



SOUTH DAKOTA MEDICAL CANNABIS PROGRAM

600 EAST CAPITOL AVENUE
PIERRE, SD 57501-2536

“MC MINUTE”

05/01/23

Legislative Updates!

The following statutory changes will go into effect July 1, 2023, unless otherwise stated. Please plan accordingly:

- ✓ **SB 1 – Modify debilitating medical conditions for medical cannabis use.**
Adds AIDS/HIV, ALS, Multiple Sclerosis, Crohn’s disease, epilepsy, seizure, Post-Traumatic Stress Disorder, and cancer or its treatment (if associated with severe or chronic pain, nausea/vomiting, or severe wasting) to the list of debilitating medical conditions eligible for medical cannabis use. It also repeals the petition process in § 34-20G-26.
- ✓ **SB 198 – Allow medical cannabis establishments to maintain certain cardholder data and to declare an emergency. (Effective date March 8, 2023).** Allows cardholders to authorize medical cannabis establishments to maintain the cardholder’s name and other personally identifiable information for the limited purpose of receiving direct communication regarding the cardholder’s individual medical needs or use of a specific product.
- ✓ **HB 1053 – Prohibit the issuance of a written certification to a pregnant woman or breastfeeding mother for purposes of medical cannabis use.** Prohibits a practitioner from issuing a written certification for medical cannabis use to a pregnant or breastfeeding woman. This also clarifies that severe nausea associated with pregnancy does not qualify as a debilitating medical condition.
- ✓ **HB 1150 – Provide a medical cannabis patient a registry identification card fee waiver in certain circumstances.** Provides for a waiver of the fee for a medical cannabis registry card for patients whose initial certification from their practitioner was for 60 days or less. The patient may only receive one fee waiver per calendar year.
- ✓ **HB 1154 – Modify acceptable conduct for practitioners related to medical cannabis.** Prohibits practitioners from:
 - Offering discounts, deals, or other financial incentives for making an appointment for the purpose of receiving a written certification for medical cannabis use.

AUTHORIZATION FORM

- Conducting the medical assessment required for the bona fide practitioner-patient relationship in a space licensed for the sale of alcohol, or
- Charging a patient based on the term of a written certification issued to the patient.
- Makes it a Class 2 misdemeanor for an entity to offer discounts, deals, or other financial incentives for making an appointment for the purpose of receiving a written certification for medical cannabis use or charging a patient based on the duration of a written certification issued to the patient.



REMINDERS!

- ❖ **Attached** is a sample consent form that can be utilized with medical cannabis patients to voluntarily share their personal information in order to communicate more effectively regarding their individual medical needs or product use. Establishments may use this form or create one of their own to keep on file.
- ❖ **Attention cultivators and manufacturers!** Per ARSD 44:90:09:01, effective July 1, 2023, the following tests are required for cannabis and cannabis products prior to transfer for retail sale:
 - Mycotoxins
 - Metals
 - Pesticides
 - Solvents
- ❖ **Attention all establishments!** Per ARSD 44:90:04:16, the following training is mandatory:
 - *Prior to performing duties onsite or transporting cannabis, a medical cannabis establishment agent shall receive at minimum two hours of training in record-keeping. The agent's training must be documented in the establishment's records.*
 - *Any establishment agent who will enter data into the inventory tracking system required by the department shall additionally receive at minimum two hours of hands-on training. At least one establishment agent for each establishment shall receive at minimum four hours of training to act as an administrator of the inventory tracking system.*

AUTHORIZATION FORM

Establishment Information

Name:
Address:

Please complete the following form and print legibly. Only fill in the information that you are specifically consenting to allow the establishment to keep on record.

Name:
Address:
Phone:

- I consent to receive text messages at this number
- I do not consent to receive text messages at this number.

Email:

By signing this form:

1. I understand that providing this information is voluntary and is not required for the purchase of medical cannabis products.
2. I understand that the establishment may maintain this information for the limited purpose of sending me direct communication regarding my individual medical needs or my use of a specific product.
3. I understand that I may provide some, or all, of the information requested above.
4. I verify that I have been given the opportunity to ask questions and receive answers about signing this authorization form.
5. I understand that, unless I provide an earlier expiration date, this authorization form will remain in effect for one (1) year from date of my signature. **Expiration Date:** _____

Signature:	Date:
Establishment Witness Signature:	Date:

NOTICE: This form, and any of its contents, does not, and is not intended to, constitute legal advice.