGE COUNCIL OF THE VILLAGE OF PALMETTO BAY, HEREBY COMMIT OURSELVES TO MAINTAINING CIVILITY IN OUR PUBLIC AND POLITICAL DISCOURSE AND PLEDGE TO THE FOLLOWING PRINCIPLES:

- We will respect the right of all citizens in our community to hold different opinions;
- We will avoid rhetoric intended to humiliate or question the wisdom of those whose opinions are different from ours;
- We will strive to understand differing perspectives;
- We will choose our words carefully;
- We will speak truthfully without accusation and we will avoid distortion;
- We will speak out against violence, prejudice, and incivility in all of their forms, whenever and wherever they occur.

NOTICE OF APPEAL RIGHTS

Pursuant to Florida Statutes 286.0105, the Village hereby advises the public that if a person decides to appeal any decision made by the Council with response to any matter considered at its meeting or hearing, he or she will need a record of the proceedings, and that for such purpose, the affected person may need to ensure that verbatim record of the proceedings is made, which record includes testimony and evidence upon which the appeal is to be based. This notice does not constitute consent by the Village for the introduction or admission of otherwise inadmissible or irrelevant evidence, nor does it authorize challenges or appeals not otherwise allowed.

AMERICAN DISABBILITIES ACT OF 1990

This meeting is open to the public. In accordance with the American Disabilities Act of 1990, persons needing special accommodation or a sign language interpreter to participate in this proceeding should contact the Village Clerk at (305) 259-1234 no later than four (4) days prior to the meeting. Hearing Assistance Devices are available with the Village Clerk.

AGENDA ITEM NO. 4.A

Item Cover Page

VIRTUAL COMMITTEE OF THE WHOLE WORKSHOP AGENDA ITEM REPORT

DATE:	May 15, 2024
SUBMITTED BY:	Missy Arocha, Community and Economic Development
ITEM TYPE:	Discussion
AGENDA SECTION:	**VILLAGE COUNCIL AND ADMINISTRATION DISCUSSION ITEMS**
SUBJECT:	AMENDING SECTION 30-60.32 RELATING TO MEDICAL MARIJUANA REGULATIONS (*Sponsored by Administration and Prepared by Community and Economic Development Director, Heidi Siegel, AICP)*
SUGGESTED ACTION:	

ATTACHMENTS:
Staff Report-Medical Marijuana Regulations

To: Honorable Mayor and Village Council

Date: March 20, 2024

From: Heidi Siegel, AICP, CED Director

Re: Discussion regarding Amending Section 30-60.32 (Medical Marijuana Regulations)

BACKGROUND

At the December 18, 2023 Zoning Hearing, Village Staff presented application RZ-23-008, an ordinance amending Section 30-60.32 (Low-THC Cannabis and Medical Cannabis Dispensaries, Treatment Facilities and Independent Testing Laboratories) to be consistent with State law. The item was continued at the request of the Village Council to allow discussion at a Committee of the Whole workshop.

The following timeline summarizes actions taken by the State of Florida and the Village of Palmetto Bay since 2014 as it relates to medical marijuana. Of note is the passage of amended Florida Statute 381.986 on June 23, 2017, which included preemptions of municipal control and the passage of the Village's regulations on September 23, 2019 (Ordinance 2019-19). Florida Statute 381.986(11) places certain limitations on municipal governance of medical marijuana treatment center dispensing facilities. Specifically, per Florida Statute:

- A municipality may, by ordinance, ban medical marijuana treatment center dispensing facilities from being located within the boundaries of that municipality. A municipality that does not ban dispensing facilities under this subparagraph may not place specific limits, by ordinance, on the number of dispensing facilities that may locate within that municipality.

- A municipality may determine by ordinance the criteria for the location of, and other permitting requirements that do not conflict with state law or department rule for, medical marijuana treatment center dispensing facilities located within the boundaries of that municipality. A municipality may not enact ordinances for permitting or for determining the location of dispensing facilities which are more restrictive than its ordinances permitting or determining the locations for pharmacies licensed under chapter 465. A municipality may not charge a medical marijuana treatment center a license or permit fee in an amount greater than the fee charged by such municipality to pharmacies.

- A medical marijuana treatment center dispensing facility may not be located within 500 feet of the real property that comprises a public or private elementary school, middle school, or secondary school unless the municipality approves the location through a formal proceeding open to the public at which the municipality determines that the location promotes the public health, safety, and general welfare of the community.

TIMELINE

- **2014 State of Florida Legislative Session:** The State of Florida enacted Florida Statute 381.986, a/k/the Compassionate Medical Cannabis Act, which provided a regulatory framework for the cultivation, transportation, processing and dispensing of low THC cannabis for limited medical use treatment only.

- **2015 State of Florida Legislative Session:** Expanded 2014 rules to include full strength medical marijuana for the treatment of individuals diagnosed with a terminal illness and/or undergoing chemotherapy.

- **2016 State of Florida Referendum:** On November 8, 2016, the residents of the State of Florida approved by referendum, expanded use for medical marijuana and low TCH cannabis to extend to a greater range of ailments.

- **VPB December 19, 2016:** Discussion on Medical Marijuana Ordinance sponsored by Councilmember Larissa Siegel Lara at a Village Council Special Meeting.
    - Item was deferred.

- **VPB January 9, 2017:** Discussion on Medical Marijuana Ordinance sponsored by Councilmember Larissa Siegel Lara at a Village Council Meeting.
    - Item was deferred.

- **VPB February 6, 2017:** Discussion on Medical Marijuana Ordinance sponsored by Councilmember Larissa Siegel Lara at a Village Council Meeting.
    - Item was deferred.

- **VPB March 6, 2017:** The Village Council passed a resolution supporting the Miami-Dade School Board's Legislative Program which urges passage of a State law prohibiting medical marijuana dispensaries within 2,500 feet of a school and certain other prohibition.

- **VPB March 13, 2017:** Discussion on Medical Marijuana Ordinance sponsored by Councilmember Larissa Siegel Lara at a Committee of the Whole Workshop.

- **VPB March 13, 2017:** The Village Council passed an ordinance enacting a moratorium of ninety (90) days regarding the establishment of any medical marijuana dispensary.

- **June 23, 2017 State of Florida Special Legislative Session:** The Florida Legislature amended Florida Statute 381.986 by adopting bill SB 8-A which, among other provisions, outlined the conditions under which local municipalities may regulate the location of cannabis dispensaries and medical marijuana treatment centers. Florida Statute 381.986 is attached.
    - *Specific language relevant to municipalities:*

(11) PREEMPTION.—Regulation of cultivation, processing, and delivery of marijuana by medical marijuana treatment centers is preempted to the state except as provided in this subsection.

(a) A medical marijuana treatment center cultivating or processing facility may not be located within 500 feet of the real property that comprises a public or private elementary school, middle school, or secondary school.

(b) 1. A county or municipality may, by ordinance, ban medical marijuana treatment center dispensing facilities from being located within the boundaries of that county or municipality. A county or municipality that does not ban dispensing facilities under this subparagraph may not place specific limits, by ordinance, on the number of dispensing facilities that may locate within that county or municipality.

2. A municipality may determine by ordinance the criteria for the location of, and other permitting requirements that do not conflict with state law or department rule for, medical marijuana treatment center dispensing facilities located within the boundaries of that municipality. A county may determine by ordinance the criteria for the location of, and other permitting requirements that do not conflict with state law or department rule for, all such dispensing facilities located within the unincorporated areas of that county. Except as provided in paragraph (c), a county or municipality may not enact ordinances for permitting or for determining the location of dispensing facilities which are more restrictive than its ordinances permitting or determining the locations for pharmacies licensed under chapter 465. A municipality or county may not charge a medical marijuana treatment center a license or permit fee in an amount greater than the fee charged by such municipality or county to pharmacies. A dispensing facility location approved by a municipality or county pursuant to former s. 381.986(8)(b),Florida Statutes 2016, is not subject to the location requirements of this subsection.

c) A medical marijuana treatment center dispensing facility may not be located within 500 feet of the real property that comprises a public or private elementary school, middle school, or secondary school unless the county or municipality approves the location through a formal proceeding open to the public at which the county or municipality determines that the location promotes the public health, safety, and general welfare of the community.

d) This subsection does not prohibit any local jurisdiction from ensuring medical marijuana treatment center facilities comply with the Florida Building Code, the Florida Fire Prevention Code, or any local amendments to the Florida Building Code or the Florida Fire Prevention Code.

- **VPB July 19, 2017:** At a Special Council Meeting, a resolution was placed on the agenda to create a Zoning in Progress to direct staff to create a new section of the Land Development Regulations related to medical cannabis dispensaries, medical marijuana treatment facilities, and independent testing laboratories.
    - Staff requested a continuation of item.

- **VPB November 20, 2017:** An ordinance passed on first reading at a Zoning Hearing banning medical cannabis dispensary, medical cannabis cultivation, medical cannabis manufacturing, medical marijuana treatment facilities, and independent testing laboratories within the Village.

- **VPB January 22, 2018:** The ordinance relating to banning medical marijuana facilities that passed on first reading, on November 20, 2017, was deferred to March 19, 2018.

- **VPB March 19, 2018:** The ordinance relating to banning medical marijuana facilities that passed on first reading, on November 20, 2017, was deferred to a date uncertain.

- **VPB April 2, 2018:** At a Council Meeting, a resolution was passed enacting a Zoning in Progress for 120 days to allow the creation a new section of the Land Development Regulations related to medical cannabis dispensaries, medical marijuana treatment facilities, and independent testing laboratories.

- **VPB December 18, 2018:** At a Council Meeting, a resolution was passed enacting a Zoning in Progress for 120 days to allow the creation a new section of the Land Development Regulations related to medical cannabis dispensaries, medical marijuana treatment facilities, and independent testing laboratories.

- **VPB January 7, 2019:** An ordinance relating to banning medical marijuana facilities within the Village.
    - Continued to January 28, 2019

- **VPB January 28, 2019:** At a Zoning Hearing, a resolution was passed enacting a Zoning in Progress for 120 days to allow the creation a new section of the Land Development Regulations related to medical cannabis dispensaries, medical marijuana treatment facilities, and independent testing laboratories.

- **VPB January 28, 2019:** An ordinance relating to banning medical marijuana facilities within the Village.
    - Ordinance failed

- **VPB February 19, 2019:** At the Committee of the Whole Workshop, the Village Council held a discussion regarding medical marijuana facilities.

- **VPB June 17, 2019:** At the Zoning Hearing an ordinance allowing and regulating medical marijuana dispensaries only in the Business District Limited (B-1) zone along US1 and no less than 1,000 feet from a school, place of worship or park, and no less than 1 mile from another dispensing facility was discussed.
    - At the meeting a motion was made to ban medical marijuana dispensaries. This motion failed.
    - The ordinance as presented also failed on vote.

- **VPB July 1, 2019:** At a Village Council meeting, a resolution was passed enacting a Zoning in Progress for 120 days to allow the creation a new section of the Land Development Regulations related to medical cannabis dispensaries, medical marijuana treatment facilities, and independent testing laboratories.

- **VPB July 15, 2019:** At a Special Council Meeting, the Village Council passed an ordinance creating Section 30-60.32 in the Land Development Regulations which addressed medical cannabis dispensaries, medical marijuana treatment facilities, and independent testing laboratories within the Village of Palmetto Bay. The ordinance stated that medical marijuana dispensaries are only allowed in the Business District Limited (B-1) zone along US1 and no less than 1,000 feet from a school, place of worship or park, and no less than 1 mile from another dispensing facility.
    - This is the ordinance that is currently enacted.

- **VPB September 9, 2019:** The above ordinance was on the agenda at the Village Council Meeting. However, the meeting ended before the item could not be heard.

- **VPB September 23, 2019:** At a Zoning Hearing, the Village Council passed on second and final reading an ordinance creating Section 30-60.32 in the Land Development Regulations which addressed medical cannabis dispensaries, medical marijuana treatment facilities, and independent testing laboratories within the Village of Palmetto Bay. The ordinance stated that medical marijuana dispensaries are only allowed in the Business District Limited (B-1) zone along US1 and no less than 1,000 feet from a school, place of worship or park, and no less than 1 mile from another dispensing facility.
    - This is the ordinance that is currently enacted: Ordinance 2019-19

PROPOSED AMENDMENTS TO SECTION 30-60.32

Upon further review of the existing ordinance, it has been determined by Village staff that the current ordinance does not comply with Florida Statute 381.986. Specifically, the Village Land Development Regulations do not address pharmacies and medical marijuana facilities the same. Within the Land Development regulations pharmacies do not have distance requirements and are considered general retail. Furthermore, Section 30-60.32 exceeds the State pre-emption on location requirements.

To address the above concerns regarding compliance with State law, staff has proposed an amendment to the Land Development Regulations Section 30-60.32 that acknowledges pharmacies and introduces a conditional use process for some pharmacies and all dispensaries. The proposed amendments also remove some of the distance criteria that exceeds the 2017 change to state statute.

Highlights to the proposed amendments are as follows:

Section 30-60.32	Changes regulation title from "Low-THC cannabis and medical cannabis dispensaries, treatment facilities and independent testing laboratories" to "Medical marijuana treatment center dispensing facilities and pharmacies".
Section 30-60.32 (b)	States that pharmacies are subject to this chapter consistent with F.S. § 381.986. Exempts certain types of pharmacies from these regulations including: • Pharmacies located in an establishment where physicians provide surgical services such as hospitals. • Pharmacies located in a retail establishments such as a convenience stores, sundry stores or supermarkets. • Pharmacies affiliated with an accredited medical school where training is provided for medical students, medical residents, or fellows. • Pharmacies owned by a corporate entity exempt from federal taxation under 26 U.S.C. s. 501(c)(3) or is owned or operated by a public agency.
Section 30-60.32 (c)	Updates the definition of Medical Use to comply with Florida Statutes. Add definitions related to Pharmacies.

Section 30-60.32 (d) (removed)	Removed regulation limiting location of medical marijuana dispensaries based on zoning district due to conflict with Florida Statutes.
Section 30-60.32 (d) (new)	Added requirement for conditional use approval at a public hearing for medical marijuana treatment center dispensing facilities and pharmacies. Adds language that complies with Florida Statue regarding location of medical marijuana treatment center dispensing facilities and pharmacies. Conditional use criteria is established. Establishes timeframes for establishment after Council approval. Establishes monitoring criteria for Community and Economic Development Director.
Section 30-60.32 (e)	Allows applications that have (1) obtained a site reservation for a Medical Marijuana Treatment Center Dispensing Facility use, or (2) filed building or development permit application with the Village for the establishment of a Medical Marijuana Treatment Center Dispensing Facility use prior to the date of this ordinance to proceed as-of-right without a conditional use.

RECOMMENDATION

The Village staff is seeking direction from the Village Council.

ATTACHMENTS:

Attachment A: Annotated Proposed Amended Section 30-60.32
Attachment B: Florida Statute 381.986
Attachment C: Village of Palmetto Bay Ordinance 2019-19 Creating Section 30-60.32 -- Low-THC Cannabis and Medical Cannabis Dispensaries, Treatment Facilities and Independent Testing Laboratories

Attachment A
Annotated Proposed Amended Section 30-60.32

Additional text is shown as underlined in red; deleted text is shown as ~~strikethrough in red.~~

Sec. 30-60.32. ~~Low-THC cannabis and medical cannabis dispensaries, treatment facilities and independent testing laboratories~~ Medical marijuana treatment center dispensing facilities and pharmacies.

(a) *Intent.* F.S. § 381.986 and Florida Administrative Code Chapter 64-4 authorize a limited number of dispensing organizations throughout the State of Florida to cultivate, process, and dispense low-tetrahydrocannabinol (low-THC) cannabis and medical cannabis for use by qualified patients suffering from cancer, terminal conditions, and certain chronic conditions. The dispensing organizations must be approved by the Florida Department of Health and, once approved, are subject to state regulation and oversight. The intent of this article is to establish the criteria for the location and permitting of establishments that dispense low-THC cannabis or medical cannabis in accordance with F.S. § 381.986, and Florida Administrative Code Chapter 64-4.

(b) *Applicability.*

(1) The provisions of this article shall be applicable to all land and water body areas within the municipal boundaries on the Village of Palmetto Bay. This article shall only be construed to allow the dispensing of low-THC cannabis or medical cannabis by a state-approved dispensing organization for medical use. The sale of cannabis or marijuana is prohibited in the Village of Palmetto Bay except in accordance with this article.

(2) Consistent with F.S. § 381.986, the provisions of this article shall be applicable to pharmacies and establishments conducting the practice of the profession of pharmacy.

a. The following pharmacies shall be exempt from these provisions and shall conform to the applicable zoning district requirements:

1. The pharmacy is located in an establishment where physicians provide surgical services;

2. The pharmacy is located in a retail establishment such as a convenience store, sundry store or supermarket;

3. The pharmacy is affiliated with an accredited medical school where training is provided for medical students, medical residents, or fellows; or

4. The pharmacy is owned by a corporate entity exempt from federal taxation under 26 U.S.C. s. 501(c)(3) or is owned or operated by a public agency.

(c) *Definitions.* Except as provided herein, all terms shall be defined in accordance with this chapter and F.S. § 381.986, as may be amended from time to time:

(1) *Dispensing facility* refers to the building or structure where low-THC cannabis or medical cannabis, as well as cannabis delivery devices are dispensed at retail.

(2) *Dispensing organization* means an organization approved by the state to cultivate, process, transport, and dispense low-THC cannabis or medical cannabis.

DRAFT

(3) *Low-tetrahydrocannabinol cannabis* or *low-THC cannabis* means a plant of the genus Cannabis, the dried flowers of which contain 0.8 percent or less of tetrahydrocannabinol and more than ten percent of cannabidiol weight for weight; the seeds thereof; the resin extracted from any part of such plant; or any compound, manufacture, salt, derivative, mixture, or preparation of such plant or its seeds or resin that is dispensed only from a dispensing organization.

(4) *Medical cannabis* means all parts of any plant of the genus Cannabis, whether growing or not; the seeds thereof; the resin extracted from any part of the plant; and every compound, manufacture, sale, derivative, mixture, or preparation of the plant or its seeds or resin that is dispensed only from a dispensing organization for medical use by an eligible patient.

(5) *Medical use* means administration of the ordered amount of low-THC cannabis or medical cannabis. The term does not include the:

1. Possession, use, or administration of low-THC cannabis or medical cannabis by smoking.
2. Transfer of low-THC cannabis or medical cannabis to a person other than the qualified patient for whom it was ordered or the qualified patient's legal representative on behalf of the qualified patient.
3. Use or administration of low-THC cannabis or medical cannabis:
   a. On any form of public transportation.
   b. In any public place.
   c. In a qualified patient's place of employment, if restricted by his or her employer.
   d. In a state correctional institution as defined in F.S. § 944.02 or a correctional institution as defined in F.S. § 944.241.
   e. On the grounds of a preschool, primary school, or secondary school.
   f. On a school bus or in a vehicle, aircraft, or motorboat.

~~*Medical use* means administration of the ordered amount of low-THC cannabis or medical cannabis. The term does not include the:~~

~~a. Possession, use, or administration of low-THC cannabis or medical cannabis by smoking; or~~

~~b. Transfer of low-THC cannabis or medical cannabis to a person other than the qualified patient for whom it was ordered or the qualified patient's legal representative authorized to receive it on the qualified patient's behalf.~~

~~c. Use or administration of low-THC cannabis or medical cannabis:~~

~~1. On any form of public transportation; including publicly available shared vehicles;~~

~~2. In any public place;~~

~~3. In a qualified patient's place of employment, if restricted by his or her employer;~~

~~4. In a correctional institution;~~

~~5. On the premises of any child-care facility, preschool, or school;~~

~~6. On the premises of any religious institution, ministry or their ancillary facilities;~~

~~7. In any vehicle or motorboat.~~

(6) *Pharmacy* means a drug or sundry store selling prescription drugs. Pharmacy includes a community pharmacy, an institutional pharmacy, a nuclear pharmacy, a special pharmacy, and an Internet pharmacy. Any act described in this definition constitutes the practice of pharmacy. The pharmacy department of any permittee shall be considered closed whenever a Florida licensed pharmacist is not present and on duty. The term "not present and on duty" shall not be construed to prevent a pharmacist from exiting the prescription department for the purposes of consulting or responding to inquiries or providing assistance to patients or customers, attending to personal hygiene needs, or performing any other function for which the pharmacist is responsible, provided that such activities are conducted in a manner consistent with the pharmacist's responsibility to provide pharmacy services.

a. The term "community pharmacy" includes every location where medicinal drugs are compounded, dispensed, stored, or sold or where prescriptions are filled or dispensed on an outpatient basis.
b. The term "institutional pharmacy" includes every location in a hospital, clinic, nursing home, dispensary, sanitarium, extended care facility, or other facility, hereinafter referred to as "health care institutions," where medicinal drugs are compounded, dispensed, stored, or sold.
c. The term "nuclear pharmacy" includes every location where radioactive drugs and chemicals within the classification of medicinal drugs are compounded, dispensed, stored, or sold. The term "nuclear pharmacy" does not include hospitals licensed under chapter 395 or the nuclear medicine facilities of such hospitals.
d. The term "special pharmacy" includes every location where medicinal drugs are compounded, dispensed, stored, or sold if such locations are not otherwise defined in this subsection.
e. The term "Internet pharmacy" includes locations not otherwise licensed or issued a permit under this chapter, within or outside this state, which use the Internet to communicate with or obtain information from consumers in this state and use such communication or information to fill or refill prescriptions or to dispense, distribute, or otherwise engage in the practice of pharmacy in this state. Any act described in this definition constitutes the practice of pharmacy as defined in subsection (13).

(7) *Practice of the profession of pharmacy* means compounding, dispensing, and consulting concerning contents, therapeutic values, and uses of any medicinal drug; consulting concerning therapeutic values and interactions of patent or proprietary preparations, whether pursuant to prescriptions or in the absence and entirely independent of such prescriptions or orders; and conducting other pharmaceutical services. For purposes of this subsection, the term "other pharmaceutical services" means monitoring the patient's drug therapy and assisting the patient in the management of his or her drug therapy, and includes reviewing, and making recommendations regarding, the patient's drug therapy and health care status in communication with the patient's prescribing health care provider as licensed under F.S. Chapter 458, Chapter 459, Chapter 461, or Chapter 466, or a similar statutory provision in another jurisdiction, or such provider's

agent or such other persons as specifically authorized by the patient; and initiating, modifying, or discontinuing drug therapy for a chronic health condition under a collaborative pharmacy practice agreement.

~~(d) *Zoning districts where dispensing allowed.* Only in accordance with the requirements of this article and the applicable zoning district, dispensing of low-THC or medical cannabis shall be permitted in the B-1 Zoning District.~~

~~(e)~~(d) *Zoning requirements for dispensing facilities and pharmacies.* ~~Low-THC and medical cannabis dispensing facilities~~ Medical marijuana treatment center dispensing facilities and pharmacies shall comply with the following requirements:

(1) Medical marijuana treatment center dispensing facilities and pharmacies, including drug or sundry stores selling prescription drugs shall be allowed upon approval of a conditional use consistent with Section 30-40 of these regulations.

a. A medical marijuana treatment center dispensing facility or pharmacy shall only be permitted in business and mixed use districts.

b. A medical marijuana treatment center dispensing facility or pharmacy may not be located within 500 feet of the real property that comprises a public or private elementary school, middle school, or secondary school unless the Village Council approves the location through a formal proceeding open to the public at which the Village Council determines that the location promotes the public health, safety, and general welfare of the community.

c. Prior to the application of a conditional use, the applicant shall furnish a certified survey from a registered engineer or surveyor, indicating the distance between the proposed medical marijuana treatment center dispensing facility or pharmacy and any existing a public or private elementary school, middle school, or secondary school. In case of dispute, the measurement scaled by the Village shall govern. The Community and Economic Development Department shall verify in writing receipt of the survey from the applicant, which shall serve as a reservation of said location by a pharmacy or state-approved dispensing organization to dispense low-THC or medical cannabis. Upon reservation, the applicant shall have 60 days to apply for a conditional use. A reservation shall expire if a complete and sufficient application is not received within 60 days of the written receipt of the reservation. Upon approval for a Conditional Use by the Village Council, the reservation shall expire if a building permit is not issued within one hundred twenty (120) days from the date of Village Council approval, unless the Applicant demonstrates to the Community and Economic Development Director that the applicant has been diligently engaged in the process of applying for a building permit and the Director extends the expiration date. However, in no event shall the reservation be extended beyond three hundred sixty-five (365) days from the date of issuance unless the Village Council extends the Reservation for good cause. In the event that the applicant is denied an extension of time for a building permit, or denied any relief needed to obtain a building permit, and if the applicant fails to take a timely appeal from such denial, the reservation shall immediately expire on the date that the time for appeal expires. The applicant shall have the right to appeal

the denial of an extension of time consistent with the procedures of Section 30-30.14(c) (Appeals).

d. The Village Council shall evaluate each conditional use application for a medical marijuana treatment center dispensing facility or pharmacy at a public hearing based on the following criteria:

1. *Vehicular traffic.* A medical marijuana treatment center dispensing facility or pharmacy shall demonstrate that there is no queuing of vehicles in the rights-of-way. No medical marijuana treatment center dispensing facility or pharmacy shall have a drive-through or drive-in service aisle or a walk-up service window for doing business to the outside of the space housing the medical marijuana treatment center dispensing facility or pharmacy; a variance may be requested for drive-through and/or drive-in service for a pharmacy use in accordance with the standards in Section 30-30.6 (Variances).

2. *Parking.* Any parking demand created by a medical marijuana treatment center dispensing facility or pharmacy shall not exceed the parking spaces located or allocated on site, as required by the Village's parking regulations. An applicant shall be required to demonstrate that on-site vehicle circulation and parking attributable to the medical marijuana treatment center dispensing facility or pharmacy will be sufficient to accommodate traffic and parking demands generated by the use, based upon a current traffic and parking study prepared by a certified professional.

3. *Requirement for indoor operation and prohibition on loitering.* All medical marijuana treatment center dispensing facilities or pharmacies are prohibited from having or allowing outdoor seating, outdoor queues, or outdoor customer waiting areas. A site plan shall be provided demonstrating that all activities of the medical marijuana treatment center dispensing facility or pharmacy including sales, display, preparations and storage shall be conducted entirely within an enclosed building. The medical marijuana treatment center dispensing facility or pharmacy shall not direct or encourage any patient or business invitee to stand, sit, gather, or loiter outside of the building where the medical marijuana treatment center dispensing facility or pharmacy operates, including in a parked car, in any parking areas, sidewalks, rights-of-way, or neighboring properties for any period of time longer than reasonably required for patients to conduct their official business. The applicant shall provide proposed signage in their application for a conditional use.

4. *Landlord responsibilities.* The applicant shall provide a current or proposed lease for a space to contain a medical marijuana treatment center dispensing facility or pharmacy that expressly states that failure to comply with the Village Code of Ordinances or State of Florida regulations is a material non-curable breach of the lease and shall

constitute grounds for termination of the lease and immediate eviction by the landlord ("termination clause").

5. *Neighborhood Compatibility.* The application shall be evaluated to determine whether approval of the conditional use would be compatible with development patterns in the village and whether the essential character of the neighborhood would be preserved.

~~(1) No low-THC or medical cannabis dispensing facility shall be located within:~~

~~a. One mile from any other low-THC or medical cannabis dispensing facility;~~

~~b. One thousand feet of any child care facility, preschool, kindergarten, elementary school, middle school, junior high school, high school, place of worship, mission, ministry or facilities ancillary to any of these uses;~~

~~c. One thousand feet from any public park or recreation area.~~

~~(2)~~ (1) Distances shall be measured by drawing a straight line between the closest point of a building housing medical marijuana treatment center dispensing facility or pharmacy to the closest property line of a public or private elementary school, middle school, or secondary school.~~as required below:~~

~~a. Between two low-THC or medical cannabis dispensing facilities, distance shall be measured by drawing a straight between the front doors of the respective dispensing facilities.~~

~~b. The distance from a child care facility, preschool, kindergarten, elementary school, middle school, junior high school, high school, place of worship, ministry, or facilities ancillary to any of these uses, shall be measured by following a straight line from the nearest point of the respective structure to the front door of the proposed dispensing facility.~~

~~c. The applicant shall furnish a certified survey from a registered engineer or surveyor, indicating the distance between the proposed dispensing facility and any existing low-THC or medical cannabis dispensing facility, child care facility, preschool, kindergarten, elementary school, middle school, junior high school, high school, place of worship, ministry, or facilities ancillary to any of these uses within the applicable radius. In case of dispute, the measurement scaled by the planning and zoning director shall govern. The planning and zoning director shall verify in writing receipt of the survey from the applicant, which shall serve as a reservation of said location by a state-approved dispensing organization to dispense low-THC or medical cannabis. Upon reservation, the applicant shall have 180 days to apply for a permit or certificate of use.~~

~~(3)~~ (2) Dispensing of, payment for, and receipt of low-THC or medical cannabis is prohibited anywhere outside of the dispensing facility, including, but not limited to, on sidewalks, in parking areas, or in the rights-of-way surrounding the dispensing facility; provided, however, this provision shall not be construed to prohibit delivery of low-THC or medical cannabis to an eligible patient, as permitted by state law or rule.

~~(4)~~ (3) Consumption of low-THC or medical cannabis or alcoholic beverages is prohibited onsite at the dispensing facility, including, but not limited to, in the parking areas,

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sidewalks, or rights-of-way surrounding the dispensing facility; provided, however, this provision shall not be construed to prohibit consumption associated with a dispensing facility employee, trained by a medical professional such as a doctor, nurse, pharmacist, or medical or physician's assistant, instructing an eligible patient on the mechanism of consumption of low-THC or medical cannabis, as permitted by state law or rule.

~~(5)~~ (4) ~~Irrespective of any statutory amendment, facilities dispensing low-THC or medical cannabis~~ Medical marijuana treatment center dispensing facilities ~~shall only be allowed to operate between the hours of 7:00 a.m. and 9:00 p.m. daily,~~ shall not dispense from its premises marijuana or a marijuana delivery device between the hours of 9 p.m. and 7 a.m., but may perform all other operations and deliver marijuana to qualified patients 24 hours a day, as provided by F.S. § 381.986.

~~(6)~~ (5) Upon approval by Village Council, a ~~A~~ certificate of use shall be obtained for the ~~low-THC or medical cannabis~~ medical marijuana treatment center dispensing facility each year. The application for the certificate of use shall be made on a form furnished by the Village ~~prescribed by the planning and zoning director~~.

a. The ~~low-THC or medical cannabis~~ medical marijuana treatment center dispensing facility must be established on the premises by a state-approved dispensing organization within 180 days of the date the certificate of use is issued; after 180 days, unless the time period is extended by the ~~planning and zoning~~ Community and Economic Development Director for good cause shown, the certificate of use shall be null and void and the applicant must re-apply for a conditional use.

b. The Village of Palmetto Bay, and any of its officers, shall have the right to periodically inspect the premises of the dispensing facility at any reasonable time to ensure that the facility has a current and valid certificate of use, and to ensure compliance with the terms and conditions under which it was issued. Violators will be subject to all appropriate penalties, including revocation of the certificate of use.

~~(7)~~ (6) Any use created and established under this article in a legal manner, which may thereafter become legally nonconforming, may continue until there is an abandonment of said use. Once a legally nonconforming use is abandoned, it shall not be re-established unless it conforms to the requirements of this article. Abandonment shall consist of: a change of use or suspension of active business with the public for a period of at least three months; or a lesser time if a written declaration of abandonment is provided by the owner of the premises or, if the property is subject to a lease, by the owner and tenant thereof.

~~(8)~~ (7) No certificate of use, license, or building or other permit shall be issued for a ~~low-THC or medical cannabis~~ medical marijuana treatment center dispensing facility or pharmacy where the proposed place of business does not conform to the requirements of this subsection.

~~(9)~~ (8) If an approved medical marijuana treatment center dispensing facility or pharmacy is, determined by the Community and Economic Development director to be adversely affecting the health or safety of persons residing or working in the vicinity of the proposed use, to be detrimental to the public welfare or property or improvements in the neighborhood, or to be not in compliance with other applicable Code provisions, the conditional use approval may be modified or revoked.

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(e) Notwithstanding anything herein to the contrary, any applicant that has (1) obtained a reservation for a Medical Marijuana Treatment Center Dispensing Facility use, or (2) filed building or development permit application with the Village for the establishment of a Medical Marijuana Treatment Center Dispensing Facility use prior to the date of this ordinance, shall be permitted to proceed as of right in accordance with the requirements of F.S. § 381.986(11).

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Attachment B
Florida Statute 381.986

The Florida Senate

2021 Florida Statutes (Including 2021B Session)

Title XXIX PUBLIC HEALTH	Chapter 381 PUBLIC HEALTH: GENERAL PROVISIONS **Entire Chapter**	**SECTION 986** **Medical use of marijuana.**

[1]**381.986 Medical use of marijuana.—**

(1) DEFINITIONS.—As used in this section, the term:

(a) "Caregiver" means a resident of this state who has agreed to assist with a qualified patient's medical use of marijuana, has a caregiver identification card, and meets the requirements of subsection (6).

(b) "Chronic nonmalignant pain" means pain that is caused by a qualifying medical condition or that originates from a qualifying medical condition and persists beyond the usual course of that qualifying medical condition.

(c) "Close relative" means a spouse, parent, sibling, grandparent, child, or grandchild, whether related by whole or half blood, by marriage, or by adoption.

(d) "Edibles" means commercially produced food items made with marijuana oil, but no other form of marijuana, that are produced and dispensed by a medical marijuana treatment center.

(e) "Low-THC cannabis" means a plant of the genus *Cannabis*, the dried flowers of which contain 0.8 percent or less of tetrahydrocannabinol and more than 10 percent of cannabidiol weight for weight; the seeds thereof; the resin extracted from any part of such plant; or any compound, manufacture, salt, derivative, mixture, or preparation of such plant or its seeds or resin that is dispensed from a medical marijuana treatment center.

(f) "Marijuana" means all parts of any plant of the genus *Cannabis*, whether growing or not; the seeds thereof; the resin extracted from any part of the plant; and every compound, manufacture, salt, derivative, mixture, or preparation of the plant or its seeds or resin, including low-THC cannabis, which are dispensed from a medical marijuana treatment center for medical use by a qualified patient.

(g) "Marijuana delivery device" means an object used, intended for use, or designed for use in preparing, storing, ingesting, inhaling, or otherwise introducing marijuana into the human body, and which is dispensed from a medical marijuana treatment center for medical use by a qualified patient, except that delivery devices intended for the medical use of marijuana by smoking need not be dispensed from a medical marijuana treatment center in order to qualify as marijuana delivery devices.

(h) "Marijuana testing laboratory" means a facility that collects and analyzes marijuana samples from a medical marijuana treatment center and has been certified by the department pursuant to s. 381.988.

(i) "Medical director" means a person who holds an active, unrestricted license as an allopathic physician under chapter 458 or osteopathic physician under chapter 459 and is in compliance with the requirements of paragraph (3)(c).

(j) "Medical use" means the acquisition, possession, use, delivery, transfer, or administration of marijuana authorized by a physician certification. The term does not include:

1. Possession, use, or administration of marijuana that was not purchased or acquired from a medical marijuana treatment center.

2. Possession, use, or administration of marijuana in the form of commercially produced food items other than edibles or of marijuana seeds.

3. Use or administration of any form or amount of marijuana in a manner that is inconsistent with the qualified physician's directions or physician certification.

4. Transfer of marijuana to a person other than the qualified patient for whom it was authorized or the qualified patient's caregiver on behalf of the qualified patient.

5. Use or administration of marijuana in the following locations:

a. On any form of public transportation, except for low-THC cannabis not in a form for smoking.

b. In any public place, except for low-THC cannabis not in a form for smoking.

c. In a qualified patient's place of employment, except when permitted by his or her employer.

d. In a state correctional institution, as defined in s. 944.02, or a correctional institution, as defined in s. 944.241.

e. On the grounds of a preschool, primary school, or secondary school, except as provided in s. 1006.062.

f. In a school bus, a vehicle, an aircraft, or a motorboat, except for low-THC cannabis not in a form for smoking.

6. The smoking of marijuana in an enclosed indoor workplace as defined in s. 386.203(5).

(k) "Physician certification" means a qualified physician's authorization for a qualified patient to receive marijuana and a marijuana delivery device from a medical marijuana treatment center.

(l) "Qualified patient" means a resident of this state who has been added to the medical marijuana use registry by a qualified physician to receive marijuana or a marijuana delivery device for a medical use and who has a qualified patient identification card.

(m) "Qualified physician" means a person who holds an active, unrestricted license as an allopathic physician under chapter 458 or as an osteopathic physician under chapter 459 and is in compliance with the physician education requirements of subsection (3).

(n) "Smoking" means burning or igniting a substance and inhaling the smoke.

(o) "Terminal condition" means a progressive disease or medical or surgical condition that causes significant functional impairment, is not considered by a treating physician to be reversible without the administration of life-sustaining procedures, and will result in death within 1 year after diagnosis if the condition runs its normal course.

(2) QUALIFYING MEDICAL CONDITIONS.—A patient must be diagnosed with at least one of the following conditions to qualify to receive marijuana or a marijuana delivery device:

(a) Cancer.

(b) Epilepsy.

(c) Glaucoma.

(d) Positive status for human immunodeficiency virus.

(e) Acquired immune deficiency syndrome.

(f) Posttraumatic stress disorder.

(g) Amyotrophic lateral sclerosis.

(h) Crohn's disease.

(i) Parkinson's disease.

(j) Multiple sclerosis.

(k) Medical conditions of the same kind or class as or comparable to those enumerated in paragraphs (a)-(j).

(l) A terminal condition diagnosed by a physician other than the qualified physician issuing the physician certification.

(m) Chronic nonmalignant pain.

(3) QUALIFIED PHYSICIANS AND MEDICAL DIRECTORS.—

(a) Before being approved as a qualified physician, as defined in paragraph (1)(m), and before each license renewal, a physician must successfully complete a 2-hour course and subsequent examination offered by the Florida Medical Association or the Florida Osteopathic Medical Association which encompass the requirements of this section and any rules adopted hereunder. The course and examination shall be administered at least annually and may be offered in a distance learning format, including an electronic, online format that is available upon request. The price of the course may not exceed $500. A physician who has met the physician education requirements of former s. 381.986(4), Florida Statutes 2016, before June 23, 2017, shall be deemed to be in compliance with this paragraph from June 23, 2017, until 90 days after the course and examination required by this paragraph become available.

(b) A qualified physician may not be employed by, or have any direct or indirect economic interest in, a medical marijuana treatment center or marijuana testing laboratory.

(c) Before being employed as a medical director, as defined in paragraph (1)(i), and before each license renewal, a medical director must successfully complete a 2-hour course and subsequent examination offered by the Florida Medical Association or the Florida Osteopathic Medical Association which encompass the requirements of this section and any rules adopted hereunder. The course and examination shall be administered at least annually and may be

offered in a distance learning format, including an electronic, online format that is available upon request. The price of the course may not exceed $500.

(4) PHYSICIAN CERTIFICATION.—

(a) A qualified physician may issue a physician certification only if the qualified physician:

1. Conducted a physical examination while physically present in the same room as the patient and a full assessment of the medical history of the patient.

2. Diagnosed the patient with at least one qualifying medical condition.

3. Determined that the medical use of marijuana would likely outweigh the potential health risks for the patient, and such determination must be documented in the patient's medical record. If a patient is younger than 18 years of age, a second physician must concur with this determination, and such concurrence must be documented in the patient's medical record.

4. Determined whether the patient is pregnant and documented such determination in the patient's medical record. A physician may not issue a physician certification, except for low-THC cannabis, to a patient who is pregnant.

5. Reviewed the patient's controlled drug prescription history in the prescription drug monitoring program database established pursuant to s. 893.055.

6. Reviews the medical marijuana use registry and confirmed that the patient does not have an active physician certification from another qualified physician.

7. Registers as the issuer of the physician certification for the named qualified patient on the medical marijuana use registry in an electronic manner determined by the department, and:

a. Enters into the registry the contents of the physician certification, including the patient's qualifying condition and the dosage not to exceed the daily dose amount determined by the department, the amount and forms of marijuana authorized for the patient, and any types of marijuana delivery devices needed by the patient for the medical use of marijuana.

b. Updates the registry within 7 days after any change is made to the original physician certification to reflect such change.

c. Deactivates the registration of the qualified patient and the patient's caregiver when the physician no longer recommends the medical use of marijuana for the patient.

8. Obtains the voluntary and informed written consent of the patient for medical use of marijuana each time the qualified physician issues a physician certification for the patient, which shall be maintained in the patient's medical record. The patient, or the patient's parent or legal guardian if the patient is a minor, must sign the informed consent acknowledging that the qualified physician has sufficiently explained its content. The qualified physician must use a standardized informed consent form adopted in rule by the Board of Medicine and the Board of Osteopathic Medicine, which must include, at a minimum, information related to:

a. The Federal Government's classification of marijuana as a Schedule I controlled substance.

b. The approval and oversight status of marijuana by the Food and Drug Administration.

c. The current state of research on the efficacy of marijuana to treat the qualifying conditions set forth in this section.

d. The potential for addiction.

e. The potential effect that marijuana may have on a patient's coordination, motor skills, and cognition, including a warning against operating heavy machinery, operating a motor vehicle, or engaging in activities that require a person to be alert or respond quickly.

f. The potential side effects of marijuana use, including the negative health risks associated with smoking marijuana.

g. The risks, benefits, and drug interactions of marijuana.

h. That the patient's de-identified health information contained in the physician certification and medical marijuana use registry may be used for research purposes.

(b) If a qualified physician issues a physician certification for a qualified patient diagnosed with a qualifying medical condition pursuant to paragraph (2)(k), the physician must submit the following to the applicable board within 14 days after issuing the physician certification:

1. Documentation supporting the qualified physician's opinion that the medical condition is of the same kind or class as the conditions in paragraphs (2)(a)-(j).

2. Documentation that establishes the efficacy of marijuana as treatment for the condition.

3. Documentation supporting the qualified physician's opinion that the benefits of medical use of marijuana would likely outweigh the potential health risks for the patient.

4. Any other documentation as required by board rule.

The department must submit such documentation to the Consortium for Medical Marijuana Clinical Outcomes Research established pursuant to s. 1004.4351.

(c) If a qualified physician determines that smoking is an appropriate route of administration for a qualified patient, other than a patient diagnosed with a terminal condition, the qualified physician must submit the following documentation to the applicable board:

1. A list of other routes of administration, if any, certified by a qualified physician that the patient has tried, the length of time the patient used such routes of administration, and an assessment of the effectiveness of those routes of administration in treating the qualified patient's qualifying condition.

2. Research documenting the effectiveness of smoking as a route of administration to treat similarly situated patients with the same qualifying condition as the qualified patient.

3. A statement signed by the qualified physician documenting the qualified physician's opinion that the benefits of smoking marijuana for medical use outweigh the risks for the qualified patient.

(d) A qualified physician may not issue a physician certification for marijuana in a form for smoking to a patient under 18 years of age unless the patient is diagnosed with a terminal condition, the qualified physician determines that smoking is the most effective route of administration for the patient, and a second physician who is a board-certified pediatrician concurs with such determination. Such determination and concurrence must be documented in the patient's medical record and in the medical marijuana use registry. The certifying physician must obtain the written informed consent of such patient's parent or legal guardian before issuing a physician certification to the patient for marijuana in a form for smoking. The qualified physician must use a standardized informed consent form adopted in rule by the Board of Medicine and the Board of Osteopathic Medicine which must include information concerning the negative health effects of smoking marijuana on persons under 18 years of age and an acknowledgment that the qualified physician has sufficiently explained the contents of the form.

(e) The Board of Medicine and the Board of Osteopathic Medicine shall review the documentation submitted pursuant to paragraph (c) and shall each, by July 1, 2021, adopt by rule practice standards for the certification of smoking as a route of administration.

(f) A qualified physician may not issue a physician certification for more than three 70-day supply limits of marijuana or more than six 35-day supply limits of marijuana in a form for smoking. The department shall quantify by rule a daily dose amount with equivalent dose amounts for each allowable form of marijuana dispensed by a medical marijuana treatment center. The department shall use the daily dose amount to calculate a 70-day supply.

1. A qualified physician may request an exception to the daily dose amount limit, the 35-day supply limit of marijuana in a form for smoking, and the 4-ounce possession limit of marijuana in a form for smoking established in paragraph (14)(a). The request shall be made electronically on a form adopted by the department in rule and must include, at a minimum:

a. The qualified patient's qualifying medical condition.

b. The dosage and route of administration that was insufficient to provide relief to the qualified patient.

c. A description of how the patient will benefit from an increased amount.

d. The minimum daily dose amount of marijuana that would be sufficient for the treatment of the qualified patient's qualifying medical condition.

2. A qualified physician must provide the qualified patient's records upon the request of the department.

3. The department shall approve or disapprove the request within 14 days after receipt of the complete documentation required by this paragraph. The request shall be deemed approved if the department fails to act within this time period.

(g) A qualified physician must evaluate an existing qualified patient at least once every 30 weeks before issuing a new physician certification. A physician must:

1. Determine if the patient still meets the requirements to be issued a physician certification under paragraph (a).

2. Identify and document in the qualified patient's medical records whether the qualified patient experienced either of the following related to the medical use of marijuana:

a. An adverse drug interaction with any prescription or nonprescription medication; or

b. A reduction in the use of, or dependence on, other types of controlled substances as defined in s. 893.02.

3. Submit a report with the findings required pursuant to subparagraph 2. to the department. The department shall submit such reports to the Consortium for Medical Marijuana Clinical Outcomes Research established pursuant to s. 1004.4351.

(h) An active order for low-THC cannabis or medical cannabis issued pursuant to former s. 381.986, Florida Statutes 2016, and registered with the compassionate use registry before June 23, 2017, is deemed a physician certification, and all patients possessing such orders are deemed qualified patients until the department begins issuing medical marijuana use registry identification cards.

(i) The department shall monitor physician registration in the medical marijuana use registry and the issuance of physician certifications for practices that could facilitate unlawful diversion or misuse of marijuana or a marijuana delivery device and shall take disciplinary action as appropriate.

(j) The Board of Medicine and the Board of Osteopathic Medicine shall jointly create a physician certification pattern review panel that shall review all physician certifications submitted to the medical marijuana use registry. The panel shall track and report the number of physician certifications and the qualifying medical conditions, dosage, supply amount, and form of marijuana certified. The panel shall report the data both by individual qualified physician and in the aggregate, by county, and statewide. The physician certification pattern review panel shall, beginning January 1, 2018, submit an annual report of its findings and recommendations to the Governor, the President of the Senate, and the Speaker of the House of Representatives.

(k) The department, the Board of Medicine, and the Board of Osteopathic Medicine may adopt rules pursuant to ss. 120.536(1) and 120.54 to implement this subsection.

(5) MEDICAL MARIJUANA USE REGISTRY.—

(a) The department shall create and maintain a secure, electronic, and online medical marijuana use registry for physicians, patients, and caregivers as provided under this section. The medical marijuana use registry must be accessible to law enforcement agencies, qualified physicians, and medical marijuana treatment centers to verify the authorization of a qualified patient or a caregiver to possess marijuana or a marijuana delivery device and record the marijuana or marijuana delivery device dispensed. The medical marijuana use registry must also be accessible to practitioners licensed to prescribe prescription drugs to ensure proper care for patients before medications that may interact with the medical use of marijuana are prescribed. The medical marijuana use registry must prevent an active registration of a qualified patient by multiple physicians.

(b) The department shall determine whether an individual is a resident of this state for the purpose of registration of qualified patients and caregivers in the medical marijuana use registry. To prove residency:

1. An adult resident must provide the department with a copy of his or her valid Florida driver license issued under s. 322.18 or a copy of a valid Florida identification card issued under s. 322.051.

2. An adult seasonal resident who cannot meet the requirements of subparagraph 1. may provide the department with a copy of two of the following that show proof of residential address:

a. A deed, mortgage, monthly mortgage statement, mortgage payment booklet or residential rental or lease agreement.

b. One proof of residential address from the seasonal resident's parent, step-parent, legal guardian or other person with whom the seasonal resident resides and a statement from the person with whom the seasonal resident resides stating that the seasonal resident does reside with him or her.

c. A utility hookup or work order dated within 60 days before registration in the medical use registry.

d. A utility bill, not more than 2 months old.

e. Mail from a financial institution, including checking, savings, or investment account statements, not more than 2 months old.

f. Mail from a federal, state, county, or municipal government agency, not more than 2 months old.

g. Any other documentation that provides proof of residential address as determined by department rule.

3. A minor must provide the department with a certified copy of a birth certificate or a current record of registration from a Florida K-12 school and must have a parent or legal guardian who meets the requirements of subparagraph 1.

For the purposes of this paragraph, the term "seasonal resident" means any person who temporarily resides in this state for a period of at least 31 consecutive days in each calendar year, maintains a temporary residence in this state, returns to the state or jurisdiction of his or her residence at least one time during each calendar year, and is registered to vote or pays income tax in another state or jurisdiction.

(c) The department may suspend or revoke the registration of a qualified patient or caregiver if the qualified patient or caregiver:

1. Provides misleading, incorrect, false, or fraudulent information to the department;

2. Obtains a supply of marijuana in an amount greater than the amount authorized by the physician certification;

3. Falsifies, alters, or otherwise modifies an identification card;

4. Fails to timely notify the department of any changes to his or her qualified patient status; or

5. Violates the requirements of this section or any rule adopted under this section.

(d) The department shall immediately suspend the registration of a qualified patient charged with a violation of chapter 893 until final disposition of any alleged offense. Thereafter, the department may extend the suspension, revoke the registration, or reinstate the registration.

(e) The department shall immediately suspend the registration of any caregiver charged with a violation of chapter 893 until final disposition of any alleged offense. The department shall revoke a caregiver registration if the caregiver does not meet the requirements of subparagraph (6)(b)6.

(f) The department may revoke the registration of a qualified patient or caregiver who cultivates marijuana or who acquires, possesses, or delivers marijuana from any person or entity other than a medical marijuana treatment center.

(g) The department shall revoke the registration of a qualified patient, and the patient's associated caregiver, upon notification that the patient no longer meets the criteria of a qualified patient.

(h) The department may adopt rules pursuant to ss. 120.536(1) and 120.54 to implement this subsection.

(6) CAREGIVERS.—

(a) The department must register an individual as a caregiver on the medical marijuana use registry and issue a caregiver identification card if an individual designated by a qualified patient meets all of the requirements of this subsection and department rule.

(b) A caregiver must:

1. Not be a qualified physician and not be employed by or have an economic interest in a medical marijuana treatment center or a marijuana testing laboratory.

2. Be 21 years of age or older and a resident of this state.

3. Agree in writing to assist with the qualified patient's medical use of marijuana.

4. Be registered in the medical marijuana use registry as a caregiver for no more than one qualified patient, except as provided in this paragraph.

5. Successfully complete a caregiver certification course developed and administered by the department or its designee, which must be renewed biennially. The price of the course may not exceed $100.

6. Pass a background screening pursuant to subsection (9), unless the patient is a close relative of the caregiver.

(c) A qualified patient may designate no more than one caregiver to assist with the qualified patient's medical use of marijuana, unless:

1. The qualified patient is a minor and the designated caregivers are parents or legal guardians of the qualified patient;

2. The qualified patient is an adult who has an intellectual or developmental disability that prevents the patient from being able to protect or care for himself or herself without assistance or supervision and the designated caregivers are the parents or legal guardians of the qualified patient;

3. The qualified patient is admitted to a hospice program; or

4. The qualified patient is participating in a research program in a teaching nursing home pursuant to s. 1004.4351.

(d) A caregiver may be registered in the medical marijuana use registry as a designated caregiver for no more than one qualified patient, unless:

1. The caregiver is a parent or legal guardian of more than one minor who is a qualified patient;

2. The caregiver is a parent or legal guardian of more than one adult who is a qualified patient and who has an intellectual or developmental disability that prevents the patient from being able to protect or care for himself or herself without assistance or supervision;

3. All qualified patients the caregiver has agreed to assist are admitted to a hospice program and have requested the assistance of that caregiver with the medical use of marijuana; the caregiver is an employee of the hospice; and the caregiver provides personal care or other services directly to clients of the hospice in the scope of that employment; or

4. All qualified patients the caregiver has agreed to assist are participating in a research program in a teaching nursing home pursuant to s. 1004.4351.

(e) A caregiver may not receive compensation, other than actual expenses incurred, for any services provided to the qualified patient.

(f) If a qualified patient is younger than 18 years of age, only a caregiver may purchase or administer marijuana for medical use by the qualified patient. The qualified patient may not purchase marijuana.

(g) A caregiver must be in immediate possession of his or her medical marijuana use registry identification card at all times when in possession of marijuana or a marijuana delivery device and must present his or her medical marijuana use registry identification card upon the request of a law enforcement officer.

(h) The department may adopt rules pursuant to ss. 120.536(1) and 120.54 to implement this subsection.

(7) IDENTIFICATION CARDS.—

(a) The department shall issue medical marijuana use registry identification cards for qualified patients and caregivers who are residents of this state, which must be renewed annually. The identification cards must be resistant to counterfeiting and tampering and must include, at a minimum, the following:

1. The name, address, and date of birth of the qualified patient or caregiver.

2. A full-face, passport-type, color photograph of the qualified patient or caregiver taken within the 90 days immediately preceding registration or the Florida driver license or Florida identification card photograph of the qualified patient or caregiver obtained directly from the Department of Highway Safety and Motor Vehicles.

3. Identification as a qualified patient or a caregiver.

4. The unique numeric identifier used for the qualified patient in the medical marijuana use registry.

5. For a caregiver, the name and unique numeric identifier of the caregiver and the qualified patient or patients that the caregiver is assisting.

6. The expiration date of the identification card.

(b) The department must receive written consent from a qualified patient's parent or legal guardian before it may issue an identification card to a qualified patient who is a minor.

(c) The department shall adopt rules pursuant to ss. 120.536(1) and 120.54 establishing procedures for the issuance, renewal, suspension, replacement, surrender, and revocation of medical marijuana use registry identification cards pursuant to this section and shall begin issuing qualified patient identification cards by October 3, 2017.

(d) Applications for identification cards must be submitted on a form prescribed by the department. The department may charge a reasonable fee associated with the issuance, replacement, and renewal of identification cards. The department shall allocate $10 of the identification card fee to the Division of Research at Florida Agricultural and Mechanical University for the purpose of educating minorities about marijuana for medical use and the impact of the unlawful use of marijuana on minority communities. The department shall contract with a third-party vendor to issue identification cards. The vendor selected by the department must have experience performing similar functions for other state agencies.

(e) A qualified patient or caregiver shall return his or her identification card to the department within 5 business days after revocation.

(8) MEDICAL MARIJUANA TREATMENT CENTERS.—

(a) The department shall license medical marijuana treatment centers to ensure reasonable statewide accessibility and availability as necessary for qualified patients registered in the medical marijuana use registry and who are issued a physician certification under this section.

1. As soon as practicable, but no later than July 3, 2017, the department shall license as a medical marijuana treatment center any entity that holds an active, unrestricted license to cultivate, process, transport, and dispense low-THC cannabis, medical cannabis, and cannabis delivery devices, under former s. 381.986, Florida Statutes 2016, before July 1, 2017, and which meets the requirements of this section. In addition to the authority granted under this section, these entities are authorized to dispense low-THC cannabis, medical cannabis, and cannabis delivery devices ordered pursuant to former s. 381.986, Florida Statutes 2016, which were entered into the compassionate use registry before July 1, 2017, and are authorized to begin dispensing marijuana under this section on July 3, 2017. The department may grant variances from the representations made in such an entity's original application for approval under former s. 381.986, Florida Statutes 2014, pursuant to paragraph (e).

2. The department shall license as medical marijuana treatment centers 10 applicants that meet the requirements of this section, under the following parameters:

a. As soon as practicable, but no later than August 1, 2017, the department shall license any applicant whose application was reviewed, evaluated, and scored by the department and which was denied a dispensing organization license by the department under former s. 381.986, Florida Statutes 2014; which had one or more administrative or judicial challenges pending as of January 1, 2017, or had a final ranking within one point of the highest final ranking in its region under former s. 381.986, Florida Statutes 2014; which meets the requirements of this section; and which provides documentation to the department that it has the existing infrastructure and technical and technological ability to begin cultivating marijuana within 30 days after registration as a medical marijuana treatment center.

b. As soon as practicable, the department shall license one applicant that is a recognized class member of *Pigford v. Glickman*, 185 F.R.D. 82 (D.D.C. 1999), or *In Re Black Farmers Litig.*, 856 F. Supp. 2d 1 (D.D.C. 2011). An applicant licensed under this sub-subparagraph is exempt from the requirement of subparagraph (b)2.

c. As soon as practicable, but no later than October 3, 2017, the department shall license applicants that meet the requirements of this section in sufficient numbers to result in 10 total licenses issued under this subparagraph, while accounting for the number of licenses issued under sub-subparagraphs a. and b.

3. For up to two of the licenses issued under subparagraph 2., the department shall give preference to applicants that demonstrate in their applications that they own one or more facilities that are, or were, used for the canning, concentrating, or otherwise processing of citrus fruit or citrus molasses and will use or convert the facility or facilities for the processing of marijuana.

4. Within 6 months after the registration of 100,000 active qualified patients in the medical marijuana use registry, the department shall license four additional medical marijuana treatment centers that meet the requirements of this section. Thereafter, the department shall license four medical marijuana treatment centers within 6 months after the registration of each additional 100,000 active qualified patients in the medical marijuana use registry that meet the requirements of this section.

(b) An applicant for licensure as a medical marijuana treatment center shall apply to the department on a form prescribed by the department and adopted in rule. The department shall adopt rules pursuant to ss. 120.536(1) and 120.54 establishing a procedure for the issuance and biennial renewal of licenses, including initial application and biennial renewal fees sufficient to cover the costs of implementing and administering this section, and establishing supplemental licensure fees for payment beginning May 1, 2018, sufficient to cover the costs of administering ss. 381.989 and 1004.4351. The department shall identify applicants with strong diversity plans reflecting this state's commitment to diversity and implement training programs and other educational programs to enable minority persons and minority business enterprises, as defined in s. 288.703, and veteran business enterprises, as defined in s. 295.187, to compete for medical marijuana treatment center licensure and contracts. Subject to the requirements in subparagraphs (a)2.-4., the department shall issue a license to an applicant if the applicant meets the requirements of

this section and pays the initial application fee. The department shall renew the licensure of a medical marijuana treatment center biennially if the licensee meets the requirements of this section and pays the biennial renewal fee. An individual may not be an applicant, owner, officer, board member, or manager on more than one application for licensure as a medical marijuana treatment center. An individual or entity may not be awarded more than one license as a medical marijuana treatment center. An applicant for licensure as a medical marijuana treatment center must demonstrate:

1. That, for the 5 consecutive years before submitting the application, the applicant has been registered to do business in the state.

2. Possession of a valid certificate of registration issued by the Department of Agriculture and Consumer Services pursuant to s. 581.131.

3. The technical and technological ability to cultivate and produce marijuana, including, but not limited to, low-THC cannabis.

4. The ability to secure the premises, resources, and personnel necessary to operate as a medical marijuana treatment center.

5. The ability to maintain accountability of all raw materials, finished products, and any byproducts to prevent diversion or unlawful access to or possession of these substances.

6. An infrastructure reasonably located to dispense marijuana to registered qualified patients statewide or regionally as determined by the department.

7. The financial ability to maintain operations for the duration of the 2-year approval cycle, including the provision of certified financial statements to the department.

a. Upon approval, the applicant must post a $5 million performance bond issued by an authorized surety insurance company rated in one of the three highest rating categories by a nationally recognized rating service. However, a medical marijuana treatment center serving at least 1,000 qualified patients is only required to maintain a $2 million performance bond.

b. In lieu of the performance bond required under sub-subparagraph a., the applicant may provide an irrevocable letter of credit payable to the department or provide cash to the department. If provided with cash under this sub-subparagraph, the department shall deposit the cash in the Grants and Donations Trust Fund within the Department of Health, subject to the same conditions as the bond regarding requirements for the applicant to forfeit ownership of the funds. If the funds deposited under this sub-subparagraph generate interest, the amount of that interest shall be used by the department for the administration of this section.

8. That all owners, officers, board members, and managers have passed a background screening pursuant to subsection (9).

9. The employment of a medical director to supervise the activities of the medical marijuana treatment center.

10. A diversity plan that promotes and ensures the involvement of minority persons and minority business enterprises, as defined in s. 288.703, or veteran business enterprises, as defined in s. 295.187, in ownership, management, and employment. An applicant for licensure renewal must show the effectiveness of the diversity plan by including the following with his or her application for renewal:

a. Representation of minority persons and veterans in the medical marijuana treatment center's workforce;

b. Efforts to recruit minority persons and veterans for employment; and

c. A record of contracts for services with minority business enterprises and veteran business enterprises.

(c) A medical marijuana treatment center may not make a wholesale purchase of marijuana from, or a distribution of marijuana to, another medical marijuana treatment center, unless the medical marijuana treatment center seeking to make a wholesale purchase of marijuana submits proof of harvest failure to the department.

(d) The department shall establish, maintain, and control a computer software tracking system that traces marijuana from seed to sale and allows real-time, 24-hour access by the department to data from all medical marijuana treatment centers and marijuana testing laboratories. The tracking system must allow for integration of other seed-to-sale systems and, at a minimum, include notification of when marijuana seeds are planted, when marijuana plants are harvested and destroyed, and when marijuana is transported, sold, stolen, diverted, or lost. Each medical marijuana treatment center shall use the seed-to-sale tracking system established by the department or integrate its own seed-to-

sale tracking system with the seed-to-sale tracking system established by the department. Each medical marijuana treatment center may use its own seed-to-sale system until the department establishes a seed-to-sale tracking system. The department may contract with a vendor to establish the seed-to-sale tracking system. The vendor selected by the department may not have a contractual relationship with the department to perform any services pursuant to this section other than the seed-to-sale tracking system. The vendor may not have a direct or indirect financial interest in a medical marijuana treatment center or a marijuana testing laboratory.

(e) A licensed medical marijuana treatment center shall cultivate, process, transport, and dispense marijuana for medical use. A licensed medical marijuana treatment center may not contract for services directly related to the cultivation, processing, and dispensing of marijuana or marijuana delivery devices, except that a medical marijuana treatment center licensed pursuant to subparagraph (a)1. may contract with a single entity for the cultivation, processing, transporting, and dispensing of marijuana and marijuana delivery devices. A licensed medical marijuana treatment center must, at all times, maintain compliance with the criteria demonstrated and representations made in the initial application and the criteria established in this subsection. Upon request, the department may grant a medical marijuana treatment center a variance from the representations made in the initial application. Consideration of such a request shall be based upon the individual facts and circumstances surrounding the request. A variance may not be granted unless the requesting medical marijuana treatment center can demonstrate to the department that it has a proposed alternative to the specific representation made in its application which fulfills the same or a similar purpose as the specific representation in a way that the department can reasonably determine will not be a lower standard than the specific representation in the application. A variance may not be granted from the requirements in subparagraph 2. and subparagraphs (b)1. and 2.

1. A licensed medical marijuana treatment center may transfer ownership to an individual or entity who meets the requirements of this section. A publicly traded corporation or publicly traded company that meets the requirements of this section is not precluded from ownership of a medical marijuana treatment center. To accommodate a change in ownership:

a. The licensed medical marijuana treatment center shall notify the department in writing at least 60 days before the anticipated date of the change of ownership.

b. The individual or entity applying for initial licensure due to a change of ownership must submit an application that must be received by the department at least 60 days before the date of change of ownership.

c. Upon receipt of an application for a license, the department shall examine the application and, within 30 days after receipt, notify the applicant in writing of any apparent errors or omissions and request any additional information required.

d. Requested information omitted from an application for licensure must be filed with the department within 21 days after the department's request for omitted information or the application shall be deemed incomplete and shall be withdrawn from further consideration and the fees shall be forfeited.

Within 30 days after the receipt of a complete application, the department shall approve or deny the application.

2. A medical marijuana treatment center, and any individual or entity who directly or indirectly owns, controls, or holds with power to vote 5 percent or more of the voting shares of a medical marijuana treatment center, may not acquire direct or indirect ownership or control of any voting shares or other form of ownership of any other medical marijuana treatment center.

3. A medical marijuana treatment center may not enter into any form of profit-sharing arrangement with the property owner or lessor of any of its facilities where cultivation, processing, storing, or dispensing of marijuana and marijuana delivery devices occurs.

4. All employees of a medical marijuana treatment center must be 21 years of age or older and have passed a background screening pursuant to subsection (9).

5. Each medical marijuana treatment center must adopt and enforce policies and procedures to ensure employees and volunteers receive training on the legal requirements to dispense marijuana to qualified patients.

6. When growing marijuana, a medical marijuana treatment center:

a. May use pesticides determined by the department, after consultation with the Department of Agriculture and Consumer Services, to be safely applied to plants intended for human consumption, but may not use pesticides designated as restricted-use pesticides pursuant to s. 487.042.

b. Must grow marijuana within an enclosed structure and in a room separate from any other plant.

c. Must inspect seeds and growing plants for plant pests that endanger or threaten the horticultural and agricultural interests of the state in accordance with chapter 581 and any rules adopted thereunder.

d. Must perform fumigation or treatment of plants, or remove and destroy infested or infected plants, in accordance with chapter 581 and any rules adopted thereunder.

7. Each medical marijuana treatment center must produce and make available for purchase at least one low-THC cannabis product.

8. A medical marijuana treatment center that produces edibles must hold a permit to operate as a food establishment pursuant to chapter 500, the Florida Food Safety Act, and must comply with all the requirements for food establishments pursuant to chapter 500 and any rules adopted thereunder. Edibles may not contain more than 200 milligrams of tetrahydrocannabinol, and a single serving portion of an edible may not exceed 10 milligrams of tetrahydrocannabinol. Edibles may have a potency variance of no greater than 15 percent. Edibles may not be attractive to children; be manufactured in the shape of humans, cartoons, or animals; be manufactured in a form that bears any reasonable resemblance to products available for consumption as commercially available candy; or contain any color additives. To discourage consumption of edibles by children, the department shall determine by rule any shapes, forms, and ingredients allowed and prohibited for edibles. Medical marijuana treatment centers may not begin processing or dispensing edibles until after the effective date of the rule. The department shall also adopt sanitation rules providing the standards and requirements for the storage, display, or dispensing of edibles.

9. Within 12 months after licensure, a medical marijuana treatment center must demonstrate to the department that all of its processing facilities have passed a Food Safety Good Manufacturing Practices, such as Global Food Safety Initiative or equivalent, inspection by a nationally accredited certifying body. A medical marijuana treatment center must immediately stop processing at any facility which fails to pass this inspection until it demonstrates to the department that such facility has met this requirement.

10. A medical marijuana treatment center that produces prerolled marijuana cigarettes may not use wrapping paper made with tobacco or hemp.

11. When processing marijuana, a medical marijuana treatment center must:

a. Process the marijuana within an enclosed structure and in a room separate from other plants or products.

b. Comply with department rules when processing marijuana with hydrocarbon solvents or other solvents or gases exhibiting potential toxicity to humans. The department shall determine by rule the requirements for medical marijuana treatment centers to use such solvents or gases exhibiting potential toxicity to humans.

c. Comply with federal and state laws and regulations and department rules for solid and liquid wastes. The department shall determine by rule procedures for the storage, handling, transportation, management, and disposal of solid and liquid waste generated during marijuana production and processing. The Department of Environmental Protection shall assist the department in developing such rules.

d. Test the processed marijuana using a medical marijuana testing laboratory before it is dispensed. Results must be verified and signed by two medical marijuana treatment center employees. Before dispensing, the medical marijuana treatment center must determine that the test results indicate that low-THC cannabis meets the definition of low-THC cannabis, the concentration of tetrahydrocannabinol meets the potency requirements of this section, the labeling of the concentration of tetrahydrocannabinol and cannabidiol is accurate, and all marijuana is safe for human consumption and free from contaminants that are unsafe for human consumption. The department shall determine by rule which contaminants must be tested for and the maximum levels of each contaminant which are safe for human consumption. The Department of Agriculture and Consumer Services shall assist the department in developing the testing requirements for contaminants that are unsafe for human consumption in edibles. The department shall also determine by rule the procedures for the treatment of marijuana that fails to meet the testing requirements of this section, s. 381.988, or department rule. The department may select a random sample from edibles available for purchase in a dispensing facility which shall be tested by the department to determine that the edible meets the

potency requirements of this section, is safe for human consumption, and the labeling of the tetrahydrocannabinol and cannabidiol concentration is accurate. A medical marijuana treatment center may not require payment from the department for the sample. A medical marijuana treatment center must recall edibles, including all edibles made from the same batch of marijuana, which fail to meet the potency requirements of this section, which are unsafe for human consumption, or for which the labeling of the tetrahydrocannabinol and cannabidiol concentration is inaccurate. The medical marijuana treatment center must retain records of all testing and samples of each homogenous batch of marijuana for at least 9 months. The medical marijuana treatment center must contract with a marijuana testing laboratory to perform audits on the medical marijuana treatment center's standard operating procedures, testing records, and samples and provide the results to the department to confirm that the marijuana or low-THC cannabis meets the requirements of this section and that the marijuana or low-THC cannabis is safe for human consumption. A medical marijuana treatment center shall reserve two processed samples from each batch and retain such samples for at least 9 months for the purpose of such audits. A medical marijuana treatment center may use a laboratory that has not been certified by the department under s. 381.988 until such time as at least one laboratory holds the required certification, but in no event later than July 1, 2018.

e. Package the marijuana in compliance with the United States Poison Prevention Packaging Act of 1970, 15 U.S.C. ss. 1471 et seq.

f. Package the marijuana in a receptacle that has a firmly affixed and legible label stating the following information:

(I) The marijuana or low-THC cannabis meets the requirements of sub-subparagraph d.

(II) The name of the medical marijuana treatment center from which the marijuana originates.

(III) The batch number and harvest number from which the marijuana originates and the date dispensed.

(IV) The name of the physician who issued the physician certification.

(V) The name of the patient.

(VI) The product name, if applicable, and dosage form, including concentration of tetrahydrocannabinol and cannabidiol. The product name may not contain wording commonly associated with products marketed by or to children.

(VII) The recommended dose.

(VIII) A warning that it is illegal to transfer medical marijuana to another person.

(IX) A marijuana universal symbol developed by the department.

12. The medical marijuana treatment center shall include in each package a patient package insert with information on the specific product dispensed related to:

a. Clinical pharmacology.

b. Indications and use.

c. Dosage and administration.

d. Dosage forms and strengths.

e. Contraindications.

f. Warnings and precautions.

g. Adverse reactions.

13. In addition to the packaging and labeling requirements specified in subparagraphs 11. and 12., marijuana in a form for smoking must be packaged in a sealed receptacle with a legible and prominent warning to keep away from children and a warning that states marijuana smoke contains carcinogens and may negatively affect health. Such receptacles for marijuana in a form for smoking must be plain, opaque, and white without depictions of the product or images other than the medical marijuana treatment center's department-approved logo and the marijuana universal symbol.

14. The department shall adopt rules to regulate the types, appearance, and labeling of marijuana delivery devices dispensed from a medical marijuana treatment center. The rules must require marijuana delivery devices to have an appearance consistent with medical use.

15. Each edible shall be individually sealed in plain, opaque wrapping marked only with the marijuana universal symbol. Where practical, each edible shall be marked with the marijuana universal symbol. In addition to the

packaging and labeling requirements in subparagraphs 11. and 12., edible receptacles must be plain, opaque, and white without depictions of the product or images other than the medical marijuana treatment center's department-approved logo and the marijuana universal symbol. The receptacle must also include a list of all the edible's ingredients, storage instructions, an expiration date, a legible and prominent warning to keep away from children and pets, and a warning that the edible has not been produced or inspected pursuant to federal food safety laws.

16. When dispensing marijuana or a marijuana delivery device, a medical marijuana treatment center:

a. May dispense any active, valid order for low-THC cannabis, medical cannabis and cannabis delivery devices issued pursuant to former s. 381.986, Florida Statutes 2016, which was entered into the medical marijuana use registry before July 1, 2017.

b. May not dispense more than a 70-day supply of marijuana within any 70-day period to a qualified patient or caregiver. May not dispense more than one 35-day supply of marijuana in a form for smoking within any 35-day period to a qualified patient or caregiver. A 35-day supply of marijuana in a form for smoking may not exceed 2.5 ounces unless an exception to this amount is approved by the department pursuant to paragraph (4)(f).

c. Must have the medical marijuana treatment center's employee who dispenses the marijuana or a marijuana delivery device enter into the medical marijuana use registry his or her name or unique employee identifier.

d. Must verify that the qualified patient and the caregiver, if applicable, each have an active registration in the medical marijuana use registry and an active and valid medical marijuana use registry identification card, the amount and type of marijuana dispensed matches the physician certification in the medical marijuana use registry for that qualified patient, and the physician certification has not already been filled.

e. May not dispense marijuana to a qualified patient who is younger than 18 years of age. If the qualified patient is younger than 18 years of age, marijuana may only be dispensed to the qualified patient's caregiver.

f. May not dispense or sell any other type of cannabis, alcohol, or illicit drug-related product, including pipes or wrapping papers made with tobacco or hemp, other than a marijuana delivery device required for the medical use of marijuana and which is specified in a physician certification.

g. Must, upon dispensing the marijuana or marijuana delivery device, record in the registry the date, time, quantity, and form of marijuana dispensed; the type of marijuana delivery device dispensed; and the name and medical marijuana use registry identification number of the qualified patient or caregiver to whom the marijuana delivery device was dispensed.

h. Must ensure that patient records are not visible to anyone other than the qualified patient, his or her caregiver, and authorized medical marijuana treatment center employees.

(f) To ensure the safety and security of premises where the cultivation, processing, storing, or dispensing of marijuana occurs, and to maintain adequate controls against the diversion, theft, and loss of marijuana or marijuana delivery devices, a medical marijuana treatment center shall:

1.a. Maintain a fully operational security alarm system that secures all entry points and perimeter windows and is equipped with motion detectors; pressure switches; and duress, panic, and hold-up alarms; and

b. Maintain a video surveillance system that records continuously 24 hours a day and meets the following criteria:

(I) Cameras are fixed in a place that allows for the clear identification of persons and activities in controlled areas of the premises. Controlled areas include grow rooms, processing rooms, storage rooms, disposal rooms or areas, and point-of-sale rooms.

(II) Cameras are fixed in entrances and exits to the premises, which shall record from both indoor and outdoor, or ingress and egress, vantage points.

(III) Recorded images must clearly and accurately display the time and date.

(IV) Retain video surveillance recordings for at least 45 days or longer upon the request of a law enforcement agency.

2. Ensure that the medical marijuana treatment center's outdoor premises have sufficient lighting from dusk until dawn.

3. Ensure that the indoor premises where dispensing occurs includes a waiting area with sufficient space and seating to accommodate qualified patients and caregivers and at least one private consultation area that is isolated

from the waiting area and area where dispensing occurs. A medical marijuana treatment center may not display products or dispense marijuana or marijuana delivery devices in the waiting area.

4. Not dispense from its premises marijuana or a marijuana delivery device between the hours of 9 p.m. and 7 a.m., but may perform all other operations and deliver marijuana to qualified patients 24 hours a day.

5. Store marijuana in a secured, locked room or a vault.

6. Require at least two of its employees, or two employees of a security agency with whom it contracts, to be on the premises at all times where cultivation, processing, or storing of marijuana occurs.

7. Require each employee or contractor to wear a photo identification badge at all times while on the premises.

8. Require each visitor to wear a visitor pass at all times while on the premises.

9. Implement an alcohol and drug-free workplace policy.

10. Report to local law enforcement within 24 hours after the medical marijuana treatment center is notified or becomes aware of the theft, diversion, or loss of marijuana.

(g) To ensure the safe transport of marijuana and marijuana delivery devices to medical marijuana treatment centers, marijuana testing laboratories, or qualified patients, a medical marijuana treatment center must:

1. Maintain a marijuana transportation manifest in any vehicle transporting marijuana. The marijuana transportation manifest must be generated from a medical marijuana treatment center's seed-to-sale tracking system and include the:

a. Departure date and approximate time of departure.

b. Name, location address, and license number of the originating medical marijuana treatment center.

c. Name and address of the recipient of the delivery.

d. Quantity and form of any marijuana or marijuana delivery device being transported.

e. Arrival date and estimated time of arrival.

f. Delivery vehicle make and model and license plate number.

g. Name and signature of the medical marijuana treatment center employees delivering the product.

(I) A copy of the marijuana transportation manifest must be provided to each individual, medical marijuana treatment center, or marijuana testing laboratory that receives a delivery. The individual, or a representative of the center or laboratory, must sign a copy of the marijuana transportation manifest acknowledging receipt.

(II) An individual transporting marijuana or a marijuana delivery device must present a copy of the relevant marijuana transportation manifest and his or her employee identification card to a law enforcement officer upon request.

(III) Medical marijuana treatment centers and marijuana testing laboratories must retain copies of all marijuana transportation manifests for at least 3 years.

2. Ensure only vehicles in good working order are used to transport marijuana.

3. Lock marijuana and marijuana delivery devices in a separate compartment or container within the vehicle.

4. Require employees to have possession of their employee identification card at all times when transporting marijuana or marijuana delivery devices.

5. Require at least two persons to be in a vehicle transporting marijuana or marijuana delivery devices, and require at least one person to remain in the vehicle while the marijuana or marijuana delivery device is being delivered.

6. Provide specific safety and security training to employees transporting or delivering marijuana and marijuana delivery devices.

(h) A medical marijuana treatment center may not engage in advertising that is visible to members of the public from any street, sidewalk, park, or other public place, except:

1. The dispensing location of a medical marijuana treatment center may have a sign that is affixed to the outside or hanging in the window of the premises which identifies the dispensary by the licensee's business name, a department-approved trade name, or a department-approved logo. A medical marijuana treatment center's trade name and logo may not contain wording or images commonly associated with marketing targeted toward children or which promote recreational use of marijuana.

2. A medical marijuana treatment center may engage in Internet advertising and marketing under the following conditions:

a. All advertisements must be approved by the department.

b. An advertisement may not have any content that specifically targets individuals under the age of 18, including cartoon characters or similar images.

c. An advertisement may not be an unsolicited pop-up advertisement.

d. Opt-in marketing must include an easy and permanent opt-out feature.

(i) Each medical marijuana treatment center that dispenses marijuana and marijuana delivery devices shall make available to the public on its website:

1. Each marijuana and low-THC product available for purchase, including the form, strain of marijuana from which it was extracted, cannabidiol content, tetrahydrocannabinol content, dose unit, total number of doses available, and the ratio of cannabidiol to tetrahydrocannabinol for each product.

2. The price for a 30-day, 50-day, and 70-day supply at a standard dose for each marijuana and low-THC product available for purchase.

3. The price for each marijuana delivery device available for purchase.

4. If applicable, any discount policies and eligibility criteria for such discounts.

(j) Medical marijuana treatment centers are the sole source from which a qualified patient may legally obtain marijuana.

(k) The department may adopt rules pursuant to ss. 120.536(1) and 120.54 to implement this subsection.

(9) BACKGROUND SCREENING.—An individual required to undergo a background screening pursuant to this section must pass a level 2 background screening as provided under chapter 435, which, in addition to the disqualifying offenses provided in s. 435.04, shall exclude an individual who has an arrest awaiting final disposition for, has been found guilty of, regardless of adjudication, or has entered a plea of nolo contendere or guilty to an offense under chapter 837, chapter 895, or chapter 896 or similar law of another jurisdiction.

(a) Such individual must submit a full set of fingerprints to the department or to a vendor, entity, or agency authorized by s. 943.053(13). The department, vendor, entity, or agency shall forward the fingerprints to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the fingerprints to the Federal Bureau of Investigation for national processing.

(b) Fees for state and federal fingerprint processing and retention shall be borne by the individual. The state cost for fingerprint processing shall be as provided in s. 943.053(3)(e) for records provided to persons or entities other than those specified as exceptions therein.

(c) Fingerprints submitted to the Department of Law Enforcement pursuant to this subsection shall be retained by the Department of Law Enforcement as provided in s. 943.05(2)(g) and (h) and, when the Department of Law Enforcement begins participation in the program, enrolled in the Federal Bureau of Investigation's national retained print arrest notification program. Any arrest record identified shall be reported to the department.

(10) MEDICAL MARIJUANA TREATMENT CENTER INSPECTIONS; ADMINISTRATIVE ACTIONS.—

(a) The department shall conduct announced or unannounced inspections of medical marijuana treatment centers to determine compliance with this section or rules adopted pursuant to this section.

(b) The department shall inspect a medical marijuana treatment center upon receiving a complaint or notice that the medical marijuana treatment center has dispensed marijuana containing mold, bacteria, or other contaminant that may cause or has caused an adverse effect to human health or the environment.

(c) The department shall conduct at least a biennial inspection of each medical marijuana treatment center to evaluate the medical marijuana treatment center's records, personnel, equipment, processes, security measures, sanitation practices, and quality assurance practices.

(d) The Department of Agriculture and Consumer Services and the department shall enter into an interagency agreement to ensure cooperation and coordination in the performance of their obligations under this section and their respective regulatory and authorizing laws. The department, the Department of Highway Safety and Motor Vehicles, and the Department of Law Enforcement may enter into interagency agreements for the purposes specified in this subsection or subsection (7).

(e) The department shall publish a list of all approved medical marijuana treatment centers, medical directors, and qualified physicians on its website.

(f) The department may impose reasonable fines not to exceed $10,000 on a medical marijuana treatment center for any of the following violations:

1. Violating this section or department rule.
2. Failing to maintain qualifications for approval.
3. Endangering the health, safety, or security of a qualified patient.
4. Improperly disclosing personal and confidential information of the qualified patient.
5. Attempting to procure medical marijuana treatment center approval by bribery, fraudulent misrepresentation, or extortion.
6. Being convicted or found guilty of, or entering a plea of guilty or nolo contendere to, regardless of adjudication, a crime in any jurisdiction which directly relates to the business of a medical marijuana treatment center.
7. Making or filing a report or record that the medical marijuana treatment center knows to be false.
8. Willfully failing to maintain a record required by this section or department rule.
9. Willfully impeding or obstructing an employee or agent of the department in the furtherance of his or her official duties.
10. Engaging in fraud or deceit, negligence, incompetence, or misconduct in the business practices of a medical marijuana treatment center.
11. Making misleading, deceptive, or fraudulent representations in or related to the business practices of a medical marijuana treatment center.
12. Having a license or the authority to engage in any regulated profession, occupation, or business that is related to the business practices of a medical marijuana treatment center suspended, revoked, or otherwise acted against by the licensing authority of any jurisdiction, including its agencies or subdivisions, for a violation that would constitute a violation under Florida law.
13. Violating a lawful order of the department or an agency of the state, or failing to comply with a lawfully issued subpoena of the department or an agency of the state.

(g) The department may suspend, revoke, or refuse to renew a medical marijuana treatment center license if the medical marijuana treatment center commits any of the violations in paragraph (f).

(h) The department may adopt rules pursuant to ss. 120.536(1) and 120.54 to implement this subsection.

(11) PREEMPTION.—Regulation of cultivation, processing, and delivery of marijuana by medical marijuana treatment centers is preempted to the state except as provided in this subsection.

(a) A medical marijuana treatment center cultivating or processing facility may not be located within 500 feet of the real property that comprises a public or private elementary school, middle school, or secondary school.

(b)1. A county or municipality may, by ordinance, ban medical marijuana treatment center dispensing facilities from being located within the boundaries of that county or municipality. A county or municipality that does not ban dispensing facilities under this subparagraph may not place specific limits, by ordinance, on the number of dispensing facilities that may locate within that county or municipality.

2. A municipality may determine by ordinance the criteria for the location of, and other permitting requirements that do not conflict with state law or department rule for, medical marijuana treatment center dispensing facilities located within the boundaries of that municipality. A county may determine by ordinance the criteria for the location of, and other permitting requirements that do not conflict with state law or department rule for, all such dispensing facilities located within the unincorporated areas of that county. Except as provided in paragraph (c), a county or municipality may not enact ordinances for permitting or for determining the location of dispensing facilities which are more restrictive than its ordinances permitting or determining the locations for pharmacies licensed under chapter 465. A municipality or county may not charge a medical marijuana treatment center a license or permit fee in an amount greater than the fee charged by such municipality or county to pharmacies. A dispensing facility location approved by a municipality or county pursuant to former s. 381.986(8)(b), Florida Statutes 2016, is not subject to the location requirements of this subsection.

(c) A medical marijuana treatment center dispensing facility may not be located within 500 feet of the real property that comprises a public or private elementary school, middle school, or secondary school unless the county

or municipality approves the location through a formal proceeding open to the public at which the county or municipality determines that the location promotes the public health, safety, and general welfare of the community.

(d) This subsection does not prohibit any local jurisdiction from ensuring medical marijuana treatment center facilities comply with the Florida Building Code, the Florida Fire Prevention Code, or any local amendments to the Florida Building Code or the Florida Fire Prevention Code.

(12) PENALTIES.—

(a) A qualified physician commits a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083, if the qualified physician issues a physician certification for the medical use of marijuana for a patient without a reasonable belief that the patient is suffering from a qualifying medical condition.

(b) A person who fraudulently represents that he or she has a qualifying medical condition to a qualified physician for the purpose of being issued a physician certification commits a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083.

(c) A qualified patient who uses marijuana, not including low-THC cannabis, or a caregiver who administers marijuana, not including low-THC cannabis, in plain view of or in a place open to the general public; in a school bus, a vehicle, an aircraft, or a boat; or on the grounds of a school except as provided in s. 1006.062, commits a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083.

(d) A qualified patient or caregiver who cultivates marijuana or who purchases or acquires marijuana from any person or entity other than a medical marijuana treatment center violates s. 893.13 and is subject to the penalties provided therein.

(e)1. A qualified patient or caregiver in possession of marijuana or a marijuana delivery device who fails or refuses to present his or her marijuana use registry identification card upon the request of a law enforcement officer commits a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083, unless it can be determined through the medical marijuana use registry that the person is authorized to be in possession of that marijuana or marijuana delivery device.

2. A person charged with a violation of this paragraph may not be convicted if, before or at the time of his or her court or hearing appearance, the person produces in court or to the clerk of the court in which the charge is pending a medical marijuana use registry identification card issued to him or her which is valid at the time of his or her arrest. The clerk of the court is authorized to dismiss such case at any time before the defendant's appearance in court. The clerk of the court may assess a fee of $5 for dismissing the case under this paragraph.

(f) A caregiver who violates any of the applicable provisions of this section or applicable department rules, for the first offense, commits a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083 and, for a second or subsequent offense, commits a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083.

(g) A qualified physician who issues a physician certification for marijuana or a marijuana delivery device and receives compensation from a medical marijuana treatment center related to the issuance of a physician certification for marijuana or a marijuana delivery device is subject to disciplinary action under the applicable practice act and s. 456.072(1)(n).

(h) A person transporting marijuana or marijuana delivery devices on behalf of a medical marijuana treatment center or marijuana testing laboratory who fails or refuses to present a transportation manifest upon the request of a law enforcement officer commits a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.

(i) Persons and entities conducting activities authorized and governed by this section and s. 381.988 are subject to ss. 456.053, 456.054, and 817.505, as applicable.

(j) A person or entity that cultivates, processes, distributes, sells, or dispenses marijuana, as defined in s. 29(b)(4), Art. X of the State Constitution, and is not licensed as a medical marijuana treatment center violates s. 893.13 and is subject to the penalties provided therein.

(k) A person who manufactures, distributes, sells, gives, or possesses with the intent to manufacture, distribute, sell, or give marijuana or a marijuana delivery device that he or she holds out to have originated from a licensed medical marijuana treatment center but that is counterfeit commits a felony of the third degree, punishable as

provided in s. 775.082, s. 775.083, or s. 775.084. For the purposes of this paragraph, the term "counterfeit" means marijuana; a marijuana delivery device; or a marijuana or marijuana delivery device container, seal, or label which, without authorization, bears the trademark, trade name, or other identifying mark, imprint, or device, or any likeness thereof, of a licensed medical marijuana treatment center and which thereby falsely purports or is represented to be the product of, or to have been distributed by, that licensed medical marijuana treatment facility.

(l) Any person who possesses or manufactures a blank, forged, stolen, fictitious, fraudulent, counterfeit, or otherwise unlawfully issued medical marijuana use registry identification card commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

(13) UNLICENSED ACTIVITY.—

(a) If the department has probable cause to believe that a person or entity that is not registered or licensed with the department has violated this section, s. 381.988, or any rule adopted pursuant to this section, the department may issue and deliver to such person or entity a notice to cease and desist from such violation. The department also may issue and deliver a notice to cease and desist to any person or entity who aids and abets such unlicensed activity. The issuance of a notice to cease and desist does not constitute agency action for which a hearing under s. 120.569 or s. 120.57 may be sought. For the purpose of enforcing a cease and desist order, the department may file a proceeding in the name of the state seeking issuance of an injunction or a writ of mandamus against any person or entity who violates any provisions of such order.

(b) In addition to the remedies under paragraph (a), the department may impose by citation an administrative penalty not to exceed $5,000 per incident. The citation shall be issued to the subject and must contain the subject's name and any other information the department determines to be necessary to identify the subject, a brief factual statement, the sections of the law allegedly violated, and the penalty imposed. If the subject does not dispute the matter in the citation with the department within 30 days after the citation is served, the citation shall become a final order of the department. The department may adopt rules pursuant to ss. 120.536(1) and 120.54 to implement this section. Each day that the unlicensed activity continues after issuance of a notice to cease and desist constitutes a separate violation. The department shall be entitled to recover the costs of investigation and prosecution in addition to the fine levied pursuant to the citation. Service of a citation may be made by personal service or by mail to the subject at the subject's last known address or place of practice. If the department is required to seek enforcement of the cease and desist or agency order, it shall be entitled to collect attorney fees and costs.

(c) In addition to or in lieu of any other administrative remedy, the department may seek the imposition of a civil penalty through the circuit court for any violation for which the department may issue a notice to cease and desist. The civil penalty shall be no less than $5,000 and no more than $10,000 for each offense. The court may also award to the prevailing party court costs and reasonable attorney fees and, in the event the department prevails, may also award reasonable costs of investigation and prosecution.

(d) In addition to the other remedies provided in this section, the department or any state attorney may bring an action for an injunction to restrain any unlicensed activity or to enjoin the future operation or maintenance of the unlicensed activity or the performance of any service in violation of this section.

(e) The department must notify local law enforcement of such unlicensed activity for a determination of any criminal violation of chapter 893.

(14) EXCEPTIONS TO OTHER LAWS.—

(a) Notwithstanding s. 893.13, s. 893.135, s. 893.147, or any other provision of law, but subject to the requirements of this section, a qualified patient and the qualified patient's caregiver may purchase from a medical marijuana treatment center for the patient's medical use a marijuana delivery device and up to the amount of marijuana authorized in the physician certification, but may not possess more than a 70-day supply of marijuana, or the greater of 4 ounces of marijuana in a form for smoking or an amount of marijuana in a form for smoking approved by the department pursuant to paragraph (4)(f), at any given time and all marijuana purchased must remain in its original packaging.

(b) Notwithstanding paragraph (a), s. 893.13, s. 893.135, s. 893.147, or any other provision of law, a qualified patient and the qualified patient's caregiver may purchase and possess a marijuana delivery device intended for the medical use of marijuana by smoking from a vendor other than a medical marijuana treatment center.

(c) Notwithstanding s. 893.13, s. 893.135, s. 893.147, or any other provision of law, but subject to the requirements of this section, an approved medical marijuana treatment center and its owners, managers, and employees may manufacture, possess, sell, deliver, distribute, dispense, and lawfully dispose of marijuana or a marijuana delivery device as provided in this section, s. 381.988, and by department rule. For the purposes of this subsection, the terms "manufacture," "possession," "deliver," "distribute," and "dispense" have the same meanings as provided in s. 893.02.

(d) Notwithstanding s. 893.13, s. 893.135, s. 893.147, or any other provision of law, but subject to the requirements of this section, a certified marijuana testing laboratory, including an employee of a certified marijuana testing laboratory acting within the scope of his or her employment, may acquire, possess, test, transport, and lawfully dispose of marijuana as provided in this section, in s. 381.988, and by department rule.

(e) A licensed medical marijuana treatment center and its owners, managers, and employees are not subject to licensure or regulation under chapter 465 or chapter 499 for manufacturing, possessing, selling, delivering, distributing, dispensing, or lawfully disposing of marijuana or a marijuana delivery device, as provided in this section, in s. 381.988, and by department rule.

(f) This subsection does not exempt a person from prosecution for a criminal offense related to impairment or intoxication resulting from the medical use of marijuana or relieve a person from any requirement under law to submit to a breath, blood, urine, or other test to detect the presence of a controlled substance.

(g) Notwithstanding s. 893.13, s. 893.135, s. 893.147, or any other provision of law, but subject to the requirements of this section and pursuant to policies and procedures established pursuant to s. 1006.062(8), school personnel may possess marijuana that is obtained for medical use pursuant to this section by a student who is a qualified patient.

(h) Notwithstanding s. 893.13, s. 893.135, s. 893.147, or any other provision of law, but subject to the requirements of this section, a research institute established by a public postsecondary educational institution, such as the H. Lee Moffitt Cancer Center and Research Institute, Inc., established under s. 1004.43, or a state university that has achieved the preeminent state research university designation under s. 1001.7065 may possess, test, transport, and lawfully dispose of marijuana for research purposes as provided by this section.

(15) APPLICABILITY.—

(a) This section does not limit the ability of an employer to establish, continue, or enforce a drug-free workplace program or policy.

(b) This section does not require an employer to accommodate the medical use of marijuana in any workplace or any employee working while under the influence of marijuana.

(c) This section does not create a cause of action against an employer for wrongful discharge or discrimination.

(d) This section does not impair the ability of any party to restrict or limit smoking or vaping marijuana on his or her private property.

(e) This section does not prohibit the medical use of marijuana or a caregiver assisting with the medical use of marijuana in a nursing home facility licensed under part II of chapter 400, a hospice facility licensed under part IV of chapter 400, or an assisted living facility licensed under part I of chapter 429, if the medical use of marijuana is not prohibited in the facility's policies.

(f) Marijuana, as defined in this section, is not reimbursable under chapter 440.

(16) FINES AND FEES.—Fines and fees collected by the department under this section shall be deposited in the Grants and Donations Trust Fund within the Department of Health.

[2](17) Rules adopted pursuant to this section before July 1, 2022, are not subject to ss. 120.54(3)(b) and 120.541. This subsection expires July 1, 2022.

History.—s. 2, ch. 2014-157; s. 1, ch. 2016-123; s. 24, ch. 2016-145; ss. 1, 3, 18, ch. 2017-232; s. 29, ch. 2018-10; s. 43, ch. 2018-110; s. 1, ch. 2018-142; s. 1, ch. 2019-1; s. 39, ch. 2019-116; s. 85, ch. 2020-2; s. 31, ch. 2020-114; s. 13, ch. 2021-37; s. 7, ch. 2021-52.

[1]**Note.**—

A. Section 1, ch. 2017-232, provides that "[i]t is the intent of the Legislature to implement s. 29, Article X of the State Constitution by creating a unified regulatory structure. If s. 29, Article X of the State Constitution is amended or a constitutional amendment related to

cannabis or marijuana is adopted, this act shall expire 6 months after the effective date of such amendment." If such amendment or adoption takes place, s. 381.986, as amended by s. 1, ch. 2017-232, will read:

381.986 Compassionate use of low-THC and medical cannabis.—

(1) DEFINITIONS.—As used in this section, the term:

(a) "Cannabis delivery device" means an object used, intended for use, or designed for use in preparing, storing, ingesting, inhaling, or otherwise introducing low-THC cannabis or medical cannabis into the human body.

(b) "Dispensing organization" means an organization approved by the department to cultivate, process, transport, and dispense low-THC cannabis or medical cannabis pursuant to this section.

(c) "Independent testing laboratory" means a laboratory, including the managers, employees, or contractors of the laboratory, which has no direct or indirect interest in a dispensing organization.

(d) "Legal representative" means the qualified patient's parent, legal guardian acting pursuant to a court's authorization as required under s. 744.3215(4), health care surrogate acting pursuant to the qualified patient's written consent or a court's authorization as required under s. 765.113, or an individual who is authorized under a power of attorney to make health care decisions on behalf of the qualified patient.

(e) "Low-THC cannabis" means a plant of the genus *Cannabis*, the dried flowers of which contain 0.8 percent or less of tetrahydrocannabinol and more than 10 percent of cannabidiol weight for weight; the seeds thereof; the resin extracted from any part of such plant; or any compound, manufacture, salt, derivative, mixture, or preparation of such plant or its seeds or resin that is dispensed only from a dispensing organization.

(f) "Medical cannabis" means all parts of any plant of the genus *Cannabis*, whether growing or not; the seeds thereof; the resin extracted from any part of the plant; and every compound, manufacture, sale, derivative, mixture, or preparation of the plant or its seeds or resin that is dispensed only from a dispensing organization for medical use by an eligible patient as defined in s. 499.0295.

(g) "Medical use" means administration of the ordered amount of low-THC cannabis or medical cannabis. The term does not include the:

1. Possession, use, or administration of low-THC cannabis or medical cannabis by smoking.

2. Transfer of low-THC cannabis or medical cannabis to a person other than the qualified patient for whom it was ordered or the qualified patient's legal representative on behalf of the qualified patient.

3. Use or administration of low-THC cannabis or medical cannabis:

a. On any form of public transportation.

b. In any public place.

c. In a qualified patient's place of employment, if restricted by his or her employer.

d. In a state correctional institution as defined in s. 944.02 or a correctional institution as defined in s. 944.241.

e. On the grounds of a preschool, primary school, or secondary school.

f. On a school bus or in a vehicle, aircraft, or motorboat.

(h) "Qualified patient" means a resident of this state who has been added to the compassionate use registry by a physician licensed under chapter 458 or chapter 459 to receive low-THC cannabis or medical cannabis from a dispensing organization.

(i) "Smoking" means burning or igniting a substance and inhaling the smoke. Smoking does not include the use of a vaporizer.

(2) PHYSICIAN ORDERING.—A physician is authorized to order low-THC cannabis to treat a qualified patient suffering from cancer or a physical medical condition that chronically produces symptoms of seizures or severe and persistent muscle spasms; order low-THC cannabis to alleviate symptoms of such disease, disorder, or condition, if no other satisfactory alternative treatment options exist for the qualified patient; order medical cannabis to treat an eligible patient as defined in s. 499.0295; or order a cannabis delivery device for the medical use of low-THC cannabis or medical cannabis, only if the physician:

(a) Holds an active, unrestricted license as a physician under chapter 458 or an osteopathic physician under chapter 459;

(b) Has treated the patient for at least 3 months immediately preceding the patient's registration in the compassionate use registry;

(c) Has successfully completed the course and examination required under paragraph (4)(a);

(d) Has determined that the risks of treating the patient with low-THC cannabis or medical cannabis are reasonable in light of the potential benefit to the patient. If a patient is younger than 18 years of age, a second physician must concur with this determination, and such determination must be documented in the patient's medical record;

(e) Registers as the orderer of low-THC cannabis or medical cannabis for the named patient on the compassionate use registry maintained by the department and updates the registry to reflect the contents of the order, including the amount of low-THC cannabis or medical cannabis that will provide the patient with not more than a 45-day supply and a cannabis delivery device needed by the patient for the medical use of low-THC cannabis or medical cannabis. The physician must also update the registry within 7 days after any change is made to the original order to reflect the change. The physician shall deactivate the registration of the patient and the patient's legal representative when treatment is discontinued;

(f) Maintains a patient treatment plan that includes the dose, route of administration, planned duration, and monitoring of the patient's symptoms and other indicators of tolerance or reaction to the low-THC cannabis or medical cannabis;

(g) Submits the patient treatment plan quarterly to the University of Florida College of Pharmacy for research on the safety and efficacy of low-THC cannabis and medical cannabis on patients;

(h) Obtains the voluntary written informed consent of the patient or the patient's legal representative to treatment with low-THC cannabis after sufficiently explaining the current state of knowledge in the medical community of the effectiveness of treatment of the patient's condition with low-THC cannabis, the medically acceptable alternatives, and the potential risks and side effects;

(i) Obtains written informed consent as defined in and required under s. 499.0295, if the physician is ordering medical cannabis for an eligible patient pursuant to that section; and

(j) Is not a medical director employed by a dispensing organization.

(3) PENALTIES.—

(a) A physician commits a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083, if the physician orders low-THC cannabis for a patient without a reasonable belief that the patient is suffering from:

1. Cancer or a physical medical condition that chronically produces symptoms of seizures or severe and persistent muscle spasms that can be treated with low-THC cannabis; or

2. Symptoms of cancer or a physical medical condition that chronically produces symptoms of seizures or severe and persistent muscle spasms that can be alleviated with low-THC cannabis.

(b) A physician commits a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083, if the physician orders medical cannabis for a patient without a reasonable belief that the patient has a terminal condition as defined in s. 499.0295.

(c) A person who fraudulently represents that he or she has cancer, a physical medical condition that chronically produces symptoms of seizures or severe and persistent muscle spasms, or a terminal condition to a physician for the purpose of being ordered low-THC cannabis, medical cannabis, or a cannabis delivery device by such physician commits a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083.

(d) An eligible patient as defined in s. 499.0295 who uses medical cannabis, and such patient's legal representative who administers medical cannabis, in plain view of or in a place open to the general public, on the grounds of a school, or in a school bus, vehicle, aircraft, or motorboat, commits a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083.

(e) A physician who orders low-THC cannabis, medical cannabis, or a cannabis delivery device and receives compensation from a dispensing organization related to the ordering of low-THC cannabis, medical cannabis, or a cannabis delivery device is subject to disciplinary action under the applicable practice act and s. 456.072(1)(n).

(4) PHYSICIAN EDUCATION.—

(a) Before ordering low-THC cannabis, medical cannabis, or a cannabis delivery device for medical use by a patient in this state, the appropriate board shall require the ordering physician to successfully complete an 8-hour course and subsequent examination offered by the Florida Medical Association or the Florida Osteopathic Medical Association that encompasses the clinical indications for the appropriate use of low-THC cannabis and medical cannabis, the appropriate cannabis delivery devices, the contraindications for such use, and the relevant state and federal laws governing the ordering, dispensing, and possessing of these substances and devices. The course and examination shall be administered at least annually. Successful completion of the course may be used by a physician to satisfy 8 hours of the continuing medical education requirements required by his or her respective board for licensure renewal. This course may be offered in a distance learning format.

(b) The appropriate board shall require the medical director of each dispensing organization to hold an active, unrestricted license as a physician under chapter 458 or as an osteopathic physician under chapter 459 and successfully complete a 2-hour course and subsequent examination offered by the Florida Medical Association or the Florida Osteopathic Medical Association that encompasses appropriate safety procedures and knowledge of low-THC cannabis, medical cannabis, and cannabis delivery devices.

(c) Successful completion of the course and examination specified in paragraph (a) is required for every physician who orders low-THC cannabis, medical cannabis, or a cannabis delivery device each time such physician renews his or her license. In addition, successful completion of the course and examination specified in paragraph (b) is required for the medical director of each dispensing organization each time such physician renews his or her license.

(d) A physician who fails to comply with this subsection and who orders low-THC cannabis, medical cannabis, or a cannabis delivery device may be subject to disciplinary action under the applicable practice act and under s. 456.072(1)(k).

(5) DUTIES OF THE DEPARTMENT.—The department shall:

(a) Create and maintain a secure, electronic, and online compassionate use registry for the registration of physicians, patients, and the legal representatives of patients as provided under this section. The registry must be accessible to law enforcement agencies and to a dispensing organization to verify the authorization of a patient or a patient's legal representative to possess low-THC cannabis, medical cannabis, or a cannabis delivery device and record the low-THC cannabis, medical cannabis, or cannabis delivery device dispensed. The registry must prevent an active registration of a patient by multiple physicians.

(b) Authorize the establishment of five dispensing organizations to ensure reasonable statewide accessibility and availability as necessary for patients registered in the compassionate use registry and who are ordered low-THC cannabis, medical cannabis, or a cannabis delivery device under this section, one in each of the following regions: northwest Florida, northeast Florida, central Florida, southeast Florida, and southwest Florida. The department shall develop an application form and impose an initial application and biennial renewal fee that is sufficient to cover the costs of administering this section. An applicant for approval as a dispensing organization must be able to demonstrate:

1. The technical and technological ability to cultivate and produce low-THC cannabis. The applicant must possess a valid certificate of registration issued by the Department of Agriculture and Consumer Services pursuant to s. 581.131 that is issued for the cultivation of more than 400,000 plants, be operated by a nurseryman as defined in s. 581.011, and have been operated as a registered nursery in this state for at least 30 continuous years.

2. The ability to secure the premises, resources, and personnel necessary to operate as a dispensing organization.

3. The ability to maintain accountability of all raw materials, finished products, and any byproducts to prevent diversion or unlawful access to or possession of these substances.

4. An infrastructure reasonably located to dispense low-THC cannabis to registered patients statewide or regionally as determined by the department.

5. The financial ability to maintain operations for the duration of the 2-year approval cycle, including the provision of certified financials to the department. Upon approval, the applicant must post a $5 million performance bond. However, upon a dispensing organization's serving at least 1,000 qualified patients, the dispensing organization is only required to maintain a $2 million performance bond.

6. That all owners and managers have been fingerprinted and have successfully passed a level 2 background screening pursuant to s. 435.04.

7. The employment of a medical director to supervise the activities of the dispensing organization.

(c) Upon the registration of 250,000 active qualified patients in the compassionate use registry, approve three dispensing organizations, including, but not limited to, an applicant that is a recognized class member of *Pigford v. Glickman*, 185 F.R.D. 82 (D.D.C. 1999), or *In Re Black Farmers Litig.*, 856 F. Supp. 2d 1 (D.D.C. 2011), and a member of the Black Farmers and Agriculturalists Association, which must meet the requirements of subparagraphs (b)2.-7. and demonstrate the technical and technological ability to cultivate and produce low-THC cannabis.

(d) Allow a dispensing organization to make a wholesale purchase of low-THC cannabis or medical cannabis from, or a distribution of low-THC cannabis or medical cannabis to, another dispensing organization.

(e) Monitor physician registration and ordering of low-THC cannabis, medical cannabis, or a cannabis delivery device for ordering practices that could facilitate unlawful diversion or misuse of low-THC cannabis, medical cannabis, or a cannabis delivery device and take disciplinary action as indicated.

(6) DISPENSING ORGANIZATION.—An approved dispensing organization must, at all times, maintain compliance with the criteria demonstrated for selection and approval as a dispensing organization under subsection (5) and the criteria required in this subsection.

(a) When growing low-THC cannabis or medical cannabis, a dispensing organization:

1. May use pesticides determined by the department, after consultation with the Department of Agriculture and Consumer Services, to be safely applied to plants intended for human consumption, but may not use pesticides designated as restricted-use pesticides pursuant to s. 487.042.

2. Must grow low-THC cannabis or medical cannabis within an enclosed structure and in a room separate from any other plant.

3. Must inspect seeds and growing plants for plant pests that endanger or threaten the horticultural and agricultural interests of the state, notify the Department of Agriculture and Consumer Services within 10 calendar days after a determination that a plant is infested or infected by such plant pest, and implement and maintain phytosanitary policies and procedures.

4. Must perform fumigation or treatment of plants, or the removal and destruction of infested or infected plants, in accordance with chapter 581 and any rules adopted thereunder.

(b) When processing low-THC cannabis or medical cannabis, a dispensing organization must:

1. Process the low-THC cannabis or medical cannabis within an enclosed structure and in a room separate from other plants or products.

2. Test the processed low-THC cannabis and medical cannabis before they are dispensed. Results must be verified and signed by two dispensing organization employees. Before dispensing low-THC cannabis, the dispensing organization must determine that the test results indicate that the low-THC cannabis meets the definition of low-THC cannabis and, for medical cannabis and low-THC cannabis, that all medical cannabis and low-THC cannabis is safe for human consumption and free from contaminants that are unsafe for human consumption. The dispensing organization must retain records of all testing and samples of each homogenous batch of cannabis and low-THC cannabis for at least 9 months. The dispensing organization must contract with an independent testing laboratory to perform audits on the dispensing organization's standard operating procedures, testing records, and samples and provide the results to the department to confirm that the low-THC cannabis or medical cannabis meets the requirements of this section and that the medical cannabis and low-THC cannabis is safe for human consumption.

3. Package the low-THC cannabis or medical cannabis in compliance with the United States Poison Prevention Packaging Act of 1970, 15 U.S.C. ss. 1471 et seq.

4. Package the low-THC cannabis or medical cannabis in a receptacle that has a firmly affixed and legible label stating the following information:

a. A statement that the low-THC cannabis or medical cannabis meets the requirements of subparagraph 2.;

b. The name of the dispensing organization from which the medical cannabis or low-THC cannabis originates; and

c. The batch number and harvest number from which the medical cannabis or low-THC cannabis originates.

5. Reserve two processed samples from each batch and retain such samples for at least 9 months for the purpose of testing pursuant to the audit required under subparagraph 2.

(c) When dispensing low-THC cannabis, medical cannabis, or a cannabis delivery device, a dispensing organization:

1. May not dispense more than a 45-day supply of low-THC cannabis or medical cannabis to a patient or the patient's legal representative.

2. Must have the dispensing organization's employee who dispenses the low-THC cannabis, medical cannabis, or a cannabis delivery device enter into the compassionate use registry his or her name or unique employee identifier.

3. Must verify in the compassionate use registry that a physician has ordered the low-THC cannabis, medical cannabis, or a specific type of a cannabis delivery device for the patient.

4. May not dispense or sell any other type of cannabis, alcohol, or illicit drug-related product, including pipes, bongs, or wrapping papers, other than a physician-ordered cannabis delivery device required for the medical use of low-THC cannabis or medical cannabis, while dispensing low-THC cannabis or medical cannabis.

5. Must verify that the patient has an active registration in the compassionate use registry, the patient or patient's legal representative holds a valid and active registration card, the order presented matches the order contents as recorded in the registry, and the order has not already been filled.

6. Must, upon dispensing the low-THC cannabis, medical cannabis, or cannabis delivery device, record in the registry the date, time, quantity, and form of low-THC cannabis or medical cannabis dispensed and the type of cannabis delivery device dispensed.

(d) To ensure the safety and security of its premises and any off-site storage facilities, and to maintain adequate controls against the diversion, theft, and loss of low-THC cannabis, medical cannabis, or cannabis delivery devices, a dispensing organization shall:

1.a. Maintain a fully operational security alarm system that secures all entry points and perimeter windows and is equipped with motion detectors; pressure switches; and duress, panic, and hold-up alarms; or

b. Maintain a video surveillance system that records continuously 24 hours each day and meets at least one of the following criteria:

(I) Cameras are fixed in a place that allows for the clear identification of persons and activities in controlled areas of the premises. Controlled areas include grow rooms, processing rooms, storage rooms, disposal rooms or areas, and point-of-sale rooms;

(II) Cameras are fixed in entrances and exits to the premises, which shall record from both indoor and outdoor, or ingress and egress, vantage points;

(III) Recorded images must clearly and accurately display the time and date; or

(IV) Retain video surveillance recordings for a minimum of 45 days or longer upon the request of a law enforcement agency.

2. Ensure that the organization's outdoor premises have sufficient lighting from dusk until dawn.

3. Establish and maintain a tracking system approved by the department that traces the low-THC cannabis or medical cannabis from seed to sale. The tracking system shall include notification of key events as determined by the department, including when cannabis seeds are planted, when cannabis plants are harvested and destroyed, and when low-THC cannabis or medical cannabis is transported, sold, stolen, diverted, or lost.

4. Not dispense from its premises low-THC cannabis, medical cannabis, or a cannabis delivery device between the hours of 9 p.m. and 7 a.m., but may perform all other operations and deliver low-THC cannabis and medical cannabis to qualified patients 24 hours each day.

5. Store low-THC cannabis or medical cannabis in a secured, locked room or a vault.

6. Require at least two of its employees, or two employees of a security agency with whom it contracts, to be on the premises at all times.

7. Require each employee to wear a photo identification badge at all times while on the premises.

8. Require each visitor to wear a visitor's pass at all times while on the premises.

9. Implement an alcohol and drug-free workplace policy.

10. Report to local law enforcement within 24 hours after it is notified or becomes aware of the theft, diversion, or loss of low-THC cannabis or medical cannabis.

(e) To ensure the safe transport of low-THC cannabis or medical cannabis to dispensing organization facilities, independent testing laboratories, or patients, the dispensing organization must:

1. Maintain a transportation manifest, which must be retained for at least 1 year.

2. Ensure only vehicles in good working order are used to transport low-THC cannabis or medical cannabis.

3. Lock low-THC cannabis or medical cannabis in a separate compartment or container within the vehicle.

4. Require at least two persons to be in a vehicle transporting low-THC cannabis or medical cannabis, and require at least one person to remain in the vehicle while the low-THC cannabis or medical cannabis is being delivered.

5. Provide specific safety and security training to employees transporting or delivering low-THC cannabis or medical cannabis.

(7) DEPARTMENT AUTHORITY AND RESPONSIBILITIES.—

(a) The department may conduct announced or unannounced inspections of dispensing organizations to determine compliance with this section or rules adopted pursuant to this section.

(b) The department shall inspect a dispensing organization upon complaint or notice provided to the department that the dispensing organization has dispensed low-THC cannabis or medical cannabis containing any mold, bacteria, or other contaminant that may cause or has caused an adverse effect to human health or the environment.

(c) The department shall conduct at least a biennial inspection of each dispensing organization to evaluate the dispensing organization's records, personnel, equipment, processes, security measures, sanitation practices, and quality assurance practices.

(d) The department may enter into interagency agreements with the Department of Agriculture and Consumer Services, the Department of Business and Professional Regulation, the Department of Transportation, the Department of Highway Safety and Motor Vehicles, and the Agency for Health Care Administration, and such agencies are authorized to enter into an interagency agreement with the department, to conduct inspections or perform other responsibilities assigned to the department under this section.

(e) The department must make a list of all approved dispensing organizations and qualified ordering physicians and medical directors publicly available on its website.

(f) The department may establish a system for issuing and renewing registration cards for patients and their legal representatives, establish the circumstances under which the cards may be revoked by or must be returned to the department, and establish fees to implement such system. The department must require, at a minimum, the registration cards to:

1. Provide the name, address, and date of birth of the patient or legal representative.

2. Have a full-face, passport-type, color photograph of the patient or legal representative taken within the 90 days immediately preceding registration.

3. Identify whether the cardholder is a patient or legal representative.

4. List a unique numeric identifier for the patient or legal representative that is matched to the identifier used for such person in the department's compassionate use registry.

5. Provide the expiration date, which shall be 1 year after the date of the physician's initial order of low-THC cannabis or medical cannabis.

6. For the legal representative, provide the name and unique numeric identifier of the patient that the legal representative is assisting.

7. Be resistant to counterfeiting or tampering.

(g) The department may impose reasonable fines not to exceed $10,000 on a dispensing organization for any of the following violations:

1. Violating this section, s. 499.0295, or department rule.

2. Failing to maintain qualifications for approval.

3. Endangering the health, safety, or security of a qualified patient.

4. Improperly disclosing personal and confidential information of the qualified patient.

5. Attempting to procure dispensing organization approval by bribery, fraudulent misrepresentation, or extortion.

6. Being convicted or found guilty of, or entering a plea of guilty or nolo contendere to, regardless of adjudication, a crime in any jurisdiction which directly relates to the business of a dispensing organization.

7. Making or filing a report or record that the dispensing organization knows to be false.

8. Willfully failing to maintain a record required by this section or department rule.

9. Willfully impeding or obstructing an employee or agent of the department in the furtherance of his or her official duties.

10. Engaging in fraud or deceit, negligence, incompetence, or misconduct in the business practices of a dispensing organization.

11. Making misleading, deceptive, or fraudulent representations in or related to the business practices of a dispensing organization.

12. Having a license or the authority to engage in any regulated profession, occupation, or business that is related to the business practices of a dispensing organization suspended, revoked, or otherwise acted against by the licensing authority of any jurisdiction, including its agencies or subdivisions, for a violation that would constitute a violation under Florida law.

13. Violating a lawful order of the department or an agency of the state, or failing to comply with a lawfully issued subpoena of the department or an agency of the state.

(h) The department may suspend, revoke, or refuse to renew a dispensing organization's approval if a dispensing organization commits any of the violations in paragraph (g).

(i) The department shall renew the approval of a dispensing organization biennially if the dispensing organization meets the requirements of this section and pays the biennial renewal fee.

(j) The department may adopt rules necessary to implement this section.

(8) PREEMPTION.—

(a) All matters regarding the regulation of the cultivation and processing of medical cannabis or low-THC cannabis by dispensing organizations are preempted to the state.

(b) A municipality may determine by ordinance the criteria for the number and location of, and other permitting requirements that do not conflict with state law or department rule for, dispensing facilities of dispensing organizations located within its municipal boundaries. A county may determine by ordinance the criteria for the number, location, and other permitting requirements that do not conflict with state law or department rule for all dispensing facilities of dispensing organizations located within the unincorporated areas of that county.

(9) EXCEPTIONS TO OTHER LAWS.—

(a) Notwithstanding s. 893.13, s. 893.135, s. 893.147, or any other provision of law, but subject to the requirements of this section, a qualified patient and the qualified patient's legal representative may purchase and possess for the patient's medical use up to the amount of low-THC cannabis or medical cannabis ordered for the patient, but not more than a 45-day supply, and a cannabis delivery device ordered for the patient.

(b) Notwithstanding s. 893.13, s. 893.135, s. 893.147, or any other provision of law, but subject to the requirements of this section, an approved dispensing organization and its owners, managers, and employees may manufacture, possess, sell, deliver, distribute, dispense, and lawfully dispose of reasonable quantities, as established by department rule, of low-THC cannabis, medical cannabis, or a cannabis delivery device. For purposes of this subsection, the terms "manufacture," "possession," "deliver," "distribute," and "dispense" have the same meanings as provided in s. 893.02.

(c) Notwithstanding s. 893.13, s. 893.135, s. 893.147, or any other provision of law, but subject to the requirements of this section, an approved independent testing laboratory may possess, test, transport, and lawfully dispose of low-THC cannabis or medical cannabis as provided by department rule.

(d) An approved dispensing organization and its owners, managers, and employees are not subject to licensure or regulation under chapter 465 or chapter 499 for manufacturing, possessing, selling, delivering, distributing, dispensing, or lawfully disposing of reasonable quantities, as established by department rule, of low-THC cannabis, medical cannabis, or a cannabis delivery device.

(e) An approved dispensing organization that continues to meet the requirements for approval is presumed to be registered with the department and to meet the regulations adopted by the department or its successor agency for the purpose of dispensing medical cannabis or low-THC cannabis under Florida law. Additionally, the authority provided to a dispensing organization in s. 499.0295 does not impair the approval of a dispensing organization.

(f) This subsection does not exempt a person from prosecution for a criminal offense related to impairment or intoxication resulting from the medical use of low-THC cannabis or medical cannabis or relieve a person from any requirement under law to submit to a breath, blood, urine, or other test to detect the presence of a controlled substance.

B. Section 14(1), ch. 2017-232, as amended by s. 15, ch. 2021-37, "in order to implement Specific Appropriations 460 through 462, 466, 467, 469A, and 474 of the 2021-2022 General Appropriations Act," provides that:

"(1) EMERGENCY RULEMAKING.—

"(a) The Department of Health and the applicable boards shall adopt emergency rules pursuant to s. 120.54(4), Florida Statutes, and this section necessary to implement ss. 381.986 and 381.988, Florida Statutes. If an emergency rule adopted under this section is held to be unconstitutional or an invalid exercise of delegated legislative authority, and becomes void, the department or the applicable boards may adopt an emergency rule pursuant to this section to replace the rule that has become void. If the emergency rule adopted to replace the void emergency rule is also held to be unconstitutional or an invalid exercise of delegated legislative authority and becomes void, the department and the applicable boards must follow the nonemergency rulemaking procedures of the Administrative Procedures Act to replace the rule that has become void.

"(b) For emergency rules adopted under this section, the department and the applicable boards need not make the findings required by s. 120.54(4)(a), Florida Statutes. Emergency rules adopted under this section are exempt from ss. 120.54(3)(b) and 120.541, Florida Statutes. The department and the applicable boards shall meet the procedural requirements in s. 120.54(4)(a), Florida Statutes, if the department or the applicable boards have, before July 1, 2019, held any public workshops or hearings on the subject matter of the emergency rules adopted under this subsection. Challenges to emergency rules adopted under this subsection are subject to the time schedules provided in s. 120.56(5), Florida Statutes.

"(c) Emergency rules adopted under this section are exempt from s. 120.54(4)(c), Florida Statutes, and shall remain in effect until replaced by rules adopted under the nonemergency rulemaking procedures of the Administrative Procedures Act. Rules adopted under the nonemergency rulemaking procedures of the Administrative Procedures Act to replace emergency rules adopted under this section are exempt

from ss. 120.54(3)(b) and 120.541, Florida Statutes. By July 1, 2022, the department and the applicable boards shall initiate nonemergency rulemaking pursuant to the Administrative Procedures Act to replace all emergency rules adopted under this section by publishing a notice of rule development in the Florida Administrative Register. Except as provided in paragraph (a), after July 1, 2022, the department and applicable boards may not adopt rules pursuant to the emergency rulemaking procedures provided in this section."

C. Section 16, ch. 2021-37, provides that "[t]he amendments to s. 14(1) of chapter 2017-232, Laws of Florida, made by this act expire July 1, 2022, and the text of that subsection shall revert to that in existence on June 30, 2019, except that any amendments to such text enacted other than by this act shall be preserved and continue to operate to the extent that such amendments are not dependent upon the portions of text which expire pursuant to this section." Effective July 1, 2022, s. 14(1), ch. 2017-232, as amended by s. 16, ch. 2021-37, will read:

"(1) EMERGENCY RULEMAKING.—

"(a) The Department of Health and the applicable boards shall adopt emergency rules pursuant to s. 120.54(4), Florida Statutes, and this section necessary to implement ss. 381.986 and 381.988, Florida Statutes. If an emergency rule adopted under this section is held to be unconstitutional or an invalid exercise of delegated legislative authority, and becomes void, the department or the applicable boards may adopt an emergency rule pursuant to this section to replace the rule that has become void. If the emergency rule adopted to replace the void emergency rule is also held to be unconstitutional or an invalid exercise of delegated legislative authority and becomes void, the department and the applicable boards must follow the nonemergency rulemaking procedures of the Administrative Procedures Act to replace the rule that has become void.

"(b) For emergency rules adopted under this section, the department and the applicable boards need not make the findings required by s. 120.54(4)(a), Florida Statutes. Emergency rules adopted under this section are exempt from ss. 120.54(3)(b) and 120.541, Florida Statutes. The department and the applicable boards shall meet the procedural requirements in s. 120.54(a), Florida Statutes, if the department or the applicable boards have, before [June 23, 2017], held any public workshops or hearings on the subject matter of the emergency rules adopted under this subsection. Challenges to emergency rules adopted under this subsection are subject to the time schedules provided in s. 120.56(5), Florida Statutes.

"(c) Emergency rules adopted under this section are exempt from s. 120.54(4)(c), Florida Statutes, and shall remain in effect until replaced by rules adopted under the nonemergency rulemaking procedures of the Administrative Procedures Act. By January 1, 2018, the department and the applicable boards shall initiate nonemergency rulemaking pursuant to the Administrative Procedures Act to replace all emergency rules adopted under this section by publishing a notice of rule development in the Florida Administrative Register. Except as provided in paragraph (a), after January 1, 2018, the department and applicable boards may not adopt rules pursuant to the emergency rulemaking procedures provided in this section."

[2]**Note.**—Section 13, ch. 2021-37, amended subsection (17) "[i]n order to implement Specific Appropriations 460 through 462, 466, 467, 469A, and 474 of the 2021-2022 General Appropriations Act."

Disclaimer: The information on this system is unverified. The journals or printed bills of the respective chambers should be consulted for official purposes.

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Attachment C
Village of Palmetto Bay Ordinance 2019-19
Creating Section 30-60.32 -- Low-THC Cannabis and Medical Cannabis Dispensaries, Treatment Facilities and Independent Testing Laboratories

ORDINANCE NO. 2019-19

AN ORDIANCE OF THE MAYOR AND VILLAGE COUNCIL OF THE VILLAGE OF PALMETTO BAY, FLORIDA, RELATING TO MEDICAL MARIJUANA DISPENSARIES; CREATING SECTION 30-60.32; ADDRESSING MEDICAL CANNABIS DISPENSARIES, MEDICAL MARIJUANA TREATMENT FACILITIES, AND INDEPENDENT TESTING LABORATORIES WITHIN THE MUNICIPAL BOUNDARIES OF THE VILLAGE OF PALMETTO BAY; ALLOWING AND REGULATING MEDICAL MARIJUANA DISPENSARIES ONLY ON THE BUSINESS DISTRICT LIMITED (B-1) ZONE ALONG US1 AND NO LESS THAN 1,000 FEET FROM A SCHOOL, PLACE OF WORSHIP OR PARK, AND NO LESS THAN 1 MILE FROM ANOTHER DISPENSING FACILITY; AND PROVIDING FOR AN EFFECTIVE DATE. *(Sponsored by Mayor Karyn Cunningham and Co-Sponsored by Councilmember David Singer)*

WHEREAS, in 2014, the State of Florida enacted Florida Statute 381.986, a/k/a the Compassionate Medical Cannabis Act, which provided a regulatory framework for the cultivation, transportation, processing and dispensing of low THC cannabis for limited medical use treatment only; and

WHEREAS, in 2015 those same rules were expanded to include full strength medical marijuana for the treatment of individuals diagnosed with a terminal illness and/or are undergoing chemotherapy; and

WHEREAS, on November 8, 2016, the residents of the State of Florida approved by referendum, expanded use for medical marijuana and low TCH cannabis to extend to a greater range of ailments; and

WHEREAS, the Florida Legislature amended Florida Statute 381.986 by adopting bill SB 8-A during a 2017 Special Session which, among other provisions, outlined the conditions under which local municipalities may regulate the location of cannabis dispensaries and medical marijuana treatment centers; and

WHEREAS, Florida Statute 381.986(8)(b) permits "[a] municipality [to] determine by Ordinance the criteria for the location of, and other permitting requirements that do not conflict with state law or department rule for, dispensing facilities of dispensing organizations located within its municipal boundaries;" and

WHEREAS, the Village Council, now desires to allow and regulate medical marijuana dispensaries located only on the Business District Limited (B-1) zone along the US1 corridor and no less than 1,000 feet from any school.

NOW, THEREFORE, BE IT RESOLVED BY THE MAYOR AND VILLAGE COUNCIL OF THE VILLAGE OF PALMETTO BAY, FLORIDA, AS FOLLOWS:

Section 1. Nothing in this Ordinance should be construed or applied to abrogate the vested right of a property owner to develop or utilize his/her property in any other way commensurate with zoning and other regulations, including any required renewal of permits for existing legally erected premises.

Section 2. SECTION 30-60.32, OF THE CODE OF ORDINANCES OF THE VILLAGE OF PALMETTO BAY, ENTITLED LOW-THC *CANNABIS* AND MEDICAL *CANNABIS* DISPENSERIES, TREATMENT FACILITIES AND INDEPENDENT TESTING LABORATORIES, IS HEREBY ADOPTED AS FOLLOWS:

(a) Intent.

Section 381.986, Florida Statutes, and Florida Administrative Code Chapter 64-4 authorize a limited number of dispensing organizations throughout the State of Florida to cultivate, process, and dispense low-tetrahydrocannabinol (low-THC) *cannabis* and medical *cannabis* for use by qualified patients suffering from cancer, terminal conditions, and certain chronic conditions. The dispensing organizations must be approved by the Florida Department of Health and, once approved, are subject to state regulation and oversight. The intent of this article is to establish the criteria for the location and permitting of establishments that dispense low-THC *cannabis* or medical *cannabis* in accordance with Section 381.986, Florida Statutes, and Florida Administrative Code Chapter 64-4.

(b) Applicability.

The provisions of this article shall be applicable to all land and water body areas within the municipal boundaries on the Village of Palmetto Bay. This article shall only be construed to allow the dispensing of low-THC *cannabis* or medical *cannabis* by a state-approved dispensing

organization for medical use. The sale of *cannabis* or *marijuana* is prohibited in the Village of Palmetto Bay except in accordance with this article.

(c) Definitions.
Except as provided herein, all terms shall be defined in accordance with this chapter and Section 381.986, Florida Statutes, as may be amended from time to time:

(1) "Dispensing facility" refers to the building or structure where low-THC *cannabis* or medical *cannabis*, as well as *cannabis* delivery devices are dispensed at retail.

(2) "Dispensing organization" means an organization approved by the state to cultivate, process, transport, and dispense low-THC *cannabis* or medical *cannabis*.

(3) "Low-tetrahydrocannabinol *cannabis*" or "low-THC *cannabis*" means a plant of the genus *Cannabis*, the dried flowers of which contain 0.8 percent or less of tetrahydrocannabinol and more than 10 percent of cannabidiol weight for weight; the seeds thereof; the resin extracted from any part of such plant; or any compound, manufacture, salt, derivative, mixture, or preparation of such plant or its seeds or resin that is dispensed only from a dispensing organization.

(4) "Medical *cannabis*" means all parts of any plant of the genus *Cannabis*, whether growing or not; the seeds thereof; the resin extracted from any part of the plant; and every compound, manufacture, sale, derivative, mixture, or preparation of the plant or its seeds or resin that is dispensed only from a dispensing organization for medical use by an eligible patient.

(5) "Medical use" means administration of the ordered amount of low-THC *cannabis* or medical *cannabis*. The term does not include the:
(A) Possession, use, or administration of low-THC *cannabis* or medical *cannabis* by smoking; or
(B) Transfer of low-THC *cannabis* or medical *cannabis* to a person other than the qualified patient for whom it was ordered or the

qualified patient's legal representative authorized to receive it on the qualified patient's behalf.

(C) Use or administration of low-THC *cannabis* or medical *cannabis*:

i. On any form of public transportation; including publicly available shared vehicles

ii. In any public place;

iii. In a qualified patient's place of employment, if restricted by his or her employer;

iv. In a correctional institution;

v. On the premises of any child-care facility, preschool, or school;

vi. On the premises of any religious institution, ministry or their ancillary facilities;

vii. In any vehicle or motorboat.

(d) Zoning districts where dispensing allowed.

Only in accordance with the requirements of this article and the applicable zoning district, dispensing of low-THC or medical *cannabis* shall be permitted in the B-1 Zoning District.

(e) Zoning requirements for dispensing facilities.

Low-THC and medical *cannabis* dispensing facilities shall comply with the following requirements:

(1) No low-THC or medical *cannabis* dispensing facility shall be located within:

(A) 1 mile from any other low-THC or medical *cannabis* dispensing facility;

(B) 1,000 feet of any child care facility, preschool, kindergarten, elementary school, middle school, junior high school, high school, place of worship, mission, ministry or facilities ancillary to any of these uses;

(C) 1,000 feet from any public park or recreation area.

(2) Distances shall be measured as required below:

(A) Between two low-THC or medical *cannabis* dispensing facilities, distance shall be measured by drawing a straight between the front doors of the respective dispensing facilities.

(B) The distance from a child care facility, preschool, kindergarten, elementary school, middle school, junior high school, high school, place of worship, ministry, or facilities ancillary to any of these uses, shall be measured by following a straight line from the nearest point of the respective structure to the front door of the proposed dispensing facility.

(C) The applicant shall furnish a certified survey from a registered engineer or surveyor, indicating the distance between the proposed dispensing facility and any existing low-THC or medical *cannabis* dispensing facility, child care facility, preschool, kindergarten, elementary school, middle school, junior high school, high school, place of worship, ministry, or facilities ancillary to any of these uses within the applicable radius. In case of dispute, the measurement scaled by the Planning and Zoning Director shall govern. The Planning and Zoning Director shall verify in writing receipt of the survey from the applicant, which shall serve as a reservation of said location by a state-approved dispensing organization to dispense low-THC or medical *cannabis*. Upon reservation, the applicant shall have 180 days to apply for a permit or certificate of use.

(3) Dispensing of, payment for, and receipt of low-THC or medical *cannabis* is prohibited anywhere outside of the dispensing facility, including, but not limited to, on sidewalks, in parking areas, or in the rights-of-way surrounding the dispensing facility; provided, however, this provision shall not be construed to prohibit delivery of low-THC or medical *cannabis* to an eligible patient, as permitted by state law or rule.

(4) Consumption of low-THC or medical *cannabis* or alcoholic beverages is prohibited onsite at the dispensing facility, including, but not limited to, in the parking areas, sidewalks, or rights-of-way surrounding the dispensing facility; provided, however, this provision shall not be construed to prohibit consumption associated with a dispensing facility employee, trained by a medical professional such as a doctor, nurse, pharmacist, or medical or physician's assistant, instructing an eligible patient on the mechanism of consumption of low-THC or medical *cannabis*, as permitted by state law or rule.

(5) Irrespective of any statutory amendment, facilities dispensing low-THC or medical *cannabis* shall only be allowed to operate between the hours of 7:00 a.m. and 9:00 p.m. daily, as provided by Section 381.986, Florida Statutes.

(6) A certificate of use shall be obtained for the low-THC or medical *cannabis* dispensing facility each year. The application for the certificate of use shall be made on a form prescribed by the Planning and Zoning Director.

(A) The low-THC or medical *cannabis* dispensing facility must be established on the premises by a state-approved dispensing organization within 180 days of the date the certificate of use is issued; after 180 days, unless the time period is extended by the Planning and Zoning Director for good cause shown, the certificate of use shall be null and void and the applicant must re-apply.

(B) The Village of Palmetto Bay, and any of its officers, shall have the right to periodically inspect the premises of the dispensing facility at any reasonable time to ensure that the facility has a current and valid certificate of use, and to ensure compliance with the terms and conditions under which it was issued. Violators will be subject to all appropriate penalties, including revocation of the certificate of use.

(7) Any use created and established under this article in a legal manner, which may thereafter become legally nonconforming, may continue until there is an abandonment of said use. Once a legally nonconforming use is abandoned, it shall not be re-established unless it conforms to the requirements of this article. Abandonment shall consist of: a change of use or suspension of active business with the public for a period of at least 3 months; or a lesser time if a written declaration of abandonment is provided by the owner of the premises or, if the property is subject to a lease, by the owner and tenant thereof.

(8) No certificate of use, license, or building or other permit shall be issued for a low-THC or medical *cannabis* dispensing facility where the proposed place of business does not conform to the requirements of this subsection.

Section 3. This Ordinance shall take effect immediately upon enactment.

PASSED AND ADOPTED on Second Reading this 23rd day of September 2019.

FIRST READING: July 15, 2019

SECOND READING: September 23, 2019

Attest:

_____	_____
Missy Arocha	**Karyn Cunningham**
Village Clerk	**Mayor**

APPROVED AS TO FORM AND LEGAL SUFFICIENCY FOR THE USE AND RELIANCE OF THE VILLAGE OF PALMETTO BAY ONLY:

_____
Dexter W. Lehtinen
Village Attorney

FINAL VOTE AT ADOPTION:

Council Member Patrick Fiore	YES
Council Member David Singer	YES
Council Member Marsha Matson	NO
Vice Mayor John DuBois	NO
Mayor Karyn Cunningham	YES

AGENDA ITEM NO. 4.B

Item Cover Page

VIRTUAL COMMITTEE OF THE WHOLE WORKSHOP AGENDA ITEM REPORT

DATE:	May 15, 2024
SUBMITTED BY:	Missy Arocha, Village Council
ITEM TYPE:	Report
AGENDA SECTION:	**VILLAGE COUNCIL AND ADMINISTRATION DISCUSSION ITEMS**
SUBJECT:	A COMMUNITY GARDEN AND ART PARK *(Sponsored by Councilmember Marsha Matson)*
SUGGESTED ACTION:	

ATTACHMENTS:
ParkLine Proposal

ParkLine
A Community Garden and Art Park

A proposal offered by Leo Llinas, Chair of the Parks and Community Outreach Committee, Sean Kramer, Art in Public Places board member, and Marsha Matson, Village Councilmember District 3

We propose that the Village create ParkLine, a community garden and art park, to be located on the unused portion of Park Drive in Palmetto Bay Park. We chose the name ParkLine because the long, narrow street re-purposed into a park reminds us of the Underline at Metrorail and the High Line over a former railroad track in New York City.

Imagine a place for quiet repose in a busy park. Patrons stroll down a lovely lane, admiring the beauty of plants in raised boxes, art pieces, decorative objects, and nature. They relax under a gazebo for shade and conversation. Parents take a refreshing break while their children play softball and soccer.

For those who love to garden, ParkLine offers raised beds where they can plant flowers, vegetables or whatever they please while sharing their passion for gardening with their neighbors. They trade plants and advice while socializing and enjoying each other ' s company. The opportunity to garden is particularly pleasing to residents of the surrounding apartment buildings who have no yard for planting. Our school children have fun learning about nature and art on field trips to their own nearby park.

We recommend that two Village committees, Art in Public Places (AIPP) and the Parks and Community Outreach Advisory Committee (Parks Committee) adopt ParkLine as their joint project. AIPP has its own budget and is expert at finding professional quality art for the Village. The Parks Committee fulfills its mission to enhance our parks. It is exciting for residents on these committees to work together to create a new and unique space inside Palmetto Bay Park for our Village.

Our proposal specifics are as follows:

Raised garden beds: We suggest that multiple raised garden beds be placed on the paved western portion of Park Drive between the north and south bollards. The raised beds can be concrete or metal, approximately 3 ' x 8. ' The containers themselves can be painted or decorated by the gardeners. The eastern portion of the road remains open for golf carts and hand-pulled wagons to bring supplies to the beds. Bicyclists and pedestrians also have access to ParkLine via the empty eastern portion of the road.

Art: ParkLine provides endless possibilities for art overseen by the Village Art in Public Places (AIPP) committee, composed of residents with expertise in art, architecture, and design. Here and there in ParkLine are sculptures, mosaics, tiles, statues, decorative furnishings, benches, and fountains, curated by AIPP. The asphalt surface of the road itself can be painted to become an art piece. Gardeners decorate their own garden beds, or the Village can create a theme for them.

Gardeners: We recommend Palmetto Bay residents, organizations, and businesses have priority in renting a raised garden bed. Gardeners are individuals, families, businesses, troops, schools, garden clubs, civic associations, non-profits, and whoever wants to participate in a community garden.

Membership dues: Gardeners rent individual raised beds by paying annual dues, which help to defray Village expenses for water, infrastructure, and common area maintenance. The dues also incentivize " buy-in " from gardeners. From October through December, the Village rents the beds on a first-come, first-serve basis. From January to the next October, anyone can rent a bed.

Plants: Gardeners can plant anything they wish, as long as it is legal and non-invasive. Small fruit trees may also be planted. On the other hand, the Village may prefer a planting theme, like organic farming, pollinator attractors, native plants, or seasonal flowers for all the raised beds.

Irrigation: We suggest that each raised bed be connected to a water source already available on in the area. We note that there are water sources at the ball field concession stand, at the .9 acre property, and at the fire hydrant on Park Drive. The Village constructs a pipe, most likely in the grass next to the western edge of Park

Drive. We recommend individual drip irrigation on a timer to assure a steady, limited supply of water without gardeners having to worry about watering.

Soil, plants, and tools: The Village fills the raised bed with soil, while the gardeners bring their own plants and tools. The gardener can provide a trellis for climbing plants, if desired.

Wash basin and potting bench: Having a centralized wash basin and potting bench at convenient place enables gardeners to remove plants from pots and clean tools.

Gazebo: A gazebo gives the gardener and visitor alike a cool, shady place to sit down, have a conversation, and enjoy the beautiful environment of ParkLine.

Management: Overall management of ParkLine is by the Village Parks and Recreation Department. Gardeners plant, maintain, weed, and harvest their own raised beds.

Fencing and gates: We do not recommend fencing or gates at this time, so that ParkLine remains open and inviting to all.

Fire hydrant: The Fire Department must be consulted about access to the fire hydrant on Park Drive near the playground.

AGENDA ITEM NO. 4.D

Item Cover Page

VIRTUAL COMMITTEE OF THE WHOLE WORKSHOP AGENDA ITEM REPORT

DATE:	May 15, 2024
SUBMITTED BY:	Missy Arocha, Village Council
ITEM TYPE:	Report
AGENDA SECTION:	**VILLAGE COUNCIL AND ADMINISTRATION DISCUSSION ITEMS**
SUBJECT:	AUTHORIZING PARTICIPATION IN A LAWSUIT CHALLENGING THE FORM 6 REQUIREMENT *(Sponsored by Vice Mayor Leanne Tellam)*
SUGGESTED ACTION:	

ATTACHMENTS:
Res. #5061

Resolution 5061

A RESOLUTION OF THE CITY COMMISSION OF CITY OF SWEETWATER, FLORIDA AUTHORIZING PARTICIPATION IN A LAWSUIT SEEKING A DECLARATION THAT THE PROVISIONS OF SECTION 112.144(1)(d), FLORIDA STATUTES, THAT REQUIRE MUNICIPAL ELECTED OFFICIALS TO FILE FORM 6 FINANCIAL DISCLOSURE FORMS IS UNCONSTITUTIONAL AND INVALID; PROVIDING FOR IMPLEMENTATION; PROVIDING FOR AUTHORIZATION; PROVIDING FOR AN EFFECTIVE DATE.

WHEREAS, since 1976, Article II, Section 8 of the Florida Constitution has required that all elected State constitutional officers file a full and public disclosure of their financial interests, which is done through a state-adopted form ("Form 6") that requires, among other things, the disclosure of the specific amounts of an official's net worth, income, and asset values; and,

WHEREAS, historically, municipal elected officials have been required to make a more limited financial disclosure that is done through a different state-adopted form ("Form 1") that requires, among other things, the disclosure of information related to sources of income, real property, intangible personal property liabilities and interests in specified businesses, but does not include the specific amounts of an official's net worth, income, and asset values; and,

WHEREAS, the Mayor and all current elected members of the City of Sweetwater City Commission (the "City Elected Officials") were elected by the voters of the City subject to and in reliance upon Florida law that required the Mayor and City Commission Members to annually file Form 1 (not Form 6) financial disclosures forms; and,

WHEREAS, although the State Legislature has the power in the Florida Constitution to require that additional public officers file a full and public disclosure of their financial interests, it must do so consistent with other constitutional limitations; and,

WHEREAS, in 1980, the voters of Florida amended the Florida Constitution by adopting Article 1, Section 23, the "Right to Privacy," which states that "[e]very natural person has the right to be let alone and free from governmental intrusion into the person's private life except as otherwise provided herein"; and,

WHEREAS, because the right of privacy is a fundamental right within Florida's Constitution, the Florida Supreme Court has consistently required that any law intruding on the right is presumptively unconstitutional and must be justified by a "compelling state interest" which the law serves or protects through the "least restrictive means;" and,

WHEREAS, the First Amendment to the United States Constitution, and Article 1, Section 4 of the Florida Constitution, protects the freedom of speech, which includes the right to choose what to say and what not to say, any impairment of which must be justified by a "compelling state interest" which the law serves or protects through the "least restrictive means;" and,

WHEREAS, during the 2023 legislative session, Senate Bill 774 was passed and codified at Law of Florida 2023-09, amending Fla. Stat. § 112.3144, to change the financial disclosure requirements and now require that all elected municipal mayors and elected members of the governing board file a Form 6 financial disclosure, which is substantially more burdensome and personally intrusive than the Form 1; and,

WHEREAS, the imposition of the Form 6 disclosure requirements at the municipal level (a) represents an unwarranted intrusion into the privacy rights of municipal elected officials, most of which receive little or no compensation for their service, (b) unnecessarily risks the safety of such officials (making them targets of, among other things, burglary, identity theft and extortion), and (c) will deter many otherwise qualified and interested citizens from running for office; and,

WHEREAS, in fact, many municipal officials resigned from office prior to December 31, 2023, as a result of the new disclosure requirements, disrupting the ability of some local governments to operate for lack of a quorum; and,

WHEREAS, the imposition of the intrusive Form 6 disclosure requirements at the municipal level is not the least restrictive means of serving the governmental interests of preventing abuse of the public trust, as demonstrated by, among other things, the lack of such requirements at the municipal level in other states and at the federal level (even the President of the United States and members of the U.S. Congress are not required to make such extensive disclosures); and,

WHEREAS, requiring that unpaid (or low paid) municipal elected officials disclose their precise net worth, income and assets does not serve (let alone constitute the least restrictive means of serving) any compelling interest - Form 1 disclosure constitutes sufficient transparency to inform the public of potential conflicts; and,

Res. #5061

WHEREAS, the imposition of new financial disclosure requirements upon municipal elected officials who were elected without such requirements violates due process, is fundamentally unfair and violates fundamental constitutional rights; and,

WHEREAS, the City desires to participate in a lawsuit seeking a declaration that the provisions of Section 112.3144(1)(d), Florida Statutes, that require municipal elected officials to file Form 6 financial disclosure forms are unconstitutional and invalid and should be enjoined (the "Lawsuit"); and,

WHEREAS, the City Commission believes it is in the best interest of the citizens and residents of the City to participate in the Lawsuit and urges other municipalities and their elected officials to also participate as plaintiffs;

NOW THEREFORE, be it resolved by the City Commission of the City of Sweetwater:

1. The foregoing preamble is incorporated herein by reference as if set forth in full.

2. That the City Commission hereby authorizes the participation of the City, and any of the individual Members of the City Commission who choose to participate as plaintiffs, in a lawsuit seeking declaratory, injunctive and other appropriate relief challenging the provisions of Section 112.3144(1)(d), Florida Statutes, that require municipal elected officials to file Form 6 financial disclosure forms, based upon any appropriate legal theories, including those set forth above, subject to the participation of at least ten municipalities.

3. That Weiss Serota Helfman Cole + Bierman, PL (the "Firm") is hereby retained to represent the City in this litigation. The Firm will charge the City a flat fee, inclusive of attorneys' fees and costs, of $10,000 to represent the City and the individual elected officials who choose to participate as plaintiffs, for the litigation in the trial court. The City and elected officials recognize that such flat fee may be less than the actual attorneys' fees and costs incurred, and that if the City and elected officials prevail in the Lawsuit, the Firm may apply with the Court for its actual reasonable attorneys' and costs from the defendants. The filing of any appeals will be authorized by separate resolution under the terms thereof. The City and its elected officials also acknowledge that the Firm will be representing other local governments and officials in this lawsuit and waives any conflicts related to such representation.

4. That the City Commission invites and urges other local governments and elected officials to join the City as plaintiffs in the Lawsuit and to coordinate their efforts

with the City.

5. The City Clerk is directed to distribute this Resolution to all local governments in Miami-Dade County.

6. That the Mayor is hereby directed and authorized to take any action necessary to implement the purposes of this Resolution.

7. This resolution shall become effective upon its adoption by the City Commission and approval by the Mayor or if vetoed, upon its reenactment by the City Commission as provided by the Charter of the City of Sweetwater.

Passed and adopted on March 4, 2024

Attest:

Carmen Garcia,
City Clerk

Jose "Pepe" Diaz,
Mayor

as to form and legal sufficiency

Ralph Ventura
City Attorney

Reinaldo Rey,
City Commission President

Reinaldo Rey, President of the City Commission	Yes
Ian Vallecillo, Vice President of the City Commission	Yes
Saul Diaz, City Commissioner	Yes
Idania Llanio, City Commissioner	Yes
Jose Marti, City Commissioner	Yes
Isidro Ruiz, City Commissioner	Absent
Marcos Villanueva, City Commissioner	Yes

Res. #5061

AGENDA ITEM NO. 4.F

Item Cover Page

VIRTUAL COMMITTEE OF THE WHOLE WORKSHOP AGENDA ITEM REPORT

DATE:	May 15, 2024
SUBMITTED BY:	Missy Arocha, Village Council
ITEM TYPE:	Report
AGENDA SECTION:	**VILLAGE COUNCIL AND ADMINISTRATION DISCUSSION ITEMS**
SUBJECT:	CONSIDERATION OF THE PURCHASE OF AUGER MACHINERY FOR PUBLIC WORKS, IN ORDER TO PLANT POSTS, SIGNS, AND TREES IN THE FUTURE, IN LIEU OF SUBCONTRACTING WORK, FOR SMALLER PROJECTS *(Sponsored by Councilmember Patrick Fiore)*
SUGGESTED ACTION:	

ATTACHMENTS:
Exhibit A-Auger Machinery

Auger Machinery

2 'arms' - one to power drill, one to push down from above



AGENDA ITEM NO. 4.G

Item Cover Page

VIRTUAL COMMITTEE OF THE WHOLE WORKSHOP AGENDA ITEM REPORT

DATE:	May 15, 2024
SUBMITTED BY:	Missy Arocha, Human Resources
ITEM TYPE:	Report
AGENDA SECTION:	**VILLAGE COUNCIL AND ADMINISTRATION DISCUSSION ITEMS**
SUBJECT:	FLORIDA RETIREMENT SYSTEM ("FRS") *(Sponsored by Administration and Prepared by Human Resources and Communications Director, Olga Cadaval)*
SUGGESTED ACTION:	

ATTACHMENTS:
FRS-COW Presentation
FRS Agency Guide

Florida Retirement System

Committee of the Whole Presentation

May 15, 2024

FRS Options

Pension Plan

- Defined Benefit Plan
- Participant receives a lifetime benefit upon retirement based on an established formula that establishes the monthly income that will be paid to the individual for life.
- 8-Year Vesting Period

Investment Plan

- Defined Contribution Plan
- Finite benefit that is limited to the total amount of funds the participant has in the retirement account at the time of retirement.
- 1-Year Vesting Period

- Both plans require contributions by the employee and the employer.
- Contribution percentages are the same for both plans.
- Decision to join FRS is irrevocable.

FRS Pension Plan

Highlights

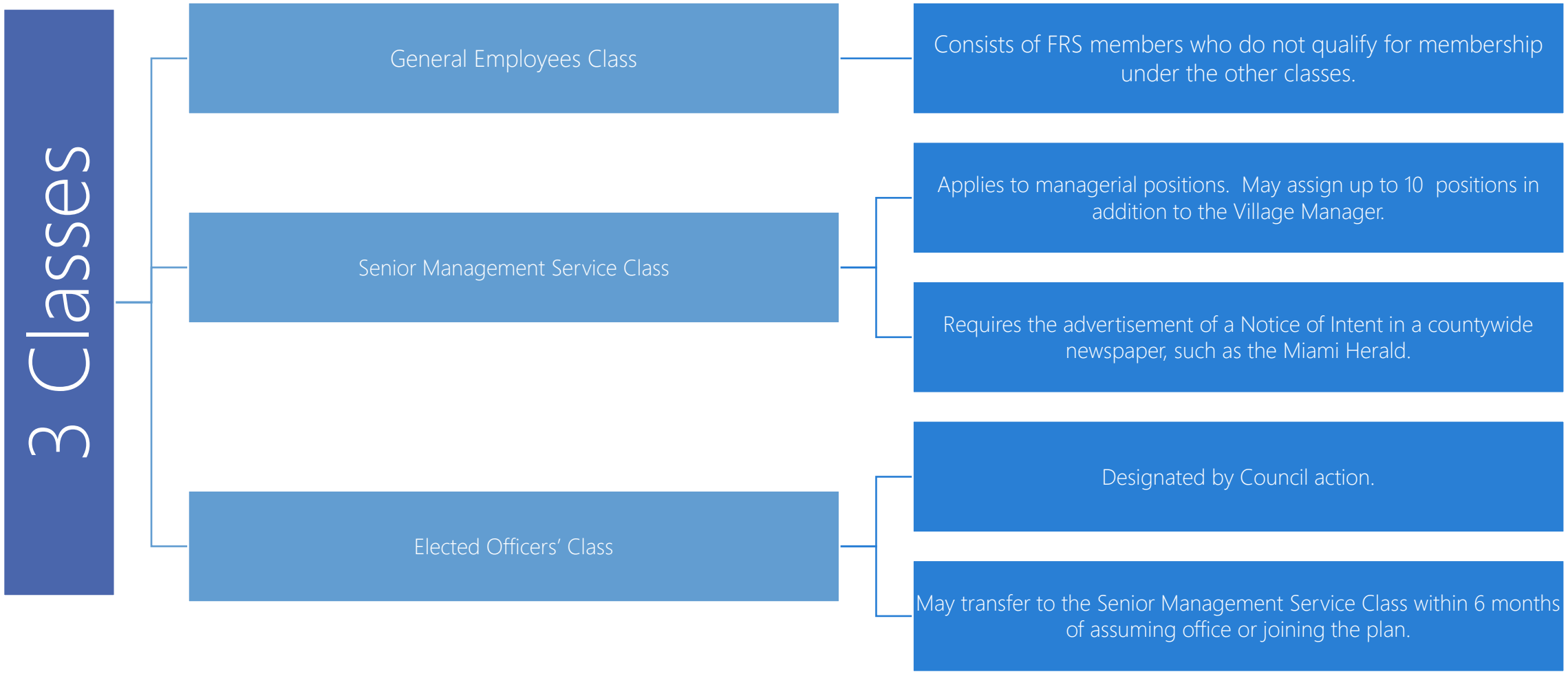
- All regularly established positions and elected officials are compulsory members of the plan
  - Existing employees have the option to remain in the existing 401a plan or join the FRS through individual voting ballots.
  - Future employees will all be compulsory members of the FRS pension or investment plans.
- Applies to full-time and part-time staff.
- All are initially enrolled in the pension plan and have 8 months from the joining date to switch to the investment plan. All contributions are transferred to that plan.
- Employees who have worked for an FRS employer in the past receive credit for those years of service.
- Pension Plan retirees are not eligible for new membership, but employer contributions are still due.

FRS Pension Plan

Creditable Service

- FRS measures creditable service in terms of work years (and fraction work years.)
- A work year of creditable service is equivalent to 12 months of a plan year.
- All FRS plans follow the same fiscal calendar as the State of Florida, which is July 1 to June 30.
- FRS employees earn a full month of retirement service credit for each month worked in a regularly established position.
- Eligible employees new to FRS may purchase past service credit. The Village will not purchase past service credits for employees.
- Creditable service information is available on the FRS website at all times for prior and current members.

FRS Pension Plan Classes



FRS Pension Plan Benefit Formula

Step 1

- Years of Creditable Service X Percentage Value*

Step 2

- Average Final Compensation (AFC)

Step 3

- Step 1 X Step 2 = Retirement Benefit

FRS Pension Plan Benefit Formula- Example

Step 1

- 20 Years of Creditable Service X 1.60% Percentage Value* = 0.32

Step 2

- $51,888- Average Final Compensation (AFC)

Step 3

- 0.32 X $51,888 = **$16,604** "Option 1- Retirement Benefit at Normal Retirement- Age 65"

*Percentage Values (normal retirement age of 65)

- Regular Class: 1.60%
- Senior Management Class: 2%
- Elected Officers: 3%
- Special Risk (police): 3%

FRS Costs

FY 24 Staffing Information Village Employees

- Full Time & Elected
  - 73
- Part-Time
  - 21
- Total
  - 94

FY 24 Employer Costs

- 401a Portion
  - $479,160 (10/1/23 to 6/30/24)
- FRS Portion
  - $279,131 (7/1/24 to 9/30/24)
- Total $758,291

FY 25 Estimated Employer Cost

- 10/1/24 – 9/30/25
- $1,153,266
  - Regular: $580,352
  - Managerial: $525,735
  - Council: $47,178

FY 24 Staffing Information POLICE

- Total
  - 49

FY 24 Village Costs

- 10/1/23 – 9/30/24
- $1,698,071 (budgeted)

FY 25 Estimated Costs

- 10/1/24 – 9/30/25
- Not Currently Available

Employee Educational Sessions

Third Party Consultant	Will provide employees with an overview of the existing 401a plan with MissionSquare and FRS	
	Highlight the differences between the plans to include:	Investment line-up
		Expenses for each
		Vesting Schedules
	Review the FRS Pension Plan Benefit Formula	

Ordinances Highlights

Ordinance Authorizing Village to Join FRS	Approves the Village to join the Florida Retirement System (FRS) and extend its related benefits to all employees.
	Requires that all new employees participate in the FRS.
Ordinance Approving the Elected Officers Class Designation	Approves all elected official positions for inclusion in the Elected Officer's Class.
	Requires that all new elected officials participate in the FRS.
Both Ordinances	Authorizes the Village Manager to sign related documents.
	Authorizes the withholding of contributions and designates the Finance Director as the withholding and reporting agent.
	Requires the village to keep records as provided by state law.

FRS Joining Timeline

TASKS	START DATE	END DATE (if applicable
Application Acceptance and Conference Call	3/11/2024	
Employee Data Submission to FRS	4/1/2024	
FRS COW Presentation	5/17/2024	
Ordinance Approving FRS Participation- 1st Reading	6/3/2024	
Ordinance Approving Elected Officials Class Assignment- 1st Reading	6/3/2024	
Ordinance Approving FRS Participation- 2nd Reading	7/1/2024	
Ordinance Approving Elected Officials Class Assignment- 2nd Reading	7/1/2024	
Ordinance Transmittal to FRS	7/5/2024	
Deadline to receive voting ballots from FRS	7/8/2024	
Employee Voting (Existing Employees)	7/9/2024	7/10/2024
Transmittal of Voting Ballots to FRS	7/11/2024	
Joining Date	8/1/2024	

Thank You

2023

AGENCY JOIN



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Florida Retirement System

About

The Florida Retirement System (FRS) is the fourth-largest public retirement system in the nation, which is comprised of approximately 2.6 million active, retired, terminated vested and non-vested members. FRS is in more than 1,000 agencies that include state, counties, district school boards, universities, community colleges, cities, metropolitan planning organizations, public charter schools and independent special districts.

To join the FRS, an entity must be a municipality, independent special district, metropolitan planning organization or public charter school (including public charter technical career center).[1] Participation in the FRS is optional for all municipalities, independent special districts, metropolitan planning organizations and public charter schools. Participation is compulsory for all state and county agencies.

What is the Florida Retirement System (FRS)?

The FRS is a single retirement system consisting of two primary retirement plans and other nonintegrated programs administered under Chapter 121, Florida Statutes (F.S.). The primary plans are the FRS Pension Plan and the FRS Investment Plan. In addition to the two primary plans, other nonintegrated programs include the State University System Optional Retirement Program (SUSORP), the State Community College System Optional Retirement Program (SCCSORP) and the Senior Management Service Optional Annuity Program (SMSOAP).

Who administers the Florida Retirement System (FRS)?

The Department of Management Services (DMS), Division of Retirement administers the FRS Pension Plan. The State Board of Administration administers the FRS Investment Plan.

When was the Florida Retirement System (FRS) established?

FRS was established in December 1970 to consolidate the existing pension plans (now closed retirement systems) and provide a retirement, disability and survivor benefit program for participating state and local government employees.

What entities can join the Florida Retirement System (FRS)?

In accordance with 60S-1.007, Florida Administrative Code (F.A.C.), entities that can join the FRS include the governing body of any of the following:

- Municipalities
- Independent Special Districts
- Metropolitan Planning Organizations (MPO)
- Public Charter Schools or Charter Technical Career Centers

[1] 60S-1.007(2) F.A.C.

Covered Groups

About

There are four groups of employees that may be covered under the FRS: elected officials, firefighters, police officers and general employees. An entity can join for these covered groups collectively or individually. Social security coverage is mandatory for all FRS participating agencies in accordance with 60S-1.007(1), F.A.C.

Elected Officials

All elected officials are members of the Regular Class; however, at the time of joining, the agency can choose to designate the elected official positions to the Elected Officers' Class (EOC) membership within the FRS.

The elected official positions are designated to the EOC by resolution or ordinance in accordance with 60S-6.001(26), F.A.C.

Firefighters

Firefighters who are members of a firefighters' pension trust fund established in accordance with Chapter 175, F.S., must hold a referendum and a majority must agree to join the FRS to begin the joining process.

Police Officers

Police officers who are members of a police officers' pension trust fund established in accordance with Chapter 185, F.S., must hold a referendum and a majority must agree to join the FRS to begin the joining process.

General Employees

Employees who are not elected officials, firefighters or police officers will be under the covered group of general employees in accordance with 60S-6.001(57), F.A.C. General employee positions include senior managers, correctional officers, forensic professionals, emergency medical technicians (EMTs) and paramedics.

FAQs

Can an entity join for one employee and not the rest of a covered group?

No. When an entity joins the FRS, it must join for an entire covered group (e.g., general employees, police officers, firefighters or elected officials).

Can an entity join for just its senior managers?

No. An entity must join for the covered group of general employees. Upon joining, an agency can choose to designate eligible full-time positions to the Senior Management Service Class in accordance with 121.055(1)(b)., F.S.

Can an entity join for just its full-time employees?
No. If an entity joins for a covered group, it must include all employees filling part-time and full-time regularly established positions, in accordance with 60S-6.001(58), F.A.C., even if the employees were not covered for benefits under an existing retirement plan.

Employee Positions

About

An entity must enroll and report all employees who fill a regularly established position, under the designated covered group in accordance with 60S-6.001(58), F.A.C.

Employees are not eligible for FRS membership if they work in a temporary, independent contractor or co-employer position.

Regularly Established
A regularly established position in a local agency (e.g., county agency, district school board, community college, or a participating city, special district, metropolitan planning organization or charter school), other than a water management district operating pursuant to Chapter 373, F.S., is an employment position that will be in existence beyond six consecutive calendar months in accordance with 60S-6.001(58), F.A.C. This includes part- or full-time positions. The expected time the position will exist, not the length of time an employee is anticipated to fill the position, determines membership in the FRS.

Temporary
A temporary position in a local agency is defined as the following:

- An employment position that will not exist beyond six consecutive calendar months, in accordance with 60S-1.004(5)(b)1., F.A.C.
- An employment position, regardless of whether it will exist beyond six consecutive calendar months, in accordance with 60S-1.004(5)(b)2 and (b)3, F.A.C.
    - An instructional position established with no guarantee of continuation beyond one term
    - Student positions
    - Work-Study positions
    - Substitute teacher positions
    - On call positions
    - CETA and JTPA, and “enrollees” in Senior Community Service Employment Program
    - Non-salaried elected positions
    - DROP participants of a local retirement system in accordance with 60S-1.0075(3)(b)1.a., F.A.C.

Past Service

About

Past service is service earned with an entity before that entity joined the FRS. An entity has the option to purchase past service for its employees only at the time of joining the FRS in accordance with 121.051(b)3, F.S.

In accordance with section 121.081(1)(h)1, F.S., which states the following:

> "…past-service credit may not be purchased under this chapter for any service that is used to obtain a pension or benefit from a local retirement system. Eligibility to receive or the receipt of contributions to a retirement plan made by the employer on behalf of the employee is considered a benefit."

If the agency purchases past service, it must purchase the same period of time of service for all eligible employees. Past service is always purchased at the Regular Class rate under the FRS Pension Plan.

Past service purchased at the Regular Class rate may be upgraded by a municipality or special district for FRS Pension Plan law enforcement officers, firefighters and correctional officers to the extent of two percent of the member's average monthly compensation in accordance with 121.051(6), F.S.

If the entity does not purchase past service for its employees, the employees may be eligible to purchase their past service on an individual basis.

FAQs

Can an entity purchase past service for all employees?

No. The entity cannot purchase past service for the following:

- FRS Pension Plan retirees without renewed membership.
- FRS Investment Plan retirees without renewed membership prior to July 1, 2017.
- Employees currently participating in the Deferred Retirement Option Program (DROP) with another FRS employer.

Can an entity purchase past service for part-time employees?

Yes. Part-time employees who fill regularly established positions are eligible for past service.

Can an entity purchase past service at the Senior Management Service Class or the Special Risk Class rate?

No. Past service can only be purchased at the Regular Class rate. After purchasing past service at the Regular Class rate, the entity or member can upgrade the service to the Senior Management Service Class or the Special Risk Class rate (if eligible). Special Risk Class members may only upgrade their past service to the extent of two percent of the member's average monthly compensation.

Can an entity purchase past service at the Elected Officers' Class rate?
No. Past service can only be purchased at the Regular Class rate. Upgrading service to the Elected Officers' Class (EOC) can only be paid for by the elected official after the agency designates the elected positions to the EOC at the time of joining.

Can employees use employer-paid contributions from their current local retirement system to purchase past service on their own?
No. In accordance with section 121.081(1)(h)1., F.S., which states the following:

> "…past-service credit may not be purchased under this chapter for any service that is used to obtain a pension or benefit from a local retirement system. Eligibility to receive or the receipt of contributions to a retirement plan made by the employer on behalf of the employee is considered a benefit."

Can all employees purchase past service?
No. While an entity may purchase past service for all eligible members at the time of joining, active FRS Investment Plan members are not eligible to purchase past service.

Can an employee be vested if the entity purchases eight years of past service for its employees?
Yes. If the entity purchases enough past service for the member to meet the FRS vesting requirement, they are considered vested.

Who is responsible for certifying past service earnings?
The agency must certify past service salary information for all employees who earned salaries while not participating in a retirement plan, making them eligible to claim past service under the FRS once the agency completes the agency join. Salary information is submitted to the Division of Retirement by fiscal year (July 1 – June 30) for all eligible employees.

Membership Classes

About

The FRS has five classes of membership, for members participating in the FRS Pension Plan and the FRS Investment Plan. The FRS membership classes are: Senior Management Service Class (SMSC), Elected Officers' Class (EOC), Special Risk Class, Special Risk Administrative Support Class and Regular Class.

Effective July 1, 2010, FRS Pension Plan retirees became ineligible for renewed membership.

Senior Management Service Class
The Senior Management Service Class (SMSC) is available to members filling certain compulsory or designated positions. The manager or administrator of each municipality is a compulsory member of the SMSC.

In accordance with section 121.055(1)(b)1.b., F.S., local government agencies participating in the FRS are allowed to designate up to 10 nonelective, full-time positions (in addition to the manager or administrator) to be included in the SMSC. If the agency has 100 or more regularly established positions, it can designate one additional senior management position for every 100 regularly established positions, as long as the additional number does not exceed one percent of the regularly established positions in the agency.

Each position added to the class must be a managerial or policymaking position filled by an employee who is not subject to a continuing contract and serves at the pleasure of the local agency employer without civil service protection and meets the following conditions:

- Heads an organizational unit.
- Has responsibility to effect or recommend personnel, budget, expenditure or policy decisions in his or her areas of responsibility.

Agencies are required to publish a notice of intent as provided in Chapter 50, F.S., before designating a position to be included in the SMSC.

Elected Officers' Class
The Elected Officers' Class (EOC) is available for members holding elected state or local office if the entity designates the positions to the EOC by ordinance or resolution at the time of joining the FRS.

Elected officials shall become members of the EOC only if the governing body of the municipality or special district, at the time it joins the FRS for its elected officials, elects by majority vote to include all its elected official positions in the EOC , in accordance with section 121.052(2)(f), F.S. Otherwise, elected officials will be members of the Regular Class.

Special Risk Class
The Special Risk Class is available for members employed as law enforcement officers, firefighters, correctional officers, emergency medical technicians, paramedics and other positions that meet the statutory criteria for membership.

A member must meet the criteria to be a member of the Special Risk Class in accordance with section 121.0515, F.S., and employed in one of the following positions:

- Law Enforcement Officer
- Firefighter
- Correctional Officer and Community-Based Correctional Probation Officer
- Emergency Medical Technician or Paramedic
- Forensic Professionals

Special Risk Administrative Support Class
The Special Risk Administrative Support Class is for a former Special Risk Class member who is reassigned or reemployed in a position that is not classified as a Special Risk Class position but provides administrative support for employers with specified Special Risk Class employees.

A member must meet the criteria to be a member of the Special Risk Administrative Support Class in accordance with section 121.0515(8), F.S.

Regular Class
The Regular Class is for all members who are not eligible to participate in any other class of FRS membership (e.g., Senior Management Service Class, Elected Officers' Class, Special Risk Class or Special Risk Administrative Support Class).

Contribution Rates

About

The FRS is an employee and employer contributory retirement plan. The contribution rates are determined by the Florida Legislature, reviewed annually and fluctuate.

Effective July 1, 2011, employees began contributing three percent of their gross monthly salary on a pre-tax basis. The agency also contributes an amount equal to the gross monthly salary multiplied by the corresponding employer rate (see contribution rates).

Employer Contributions

How are contributions paid?
The Division of Retirement requires all agencies to pay retirement contributions electronically, either through the Department of Revenue Electronic Tax Payment System or by wire transfers. Retirement contributions and the accompanying retirement data must be submitted to the Division of Retirement by each month's due date.

When are contributions due?
In accordance with 60S-3.011(1), F.A.C., all retirement contributions are due to the Division of Retirement no later than the fifth business day of the month following the month the salary is paid. For example, for salaries paid to employees in May the retirement contributions are due no later than the fifth business day of June. Retirement contributions not remitted timely are subject to a delinquency fee of one percent which will be assessed and billed to the entity, in accordance with 60S-3.001(2)(a), F.A.C.

Does the entity pay the same contribution rate for each membership class?
No. Each membership class has a different contribution rate.

How much do employees contribute to the FRS?
Effective July 1, 2011, each employee employed in a regularly established position is required to contribute three percent of their gross monthly salary on a pre-tax basis. (Exceptions: FRS DROP members or reemployed Pension Plan retirees).

Are additional voluntary employee contributions allowed?
No. Only the required employer and employee contributions fund the FRS.

Joining Process

About

Joining the FRS is an irrevocable decision. There are no provisions to withdraw from the FRS once an entity begins participating.

Submit an Application

The governing body of any municipality, metropolitan planning organization, special district or public charter school in the state may elect to participate in the FRS upon proper application, in accordance with 60S-1.007(2)., F.A.C.

The joining process begins by submitting an application on the Division of Retirement's website at the following link: https://frs.fl.gov/

Documents to Upload with Application

The following documents for each type of entity are required to be uploaded to complete the application:

- Public Charter School
  - Copy of school charter reflecting that the school operates as a public employer.
- Charter Technical Career Center
  - Copy of charter reflecting sponsorship by a public community or state college.
- Metropolitan Planning Organization (MPO), Municipality or Special District
  - Copy of entity's establishing document.

Once the application has been submitted on the Division of Retirement's website, a representative will review the documentation within two weeks. An eligible entity will receive an email notification with information to continue the joining process.

Documents to Submit Prior to Join Date

In accordance with 60S-1.007(3)-(7), F.A.C., the following required documents must be submitted prior to the FRS join effective date:

- State and Agency Agreement (two originals to be mailed)

Documents to be uploaded:

- Majority vote Referendum for a firefighter Chapter 175 F.S. or police officer Chapter 185, F.S. plan
- Ordinance for municipalities
- Resolution for charter schools, charter technical centers, special districts and MPOs
- Certified Financial Statement
- Referendum
- Election Ballots (for agencies with existing retirement plans)
- Additional documentation, as required

All required documents necessary for extending FRS coverage shall be delivered to the Division of Retirement for consideration at least 15 days prior to the effective date of FRS coverage in accordance with 60S-1.007(8) F.A.C. If this deadline is not met, the Division of Retirement may require a change to the FRS coverage effective date.

Employer Resources

FRS Pension Plan Employer Handbook

The FRS Pension Plan Employer Handbook is an online guide for the agencies participating in the FRS. The information in the handbook will assist agencies in matters related to the FRS Pension Plan and the FRS Investment Plan in those areas for which the Division of Retirement is responsible and facilitate communications between the division and member agencies. This handbook includes the following:

- Procedures for reporting FRS covered salary and required retirement contributions.
- Benefit information and health insurance subsidy information and procedures for members of the FRS Pension Plan.
- Information on disability benefits and health insurance subsidy payments available for members of the FRS Investment Plan.

To view the FRS Pension Plan Employer Handbook, click here.

Contact Information

How can an entity contact the Division of Retirement?
You may send an email to agencyjoin@dms.fl.gov or call 1-877-377-1266, option three.

Florida Statutes

Click here to view Chapter 121, Florida Statutes.

Florida Administrative Code

Click here to view Chapter 60S, Florida Administrative Code.