02/03/20 REVISOR SGS/CC 20-6647 as introduced

SENATE STATE OF MINNESOTA NINETY-FIRST SESSION

S.F. No. 3027

(SENATE AUTHORS: REST)

DATE D-PG 02/13/2020

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OFFICIAL STATUS

Introduction and first reading Referred to Health and Human Services Finance and Policy

1.1 A bill for an act

relating to health; allowing patients who receive disability payments from the Railroad Retirement Board to pay a lower enrollment fee for the medical cannabis program; amending Minnesota Statutes 2018, section 152.35.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

Section 1. Minnesota Statutes 2018, section 152.35, is amended to read:

152.35 FEES; DEPOSIT OF REVENUE.

- (a) The commissioner shall collect an enrollment fee of \$200 from patients enrolled under this section. If the patient attests to receiving <u>disability payments from the Railroad Retirement Board, Social Security disability, or Supplemental Security Insurance payments, or to being enrolled in medical assistance or MinnesotaCare, then the fee shall be \$50. The fees shall be payable annually and are due on the anniversary date of the patient's enrollment. The fee amount shall be deposited in the state treasury and credited to the state government special revenue fund.</u>
- (b) The commissioner shall collect an application fee of \$20,000 from each entity submitting an application for registration as a medical cannabis manufacturer. Revenue from the fee shall be deposited in the state treasury and credited to the state government special revenue fund.
- (c) The commissioner shall establish and collect an annual fee from a medical cannabis manufacturer equal to the cost of regulating and inspecting the manufacturer in that year.

 Revenue from the fee amount shall be deposited in the state treasury and credited to the state government special revenue fund.

Section 1.

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(d) A medical cannabis manufacturer may charge patients enrolled in the registry program a reasonable fee for costs associated with the operations of the manufacturer. The manufacturer may establish a sliding scale of patient fees based upon a patient's household income and may accept private donations to reduce patient fees.

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Section 1. 2