

COMMONWEALTH OF PENNSYLVANIA

LEGISLATIVE JOURNAL

MONDAY, MARCH 14, 2016

SESSION OF 2016

200TH OF THE GENERAL ASSEMBLY

No. 10

HOUSE OF REPRESENTATIVES

The House convened at 1 p.m., e.d.t.

THE SPEAKER (MIKE TURZAI) PRESIDING

PRAYER

The SPEAKER. Our prayer today will be offered by Rev. Chris Mitchell of No Greater Joy Ministries. While it indicates here that he is from Pleasantville, Tennessee, he is in fact at this time ministering in the city of Jerusalem. He is the guest of our friend and colleague, Representative Rick Saccone.

Reverend.

REV. CHRIS MITCHELL, Guest Chaplain of the House of Representatives, offered the following prayer:

Heavenly Father, we live in a world of increased trouble, turmoil, and terror. The men and women of this august body have been appointed and called for such a time as this to make profound decisions, to address the great issues of our day – issues of life and death, war and peace, and prosperity a want. They need wisdom to make informed decisions, sound policy, and wise legislation. Men of this State and men of this country in times past sought Your counsel and wisdom.

On March 5, 1681, William Penn wrote that he believed God would make his colony "...the Seed of a Nation." Penn wanted his Pennsylvania to be a, quote, "holy seed of a nation," an example to the nations, "For the Nations want a precedent....," that we do the thing that is wise and just.

Benjamin Franklin on June 28, 1787, spoke during a crisis of the writing of our national Constitution and said, "I have lived, Sir, a long time, and the longer I live, the more convincing proofs I see of this truth – that God Governs in the affairs of men. And if a sparrow cannot fall to the ground without his notice, is it probable that an empire can rise without his aid? We have been assured, Sir, in the sacred writings, that 'except the Lord build...they labour in vain that build it.' I firmly believe this; and I also believe that without his concurring aid we shall succeed in this political building no better, than the Builders of Babel:..."

President Abraham Lincoln once quoted the Scripture, "A house divided against itself cannot stand." And as the Scripture says, "How can two walk together unless they be agreed?"

On June 6, 1944, Gen. Dwight Eisenhower, on the eve of one of the great battles of our age, "...beseech the blessing of Almighty God upon this great and noble undertaking."

Father, may the wisdom and favor You showered upon the founding of this State, may the grace You bestowed on the framing of our great national Constitution in this very State, and may the blessing You granted on the noble and great undertakings in times past be upon this body.

On the 60th anniversary of our national motto, "In God We Trust," may You bless the men and women on both sides of the aisle to create just laws and sound policy so that the vision of William Penn would be fulfilled that Pennsylvania would be a holy seed to the nation, an example to the nations, and a blessed land. We ask that in the name of Jesus Christ. Amen.

PLEDGE OF ALLEGIANCE

(The Pledge of Allegiance was recited by members and visitors.)

JOURNAL APPROVAL POSTPONED

The SPEAKER. Without objection, the approval of the Journal of Wednesday, February 10, 2016, will be postponed until printed.

BILLS REPORTED FROM COMMITTEE, CONSIDERED FIRST TIME, AND TABLED

HB 1171, PN 1519

By Rep. TAYLOR

An Act designating an overpass on State Route 49 over State Route 15, Lawrence Township, Tioga County, as the Lance Corporal Michael G. Plank Memorial Bridge.

TRANSPORTATION.

HB 1561, PN 2241

By Rep. TAYLOR

An Act amending Title 75 (Vehicles) of the Pennsylvania Consolidated Statutes, in powers of Department of Transportation and local authorities, further providing for display of unauthorized signs, signals or markings.

TRANSPORTATION.

HB 1685, PN 2505

By Rep. TAYLOR

An Act designating a bridge on that portion of State Route 1026, Section 004 over the Cocalico Creek, Denver Borough, and West Cocalico Township, Lancaster County, as the Samuel L. Snyder Memorial Bridge.

TRANSPORTATION.

HB 1711, PN 2565

By Rep. TAYLOR

An Act designating a bridge on a portion of Sheep Bridge Road over I-83, Newberry Township, York County as the Staff Sgt. Jason M. Faley Memorial Bridge.

TRANSPORTATION.

HB 1740, PN 2619

By Rep. TAYLOR

An Act amending Title 75 (Vehicles) of the Pennsylvania Consolidated Statutes, in miscellaneous provisions, further providing for police reports.

TRANSPORTATION.

HB 1762, PN 2672

By Rep. TAYLOR

An Act designating a bridge on that portion of Greenwood Avenue over the SEPTA tracks in Cheltenham Township and Jenkintown Borough, Montgomery County, as the Honorable Lawrence H. Curry Bridge.

TRANSPORTATION.

HB 1787, PN 2733

By Rep. TAYLOR

An Act designating a portion of State Route 1013 in Philadelphia County as the Michael R. Goodwin, Sr. Memorial Highway.

TRANSPORTATION.

SB 61, PN 1596 (Amended)

By Rep. TAYLOR

An Act amending Title 75 (Vehicles) of the Pennsylvania Consolidated Statutes, in operation of vehicles, further providing for drivers of emergency vehicles.

TRANSPORTATION.

COMMUNICATION FROM DEMOCRATIC LEADER

COMMITTEE APPOINTMENT

The SPEAKER. The clerk will read the following communication from the minority leader, Representative Dermody.

The following communication was read:

House of Representatives
Commonwealth of Pennsylvania
Harrisburg

March 2, 2016

Honorable Michael Turzai
Speaker of the House of Representatives
139 Main Capitol
Harrisburg, PA 17120

Dear Speaker Turzai:

Pursuant to House Rule 43, I do hereby appoint the Honorable John T. Galloway as the minority chair of the House Labor and Industry Committee.

Sincerely,
Frank Dermody
33rd Legislative District
Democratic Leader

REPORT SUBMITTED

The SPEAKER. The Speaker acknowledges receipt of the 2015 Annual Legislative Report on the Keystone Innovation Zone Tax Credit and Tax Credit Sale Programs, submitted by the Pennsylvania Department of Community and Economic Development.

(Copy of report is on file with the Journal clerk.)

HOUSE RESOLUTION INTRODUCED AND REFERRED

No. 698 By Representative TAYLOR

A Resolution urging the selection of the City of Philadelphia as the host city of the 2017 World Wrestling Championships.

Referred to Committee on TOURISM AND RECREATIONAL DEVELOPMENT, February 23, 2016.

HOUSE BILLS INTRODUCED AND REFERRED

No. 922 By Representatives LAWRENCE, BARRAR, BLOOM, DIAMOND, DUNBAR, DUSH, FEE, GIBBONS, GILLEN, GROVE, HEFFLEY, HELM, IRVIN, KNOWLES, LEWIS, MENTZER, MURT, REESE, TALLMAN, TOPPER, TRUITT and ZIMMERMAN

An Act amending Title 74 (Transportation) of the Pennsylvania Consolidated Statutes, in sustainable mobility options, further providing for fund.

Referred to Committee on TRANSPORTATION, February 18, 2016.

No. 927 By Representative LAWRENCE

An Act amending Title 75 (Vehicles) of the Pennsylvania Consolidated Statutes, in registration of vehicles, providing for special plates for recipients of the Legion of Merit.

Referred to Committee on TRANSPORTATION, March 10, 2016.

No. 1657 By Representatives QUINN, BAKER, BARBIN, CALTAGIRONE, P. COSTA, COX, DAVIS, DIAMOND, FEE, FLYNN, GILLEN, GILLESPIE, GODSHALL, PHILLIPS-HILL, JOZWIAK, KAUFER, KNOWLES, LONGIETTI, MACKENZIE, MILLARD, B. MILLER, MURT, MUSTIO, O'BRIEN, PETRI, READSHAW, REESE, ROZZI, SANTORA, SAYLOR, STURLA, THOMAS, WARD, WATSON, YOUNGBLOOD, A. HARRIS, EVERETT and WHEELAND

An Act providing for preauthorizations conducted by utilization review entities relating to health care services.

Referred to Committee on HEALTH, March 10, 2016.

No. 1766 By Representatives PICKETT and DeLUCA

An Act amending Title 40 (Insurance) of the Pennsylvania Consolidated Statutes, providing for standard valuation; and making related repeals regarding Act 284 of 1921 and Act 285 of 1921.

Referred to Committee on INSURANCE, February 17, 2016.

No. 1840 By Representatives GOODMAN, GILLESPIE, HARHAI, FARINA, READSHAW, D. COSTA, GERGELY, GIBBONS, GROVE, HAHN, A. HARRIS, PHILLIPS-HILL, KAUFFMAN, KNOWLES, LAWRENCE, MAHONEY, MASSER, McNEILL, MILLARD, MOUL, MURT, REGAN, ROZZI, SCHLOSSBERG, WARD and ZIMMERMAN

An Act amending Title 34 (Game) of the Pennsylvania Consolidated Statutes, in Pennsylvania Game Commission, further providing for junior hunter projects; and, in hunting and furtaking licenses, further providing for unlawful acts concerning licenses.

Referred to Committee on GAME AND FISHERIES, February 17, 2016.

No. 1841 By Representatives KILLION, DEASY, WARD, SAYLOR, COHEN, MUSTIO, CHRISTIANA and GIBBONS

An Act amending the act of December 20, 1985 (P.L.457, No.112), known as the Medical Practice Act of 1985, further providing for perfusionist.

Referred to Committee on PROFESSIONAL LICENSURE, February 18, 2016.

No. 1842 By Representatives KILLION, DEASY, WARD, SAYLOR, COHEN, MUSTIO, CHRISTIANA and GIBBONS

An Act amending the act of October 5, 1978 (P.L.1109, No.261), known as the Osteopathic Medical Practice Act, further providing for perfusionist.

Referred to Committee on PROFESSIONAL LICENSURE, February 18, 2016.

No. 1849 By Representatives PAYNE, BAKER, CORBIN, CUTLER, GROVE, A. HARRIS, IRVIN, JAMES, MAJOR, MASSER, MILLARD, MILNE, MURT, O'NEILL, PETRI, ROTHMAN, TOPPER, WATSON, WHEELAND, MOUL, EVERETT and ZIMMERMAN

An Act making an appropriation from the General Fund to the Department of Health for the purpose of biotechnology research for the fiscal year July 1, 2015, to June 30, 2016.

Referred to Committee on APPROPRIATIONS, February 17, 2016.

No. 1851 By Representatives TALLMAN, THOMAS, O'BRIEN, MAHONEY, TOOHIL, D. COSTA, ROZZI, LONGIETTI, MURT, DEASY, OBERLANDER and MOUL

An Act amending the act of May 22, 1951 (P.L.317, No.69), known as The Professional Nursing Law, regulating the practice of diabetes education and licensure of diabetes educators; and further providing for penalties.

Referred to Committee on PROFESSIONAL LICENSURE, February 17, 2016.

No. 1852 By Representatives CUTLER, CORBIN, GREINER, STEPHENS, BLOOM, HICKERNELL, MILLARD, WATSON, BAKER, WARD, STAATS, ROTHMAN, SANTORA, KILLION, BARRAR, CAUSER, BOBACK, DUSH, SONNEY, ELLIS, KAUFER, KNOWLES, O'NEILL, FEE, MENTZER, TOEPEL, REED, A. HARRIS, MARSICO, GERGELY, KAUFFMAN, EMRICK, EVERETT, ROSS, WHEELAND, GROVE, MASSER, PETRI, MILNE, ZIMMERMAN, MAJOR, OBERLANDER, MOUL, GILLEN and BENNINGHOFF

An Act making an appropriation from the General Fund to the Department of Health for the purpose of amyotrophic lateral sclerosis support services for the fiscal year July 1, 2015, to June 30, 2016.

Referred to Committee on APPROPRIATIONS, February 17, 2016.

No. 1853 By Representative BARRAR

An Act making an appropriation from the General Fund to the Pennsylvania Emergency Management Agency for the purpose of search and rescue programs for the fiscal year July 1, 2015, to June 30, 2016.

Referred to Committee on APPROPRIATIONS, February 17, 2016.

No. 1854 By Representative BARRAR

An Act making an appropriation from the General Fund to the Pennsylvania Emergency Management Agency for the purpose of local municipal emergency relief for the fiscal year July 1, 2015, to June 30, 2016.

Referred to Committee on APPROPRIATIONS, February 17, 2016.

No. 1855 By Representatives MCCLINTON, BULLOCK, THOMAS, W. KELLER, J. HARRIS, V. BROWN, SCHLOSSBERG, KIM, KINSEY, COHEN, YOUNGBLOOD, NEILSON, BRADFORD and ACOSTA

An Act amending Title 25 (Elections) of the Pennsylvania Consolidated Statutes, in voter registration, further providing for qualifications to register, for government agencies and for preparation and distribution of applications.

Referred to Committee on STATE GOVERNMENT, February 17, 2016.

No. 1856 By Representatives JAMES, BAKER, BENNINGHOFF, BIZZARRO, CALTAGIRONE, CAUSER, CONKLIN, CORBIN, D. COSTA, COX, DiGIROLAMO, DONATUCCI, DRISCOLL, DUSH, ELLIS, ENGLISH, FARINA, FREEMAN, HAHN, A. HARRIS, KAMPF, KINSEY, KOTIK, LEWIS, LONGIETTI, MAHONEY, MAJOR, MARSHALL, MARSICO, MASSER, MENTZER, MILLARD, MURT, OBERLANDER, PEIFER, RAPP, READSHAW, REESE, REGAN, SCHWEYER, SONNEY, THOMAS, TOEPEL, VEREB, WARD, WENTLING,

WHEELAND, YOUNGBLOOD, PAYNE, GOODMAN, GROVE, GILLEN, EVERETT, NEILSON, SANKEY, PICKETT, JOZWIAK, HARHART, BRADFORD, MOUL and FARRY

An Act designating a bridge on that portion of U.S. Route 62 over the Allegheny River in Oil City, Venango County, as the Specialist Jonathan R. Kephart Memorial Bridge.

Referred to Committee on TRANSPORTATION, February 17, 2016.

No. 1857 By Representatives DERMODY, PETRARCA, THOMAS, J. HARRIS, READSHAW, V. BROWN, CALTAGIRONE, FREEMAN, GERGELY, SCHREIBER, COHEN, YOUNGBLOOD, ROZZI, McNEILL, MURT, SCHWEYER, DRISCOLL, O'BRIEN, NEILSON, MAHONEY, GAINEY, CONKLIN, DAVIS, D. COSTA, KINSEY, SCHLOSSBERG, PYLE, BULLOCK, D. MILLER, GIBBONS, MARSHALL, BRADFORD and DeLUCA

An Act amending the act of December 5, 1936 (2nd Sp.Sess., 1937 P.L.2897, No.1), known as the Unemployment Compensation Law, in compensation, providing for temporary lockout benefits and further providing for rate and amount of compensation.

Referred to Committee on LABOR AND INDUSTRY, February 18, 2016.

No. 1858 By Representatives KORTZ, BOBACK, READSHAW, STAATS, ENGLISH, ROTHMAN, MURT, KOTIK, HARPER, SACCONI, McNEILL, SCHLOSSBERG, WARD, CUTLER, D. COSTA, NEILSON, BENNINGHOFF, HARHAI, JAMES, HELM, YOUNGBLOOD, O'BRIEN, FARINA, KIRKLAND, PYLE, DeLUCA, EVERETT, ROEBUCK, GOODMAN, SAINATO, BARRAR, WATSON, MACKENZIE, GINGRICH, V. BROWN, RADER, M. DALEY, HARKINS, LONGIETTI, GERGELY, BURNS, MAHONEY, HAHN, GIBBONS, DONATUCCI and GABLER

An Act amending the act of March 10, 1949 (P.L.30, No.14), known as the Public School Code of 1949, in high schools, providing for graduation requirement.

Referred to Committee on VETERANS AFFAIRS AND EMERGENCY PREPAREDNESS, March 10, 2016.

No. 1859 By Representatives GROVE, TALLMAN, BLOOM, KAUFFMAN, MILLARD, PHILLIPS-HILL, HICKERNELL, WARD, GABLER, RADER, EVERETT, MOUL and WARNER

An Act amending Title 72 (Taxation and Fiscal Affairs) of the Pennsylvania Consolidated Statutes, providing for reform of State government and the generation of revenue through nontax sources.

Referred to Committee on STATE GOVERNMENT, February 23, 2016.

No. 1860 By Representatives R. BROWN, BARRAR, BOBACK, COHEN, D. COSTA, SCHLEGEL CULVER, DUNBAR, GILLEN, GREINER, GROVE, A. HARRIS, HEFFLEY, PHILLIPS-HILL, KAUFFMAN, MILLARD, MILNE, OBERLANDER, PETRI, QUIGLEY, QUINN,

READSHAW, ROZZI, SACCONI, SAINATO, STAATS, THOMAS, WARD and WATSON

An Act amending the act of May 26, 1947 (P.L.318, No.140), known as the CPA Law, establishing a continuing education pilot program for certified public accountants assisting volunteer firefighter organizations.

Referred to Committee on PROFESSIONAL LICENSURE, February 17, 2016.

No. 1861 By Representatives HAHN, PICKETT, BOBACK, NEILSON, READSHAW, TOPPER, MILLARD, McGINNIS, HARHART, YOUNGBLOOD, WARD, MILNE, EVERETT, MURT, O'NEILL, GINGRICH, KORTZ, A. HARRIS, KAUFFMAN, JOZWIAK, DAVIS, HICKERNELL, D. COSTA, DeLUCA, GILLEN, FEE and ZIMMERMAN

An Act amending Title 75 (Vehicles) of the Pennsylvania Consolidated Statutes, in licensing of drivers, further providing for driving while operating privilege is suspended or revoked.

Referred to Committee on TRANSPORTATION, February 17, 2016.

No. 1862 By Representatives TOPPER, METZGAR, CORBIN, ELLIS, CAUSER, WARD, MARSHALL, EMRICK, DUNBAR, ROTHMAN, JAMES, MILLARD, OBERLANDER, BOBACK, SONNEY, O'NEILL, SAYLOR, REED, RAPP, WATSON, FEE, A. HARRIS, EVERETT, WHEELAND, GROVE, MASSER, PETRI, MILNE, ZIMMERMAN, MAJOR, GILLEN, HEFFLEY and BENNINGHOFF

An Act making an appropriation from the General Fund to the Department of Education for the purpose of regional community college services for the fiscal year July 1, 2015, to June 30, 2016.

Referred to Committee on APPROPRIATIONS, February 17, 2016.

No. 1863 By Representatives DAVIS, NEILSON, DRISCOLL, THOMAS, McNEILL, COHEN, RADER, KOTIK, SANTARSIERO, KORTZ, ROZZI, BULLOCK and DONATUCCI

An Act amending the act of July 31, 1968 (P.L.805, No.247), known as the Pennsylvania Municipalities Planning Code, in zoning, further providing for ordinance provisions.

Referred to Committee on LOCAL GOVERNMENT, February 17, 2016.

No. 1864 By Representatives HARHART, READSHAW, R. BROWN, COHEN, D. COSTA, ELLIS, GIBBONS, GILLESPIE, GOODMAN, GROVE, PHILLIPS-HILL, KAVULICH, KNOWLES, KOTIK, LONGIETTI, MILLARD, O'NEILL, PETRI, REGAN, ROZZI, SAYLOR, SIMS, SNYDER, STURLA, THOMAS, TOBASH, WARD, WATSON and YOUNGBLOOD

An Act amending the act of May 3, 1933 (P.L.242, No.86), referred to as the Cosmetology Law, further providing for student practice upon the public for pay prohibited.

Referred to Committee on PROFESSIONAL LICENSURE, February 18, 2016.

No. 1866 By Representatives D. COSTA, DeLUCA, DAVIS, COHEN, NEILSON, MAHONEY, HAHN, McNEILL and CALTAGIRONE

An Act amending Title 66 (Public Utilities) of the Pennsylvania Consolidated Statutes, in common carriers, providing for paratransit service.

Referred to Committee on CONSUMER AFFAIRS, February 23, 2016.

No. 1867 By Representatives MURT, BRADFORD, V. BROWN, BULLOCK, FARINA, FLYNN, FREEMAN, GODSHALL, GROVE, HARHAI, HARHART, PHILLIPS-HILL, KINSEY, LAWRENCE, LONGIETTI, MAHONEY, MAJOR, MILNE, NEILSON, O'BRIEN, ORTITAY, READSHAW, ROZZI, SAMUELSON, SAYLOR, THOMAS, WHEELAND, YOUNGBLOOD and ZIMMERMAN

An Act amending the act of March 4, 1971 (P.L.6, No.2), known as the Tax Reform Code of 1971, in tax for education, further providing for exclusions from tax.

Referred to Committee on FINANCE, February 24, 2016.

No. 1868 By Representatives MURT, MOUL, ADOLPH, BAKER, BOBACK, DUSH, EVERETT, GROVE, HAHN, HARHAI, HARHART, A. HARRIS, HEFFLEY, HICKERNELL, JAMES, KAUFFMAN, MAJOR, MARSICO, MASSER, MILNE, O'NEILL, PETRI, QUIGLEY, REGAN, ROSS, SAYLOR, SONNEY, STAATS, STEPHENS, TOEPEL, TOPPER, WARD, WATSON, WHEELAND and GINGRICH

An Act making an appropriation from the General Fund to the Department of Health for the purpose of Tourette syndrome for the fiscal year July 1, 2015, to June 30, 2016.

Referred to Committee on APPROPRIATIONS, February 24, 2016.

No. 1869 By Representatives FLYNN, FARINA, CALTAGIRONE, SCHLOSSBERG, THOMAS, MILLARD, W. KELLER, DRISCOLL, YOUNGBLOOD, D. COSTA, SCHWEYER, MAHONEY, COHEN, BOYLE, KAVULICH, BIZZARRO, McNEILL, MCCLINTON, D. MILLER, MULLERY, SIMS, NEILSON and GAINNEY

An Act amending the act of March 4, 1971 (P.L.6, No.2), known as the Tax Reform Code of 1971, in city revitalization and improvement zones, further providing for definitions.

Referred to Committee on COMMERCE, February 24, 2016.

No. 1870 By Representatives WHEATLEY, V. BROWN, KINSEY, KORTZ, J. HARRIS, SCHWEYER, O'BRIEN, LONGIETTI, COHEN, GAINNEY and GERGELY

An Act amending Title 75 (Vehicles) of the Pennsylvania Consolidated Statutes, in licensing of drivers, further providing for occupational limited license.

Referred to Committee on TRANSPORTATION, February 24, 2016.

No. 1872 By Representatives METCALFE, MILLARD, WARD, GREINER, GROVE, MILNE, HARHART, PHILLIPS-HILL, McGINNIS, JOZWIAK and D. COSTA

An Act amending Title 37 (Historical and Museums) of the Pennsylvania Consolidated Statutes, in general provisions, further providing for definitions; in powers and duties of Pennsylvania Historical and Museum Commission, further providing for specific powers and duties, for personal property and for documents; providing for Commonwealth archival records, for local government archival records and for access to older public records; and, in historic properties, further providing for powers over certain historic property.

Referred to Committee on STATE GOVERNMENT, February 26, 2016.

No. 1873 By Representatives DAVIS, DONATUCCI, ROZZI, SAMUELSON, DAVIDSON, YOUNGBLOOD, COHEN, COX, D. COSTA, CALTAGIRONE, ROEBUCK, WATSON, DEAN, TOEPEL, KORTZ, SCHREIBER, MURT, HENNESSEY, RADER, READSHAW and PASHINSKI

An Act amending Title 23 (Domestic Relations) of the Pennsylvania Consolidated Statutes, in child protective services, further providing for the definition of "child."

Referred to Committee on JUDICIARY, February 26, 2016.

No. 1874 By Representatives GAINNEY, SANTARSIERO, KINSEY, V. BROWN, YOUNGBLOOD, SCHLOSSBERG, WHEATLEY, BIZZARRO, ROZZI, J. HARRIS, SIMS, SCHWEYER, THOMAS, KIM, McNEILL, D. COSTA, NEILSON, MCCLINTON and BULLOCK

An Act amending Title 25 (Elections) of the Pennsylvania Consolidated Statutes, in voter registration, further providing for methods of voter registration, providing for automatic registration of qualified electors and further providing for time and for approval of registration applications.

Referred to Committee on STATE GOVERNMENT, February 29, 2016.

No. 1875 By Representatives SANTORA, BAKER, TAYLOR, HEFFLEY, DRISCOLL, KAUFFMAN, HARHART, KILLION, QUIGLEY, GODSHALL, MILLARD, MARSICO, HICKERNELL, WARD, SAYLOR, MURT, A. HARRIS, MAJOR, OBERLANDER, LAWRENCE, MOUL and GILLEN

An Act amending the act of March 4, 1971 (P.L.6, No.2), known as the Tax Reform Code of 1971, in educational tax credits, further providing for application by business firms.

Referred to Committee on FINANCE, February 29, 2016.

No. 1876 By Representatives SANTORA, MILLARD, BAKER, TAYLOR, BOYLE, BLOOM, DRISCOLL, WARD, KAUFFMAN, ROTHMAN, TRUITT, KILLION, QUIGLEY, BARRAR, READSHAW, WATSON, MARSICO, HICKERNELL, GROVE, SAYLOR, PETRI, A. HARRIS, MAJOR, LAWRENCE, MOUL and GILLEN

An Act amending the act of March 4, 1971 (P.L.6, No.2), known as the Tax Reform Code of 1971, in educational tax credits, further providing for tax credits and for limitations.

Referred to Committee on FINANCE, February 29, 2016.

No. 1877 By Representatives BARRAR, SAINATO, FARRY, BAKER, BIZZARRO, BOBACK, R. BROWN, BULLOCK, CAUSER, CONKLIN, CORBIN, D. COSTA, SCHLEGEL CULVER, DAVIS, DEASY, DeLUCA, DiGIROLAMO, DUNBAR, EVERETT, FEE, GABLER, GIBBONS, GILLEN, GOODMAN, GREINER, HARHAI, HARPER, A. HARRIS, IRVIN, JAMES, JOZWIAK, KAUFFMAN, KAVULICH, KILLION, KNOWLES, KOTIK, LAWRENCE, MACKENZIE, MAHONEY, MAJOR, MARSICO, MASSER, McGINNIS, McNEILL, MILNE, MULLERY, MURT, O'NEILL, OBERLANDER, PETRARCA, PICKETT, QUIGLEY, READSHAW, ROSS, ROZZI, SAYLOR, SCHLOSSBERG, SCHWEYER, SNYDER, SONNEY, TOEPEL, WARD, WATSON, WHEELAND, WHITE, ZIMMERMAN, KORTZ and DUSH

An Act amending Title 35 (Health and Safety) of the Pennsylvania Consolidated Statutes, in miscellaneous provisions, further providing for expiration of authority.

Referred to Committee on VETERANS AFFAIRS AND EMERGENCY PREPAREDNESS, March 10, 2016.

No. 1878 By Representative BARRAR

An Act making an appropriation from the General Fund to the Department of Military and Veterans Affairs for the purpose of the Civil Air Patrol for the fiscal year July 1, 2015, to June 30, 2016.

Referred to Committee on VETERANS AFFAIRS AND EMERGENCY PREPAREDNESS, March 10, 2016.

No. 1879 By Representatives SIMS, THOMAS, BULLOCK, V. BROWN, SCHWEYER, DRISCOLL, CRUZ, YOUNGBLOOD, COHEN, O'BRIEN, FRANKEL, McCARTER, ROZZI, KINSEY, STURLA and KIM

An Act requiring health insurance policies to provide coverage for preexposure prophylaxis HIV medication.

Referred to Committee on INSURANCE, March 10, 2016.

No. 1880 By Representatives SIMS, THOMAS, BULLOCK, V. BROWN, SCHWEYER, DRISCOLL, CRUZ, YOUNGBLOOD, COHEN, O'BRIEN, FRANKEL, McCARTER, ROZZI, KINSEY, STURLA and KIM

An Act requiring health insurance policies to provide coverage for postexposure prophylaxis HIV medication.

Referred to Committee on INSURANCE, March 10, 2016.

No. 1881 By Representatives GALLOWAY, GERGELY, DAVIS, MATZIE, KOTIK, MILLARD, SAINATO, KORTZ, RAVENSTAHL, READSHAW, LONGIETTI, SNYDER, DiGIROLAMO, HARKINS, P. COSTA, PETRARCA, DAVIDSON, DEASY, EVERETT, TAYLOR, PASHINSKI, BARRAR, DeLUCA, W. KELLER, BURNS, BARBIN,

NEILSON, D. COSTA, HARHAI, GIBBONS, A. HARRIS, PETRI, GOODMAN, McNEILL, DRISCOLL, ENGLISH, NEUMAN, SANTARSIERO, CARROLL and QUINN

An Act requiring construction industry employers to verify the Social Security numbers of all employees for purposes of wage reporting and employment eligibility; providing for the powers and duties of the Department of Labor and Industry; prescribing sanctions; and establishing good faith immunity under certain circumstances.

Referred to Committee on LABOR AND INDUSTRY, March 10, 2016.

No. 1882 By Representatives CUTLER, PICKETT, ENGLISH, PEIFER, WARD, SAYLOR, FEE, PHILLIPS-HILL, COHEN, GROVE, JOZWIAK, ZIMMERMAN, ORTITAY, OBERLANDER, GABLER and MOUL

An Act amending the act of March 10, 1949 (P.L.30, No.14), known as the Public School Code of 1949, providing for higher education accountability and transparency.

Referred to Committee on EDUCATION, March 10, 2016.

No. 1883 By Representatives BULLOCK, FRANKEL, DAVIS, THOMAS, YOUNGBLOOD, V. BROWN, SCHWEYER, KINSEY, O'BRIEN, ROZZI, McNEILL, COHEN, DEAN and READSHAW

An Act amending the act of June 13, 1967 (P.L.31, No.21), known as the Public Welfare Code, in public assistance, further providing for determination of need.

Referred to Committee on HEALTH, March 10, 2016.

No. 1884 By Representatives DAVIS, GALLOWAY, SANTARSIERO, BULLOCK, CRUZ, ROZZI, D. COSTA, GODSHALL, SCHREIBER, ACOSTA, NEILSON, YOUNGBLOOD, WATSON, M. DALEY, COHEN, DeLUCA, TOOHL, KORTZ and McNEILL

An Act providing for the certification of recovery residences and recovery residence administrators and for the establishment of a State Board of Recovery Residences and its powers and duties; and imposing penalties.

Referred to Committee on PROFESSIONAL LICENSURE, March 14, 2016.

No. 1886 By Representatives SCHWEYER, ACOSTA, YOUNGBLOOD, STURLA, SCHLOSSBERG, CALTAGIRONE, BULLOCK, PAYNE, V. BROWN, McNEILL, COHEN, ROZZI and BRADFORD

An Act providing for in-State tuition rates and access to financial aid for certain students.

Referred to Committee on EDUCATION, March 10, 2016.

No. 1887 By Representatives ORTITAY, BAKER, V. BROWN, D. COSTA, ENGLISH, PHILLIPS-HILL, JOZWIAK, KAUFER, KAUFFMAN, KLUNK, KOTIK, MILLARD, MURT, NEILSON, O'BRIEN, QUIGLEY, RADER, SAYLOR, STAATS, THOMAS and WARD

An Act amending Title 4 (Amusements) of the Pennsylvania Consolidated Statutes, in administration and enforcement, further providing for compulsive and problem gambling program.

Referred to Committee on GAMING OVERSIGHT, March 10, 2016.

No. 1889 By Representatives BAKER, EVANKOVICH, ROTHMAN, REGAN, WATSON, WARD, TOEPEL, HICKERNELL, CORBIN, CAUSER, GREINER, KAUFFMAN, MASSER, HARHART, JAMES, IRVIN, MURT, MILLARD, BOBACK, MENTZER, HEFFLEY, SAYLOR, ADOLPH, STAATS, JOZWIAK, ROSS, FEE, A. HARRIS, MILNE, EVERETT, GROVE, MOUL, MAJOR, PHILLIPS-HILL, FARRY, GILLEN and MAHONEY

An Act making an appropriation from the General Fund to the Department of Health for the purpose of regional poison control centers for the fiscal year July 1, 2015, to June 30, 2016.

Referred to Committee on HEALTH, March 10, 2016.

No. 1890 By Representatives OBERLANDER, CAUSER, GREINER, SACCONI, CUTLER, KAUFFMAN, MILLARD, ZIMMERMAN, TALLMAN, KNOWLES, BLOOM, JOZWIAK, BENNINGHOFF, A. HARRIS, BOBACK, DUSH and METCALFE

An Act amending the act of March 10, 1949 (P.L.30, No.14), known as the Public School Code of 1949, in duties and powers of boards of school directors, providing for protection and defense of pupils.

Referred to Committee on EDUCATION, March 10, 2016.

No. 1891 By Representatives PAYNE, KOTIK, MOUL, DIAMOND, GROVE, PICKETT and THOMAS

An Act amending the act of December 19, 1988 (P.L.1262, No.156), known as the Local Option Small Games of Chance Act, in preliminary provisions, further providing for definitions; in games of chance, further providing for distributor licenses, for major league sports drawing, for registration of manufacturers, for regulations of department and for licensing of eligible organizations and providing for authorized small games; in club licensees, further providing for club licensee, for distribution of proceeds and for records; in enforcement, further providing for revocation of licenses and for enforcement; and providing for powers and duties of the Pennsylvania Gaming Control Board.

Referred to Committee on GAMING OVERSIGHT, March 14, 2016.

No. 1892 By Representatives SCHEMEL, IRVIN, PICKETT, SNYDER, WARD, KAMPF, A. HARRIS, RAPP, CAUSER, OBERLANDER, D. COSTA, MOUL, QUIGLEY, JAMES, BRIGGS, DEAN, McCARTER and EVERETT

An Act amending Titles 18 (Crimes and Offenses) and 44 (Law and Justice) of the Pennsylvania Consolidated Statutes, in firearms and other dangerous articles, further providing for licenses and for licensing of dealers; and providing for sheriffs and deputy sheriffs.

Referred to Committee on JUDICIARY, March 14, 2016.

No. 1893 By Representatives SCHEMEL, McGINNIS, DAVIS, JAMES, THOMAS, WARD, BENNINGHOFF, GROVE, SAYLOR, MILNE, A. HARRIS, SCHLOSSBERG, MOUL, HAHN, PICKETT and ZIMMERMAN

An Act amending Title 53 (Municipalities Generally) of the Pennsylvania Consolidated Statutes, in intergovernmental cooperation, further providing for ordinance and for content of ordinance.

Referred to Committee on LOCAL GOVERNMENT, March 14, 2016.

No. 1894 By Representatives METCALFE, D. COSTA, BAKER, ELLIS, SACCONI, TOPPER, BARRAR, DIAMOND, WHEELAND, GOODMAN, REESE, WHITE, A. HARRIS, KAUFFMAN, HARHART, CUTLER, GREINER, MILLARD, GIBBONS, WARD, READSHAW, KNOWLES, WARNER, JOZWIAK, GABLER, DeLUCA and MOUL

An Act providing for the prohibition of employing unauthorized aliens.

Referred to Committee on STATE GOVERNMENT, March 14, 2016.

No. 1895 By Representatives METZGAR, BARRAR, CUTLER, JAMES, KOTIK, MILLARD, ROTHMAN, THOMAS, TOPPER and PETRI

An Act amending the act of July 6, 1989 (P.L.169, No.32), known as the Storage Tank and Spill Prevention Act, further providing for Underground Storage Tank Indemnification Board.

Referred to Committee on ENVIRONMENTAL RESOURCES AND ENERGY, March 14, 2016.

SENATE BILLS FOR CONCURRENCE

The clerk of the Senate, being introduced, presented the following bills for concurrence:

SB 489, PN 429

Referred to Committee on COMMERCE, February 18, 2016.

SB 889, PN 1519

Referred to Committee on GAME AND FISHERIES, February 23, 2016.

LEAVES OF ABSENCE

The SPEAKER. Turning to leaves of absence, the majority whip, Bryan Cutler, requests leaves of absence for the following: Kathy WATSON of Bucks County for the day, Marguerite QUINN of Bucks County for the day, Gene DiGIROLAMO of Bucks County for the day, and Mike PEIFER of Pike County for the week. Without objection, the requests for leave will be granted.

The minority whip, Mike Hanna, requests leaves of absence for the following: Harry READSHAW of Allegheny County for the day, Representative STURLA of Lancaster County for the

day, Representative CRUZ of Philadelphia County for the day, and Representative THOMAS of Philadelphia County for the day. Without objection, those requests for leave will be granted.

MASTER ROLL CALL

The SPEAKER. The Chair is now about to take the master roll call. Members, please proceed to vote.

The following roll call was recorded:

PRESENT—192

Acosta	Evans	Knowles	Rader
Adolph	Everett	Kortz	Rapp
Baker	Fabrizio	Kotik	Ravenstahl
Barbin	Farina	Krueger	Reed
Barrar	Farry	Lawrence	Reese
Benninghoff	Fee	Lewis	Regan
Bizzarro	Flynn	Longietti	Roae
Bloom	Frankel	Mackenzie	Roebuck
Boback	Freeman	Maher	Ross
Boyle	Gabler	Mahoney	Rothman
Bradford	Gainey	Major	Rozzi
Briggs	Galloway	Maloney	Saccone
Brown, R.	Gergely	Markosek	Sainato
Brown, V.	Gibbons	Marshall	Samuelson
Bullock	Gillen	Marsico	Sankey
Burns	Gillespie	Masser	Santarsiero
Caltagirone	Gingrich	Matzie	Santora
Carroll	Godshall	McCarter	Saylor
Causar	Goodman	McClinton	Schemel
Christiana	Greiner	McGinnis	Schlossberg
Cohen	Grove	McNeill	Schreiber
Conklin	Hahn	Mentzer	Schweyer
Corbin	Hanna	Metcalfe	Simmons
Costa, D.	Harhai	Metzgar	Sims
Costa, P.	Harhart	Miccarelli	Snyder
Cox	Harkins	Millard	Sonney
Culver	Harper	Miller, B.	Staats
Cutler	Harris, A.	Miller, D.	Stephens
Daley, M.	Harris, J.	Milne	Tallman
Daley, P.	Heffley	Moul	Taylor
Davidson	Helm	Mullery	Tobash
Davis	Hennessey	Murt	Toepel
Dawkins	Hickernell	Mustio	Toohil
Day	Hill	Neilson	Topper
Dean	Irvin	Nesbit	Truitt
Deasy	James	Neuman	Vereb
DeLissio	Jozwiak	O'Brien	Vitali
Delozier	Kampf	O'Neill	Ward
DeLuca	Kaufer	Oberlander	Warner
Dermody	Kauffman	Ortitay	Wentling
Diamond	Kavulich	Parker, D.	Wheatley
Donatucci	Keller, F.	Pashinski	Wheeland
Driscoll	Keller, M.K.	Payne	White
Dunbar	Keller, W.	Petrarca	Youngblood
Dush	Killion	Petri	Zimmerman
Ellis	Kim	Pickett	
Emrick	Kinsey	Pyle	Turzai,
English	Kirkland	Quigley	Speaker
Evanovich	Klunk		

ADDITIONS—0

NOT VOTING—0

EXCUSED—8

Cruz	Peifer	Readshaw	Thomas
DiGirolamo	Quinn	Sturla	Watson

LEAVES ADDED—7

Christiana	Daley, P.	Kotik	Santarsiero
Cohen	Hennessey	Saccone	

LEAVES CANCELED—4

Daley, P.	Hennessey	Quinn	Santarsiero
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The SPEAKER. One hundred and ninety-two members having voted on the master roll, a quorum is present.

We have a number of citations that need to be presented to our guests today, so I am asking all members to please take their seats. Any conversation should take place in the anterooms off the chamber floor. Members, please take your seats. We need to show the respect to our guests.

Representative Sheryl Delozier is invited to the rostrum for the purpose of presenting a citation to the Mechanicsburg Area Senior High School Marching Band.

Members, please take your seats.

LEAVE OF ABSENCE

The SPEAKER. The minority whip has indicated that Representative Pete DALEY would like to be placed on leave of absence for the day. Without objection, that leave will be granted.

MECHANICSBURG AREA SENIOR HIGH SCHOOL MARCHING BAND PRESENTED

The SPEAKER. Members, if you could, please take your seats, and let us give our attention to Representative Delozier, who will be introducing special guests to us.

Representative Delozier, the floor is yours.

Ms. DELOZIER. Thank you, Mr. Speaker.

Today I am pleased to be joined by members of the Mechanicsburg Area Senior High School Marching Band. We always have many groups on the House floor, and it is always an honor to have so many students that do so well in our schools across Pennsylvania. But I have to say, very few groups have to orchestrate so many people and so much talent in one performance to win it all.

So we are here to congratulate them for capturing first place during the USBands 5 Open National Championship, which was held at MetLife Stadium in New Jersey, November 7, 2015.

The Wildcat Band won a national title with a score of 97.363, outscoring 63 other participants, and you can see by the score how precise these wins have to be for these band competitions. In addition to the title, they took home awards for Best Color Guard, Best Visual Performance, and Best Overall Performance.

It is not always easy to balance all of the activities between schoolwork, homework, practice, but that is what makes this achievement so special. These young men and women set their sights high, poured their hearts into every second of every practice and performance, and came out on top, proving that if you set your mind to it, work hard, you can accomplish your goals.

The band's phenomenal music program is led by Band Director Ben Goldsborough, who is also with us today. He is leading one of the strongest music programs of any high school in the State, as evidenced by their championship. Under Ben's guidance, these young men and women have become tremendous sources of pride for their local school and community.

We are also joined up front here by 6 of the 12 seniors. We have Marianna Fernbaugh, Tara Kurtinecz, Noah Mariano, Jonathan Sims, Cassidy Wirth, and Anna Wolf. We are also joined in the back with the rest of the band, as well as in the gallery by many supporters, the band members and parents, as well as Principal Dave Harris from Mechanicsburg High School.

Their dedication is to be commended, and my colleagues and I are pleased to give that recognition on the floor of the House of Representatives. I would like to ask the rest of my colleagues to join me in offering this talented group of young people a congratulatory round of applause.

We wish you continued success in all of your future endeavors. We are extremely proud to call you our own in Mechanicsburg.

Thank you, Mr. Speaker.

The SPEAKER. Thank you, Representative Delozier.

STEPHEN CERBARA PRESENTED

The SPEAKER. The Chair calls to the rostrum at this time Representatives Frank Farry and Scott Petri. They are invited to the rostrum for the purpose of presenting a citation to a PIAA State Class AAA Boys Golf Champion.

I turn it over to Frank. Members, please take your seats. Both Representative Farry and Representative Petri will be speaking.

Mr. FARRY. Thank you, Mr. Speaker.

I am here to honor Stephen Cerbara upon winning the 2015 Individual State Golf Championship, AAA Boys Championship, here in Pennsylvania. Stephen is a student at Holy Ghost Prep, and as you have known from before, we have had the honor of also recognizing other distinguished athletes from Holy Ghost. He is joined today by his mother, Paula, and father, Bob, who are seated to the left, as well as representatives of Holy Ghost Prep – the head golf coach, Mike Walder, and the school principal, Greg Geruson. Additionally, he has other friends, family, and Holy Ghost representatives seated in the back of the House.

Stephen won this golf championship at Heritage Hills in York by defeating a Great Valley golfer in a one-hole playoff. Stephen has also won the league, district, and regional titles multiple times, and he qualified for the State finals all 4 years while at Holy Ghost Prep, capping off a career where he became the first Holy Ghost Prep golfer to win the State championship. Stephen will continue his education and athletic endeavors at Furman University.

I will now turn the microphone over to Scott Petri, who can tell you a little bit more personally about Steve.

Mr. PETRI. I want to thank Representative Farry for allowing me to make a couple personal remarks about a young man whom I have known since he was a freshman in high school.

Steve and I were talking beforehand. Now, many of you are golfers – and the equipment manufacturers really do not want you to know this – take lessons; the clubs will not change anything.

You know, over the years I have watched Steve compete both within high school interscholastics as well as outside in high-level tournaments, and Steve is a remarkable young man, even among great athletes and great golfers.

They say that golf is mental, 90 percent mental, and the other 5 percent mental, and Steve is the example of how a golfer concentrates and succeeds. I have seen him conclude a round, not do as well as he wanted, be 10 strokes down, know that he has got to post a record low, and he goes out and he posts that low. That is the kind of mental toughness that this young man brought to his school and will bring to college, and who knows, maybe even to the pro circuit. He is that good.

Two gears – I have two gears too, bad and worse – his are remarkable. But there is one other thing I want to talk about with regard to Mr. Cerbara. He is a good teammate, and in a sport like golf, which is competitive, that is rarely seen.

Steve, I know your teammates are going to be pleased and lucky to have you. Best success in college and thereafter. Do not forget you do have to study. Mom and Dad, thank you for being good friends.

Thank you.

PARKLAND HIGH SCHOOL GIRLS VARSITY VOLLEYBALL TEAM PRESENTED

The SPEAKER. Representatives Ryan Mackenzie, Julie Harhart, Gary Day, and Representative Schlossberg are all invited to the rostrum for the purpose of presenting a citation to a successful volleyball team. I would invite you all to please come up to the rostrum.

Representative Mackenzie, the floor is yours, sir.

Mr. MACKENZIE. Thank you, Mr. Speaker.

It is a pleasure to be here to recognize the Parkland High School Women's Volleyball Team on their successful State championship and their defense of their State championship. It is their second State championship, back-to-back wins, and this year they went 26-0, extending their winning streak to 51 consecutive games, an incredible accomplishment. Going undefeated in a season is challenging enough, but to win 51 straight games is an incredible feat and also winning two State championships in that period of time. This is the first time in their team history that they have won back-to-back volleyball championships and clinching a come-from-behind victory over five-time State champions; again, an impressive feat.

So we have the whole team and many of the managers and supporters in the back of the House. If you can all please stand now, we would like to give everybody on the team a round of applause. Thank you.

I had the opportunity to visit with some of the team members, and again, the support staff and the other managers earlier today, and it is an incredible group. A lot of camaraderie and friendship is fostered between the girls volleyball team and also the boys volleyball team, which is also a defending State champion. So great program at Parkland High School, and again, my alma mater.

Joining me today here at the rostrum we have, obviously, three of our team members. We have Kristin Krause, Avery Perosa, and Siena Salvaggio, along with Coach Krause. These three players were named All-Americans, a very successful team, and they were also joined by fellow seniors, Erika Foose and Sam Webber, and this powerhouse has played side by side since middle school.

In addition to being named an All-American, Kristin was also named by Gatorade as Pennsylvania's Player of the Year.

So let us give the entire team, all the women, a round of applause again. Thank you.

The SPEAKER. Representative Harhart will speak. Representative, would you mind just introducing the rest of the team as well, in the back; I believe they are here. Yes. Is the other group here from Parkland?

Did they all stand? Okay.

Mrs. HARHART. Thank you.

I also want to take this opportunity to congratulate the players of the Parkland High School Girls Volleyball Team on winning the PIAA Class AAA Championship. Your athleticism, dedication, and teamwork that it takes to achieve such a goal will serve you well long after you leave high school. These are traits that will help you succeed in many areas of your life.

I also want to recognize the coaches and the parents for the countless hours I know you have put in to make sure these girls have the support, discipline, and opportunities to excel at the championship level.

Again, congratulations to you all. Keep up the good work. Thank you.

The SPEAKER. Thank you, Representative Harhart.

Congratulations, everybody. We will take a photo, and we are very appreciative of your coming to see us today in the Capitol.

RADNOR HIGH SCHOOL GOLF TEAM PRESENTED

The SPEAKER. At this time Chairman Bill Adolph is invited to the rostrum for the purpose of presenting a citation to a championship golf team. Welcome.

Chairman Adolph, the floor is yours.

Mr. ADOLPH. Thank you, Mr. Speaker.

Mr. Speaker, I am honored to stand here today and welcome the Radnor High School Golf Team. The Radnor High School Golf Team is the 2015 PIAA State AAA Golf Champions. The Radnor High School Golf Team, under the guidance of Head Coach Andrew Achenbach and Assistant Coach Drew Krupp, won the State championship but not until after capturing the Central League championship and also the District I championship.

Mr. Speaker, these young men and women have shown themselves to be dedicated and hardworking individuals, who know firsthand that you can achieve anything if you work for it.

As you can see, there are both men and women on this golf team. The only senior on this team is a young lady by the name of Brynn Walker, who will be attending the University of North Carolina next year. In addition to Brynn, we have Gabby Kim,

Michael Sydnes, Jake Calamaro, and David Colleran. I would also like to thank the Radnor High School athletic director, Mike Friel, for making this day possible for these young athletes.

I would appreciate the House of Representatives giving them a round of applause and congratulating them on their State championship. Thank you so much.

LEAVE OF ABSENCE CANCELED

The SPEAKER. Representative Pete Daley is on the House floor and should be placed on the master roll.

SUN VALLEY HIGH SCHOOL MARCHING BAND PRESENTED

The SPEAKER. Representative Krueger-Braneky is invited to the rostrum for the purpose of presenting a citation to one of our successful high school marching bands.

Representative Krueger-Braneky, the floor is yours.

Ms. KRUEGER. Thank you, Mr. Speaker.

I am so pleased to be able to welcome the Sun Valley Marching Band to the House floor today.

Joining us from the Penn-Delco School District, which serves Aston, Brookhaven, and Parkside in Delaware County, the Sun Valley Marching Band is under the direction of Timothy Pry and led by drum majors Nichole Schnee and Catherine Olshefski. They and 42 members of the marching band are with us here on the House floor.

We are recognizing the special group because the Sun Valley Marching Band was undefeated in their regular competitive season last fall, and in November of 2015, they won first place in the American Open Division at the 2015 Cavalcade of Bands Championships in Hershey, PA. They received a score of 961 with their performance entitled "Witch and Famous," the highest in Sun Valley history, and received special awards for high visual and high general effect. This is the first State championship won by the Sun Valley Marching Band since 1981.

These students and staff worked incredibly hard to win this award. I have a special place in my heart for this group because I was in the marching band when I was in high school. I was a member of the color guard. So I know how many hours they put into this achievement.

I also want to honor the staff and parents and family members who are also here with them today, who put in countless hours of their own with dropoffs and pickups and football games and supporting the band at performances.

Congratulations, Sun Valley High School, on your State championship. Can the members of the band in the back stand, please, so we can recognize you as well?

On behalf of the Pennsylvania House of Representatives, I am pleased to give you this certificate of recognition. Thank you.

The SPEAKER. Thank you, Representative.

**DALLAS HIGH SCHOOL
BOYS CROSS COUNTRY TEAM
AND GIRLS CROSS COUNTRY
STATE CHAMPION PRESENTED**

The SPEAKER. Representative Karen Boback and Representative Aaron Kaufer are now invited to the rostrum for the purpose of presenting a citation to some very successful boys and girls cross country champions.

Representative Boback, the floor is yours.

Ms. BOBACK. Thank you, Mr. Speaker.

Ladies and gentlemen, I have the distinct honor, along with my colleague, Representative Aaron Kaufer, to recognize some very special students from the Dallas School District back home.

The first I am going to acknowledge will be the boys cross country team. They are being honored upon winning first place in team rankings during the 2015 PIAA State Class AA Boys Cross Country Championship. Under the expert guidance of head coach Matt Samuel, the team was comprised of Stephen Postupak, Josh Jarden, Adam Borton, Jack Zardecki, Jason Culp, Robert Martin, Josh Wyandt, and Mitchell Rome. They are truly deserving of praise and commendation for utilizing their exceptional abilities with diligence and the pursuit of academic as well as athletic excellence.

Please hold your applause, because in the same breath I want to recognize our very own Ally Rome. Ally is also a member of the Dallas School District, and she is being honored upon capturing the 2015 PIAA State Class AA Girls Individual Cross Country Championship. By the way, this is her second consecutive cross country AA State championship.

Congratulations to these outstanding students. I am so proud to call them my constituents.

I will hand this over to Representative Kaufer.

Congratulations, Dallas High School.

The SPEAKER. Representative Kaufer, please proceed.

Mr. KAUFER. Thank you, Mr. Speaker.

And what a pleasure it is to have them here, with so much happening here in the area that Representative Boback and I cover together, having both boys and girls up here, a wonderful school district, recognized for their academics and athletics across the Commonwealth. I am just pleased and I ask for the members to join me in a round of applause recognizing the whole team for Dallas Area High School. Thank you.

The SPEAKER. Thank you so much.

GUESTS INTRODUCED

The SPEAKER. And located to the left of the rostrum, the Chair welcomes Erin Berry, who is interning with the House Archives for the spring semester this year, and she is a senior at Millersville University, which, of course, is located in our whip, Representative Cutler's district. Thank you so much for being with us today, Erin.

And located in the rear of the House, the Chair welcomes, from Representative Mary Jo Daley's district office staff, Maria Dispenziere, who is the chief of staff at that district office, along with interns Ann Marie Maloney and Megan Frye, both who are students at St. Joseph's University. If you could please stand. We welcome having you here. Thank you so much for joining us today.

Chairman Adolph and I were speaking earlier, and my understanding is that St. Joseph's is among four of our universities that are in the NCAA tournament. So good luck.

Located in the rear of the House the Chair welcomes representatives of the Child Advocacy Unit Defender Association of Philadelphia. They are guests of Representative Acosta. I think she may in fact be speaking about this association later, but we have Doni Shaffer, Jim Haley, Nancy Davis, Andrea Johnson, Sherri Longwith, and Leslie Toomer. If you could please stand. It is great to have you here in the chamber. Thank you.

UNCONTESTED CALENDAR

RESOLUTIONS PURSUANT TO RULE 35

Mr. CAUSER called up **HR 660, PN 2773**, entitled:

A Resolution designating the week of March 14 through 20, 2016, as "Maple Producers Week" in Pennsylvania.

* * *

Ms. ACOSTA called up **HR 691, PN 2850**, entitled:

A Resolution recognizing the month of March 2016 as "National Social Work Month" in Pennsylvania.

* * *

Mr. FABRIZIO called up **HR 694, PN 2852**, entitled:

A Resolution recognizing the month of February 2016 as "Zika Virus Awareness Month" in Pennsylvania.

On the question,

Will the House adopt the resolutions?

The following roll call was recorded:

YEAS—192

Acosta	Evans	Knowles	Rader
Adolph	Everett	Kortz	Rapp
Baker	Fabrizio	Kotik	Ravenstahl
Barbin	Farina	Krueger	Reed
Barrar	Farry	Lawrence	Reese
Benninghoff	Fee	Lewis	Regan
Bizzarro	Flynn	Longietti	Roae
Bloom	Frankel	Mackenzie	Roebuck
Boback	Freeman	Maher	Ross
Boyle	Gabler	Mahoney	Rothman
Bradford	Gainey	Major	Rozzi
Briggs	Galloway	Maloney	Saccone
Brown, R.	Gergely	Markosek	Sainato
Brown, V.	Gibbons	Marshall	Samuelson
Bullock	Gillen	Marsico	Sankey
Burns	Gillespie	Masser	Santarsiero
Caltagirone	Gingrich	Matzie	Santora
Carroll	Godshall	McCarter	Saylor
Causer	Goodman	McClinton	Schemel
Christiana	Greiner	McGinnis	Schlossberg
Cohen	Grove	McNeill	Schreiber
Conklin	Hahn	Mentzer	Schweyer
Corbin	Hanna	Metcalfe	Simmons
Costa, D.	Harhai	Metzgar	Sims
Costa, P.	Harhart	Miccarelli	Snyder
Cox	Harkins	Millard	Sonney

Culver	Harper	Miller, B.	Staats
Cutler	Harris, A.	Miller, D.	Stephens
Daley, M.	Harris, J.	Milne	Tallman
Daley, P.	Heffley	Moul	Taylor
Davidson	Helm	Mullery	Tobash
Davis	Hennessey	Murt	Toepel
Dawkins	Hickernell	Mustio	Toohil
Day	Hill	Neilson	Topper
Dean	Irvin	Nesbit	Truitt
Deasy	James	Neuman	Vereb
DeLissio	Jozwiak	O'Brien	Vitali
Delozier	Kampf	O'Neill	Ward
DeLuca	Kaufer	Oberlander	Warner
Dermody	Kauffman	Ortitay	Wentling
Diamond	Kavulich	Parker, D.	Wheatley
Donatucci	Keller, F.	Pashinski	Wheeland
Driscoll	Keller, M.K.	Payne	White
Dunbar	Keller, W.	Petrarca	Youngblood
Dush	Killion	Petri	Zimmerman
Ellis	Kim	Pickett	
Emrick	Kinsey	Pyle	Turzai,
English	Kirkland	Quigley	Speaker
Evanovich	Klunk		

NAYS—0

NOT VOTING—0

EXCUSED—8

Cruz	Peifer	Readshaw	Thomas
DiGirolamo	Quinn	Sturla	Watson

The majority having voted in the affirmative, the question was determined in the affirmative and the resolutions were adopted.

STATEMENT BY MS. ACOSTA

The SPEAKER. Representative Leslie Acosta is recognized to speak on HR 691.

Members, please give her your undivided attention.

Representative Acosta, the floor is yours.

Ms. ACOSTA. Thank you, Mr. Speaker.

First, I would like to thank my colleagues for their support of HR 691, which recognizes March 2016 as "National Social Work Month" in Pennsylvania.

Over the past six decades social workers have made a difference in the day-to-day lives of millions of Americans. They are the force behind many social movements that impact the lives of many across the nation.

There is a quote from the writer Douglas Adams that I think sums up just what social workers contribute to society. Adams said, "To give real service you must add something which cannot be bought or measured with money, and that is sincerity and integrity."

As a former social worker myself, I know our social workers help our most vulnerable families. They address challenges that affect society on every level and work to find solutions to those challenges in a meaningful, positive way. Social workers unselfishly give of themselves 24 hours, 7 days a week, 365 days a year. Our social workers give a voice to the voiceless and hope to those in despair. They help build, support, and empower positive family and community relationships. I cannot think of a more deserving profession to honor here on the House floor today.

I am proud to recognize guests of mine here today who work in the field. They represent the Defender Association of Philadelphia's Child Advocacy Unit. CAU is comprised of 28 attorneys and 39 social workers. This attorney/social work team provides legal representation to over 3,000 children and protect the safety and well-being of children who are victims of neglect, physical abuse, sexual abuse, and abandonment.

Please welcome Doni Shaffer, chief of the Child Advocacy Unit; Jim Haley, director of Social Services; Nancy Davis, Andrea Johnson, Sherri Longwith, and Leslie Toomer, all social service supervisors from the Child Advocacy Unit.

I would like to take a moment and ask Doni and all of the Child Advocacy social workers and attorneys to please stand so we can give them a round of applause for the work and their service in the Philadelphia area. Can we all stand and welcome them and say thank you.

Thank you for your tireless work to ensure the safety, protection, and well-being of our children. We are grateful. Doni, we are very grateful for your commitment and compassion and dedication.

Mr. Speaker, over the past six decades social workers have made a difference in the day-to-day lives of millions of Americans. They are the force behind many social movements that impact the lives of many across the nation.

Mr. Speaker, one day is not enough to properly recognize our social workers for the skillful and unselfish work they do 365 days a year. These compassionate men and women endeavor to ensure everyone has access to the same basic rights, protections, and opportunities. To this end, it is for these reasons and more that I am proud to offer this resolution recognizing the important work these professionals provide across the Commonwealth of Pennsylvania.

Thank you so much, Mr. Speaker, and thank you again to my colleagues for your support of HR 691.

The SPEAKER. Thank you, Representative.

UNCONTESTED SUPPLEMENTAL CALENDAR A

RESOLUTION PURSUANT TO RULE 35

Mr. MATZIE called up **HR 717, PN 2910**, entitled:

A Resolution designating the week of March 13 through 19, 2016, as "Sunshine Week" in Pennsylvania.

On the question,

Will the House adopt the resolution?

The following roll call was recorded:

YEAS—192

Acosta	Evans	Knowles	Rader
Adolph	Everett	Kortz	Rapp
Baker	Fabrizio	Kotik	Ravenstahl
Barbin	Farina	Krueger	Reed
Barrar	Farry	Lawrence	Reese
Benninghoff	Fee	Lewis	Regan
Bizzarro	Flynn	Longietti	Roae
Bloom	Frankel	Mackenzie	Roebuck
Boback	Freeman	Maher	Ross
Boyle	Gabler	Mahoney	Rothman
Bradford	Gainey	Major	Rozzi
Briggs	Galloway	Maloney	Saccone

Brown, R.	Gergely	Markosek	Sainato
Brown, V.	Gibbons	Marshall	Samuelson
Bullock	Gillen	Marsico	Sankey
Burns	Gillespie	Masser	Santarsiero
Caltagirone	Gingrich	Matzie	Santora
Carroll	Godshall	McCarter	Saylor
Causer	Goodman	McClinton	Schemel
Christiana	Greiner	McGinnis	Schlossberg
Cohen	Grove	McNeill	Schreiber
Conklin	Hahn	Mentzer	Schweyer
Corbin	Hanna	Metcalfe	Simmons
Costa, D.	Harhai	Metzgar	Sims
Costa, P.	Harhart	Miccarelli	Snyder
Cox	Harkins	Millard	Sonney
Culver	Harper	Miller, B.	Staats
Cutler	Harris, A.	Miller, D.	Stephens
Daley, M.	Harris, J.	Milne	Tallman
Daley, P.	Heffley	Moul	Taylor
Davidson	Helm	Mullery	Tobash
Davis	Hennessey	Murt	Toepel
Dawkins	Hickernell	Mustio	Toohil
Day	Hill	Neilson	Topper
Dean	Irvin	Nesbit	Truitt
Deasy	James	Neuman	Vereb
DeLissio	Jozwiak	O'Brien	Vitali
Delozier	Kampf	O'Neill	Ward
DeLuca	Kaufman	Oberlander	Warner
Dermody	Kaufman	Ortitay	Wentling
Diamond	Kavulich	Parker, D.	Wheatley
Donatucci	Keller, F.	Pashinski	Wheeland
Driscoll	Keller, M.K.	Payne	White
Dunbar	Keller, W.	Petrarca	Youngblood
Dush	Killion	Petri	Zimmerman
Ellis	Kim	Pickett	
Emrick	Kinsey	Pyle	Turzai,
English	Kirkland	Quigley	Speaker
Evankovich	Klunk		

NAYS-0

NOT VOTING-0

EXCUSED-8

Cruz	Peifer	Readshaw	Thomas
DiGirolamo	Quinn	Sturla	Watson

The majority having voted in the affirmative, the question was determined in the affirmative and the resolution was adopted.

CALENDAR CONTINUED

RESOLUTION PURSUANT TO RULE 35

Mr. PAYNE called up **HR 637, PN 2722**, entitled:

A Resolution congratulating the Penn State Hershey Medical Center, in Derry Township, Dauphin County, for providing services to patients for many decades.

On the question,
Will the House adopt the resolution?

The following roll call was recorded:

YEAS-190

Acosta	Everett	Knowles	Rader
Adolph	Fabrizio	Kortz	Rapp
Baker	Farina	Kotik	Ravenstahl
Barbin	Farry	Krueger	Reed
Barrar	Fee	Lawrence	Reese
Benninghoff	Flynn	Lewis	Regan
Bizzarro	Frankel	Longietti	Roae
Bloom	Freeman	Mackenzie	Roebuck
Boback	Gabler	Maher	Ross
Boyle	Gainey	Mahoney	Rothman
Bradford	Galloway	Major	Rozzi
Briggs	Gergely	Maloney	Saccone
Brown, R.	Gibbons	Markosek	Sainato
Brown, V.	Gillen	Marshall	Samuelson
Bullock	Gillespie	Marsico	Sankey
Burns	Gingrich	Masser	Santarsiero
Caltagirone	Godshall	Matzie	Santora
Carroll	Goodman	McCarter	Saylor
Causer	Greiner	McClinton	Schemel
Christiana	Grove	McGinnis	Schlossberg
Conklin	Hahn	McNeill	Schreiber
Corbin	Hanna	Mentzer	Schweyer
Costa, D.	Harhai	Metcalfe	Simmons
Costa, P.	Harhart	Metzgar	Sims
Cox	Harkins	Miccarelli	Snyder
Culver	Harper	Millard	Sonney
Cutler	Harris, A.	Miller, B.	Staats
Daley, M.	Harris, J.	Miller, D.	Stephens
Daley, P.	Heffley	Milne	Tallman
Davis	Helm	Moul	Taylor
Dawkins	Hennessey	Mullery	Tobash
Day	Hickernell	Murt	Toepel
Dean	Hill	Mustio	Toohil
Deasy	Irvin	Neilson	Topper
DeLissio	James	Nesbit	Truitt
Delozier	Jozwiak	Neuman	Vereb
DeLuca	Kampf	O'Brien	Vitali
Dermody	Kaufman	O'Neill	Ward
Diamond	Kaufman	Oberlander	Warner
Donatucci	Kavulich	Ortitay	Wentling
Driscoll	Keller, F.	Parker, D.	Wheatley
Dunbar	Keller, M.K.	Pashinski	Wheeland
Dush	Keller, W.	Payne	White
Ellis	Killion	Petrarca	Youngblood
Emrick	Kim	Petri	Zimmerman
English	Kinsey	Pickett	
Evankovich	Kirkland	Pyle	Turzai,
Evans	Klunk	Quigley	Speaker

NAYS-0

NOT VOTING-2

Cohen	Davidson
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EXCUSED-8

Cruz	Peifer	Readshaw	Thomas
DiGirolamo	Quinn	Sturla	Watson

The majority having voted in the affirmative, the question was determined in the affirmative and the resolution was adopted.

SUPPLEMENTAL CALENDAR B

RESOLUTION PURSUANT TO RULE 35

Mr. BENNINGHOFF called up **HR 718, PN 2911**, entitled:

A Resolution congratulating The Pennsylvania State University IFC/Panhellenic Dance Marathon for raising more than \$9 million for the Four Diamonds Fund at Penn State Hershey Children's Hospital to help fight pediatric cancer.

On the question,
Will the House adopt the resolution?

The following roll call was recorded:

YEAS—190

Acosta	Everett	Knowles	Rader
Adolph	Fabrizio	Kortz	Rapp
Baker	Farina	Kotik	Ravenstahl
Barbin	Farry	Krueger	Reed
Barrar	Fee	Lawrence	Reese
Benninghoff	Flynn	Lewis	Regan
Bizzarro	Frankel	Longiotti	Roae
Bloom	Freeman	Mackenzie	Roebuck
Boback	Gabler	Maher	Ross
Boyle	Gainey	Mahoney	Rothman
Bradford	Galloway	Major	Rozzi
Briggs	Gergely	Maloney	Saccone
Brown, R.	Gibbons	Markosek	Sainato
Brown, V.	Gillen	Marshall	Samuelson
Bullock	Gillespie	Marsico	Sankey
Burns	Gingrich	Masser	Santarsiero
Caltagirone	Godshall	Matzie	Santora
Carroll	Goodman	McCarter	Saylor
Causar	Greiner	McClinton	Schemel
Christiana	Grove	McGinnis	Schlossberg
Conklin	Hahn	McNeill	Schreiber
Corbin	Hanna	Mentzer	Schweyer
Costa, D.	Harhai	Metcalfe	Simmons
Costa, P.	Harhart	Metzgar	Sims
Cox	Harkins	Miccarelli	Snyder
Culver	Harper	Millard	Sonney
Cutler	Harris, A.	Miller, B.	Staats
Daley, M.	Harris, J.	Miller, D.	Stephens
Daley, P.	Heffley	Milne	Tallman
Davis	Helm	Moul	Taylor
Dawkins	Hennessey	Mullery	Tobash
Day	Hickernell	Murt	Toepel
Dean	Hill	Mustio	Toohil
Deasy	Irvin	Neilson	Topper
DeLissio	James	Nesbit	Truitt
Delozier	Jozwiak	Neuman	Vereb
DeLuca	Kampf	O'Brien	Vitali
Dermody	Kaufer	O'Neill	Ward
Diamond	Kauffman	Oberlander	Warner
Donatucci	Kavulich	Ortitay	Wentling
Driscoll	Keller, F.	Parker, D.	Wheatley
Dunbar	Keller, M.K.	Pashinski	Wheeland
Dush	Keller, W.	Payne	White
Ellis	Killion	Petrarca	Youngblood
Emrick	Kim	Petri	Zimmerman
English	Kinsey	Pickett	
Evankovich	Kirkland	Pyle	Turzai,
Evans	Klunk	Quigley	Speaker

NAYS—0

NOT VOTING—2

Cohen Davidson

EXCUSED—8

Cruz	Peifer	Readshaw	Thomas
DiGirolamo	Quinn	Sturla	Watson

The majority having voted in the affirmative, the question was determined in the affirmative and the resolution was adopted.

CALENDAR CONTINUED

BILL ON THIRD CONSIDERATION

The House proceeded to third consideration of **SB 1073, PN 1459**, entitled:

An Act to provide from the General Fund for the expenses of the Executive and Judicial Departments, the State Government Support Agencies and the General Assembly of the Commonwealth, the public debt and the public schools for the fiscal year July 1, 2015, to June 30, 2016, for certain institutions and organizations, and for the payment of bills incurred and remaining unpaid at the close of the fiscal year ending June 30, 2015; to provide appropriations from the State Lottery Fund, the Tobacco Settlement Fund, the Aviation Restricted Account, the Hazardous Material Response Fund, The State Stores Fund, the Milk Marketing Fund, the Home Investment Trust Fund, the Emergency Medical Services Operating Fund, the Tuition Account Guaranteed Savings Program Fund, the Banking Fund, the Firearm Records Check Fund, the Ben Franklin Technology Development Authority Fund, the Oil and Gas Lease Fund, the Home Improvement Account, the Cigarette Fire Safety and Firefighter Protection Act Enforcement Fund, the Insurance Regulation and Oversight Fund, the Pennsylvania Racehorse Development Restricted Receipt Account and the Justice Reinvestment Fund to the Executive Department; to provide appropriations from the Judicial Computer System Augmentation Account to the Judicial Department for the fiscal year July 1, 2015, to June 30, 2016; to provide appropriations from the Motor License Fund for the fiscal year July 1, 2015, to June 30, 2016, for the proper operation of several departments of the Commonwealth and the Pennsylvania State Police authorized to spend Motor License Fund money; to provide for the appropriation of Federal funds to the Executive Department of the Commonwealth and for the payment of bills remaining unpaid at the close of the fiscal year ending June 30, 2015; and to provide for the additional appropriation of Federal and State funds from the General Fund and the State Lottery Fund for the Executive Department of the Commonwealth for the fiscal year July 1, 2014, to June 30, 2015, and for the payment of bills incurred and remaining unpaid at the close of the fiscal year ending June 30, 2014.

On the question,
Will the House agree to the bill on third consideration?

BILL RECOMMENDED

The SPEAKER. The Chair recognizes the majority leader, who moves that SB 1073 be removed from the active calendar and recommitted to the Appropriations Committee.

On the question,
Will the House agree to the motion?
Motion was agreed to.

REMARKS SUBMITTED FOR THE RECORD

The SPEAKER. Representative Stephens, I understand that you would like to be called upon on unanimous consent.

Representative Stephens.

Mr. STEPHENS. Thank you, Mr. Speaker.

I just have some remarks to submit for the record.

The SPEAKER. They will be accepted. Please present them to the clerk. Thank you.

Mr. STEPHENS submitted the following remarks for the Legislative Journal:

Mr. Speaker, it is my privilege to bring to the attention of the Speaker and the members of the Pennsylvania House of Representatives the name of Stephen Thornton, who has been awarded Scouting's highest honor – Eagle Scout.

Mr. Speaker, I would like to read to the members of the House of Representatives the following citation of merit honoring Stephen Thornton.

Whereas, Stephen Thornton earned the Eagle Award in Scouting. This is the highest award that Boy Scouts can bestow and as such represents great sacrifice and tremendous effort on the part of this young man. Stephen is a member of Troop 547.

Now therefore, Mr. Speaker and members of the House of Representatives, it is my privilege to congratulate and place in the Legislative Journal the name of Stephen Thornton.

* * *

Mr. Speaker, it is my privilege to bring to the attention of the Speaker and the members of the Pennsylvania House of Representatives the name of Matthew Golub, who has been awarded Scouting's highest honor – Eagle Scout.

Mr. Speaker, I would like to read to the members of the House of Representatives the following citation of merit honoring Matthew Golub.

Whereas, Matthew Golub earned the Eagle Award in Scouting. This is the highest award that Boy Scouts can bestow and as such represents great sacrifice and tremendous effort on the part of this young man. Matthew is a member of Troop 540.

Now therefore, Mr. Speaker and members of the House of Representatives, it is my privilege to congratulate and place in the Legislative Journal the name of Matthew Golub.

* * *

Mr. Speaker, it is my privilege to bring to the attention of the Speaker and the members of the Pennsylvania House of Representatives the name of Christian Frentzen, who has been awarded Scouting's highest honor – Eagle Scout.

Mr. Speaker, I would like to read to the members of the House of Representatives the following citation of merit honoring Christian Frentzen.

Whereas, Christian Frentzen earned the Eagle Award in Scouting. This is the highest award that Boy Scouts can bestow and as such represents great sacrifice and tremendous effort on the part of this young man. Christian is member of Troop 540.

Now therefore, Mr. Speaker and members of the House of Representatives, it is my privilege to congratulate and place in the Legislative Journal the name of Christian Frentzen.

REMARKS SUBMITTED FOR THE RECORD

Mr. PETRI submitted the following remarks for the Legislative Journal:

Mr. Speaker, it is my privilege to bring to the attention of the Speaker and the members of the Pennsylvania House of Representatives the name of Patrick O'Connor, who has recently been awarded Scouting's highest honor – Eagle Scout.

Mr. Speaker, I would like to read to the members of the House of Representatives the following citation.

Whereas, Patrick O'Connor has earned the Eagle Award in Scouting. This is the highest award that the Boy Scouts of America can bestow and as such represents great sacrifice and tremendous effort on the part of this young man. Patrick is a member of Troop 145.

Now therefore, Mr. Speaker and members of the House of Representatives, it is my privilege to congratulate and place in the Legislative Journal the name of Patrick O'Connor.

* * *

Mr. Speaker, it is my privilege to bring to the attention of the Speaker and the members of the Pennsylvania House of Representatives the name of Stephen Paul Carr, who has recently been awarded Scouting's highest honor – Eagle Scout.

Mr. Speaker, I would like to read to the members of the House of Representatives the following citation.

Whereas, Stephen Paul Carr has earned the Eagle Award in Scouting. This is the highest award that the Boy Scouts of America can bestow and as such represents great sacrifice and tremendous effort on the part of this young man. Stephen is a member of Troop 147.

Now therefore, Mr. Speaker and members of the House of Representatives, it is my privilege to congratulate and place in the Legislative Journal the name of Stephen Paul Carr.

* * *

Mr. Speaker, it is my privilege to bring to the attention of the Speaker and the members of the Pennsylvania House of Representatives the name of Matthew John O'Donnell, who has recently been awarded Scouting's highest honor – Eagle Scout.

Mr. Speaker, I would like to read to the members of the House of Representatives the following citation.

Whereas, Matthew John O'Donnell has earned the Eagle Award in Scouting. This is the highest award that the Boy Scouts of America can bestow and as such represents great sacrifice and tremendous effort on the part of this young man. Matthew is a member of Troop 147.

Now therefore, Mr. Speaker and members of the House of Representatives, it is my privilege to congratulate and place in the Legislative Journal the name of Matthew John O'Donnell.

* * *

Mr. Speaker, it is my privilege to bring to the attention of the Speaker and the members of the Pennsylvania House of Representatives the name of Gordon Keating Bryson, who has recently been awarded Scouting's highest honor – Eagle Scout.

Mr. Speaker, I would like to read to the members of the House of Representatives the following citation.

Whereas, Gordon Keating Bryson has earned the Eagle Award in Scouting. This is the highest award that the Boy Scouts of America can bestow and as such represents great sacrifice and tremendous effort on the part of this young man. Gordon is a member of Troop 147.

Now therefore, Mr. Speaker and members of the House of Representatives, it is my privilege to congratulate and place in the Legislative Journal the name of Gordon Keating Bryson.

APPROPRIATIONS COMMITTEE MEETING

The SPEAKER. Representative Adolph, for an announcement.

Chairman Adolph.

Mr. ADOLPH. Thank you very much, Mr. Speaker.

Mr. Speaker, there will be an immediate meeting of the House Appropriations Committee in the majority caucus room. Thank you.

The SPEAKER. Thank you, Mr. Chair.

There will be an immediate meeting of the Appropriations Committee in the majority caucus room.

INSURANCE COMMITTEE MEETING

The SPEAKER. Representative Tina Pickett, the chair of the Insurance Committee, for an announcement.

Ms. PICKETT. Thank you, Mr. Speaker.

The House Insurance Committee will reconvene its voting meeting on HB 1766 immediately at the break in room B-31 in the Main Capitol.

Thank you, Mr. Speaker.

The SPEAKER. Thank you, Madam Chair.

The House Insurance Committee will reconvene its voting meeting on HB 1766 immediately at the break in room B-31 in the Main Capitol.

REPUBLICAN CAUCUS

The SPEAKER. Representative Sandra Major, the majority caucus chair, for an announcement.

Ms. MAJOR. Thank you, Mr. Speaker.

I would like to announce Republicans will caucus today at 2:15. I would ask our Republican members to please report to our caucus room at 2:15. We would be prepared to come back on the floor, Mr. Speaker, at 4:15. Thank you.

The SPEAKER. Thank you, Madam Chair.

DEMOCRATIC CAUCUS

The SPEAKER. Representative Frankel, the minority caucus chair, for an announcement.

Mr. FRANKEL. Thank you, Mr. Speaker.

Democrats will also caucus at 2:15. Democrats will caucus at 2:15. Thank you.

RECESS

The SPEAKER. Members, at this time we will stand in recess, but I must tell you, please use the exits to the rear. Please use the exits to the rear. The exit to my left is blocked off right now. I would ask all members to please use the exits to the rear.

We will be back on the floor at 4:15.

RECESS EXTENDED

The time of recess was extended until 4:30 p.m.; further extended until 4:45 p.m.; further extended until 5 p.m.; further extended until 5:15 p.m.; further extended until 5:30 p.m.

AFTER RECESS

The time of recess having expired, the House was called to order.

LEAVES OF ABSENCE

The SPEAKER. Representative SANTARSIERO has requested to be placed on leave of absence. Without objection, that will be granted.

Representative HENNESSEY has asked to be placed on leave of absence. Without objection, that will be granted.

Representative COHEN has requested to be placed on leave of absence. Without objection, that will be granted.

LEAVE OF ABSENCE CANCELED

The SPEAKER. Representative Marguerite Quinn is back on the House floor and will be placed on the master roll, without objection.

**BILL REPORTED FROM COMMITTEE,
CONSIDERED FIRST TIME, AND TABLED**

HB 1766, PN 2945 (Amended)

By Rep. PICKETT

An Act amending Title 40 (Insurance) of the Pennsylvania Consolidated Statutes, providing for standard valuation; and making related repeals regarding Act 284 of 1921 and Act 285 of 1921.

INSURANCE.

BILLS REREPORTED FROM COMMITTEE

HB 222, PN 2861

By Rep. ADOLPH

An Act amending the act of June 13, 1967 (P.L.31, No.21), known as the Public Welfare Code, in public assistance, prohibiting eligibility for individuals convicted of drug distribution.

APPROPRIATIONS.

HB 1398, PN 2860

By Rep. ADOLPH

An Act amending Titles 15 (Corporations and Unincorporated Associations) and 54 (Names) of the Pennsylvania Consolidated Statutes, modernizing the law on limited liability partnerships, general partnerships, limited partnerships and limited liability companies; and making conforming changes with respect to associations, corporations, unincorporated nonprofit associations and business trusts by doing the following: As to general provisions, making conforming changes by revising provisions on application of title, definitions, defense of usury, tax clearance of certain fundamental transactions and fee schedule. As to entities generally, making conforming changes by revising requirements for foreign association names. As to entity transactions, making conforming changes by revising provisions on regulatory conditions and required notices and approvals, nature of transactions, approval by limited partnership, effect of merger, statement of division and effectiveness, effect of division and effect of domestication. As to foreign associations, making conforming changes by revising provisions on governing law. As to corporations, making conforming changes by revising provisions on distributions by business corporations and by adding provisions on derivative actions and the use of special litigation committees by business corporations and nonprofit corporations. As to partnerships generally: extensively revising provisions on: interchangeability of partnership, limited liability company and corporate forms of organization; and ownership of

certain professional partnerships; and adding a provision on failure to observe formalities. As to limited liability partnerships: extensively revising provisions on: scope; definitions; limitation on liability of partners; extraterritorial application of subchapter; foreign registered limited liability partnerships; and annual registration; and adding provisions on: distributions; and dissolution. As to general partnerships, repealing existing Chapter 83 and replacing it with a new Chapter 84 relating to: general provisions; nature of partnership; relations of partners to persons dealing with partnership; relations of partners to each other and to partnership; transferable interests and rights of transferees and creditors; dissociation; dissociation as partner if business not wound up; and dissolution and winding up. As to limited partnerships, repealing existing Chapter 85 and replacing it with a new Chapter 86 relating to: general provisions; formation and filings; limited partners; general partners; contributions and distributions; dissociation; transferable interests and rights of transferees and creditors; dissolution and winding up; and actions by partners. As to limited liability companies: repealing existing Subchapters A, B, C, D, E, F, I and K of Chapter 89 and replacing them with a new Chapter 88 relating to: general provisions; formation and filings; relations of members and managers to persons dealing with limited liability company; relations of members to each other and to limited liability company; transferable interests and rights of transferees and creditors; dissociation; dissolution and winding up; and actions by members; and revising provisions on restricted professional companies. As to unincorporated nonprofit associations, making conforming amendments by revising provisions on ownership and transfer of property. As to business trusts, making conforming changes by revising provisions on application and effect of chapter and liability of trustees and beneficiaries. As to names, revising provisions on register established.

APPROPRIATIONS.

LEAVE OF ABSENCE

The SPEAKER. It is my understanding that Representative SACCONI has requested to be placed on leave of absence for the remainder of the day. Without objection, that will be granted.

LEAVE OF ABSENCE CANCELED

The SPEAKER. Representative Santarsiero is on the House floor and should be placed back on the master roll. Without objection, that will be granted.

SUPPLEMENTAL CALENDAR C

BILLS ON THIRD CONSIDERATION

The House proceeded to third consideration of **HB 1398, PN 2860**, entitled:

An Act amending Titles 15 (Corporations and Unincorporated Associations) and 54 (Names) of the Pennsylvania Consolidated Statutes, modernizing the law on limited liability partnerships, general partnerships, limited partnerships and limited liability companies; and making conforming changes with respect to associations, corporations, unincorporated nonprofit associations and business trusts by doing the following: As to general provisions, making conforming changes by revising provisions on application of title, definitions, defense of usury, tax clearance of certain fundamental transactions and fee schedule. As to entities generally, making conforming changes by revising requirements for foreign association names. As to entity transactions, making conforming changes by revising provisions on regulatory conditions and required notices and approvals, nature of transactions, approval by limited partnership, effect of merger, statement of division and effectiveness, effect of division and effect of domestication. As to foreign associations, making conforming changes by revising

provisions on governing law. As to corporations, making conforming changes by revising provisions on distributions by business corporations and by adding provisions on derivative actions and the use of special litigation committees by business corporations and nonprofit corporations. As to partnerships generally: extensively revising provisions on: interchangeability of partnership, limited liability company and corporate forms of organization; and ownership of certain professional partnerships; and adding a provision on failure to observe formalities. As to limited liability partnerships: extensively revising provisions on: scope; definitions; limitation on liability of partners; extraterritorial application of subchapter; foreign registered limited liability partnerships; and annual registration; and adding provisions on: distributions; and dissolution. As to general partnerships, repealing existing Chapter 83 and replacing it with a new Chapter 84 relating to: general provisions; nature of partnership; relations of partners to persons dealing with partnership; relations of partners to each other and to partnership; transferable interests and rights of transferees and creditors; dissociation; dissociation as partner if business not wound up; and dissolution and winding up. As to limited partnerships, repealing existing Chapter 85 and replacing it with a new Chapter 86 relating to: general provisions; formation and filings; limited partners; general partners; contributions and distributions; dissociation; transferable interests and rights of transferees and creditors; dissolution and winding up; and actions by partners. As to limited liability companies: repealing existing Subchapters A, B, C, D, E, F, I and K of Chapter 89 and replacing them with a new Chapter 88 relating to: general provisions; formation and filings; relations of members and managers to persons dealing with limited liability company; relations of members to each other and to limited liability company; transferable interests and rights of transferees and creditors; dissociation; dissolution and winding up; and actions by members; and revising provisions on restricted professional companies. As to unincorporated nonprofit associations, making conforming amendments by revising provisions on ownership and transfer of property. As to business trusts, making conforming changes by revising provisions on application and effect of chapter and liability of trustees and beneficiaries. As to names, revising provisions on register established.

On the question,
Will the House agree to the bill on third consideration?
Bill was agreed to.

(Bill analysis was read.)

The SPEAKER. This bill has been considered on three different days and agreed to and is now on final passage.
The question is, shall the bill pass finally?

On that question, the Chair recognizes the sponsor of the bill, Representative Adam Harris.

Members, will you please take your seats. Members, please take your seats. I would ask all other members to please take their conversations to the anterooms outside the chamber.

The floor right now is Representative Harris'.
Mr. A. HARRIS. Thank you, Mr. Speaker.

HB 1398 modernizes Pennsylvania law in the areas of partnerships and limited liability companies. The input of the Title 15 committee of the Pennsylvania Bar Association has been invaluable throughout this process, and I would like to thank them, particularly Bill Clark and Fred Cabell, for all of their help.

I would also like to thank my cosponsor in this piece of legislation, Chairman Thomas, and his staff for all their assistance getting this bill through the Commerce Committee and here through the House. I also want to thank my staff, Jen Weeter and our legal team, for all of their help in this rather large bill.

HB 1398 will ensure that Pennsylvania has the most up-to-date and modern business laws in the country and will also ensure that we are mirroring all relevant uniform laws and acts that are in use throughout the country.

I would appreciate your support and favorable vote on HB 1398.

The SPEAKER. Thank you, Representative.

On the question recurring,
Shall the bill pass finally?

The SPEAKER. Agreeable to the provisions of the Constitution, the yeas and nays will now be taken.

The following roll call was recorded:

YEAS—188

Acosta	Evans	Knowles	Quinn
Adolph	Everett	Kortz	Rader
Baker	Fabrizio	Kotik	Rapp
Barbin	Farina	Krueger	Ravenstahl
Barrar	Farry	Lawrence	Reed
Benninghoff	Fee	Lewis	Reese
Bizzarro	Flynn	Longietti	Regan
Bloom	Frankel	Mackenzie	Roebuck
Boback	Freeman	Maher	Ross
Boyle	Gabler	Mahoney	Rothman
Bradford	Gainey	Major	Rozzi
Briggs	Galloway	Maloney	Sainato
Brown, R.	Gergely	Markosek	Samuelson
Brown, V.	Gibbons	Marshall	Sankey
Bullock	Gillen	Marsico	Santarsiero
Burns	Gillespie	Masser	Santora
Caltagirone	Gingrich	Matzie	Saylor
Carroll	Godshall	McCarter	Schemel
Causar	Goodman	McGinnis	Schlossberg
Christiana	Greiner	McNeill	Schreiber
Conklin	Grove	Mentzer	Schweyer
Corbin	Hahn	Metcalfe	Simmons
Costa, D.	Hanna	Metzgar	Sims
Costa, P.	Harhai	Miccarelli	Snyder
Cox	Harhart	Millard	Sonney
Culver	Harkins	Miller, B.	Staats
Cutler	Harper	Miller, D.	Stephens
Daley, M.	Harris, A.	Milne	Tallman
Daley, P.	Harris, J.	Moul	Taylor
Davidson	Heffley	Mullery	Tobash
Davis	Helm	Murt	Toepel
Dawkins	Hickernell	Mustio	Toohil
Day	Hill	Neilson	Topper
Dean	Irvin	Nesbit	Truitt
Deasy	James	Neuman	Vereb
DeLissio	Jozwiak	O'Brien	Vitali
Delozier	Kampf	O'Neill	Ward
DeLuca	Kaufner	Oberlander	Warner
Dermody	Kauffman	Ortitay	Wentling
Diamond	Kavulich	Parker, D.	Wheatley
Donatucci	Keller, F.	Pashinski	Wheeland
Driscoll	Keller, M.K.	Payne	White
Dunbar	Keller, W.	Petrarca	Youngblood
Dush	Killion	Petri	Zimmerman
Ellis	Kim	Pickett	
Emrick	Kinsey	Pyle	Turzai,
English	Kirkland	Quigley	Speaker
Evankovich	Klunk		

NAYS—0

NOT VOTING—2

McClinton	Roae
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EXCUSED—10

Cohen	Hennessey	Saccone	Thomas
Cruz	Peifer	Sturla	Watson
DiGirolamo	Readshaw		

The majority required by the Constitution having voted in the affirmative, the question was determined in the affirmative and the bill passed finally.

Ordered, That the clerk present the same to the Senate for concurrence.

* * *

The House proceeded to third consideration of **HB 222, PN 2861**, entitled:

An Act amending the act of June 13, 1967 (P.L.31, No.21), known as the Public Welfare Code, in public assistance, prohibiting eligibility for individuals convicted of drug distribution.

On the question,
Will the House agree to the bill on third consideration?

Mr. **REGAN** offered the following amendment No. **A05949**:

Amend Bill, page 2, line 17, by inserting after "432.24."
to the extent permitted by Federal law.

On the question,
Will the House agree to the amendment?

The SPEAKER. Now typically, as you know, amendments on third consideration require two-thirds vote. It is my understanding that the good gentleman will make the point that this is a technical amendment and would fall under rule 24, which could be voted upon, and then we will ask the respective leaders their perspective.

On the question, the Chair recognizes Representative Regan.
Mr. **REGAN**. Thank you very much, Mr. Speaker.

This amendment basically states that this bill shall conform with Federal guidelines. We feel like it does now, but if Federal guidelines change, then they would be applicable to the passage of this bill.

Thank you, Mr. Speaker.

The SPEAKER. Thank you.

Representative Dermody and then Representative Cutler.

Representative Dermody, you believe, this is, from your perspective, a technical amendment under rule 24?

Representative Cutler, under 24 it is a technical amendment?

So we will so rule that it is a technical amendment under rule 24, in consultation with the Parliamentarian and given the respective leadership teams' perspectives. At this time we may vote on it, and it requires a majority vote.

On the question recurring,
Will the House agree to the amendment?

The following roll call was recorded:

YEAS—180

Adolph	Farina	Lawrence	Ravenstahl
Baker	Farry	Lewis	Reed
Barbin	Fee	Longietti	Reese
Barrar	Flynn	Mackenzie	Regan
Benninghoff	Frankel	Maher	Roae
Bizzarro	Freeman	Mahoney	Roebuck
Bloom	Gabler	Major	Ross
Boback	Galloway	Maloney	Rothman
Boyle	Gergely	Markosek	Rozzi
Bradford	Gibbons	Marshall	Sainato
Briggs	Gillen	Marsico	Samuelson
Brown, R.	Gillespie	Masser	Sankey
Bullock	Gingrich	Matzie	Santarsiero
Burns	Godshall	McCarter	Santora
Caltagirone	Goodman	McGinnis	Saylor
Carroll	Greiner	McNeill	Schemel
Causser	Grove	Mentzer	Schlossberg
Christiana	Hahn	Metcalfe	Schreiber
Conklin	Hanna	Metzgar	Schweyer
Corbin	Harhai	Miccarelli	Simmons
Costa, D.	Harhart	Millard	Sims
Costa, P.	Harkins	Miller, B.	Snyder
Cox	Harper	Milne	Sonney
Culver	Harris, A.	Moul	Staats
Cutler	Harris, J.	Mullery	Stephens
Daley, M.	Heffley	Murt	Tallman
Daley, P.	Helm	Mustio	Taylor
Day	Hickernell	Neilson	Tobash
Dean	Hill	Nesbit	Toepel
Deasy	Irvin	Neuman	Toohil
DeLissio	James	O'Brien	Topper
Delozier	Jozwiak	O'Neill	Truitt
DeLuca	Kampf	Oberlander	Vereb
Dermody	Kaufner	Ortitay	Vitali
Diamond	Kauffman	Parker, D.	Ward
Donatucci	Kavulich	Pashinski	Warner
Driscoll	Keller, F.	Payne	Wentling
Dunbar	Keller, M.K.	Petrarca	Wheatley
Dush	Keller, W.	Petri	Wheeland
Ellis	Killion	Pickett	White
Emrick	Kirkland	Pyle	Youngblood
English	Klunk	Quigley	Zimmerman
Evankovich	Knowles	Quinn	
Evans	Kortz	Rader	Turzai,
Everett	Kotik	Rapp	Speaker
Fabrizio	Krueger		

NAYS—10

Acosta	Davis	Kim	McClinton
Brown, V.	Dawkins	Kinsey	Miller, D.
Davidson	Gainey		

NOT VOTING—0

EXCUSED—10

Cohen	Hennessey	Saccone	Thomas
Cruz	Peifer	Sturla	Watson
DiGirolamo	Readshaw		

The majority having voted in the affirmative, the question was determined in the affirmative and the amendment was agreed to.

On the question,

Will the House agree to the bill on third consideration as amended?

The SPEAKER. We may now proceed to vote on the bill on third consideration as amended per rule 24.

On the question recurring,

Will the House agree to the bill on third consideration as amended?

Bill as amended was agreed to.

The SPEAKER. This bill has been considered on three different days and agreed to and is now on final passage.

The question is, shall the bill pass finally?

Does anybody wish to speak on the underlying bill or the bill as amended?

On the question recurring,

Shall the bill pass finally?

The SPEAKER. Agreeable to the provisions of the Constitution, the yeas and nays will now be taken.

The following roll call was recorded:

YEAS—170

Adolph	Fee	Longietti	Reed
Baker	Flynn	Mackenzie	Reese
Barbin	Freeman	Maher	Regan
Barrar	Gabler	Mahoney	Roae
Benninghoff	Galloway	Major	Roebuck
Bizzarro	Gergely	Maloney	Ross
Bloom	Gibbons	Markosek	Rothman
Boback	Gillen	Marshall	Rozzi
Boyle	Gillespie	Marsico	Sainato
Brown, R.	Gingrich	Masser	Samuelson
Burns	Godshall	Matzie	Sankey
Caltagirone	Goodman	McGinnis	Santarsiero
Carroll	Greiner	McNeill	Santora
Causser	Grove	Mentzer	Saylor
Christiana	Hahn	Metcalfe	Schemel
Conklin	Hanna	Metzgar	Schlossberg
Corbin	Harhai	Miccarelli	Schreiber
Costa, D.	Harhart	Millard	Schweyer
Costa, P.	Harkins	Miller, B.	Simmons
Cox	Harper	Milne	Snyder
Culver	Harris, A.	Moul	Sonney
Cutler	Heffley	Mullery	Staats
Daley, M.	Helm	Murt	Stephens
Daley, P.	Hickernell	Mustio	Tallman
Day	Hill	Neilson	Taylor
Deasy	Irvin	Nesbit	Tobash
Delozier	James	Neuman	Toepel
DeLuca	Jozwiak	O'Brien	Toohil
Dermody	Kampf	O'Neill	Topper
Diamond	Kaufner	Oberlander	Truitt
Donatucci	Kauffman	Ortitay	Vereb
Driscoll	Kavulich	Parker, D.	Vitali
Dunbar	Keller, F.	Pashinski	Ward
Dush	Keller, M.K.	Payne	Warner
Ellis	Keller, W.	Petrarca	Wentling
Emrick	Killion	Petri	Wheatley
English	Kirkland	Pickett	Wheeland
Evankovich	Klunk	Pyle	White
Evans	Knowles	Quigley	Youngblood
Everett	Kortz	Quinn	Zimmerman
Fabrizio	Kotik	Rader	
Farina	Lawrence	Rapp	Turzai,
Farry	Lewis	Ravenstahl	Speaker

NAYS—20

Acosta	Davidson	Frankel	Krueger
Bradford	Davis	Gainey	McCarter
Briggs	Dawkins	Harris, J.	McClinton
Brown, V.	Dean	Kim	Miller, D.
Bullock	DeLissio	Kinsey	Sims

NOT VOTING—0

EXCUSED—10

Cohen	Hennessey	Saccone	Thomas
Cruz	Peifer	Sturla	Watson
DiGirolamo	Readshaw		

The majority required by the Constitution having voted in the affirmative, the question was determined in the affirmative and the bill passed finally.

Ordered, That the clerk present the same to the Senate for concurrence.

REMARKS SUBMITTED FOR THE RECORD

The SPEAKER. Representative McClinton, on unanimous consent.

Members, please, if you will please take your seats. Any conversations should be in the anterooms.

Representative, you have the floor.

Ms. McCLINTON. Mr. Speaker, I actually have remarks that I had for HB 222. I would like for them to be submitted for the record.

The SPEAKER. You certainly may.

Ms. McCLINTON. Thank you.

The SPEAKER. Thank you.

Ms. McCLINTON submitted the following remarks for the Legislative Journal:

Mr. Speaker, I stand to voice my opposition to HB 222.

Mr. Speaker, HB 222 is like many other bills introduced in this chamber that portends to do one thing but ends up as just another bill that institutionalizes discrimination, including gender-based discrimination.

Mr. Speaker, it is my understanding that the intent of this bill is to ensure that drug kingpins do not receive public assistance. Mr. Speaker, these people are called kingpins for a reason, and I am pretty certain that they are not foolish enough to apply for public assistance.

Mr. Speaker, this bill is not needed. There is a Federal lifetime ban on welfare for felony drug offenders, which gives a new meaning to the term "life sentence." There is also a prohibition in our Welfare Code. For the second time, Mr. Speaker, this bill is not needed.

Mr. Speaker, this bill also picks and chooses. It institutionalizes discrimination. Mr. Speaker, most of us know that the number of males with felony drug convictions is far greater than the number of women, but women with children make up the TANF (Temporary Assistance for Needy Families) population. It is my belief that, if this bill becomes law, women and their children will be adversely impacted by HB 222. Mr. Speaker, I see this as just another attack on women and their children.

Mr. Speaker, I am voting "no" and ask my colleagues to do the same.

VOTE CORRECTION

The SPEAKER. Representative Wheatley, I apologize. I did not see you rise. Can you please state your purpose for rising, sir?

Mr. WHEATLEY. Thank you, Mr. Speaker.

I just wanted to correct the record. On the last vote, I was voted in the affirmative. I should have been recorded in the negative. So I just wanted to correct the record. Thank you.

The SPEAKER. Okay. Thank you, sir.

CALENDAR CONTINUED**BILL ON SECOND CONSIDERATION**

The House proceeded to second consideration of **SB 3, PN 889**, entitled:

An Act providing for the medical use of cannabis in the Commonwealth of Pennsylvania.

On the question,

Will the House agree to the bill on second consideration?

Mr. **MARSICO** offered the following amendment No. **A05835**:

Amend Bill, page 1, lines 1 through 16; pages 2 and 3, lines 1 through 30; page 4, line 1; by striking out all of said lines on said pages and inserting

Establishing a medical marijuana program; providing for patient and caregiver certification and for medical marijuana organization registration; imposing duties on the Department of Health; providing for a tax on medical marijuana organization gross receipts; establishing the Medical Marijuana Program Fund; establishing the Medical Marijuana Advisory Board; establishing a medical marijuana research program; imposing duties on the Department of Corrections, the Department of Education and the Department of Human Services; and providing for penalties and enforcement.

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 Section 502. Certification form.
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 Chapter 11. Administration
 Section 1101. Governing practice and procedure.
 Section 1102. Reports by medical marijuana organizations.
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 Section 1105. Report.
 Section 1106. Advisory board.
 Section 1107. Regulations.
 Section 1108. Regulations based on recommendations of board.
 Section 1109. Temporary regulations.
 Chapter 13. Offenses Related to Medical Marijuana
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 Section 1302. Criminal diversion of medical marijuana by medical marijuana organizations.
 Section 1303. Criminal retention of medical marijuana.
 Section 1304. Criminal diversion of medical marijuana by patient or caregiver.
 Section 1305. Falsification of identification cards.
 Section 1306. Adulteration of medical marijuana.
 Section 1307. Disclosure of information prohibited.
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 Chapter 19. Research Program
 Section 1901. Definitions.
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 Section 2104. Schools.
 Section 2105. Day-care centers.
 Section 2106. Medical marijuana from other states.
 Section 2107. Zoning.
 Section 2108. Notice.
 Section 2109. Applicability.
 Section 2110. Effective date.

Amend Bill, page 4, lines 4 through 30; pages 5 through 68, lines 1 through 30; page 69, lines 1 through 27; by striking out all of said lines on said pages and inserting

CHAPTER 1 PRELIMINARY PROVISIONS

Section 101. Short title.

This act shall be known and may be cited as the Medical Marijuana Act.

Section 102. Declaration of policy.

The General Assembly finds and declares as follows:

(1) Scientific evidence suggests that medical marijuana is one potential therapy that may mitigate suffering in some patients and also enhance quality of life.

(2) The Commonwealth is committed to patient safety.

Carefully regulating the program which allows access to medical marijuana will enhance patient safety while research into its effectiveness continues.

(3) It is the intent of the General Assembly to:

(i) Provide a program of access to medical marijuana which balances the need of patients to have access to the latest treatments with the need to promote patient safety.

(ii) Provide a safe and effective method of delivery of medical marijuana to patients.

(iii) Promote high quality research into the effectiveness and utility of medical marijuana.

(4) It is the further intention of the General Assembly that any Commonwealth-based program to provide access to medical marijuana serve as a temporary measure, pending Federal approval of and access to medical marijuana through traditional medical and pharmaceutical avenues.

Section 103. Definitions.

The following words and phrases when used in this act shall have the meanings given to them in this section unless the context clearly indicates otherwise:

"Advisory board." The advisory board established under section 1106.

"Caregiver." The individual designated by a patient or, if the patient is under 18 years of age, an individual under section 508(2), to deliver medical marijuana.

"Certified medical use." The acquisition, possession, use or transportation of medical marijuana by a patient, or the acquisition, possession, delivery, transportation or administration of medical marijuana by a caregiver, for use as part of the treatment of the patient's serious medical condition, as authorized in a certification under this act, including enabling the patient to tolerate treatment for the serious medical condition.

"Certified registered nurse practitioner." As defined in section 2 of the act of May 22, 1951 (P.L.317, No.69), known as The Professional Nursing Law.

"Change in control." The acquisition by a person or group of persons acting in concert of a controlling interest in an applicant or registrant either all at one time or over the span of a 12-consecutive-month period.

"Continuing care." Treating a patient, in the course of which the practitioner has completed a full assessment of the patient's medical history and current medical condition, including an in-person consultation with the patient.

"Controlling interest." As follows:

(1) The term shall mean the following:

(i) For a publicly traded entity, voting rights that entitle a person to elect or appoint one or more of the members of the board of directors or other governing board or the ownership or beneficial holding of 5% or more of the securities of the publicly traded entity.

(ii) For a privately held entity, the ownership of any security in the entity.

(2) For purposes of this definition, the term "security" is as defined in section 102(t) of the act of December 5, 1972 (P.L.1280, No.284), known as the Pennsylvania Securities Act of 1972.

"Department." The Department of Health of the Commonwealth.

"Dispensary." A person, including a natural person, corporation, partnership, association, trust or other entity, or any combination thereof, which is registered by the department to dispense medical marijuana. The term does not include a health care medical marijuana organization under Chapter 19.

"Family or household member." As defined in 23 Pa.C.S. § 6102 (relating to definitions).

"Financial backer." An investor, mortgagee, bondholder, note holder or other source of equity of an applicant other than a financial institution.

"Financial institution." A bank, a national banking association, a bank and trust company, a trust company, a savings and loan association, a building and loan association, a mutual savings bank, a credit union or a savings bank.

"Form of medical marijuana." The characteristics of the medical marijuana recommended or limited for a particular patient, including the method of consumption and any particular dosage, strain, variety and quantity or percentage of medical marijuana or particular active ingredient.

"Fund." The Medical Marijuana Program Fund established in section 902.

"Grower/processor." A person, including a natural person, corporation, partnership, association, trust or other entity, or any combination thereof, which is registered by the department under this act to grow and process medical marijuana. The term does not include a health care medical marijuana organization under Chapter 19.

"Identification card." A document issued under section 505 that permits access to medical marijuana under this act.

"Individual dose." A single measure of medical marijuana.

"Medical marijuana." Marijuana for medical use as set forth in this act.

"Medical marijuana organization." A dispensary or a grower/processor. The term does not include a health care medical marijuana organization under Chapter 19.

"Patient." An individual who:

- (1) has a serious medical condition;
- (2) has met the requirements for certification under this act; and
- (3) is a resident of this Commonwealth.

"Physician assistant." As defined in section 2 of the act of December 20, 1985 (P.L.457, No.112), known as the Medical Practice Act of 1985, and section 2 of the act of October 5, 1978 (P.L.1109, No.261), known as the Osteopathic Medical Practice Act.

"Practitioner." A physician who is registered with the department under section 302.

"Prescription drug monitoring program." The Achieving Better Care by Monitoring All Prescriptions Program (ABC-MAP).

"Principal." An officer, director or person who directly owns a beneficial interest in or ownership of the securities of an applicant or registrant, a person who has a controlling interest in an applicant or registrant or who has the ability to elect the majority of the board of directors of an applicant or registrant or otherwise control an applicant or registrant, other than a financial institution.

"Registry." The registry established by the department under section 301(1).

"Secretary." The Secretary of Health of the Commonwealth.

"Serious medical condition." Any of the following:

- (1) Cancer.
- (2) Positive status for human immunodeficiency virus or acquired immune deficiency syndrome.
- (3) Amyotrophic lateral sclerosis.
- (4) Parkinson's disease.
- (5) Multiple sclerosis.
- (6) Damage to the nervous tissue of the spinal cord with objective neurological indication of intractable spasticity.
- (7) Epilepsy.
- (8) Inflammatory bowel disease.
- (9) Neuropathies.
- (10) Huntington's disease.
- (11) Crohn's disease.
- (12) Post-traumatic stress disorder.
- (13) Intractable seizures.
- (14) Glaucoma.
- (15) Severe chronic or intractable pain of neuropathic origin or severe chronic or intractable pain in which conventional therapeutic intervention and opiate therapy is contraindicated or ineffective.

"Terminally ill." A medical prognosis of life expectancy of

approximately one year or less if the illness runs its normal course.

CHAPTER 3

PROGRAM

Section 301. Program established.

A medical marijuana program for patients suffering from serious medical conditions is established. The program shall be administered by the department. The department shall have the authority to do all things necessary to fulfill its responsibilities in implementing this act. At minimum, the department shall:

(1) Establish and maintain a computerized registry containing information set forth in this act relating to patients certified to use medical marijuana, caregivers, practitioners and medical marijuana organizations, which shall include identification numbers. The computerized registry shall include a separate, electronic database to be used by the department and dispensaries and which contains the information set forth in section 703(a)(1), (2), (3), (4) and (5) and such additional information that the department may require by regulation. The registry and database shall be capable of providing information in real time. Dispensaries shall have real-time access to information:

(i) To ensure that medical marijuana is not diverted or otherwise used for unlawful purposes.

(ii) To establish the authenticity of identification cards.

(iii) To provide the form of medical marijuana provided in the certification by the practitioner.

(2) Develop and implement procedures for:

(i) Issuance of identification cards to patients and caregivers.

(ii) Review and approval of certifications submitted by practitioners.

(iii) Review of the credentials of practitioners who submit certifications.

(iv) Review and approval of applications for identification cards.

(v) Review and approval of applications to become registered with the department as a medical marijuana organization.

(vi) Review and approval of applications of physicians to become registered with the department as practitioners.

(3) Develop a four-hour course for physicians regarding the latest scientific research on medical marijuana, including the risks and benefits of medical marijuana, and any other subjects deemed necessary by the department. The State Board of Medicine and the State Board of Osteopathic Medicine shall approve continuing education credit for any physician who successfully completes the course. The State Board of Pharmacy shall approve continuing education credit for any pharmacist who successfully completes the course pursuant to the requirement in section 707(9). The State Board of Nursing shall approve continuing education credit for a certified registered nurse practitioner who successfully completes the course pursuant to the requirement in section 707(9). The State Board of Medicine and the State Board of Osteopathic Medicine shall approve continuing education credit for a physician assistant who successfully completes the course pursuant to the requirement in section 707(9).

(4) Develop a two-hour course for the principals and employees of a medical marijuana organization who either come into contact with patients or caregivers or who physically handle medical marijuana. Employees must successfully complete the course no later than 90 days after commencing employment. Principals must successfully complete the course prior to commencing initial operation of the medical marijuana organization. The subject matter of the course shall encompass the following:

(i) Recognizing unauthorized suspected activity under this act and the regulations promulgated by the department, including criminal diversion of medical marijuana and falsification of identification cards.

(ii) Proper handling of medical marijuana and recordkeeping.

(iii) Proper reporting of suspected unauthorized activity, including activities under subparagraph (i), to law enforcement.

(iv) Any other subject necessary to ensure compliance with this act and regulations promulgated under this act, as determined by the department.

(5) Develop a procedure for announced and unannounced inspections by the department of the facilities for growing, processing or dispensing or selling medical marijuana, and of the books, papers and tracking and other systems utilized by medical marijuana organizations required by this act.

(6) Establish a manner and method to administer research studies to be operated by vertically integrated health systems in order to collect research data on the use of medical marijuana to treat serious medical conditions in accordance with Chapter 19.

(7) Establish and maintain public outreach efforts about this act. The efforts shall include:

(i) A dedicated telephone number regarding medical marijuana so that patients, caregivers and members of the public may call to obtain basic information about the dispensing of medical marijuana under this act.

(ii) A publicly accessible Internet website with similar information.

(8) Collaborate as necessary, as determined by the secretary, with other Commonwealth agencies or to contract with third parties to assist the department in fulfilling its responsibilities under this act.

(9) Determine the minimum number and type of medical marijuana to be produced by a grower/processor and dispensed by a dispensary.

Section 302. Practitioner registration.

(a) Eligibility.—A physician who satisfies the following is eligible for inclusion in the registry:

(1) The physician applies for registration in the form and manner required by the department.

(2) The department determines that the physician is, by training or experience, qualified to treat a serious medical condition. The physician shall provide documentation of required credentials, training or experience as required by the department.

(3) The physician has successfully completed the course under section 301(3).

(b) Department action.—The department shall review an application submitted by a physician to determine whether to include the physician in the registry. The review shall include information maintained by the Department of State regarding whether the physician has a valid, unexpired, unrevoked, unsuspended Pennsylvania license to practice medicine and whether the physician has been subject to discipline. The review shall be conducted each time the department reviews certifications under section 501. If the physician is not the holder of a valid, unexpired, unrevoked, unsuspended Pennsylvania license to practice medicine, then the department shall deny the certification and shall remove the physician from the registry until such time as the physician holds a valid, unexpired, unrevoked, unsuspended Pennsylvania license to practice medicine. A physician who is listed in the registry is authorized to issue a certification to use medical marijuana.

(c) Practitioner requirements.—A practitioner shall have an ongoing responsibility, so long as the practitioner remains in the registry, to immediately notify the department in writing if the practitioner knows or has reason to know that any of the following is

true with respect to a patient for whom the practitioner has issued a certification under this act:

(1) The patient no longer has the serious medical condition for which the certification was issued.

(2) Medical marijuana would no longer be therapeutic or palliative.

(3) The patient has died.

Section 303. Practitioner restrictions.

(a) Practices prohibited.—The following apply with respect to practitioners:

(1) A practitioner may not accept, solicit or offer any form of remuneration from or to a prospective patient, patient, prospective caregiver, caregiver or medical marijuana organization, including an employee, financial backer or principal, to certify a patient, other than accepting a fee for service with respect to the examination of the prospective patient to determine if the prospective patient should be issued a certification to use medical marijuana.

(2) A practitioner may not hold a direct or economic interest in a medical marijuana organization.

(3) A practitioner may not advertise the practitioner's services as a practitioner who can certify a patient to receive medical marijuana.

(b) Unprofessional conduct.—A practitioner who violates subsection (a)(1), (2) or (3) or section 501(f) shall not be permitted to issue certifications to patients. The practitioner shall be removed from the registry.

(c) Discipline.—In addition to any other penalty that may be imposed under this act, a violation of subsection (a)(1), (2) or (3) or section 501(f) shall be deemed unprofessional conduct under section 41(8) of the act of December 20, 1985 (P.L.457, No.112), known as the Medical Practice Act of 1985, or section 15(a)(8) of the act of October 5, 1978 (P.L.1109, No.261), known as the Osteopathic Medical Practice Act, and shall subject the practitioner to discipline by the State Board of Medicine or the State Board of Osteopathic Medicine, as appropriate.

CHAPTER 5

PATIENT AND CAREGIVER CERTIFICATION

Section 501. Issuance of certification.

(a) Conditions for issuance.—A certification to use medical marijuana may be issued by a practitioner to a patient if all of the following requirements are met:

(1) The practitioner is authorized, as evidenced by the practitioner's inclusion in the registry, to issue a certification.

(2) The patient has a serious medical condition, which is specified in the patient's health care record.

(3) The practitioner by training or experience is qualified to treat the patient's serious medical condition.

(4) The patient is under the practitioner's continuing care for the serious medical condition.

(5) In the practitioner's professional opinion and review of past treatments, the practitioner determines the patient is likely to receive therapeutic or palliative benefit from the use of medical marijuana.

(b) Contents.—In addition to the information set forth in subsection (a), the certification shall include:

(1) The name, date of birth and address of the patient.

(2) The specific serious medical condition of the patient.

(3) A statement by the practitioner that the patient has a serious medical condition and the patient is under the practitioner's continuing care for the serious medical condition.

(4) The date of issuance.

(5) The name, address, telephone number and signature of the practitioner.

(6) Any requirement or limitation concerning the appropriate form of medical marijuana.

(7) Information needed for the research program database under section 1902(b)(2) as determined by the

department.

(c) Optional information.—The practitioner may state in the certification that, in the practitioner's professional opinion:

(1) The patient would benefit from medical marijuana only until a specified date.

(2) The patient is terminally ill.

(d) Consultation.—A practitioner shall consult the prescription drug monitoring program prior to issuing or modifying a certification for the purpose of reviewing the controlled substance history of a patient.

(e) Duties of practitioner.—The practitioner shall:

(1) Provide the certification to the patient.

(2) Provide a copy of the certification to the department, which shall place the information in the registry. The department shall permit electronic submission of the certification.

(3) File a copy of the certification in the patient's health care record.

(f) Prohibition.—A practitioner may not issue a certification for the practitioner's own use or for the use of a family or household member.

Section 502. Certification form.

The department shall develop a standard certification form, which shall be available upon request. In addition, the form shall be available to practitioners electronically. The form shall include a statement that a false statement made by a practitioner is punishable under the applicable provisions of 18 Pa.C.S. Ch. 49 (relating to falsification and intimidation).

Section 503. Lawful use of medical marijuana.

(a) General rule.—Notwithstanding any provision of law to the contrary, certified medical use of medical marijuana as set forth in this act and regulations promulgated under this act is lawful within this Commonwealth.

(b) Limitations.—The lawful use of medical marijuana is subject to the following limitations:

(1) Medical marijuana may only be administered to a patient who is certified by a practitioner.

(2) Subject to regulations promulgated under section 1108(3), medical marijuana may only be dispensed to a patient or caregiver in the following forms:

(i) pill;

(ii) oil;

(iii) topical forms, including gel, creams or ointments;

(iv) a form medically appropriate for administration by vaporization or nebulization.

(v) tincture; or

(vi) liquid.

(3) In accordance with section 1108, medical marijuana may be dispensed to a patient or a caregiver in dry leaf or plant form.

(4) Subject to section 1108, no individual dose of medical marijuana may contain more than 10% tetrahydrocannabinol.

(5) For each patient, possession of medical marijuana by a patient and a caregiver may not exceed a 30-day supply of individual doses, consistent with any regulations of the department, except that, during the last seven days of any 30-day period, a patient may also possess a 30-day supply for the subsequent 30-day period.

(6) An individual may not act as a caregiver for more than five patients.

(7) A patient may designate up to two caregivers at any one time.

(8) The form of medical marijuana that may be possessed by a patient or caregiver under a certification shall be in compliance with any requirement or limitation of the practitioner.

(9) The medical marijuana shall be kept in the original

package in which it was dispensed, except for the portion removed for immediate use by the patient.

(10) A patient or caregiver shall possess an identification card whenever the patient or caregiver is in immediate possession of medical marijuana.

(11) With respect to the packaging of medical marijuana by growers/processors and dispensing of medical marijuana by dispensaries, the medical marijuana shall only be identified by the name of the grower/processor, the name of the dispensary, the species and the percentage of tetrahydrocannabinol and cannabidiol.

Section 504. Unlawful use of medical marijuana.

(a) General rule.—Notwithstanding section 503, the use of medical marijuana as set forth in this section is unlawful and shall, in addition to any other penalty provided by law, be deemed a violation of the act of April 14, 1972 (P.L.233, No.64), known as The Controlled Substance, Drug, Device and Cosmetic Act.

(b) Unlawful use described.—Regardless of the form of medical marijuana stated in the patient's certification, it is unlawful to:

(1) Smoke medical marijuana.

(2) Incorporate medical marijuana into edible form.

Nothing in this act shall be construed to preclude the incorporation of medical marijuana into edible form by a patient or a caregiver in order to aid ingestion of the medical marijuana by the patient.

(3) Grow medical marijuana unless registered as a grower/processor or health care medical marijuana organization under Chapter 19 and acting in compliance with this act.

Section 505. Identification cards.

(a) Issuance.—Upon review and approval of the certification issued to a patient by a practitioner, satisfactory review of a practitioner's medical credentials, satisfactory review of the prescription drug monitoring program in the case of a caregiver and satisfactory review of the Federal and Commonwealth criminal history record information in the case of a caregiver, the department shall issue an identification card to a patient or caregiver. The identification card shall permit a patient or caregiver to access medical marijuana in accordance with this act.

(b) Expiration.—An identification card shall expire within one year from the date of issuance, upon the death of the patient, or as otherwise provided in this section. The department shall specify the form of application for an identification card. The department shall provide the form upon request, and the form shall be available electronically via the department's publicly accessible Internet website.

(c) Separate cards to be issued.—The department shall issue separate identification cards for patients and caregivers as soon as reasonably practicable after receiving a completed application, unless it determines that the application is incomplete or factually inaccurate, in which case it shall promptly notify the applicant.

(d) Change in name or address.—A patient or caregiver who has been issued an identification card shall notify the department within 10 days of any change of name or address. In addition, with respect to the patient, the patient shall notify the department within 10 days if the patient no longer has the serious medical condition noted on the certification.

(e) Lost or defaced card.—In the event of a lost, stolen, destroyed or illegible identification card, the patient or caregiver shall apply to the department within 10 business days of discovery of the loss or defacement of the card for a replacement card. The application for a replacement card shall be on a form furnished by the department and accompanied by a \$25 fee. The department may establish higher fees for issuance of second and subsequent replacement identification cards. The department may waive or reduce the fee in cases of demonstrated financial hardship. The department shall issue a replacement identification card as soon as practicable. The card may contain a different identification number. A patient or caregiver may not obtain medical marijuana until the patient receives the replacement card.

(f) Information to be kept confidential.—The department shall

maintain a confidential list of patients and caregivers to whom it has issued identification cards. Individual identifying information obtained by the department, including information provided by the Pennsylvania State Police pursuant to section 506(b), under this act shall be confidential and exempt from disclosure, including disclosure under the act of February 14, 2008 (P.L.6, No.3), known as the Right-to-Know Law.

Section 506. Process for obtaining or renewing an identification card.

(a) Requirements.—The following apply:

(1) To obtain, amend or renew an identification card, a patient or caregiver shall file an application with the department.

(2) In the case of a patient, the application shall include the following:

(i) The patient's certification. A new certification must be provided with a renewal application.

(ii) The name, address and date of birth of the patient.

(iii) The date of the certification.

(iv) If the patient has an identification card based on a current valid certification, the identification number and expiration date of that identification card.

(v) The specified date until which the patient would benefit from medical marijuana, if the certification states such a date.

(vi) The name, address and telephone number of the certifying practitioner.

(vii) Other information required by the department.

(3) If the patient designates a caregiver, the application shall include the name, address and date of birth of the caregiver, and other individual identifying information required by the department.

(4) In the case of a caregiver, the application shall include the following:

(i) Federal and Commonwealth criminal history record information as set forth in subsection (b).

(ii) The name, address and date of birth of the caregiver.

(iii) If the caregiver has an identification card, the identification number and expiration date of the identification card.

(iv) Other information required by the department.

(5) The application shall be signed and dated by the patient or caregiver, as appropriate.

(6) The application shall be accompanied by a fee of \$50. The department may waive or reduce the fee in cases of demonstrated financial hardship.

(7) The department may prescribe any other requirements for the application.

(b) Requirement.—The following apply:

(1) In each case before approving the application to be a caregiver, the department shall review the applicant's Federal and Commonwealth criminal history record information and the prescription drug monitoring program with respect to the caregiver to determine if the caregiver has a history of drug abuse or a history of diversion of controlled substances or illegal drugs. The department may, within its discretion, deny an application to become a caregiver if the applicant has a history of drug abuse or a history of diverting controlled substances or illegal drugs. The department shall deny the application to be a caregiver if the applicant has been convicted of any criminal offense related to sale or possession of drugs, narcotics or other controlled substances.

(2) Notwithstanding any provision of law to the contrary and in order to fulfill the requirements of this subsection, the Pennsylvania State Police shall, at the request of the department, provide criminal history background investigations, which shall

include records of criminal arrests and convictions, no matter where occurring, including Federal criminal history record information, on applicants for the position of caregiver. For purposes of approving applicants to become caregivers, the department shall request the information set forth in this paragraph for each applicant who seeks to become a caregiver. The department may receive and retain information otherwise protected by 18 Pa.C.S. Ch. 91 (relating to criminal history record information).

(c) Notice.—An application for an identification card shall include notice that a false statement made in the application is punishable under the applicable provisions of 18 Pa.C.S. Ch. 49 (relating to falsification and intimidation).

Section 507. Special conditions.

The following apply:

(1) If the practitioner states in the certification that, in the practitioner's professional opinion, the patient would benefit from medical marijuana only until a specified earlier date, then the identification card shall expire on that date.

(2) If the practitioner reissues a certification which terminates a certification on an earlier date, then a replacement identification card shall be issued with the earlier expiration date. The original identification card shall be promptly returned by the patient to the department.

(3) If the certification so provides, the identification card shall state any requirement or limitation by the practitioner as to the form of medical marijuana for the patient.

Section 508. Minors.

If a patient is under 18 years of age, the following apply:

(1) The patient shall have a caregiver.

(2) A caregiver must be one of the following:

(i) A parent or legal guardian of the patient.

(ii) An individual designated by a parent or legal guardian.

(iii) An appropriate individual approved by the department upon a sufficient showing that no parent or legal guardian is appropriate or available.

Section 509. Caregiver authorization and limitations.

(a) Age.—An individual who is under 21 years of age may not be a caregiver unless a sufficient showing, as determined by the department, is made to the department that the individual should be permitted to serve as a caregiver.

(b) Changing caregiver.—If a patient wishes to change or terminate the designation of the patient's caregiver, for whatever reason, the patient shall notify the department as soon as practicable. The department shall issue a notification to the caregiver that the caregiver's identification card is invalid and must be promptly returned to the department.

(c) Denial in part.—If an application of a patient designates an individual as a caregiver who is not authorized to be a caregiver, that portion of the application shall be denied by the department. The department shall review the balance of the application and may approve that portion of it.

Section 510. Contents of identification card.

An identification card shall contain the following:

(1) The name of the patient and the caregiver, as appropriate. The identification card shall also state whether the individual is designated as a patient or as a caregiver.

(2) The date of issuance and expiration date.

(3) An identification number for the patient and caregiver, as appropriate.

(4) A photograph of the individual to whom the identification card is being issued, whether the individual is a patient or a caregiver. The method of obtaining the photograph shall be specified by the department by regulation. The department shall provide reasonable accommodation for a patient who is confined to the patient's home or is in inpatient care due to a serious medical condition.

(5) Any requirement or limitation set by the practitioner as to the form of medical marijuana.

(6) Any other requirements determined by the department, except the department may not require that an identification card disclose the patient's serious medical condition.

Section 511. Suspension.

If a patient or caregiver intentionally, knowingly or recklessly violates any provision of this act as determined by the department, the identification card of the patient or caregiver may be suspended or revoked. The suspension or revocation shall be in addition to any criminal or other penalty that may apply.

Section 512. Use of prescription drug monitoring program.

(a) Requirement.—A practitioner shall consult the prescription drug monitoring program each time prior to authorizing the use of medical marijuana for a patient and each time prior to changing the form of medical marijuana for a patient.

(b) Other access by practitioner.—A practitioner may access the prescription drug monitoring program to:

(1) Determine whether a patient may be under treatment with a controlled substance by another physician or other person.

(2) Allow the practitioner to review the patient's controlled substance history as deemed necessary by the practitioner.

(3) Provide to the patient, or caregiver on behalf of the patient if authorized by the patient, a copy of the patient's controlled substance history.

CHAPTER 7

MEDICAL MARIJUANA ORGANIZATIONS

Section 701. Medical marijuana organizations.

The growing, acquiring, possessing, manufacturing, selling, delivering, transporting, distributing or dispensing of medical marijuana by a medical marijuana organization under this act and in accordance with regulations promulgated by the department under this act shall be lawful.

Section 702. Laboratory.

A grower/processor shall contract with an independent laboratory to test the medical marijuana produced by the grower/processor. The department shall approve the laboratory and require that the laboratory report testing results in a manner as the department shall determine, including requiring a test at harvest and a test at final processing.

Section 703. Dispensing to patients and caregivers.

(a) General rule.—A dispensary may dispense medical marijuana to a patient or caregiver upon presentation to the dispensary of a valid identification card for that patient or caregiver. The dispensary shall provide to the patient or caregiver a receipt, as appropriate. The receipt shall include all of the following:

(1) The name, address and identification number of the dispensary.

(2) The name and identification number of the patient and caregiver.

(3) The date the medical marijuana was dispensed.

(4) Any requirement or limitation by the practitioner as to the form of medical marijuana for the patient.

(5) The form and the quantity of medical marijuana dispensed.

(b) Record retention.—The dispensary shall retain the following for six years:

(1) A copy of the patient's or caregiver's identification card, as appropriate.

(2) The receipt, which may be retained in electronic form.

(c) Filing with department.—Prior to dispensing medical marijuana to a patient or caregiver, the dispensary shall file the receipt information with the department by electronic means on a real-time basis as the department shall require. The department shall immediately enter the information into the separate, electronic database established under section 301(1) for use by the department and dispensaries to

inhibit diversion and other unlawful use of medical marijuana. When filing receipt and certification information electronically under this subsection, the dispensary shall dispose of any electronically recorded prescription certification information as provided by regulation.

(d) Limitations.—No dispensary may dispense to a patient or caregiver:

(1) a quantity of medical marijuana greater than that which the patient or caregiver is permitted to possess under the certification; or

(2) a form of medical marijuana prohibited by this act.

(e) Supply.—When dispensing medical marijuana to a patient or caregiver, the dispensary may not dispense an amount greater than a 30-day supply until the patient has exhausted all but a seven-day supply provided pursuant to a previously issued certification.

(f) Verification.—Prior to dispensing medical marijuana to a patient or caregiver, the dispensary shall verify the information in subsections (e) and (g) by consulting the database established under section 301(1).

(g) Form of medical marijuana.—Medical marijuana dispensed to a patient or caregiver by a dispensary shall conform to any requirement or limitation set by the practitioner as to the form of medical marijuana for the patient.

(h) Safety insert.—When a dispensary dispenses medical marijuana to a patient or caregiver, the organization shall provide to that patient or caregiver, as appropriate, a safety insert. The insert shall be developed and approved by the department. The insert shall provide the following information:

(1) Lawful methods for administering medical marijuana in individual doses.

(2) Any potential dangers stemming from the use of medical marijuana.

(3) How to recognize what may be problematic usage of medical marijuana and how to obtain appropriate services or treatment for problematic usage.

(4) How to prevent or deter the misuse of medical marijuana by minors or others.

(5) Any other information as determined by the department.

(i) Sealed and labeled package.—Medical marijuana shall be dispensed by a dispensary to a patient or caregiver in a sealed and properly labeled package. The labeling shall contain the following:

(1) The information required to be included in the receipt provided to the patient or caregiver, as appropriate, by the dispensary.

(2) The packaging date.

(3) Any applicable date by which the medical marijuana should be used.

(4) A warning stating:

"This product is for medicinal use only. Women should not consume during pregnancy or while breastfeeding except on the advice of the practitioner who issued the certification and in the case of breastfeeding, the infant's pediatrician. This product might impair the ability to drive or operate heavy machinery. Keep out of reach of children."

(5) The amount of individual doses contained within the package and the species and percentage of tetrahydrocannabinol and cannabidiol.

(6) A warning that the medical marijuana must be kept in the original container in which it was dispensed.

(7) A warning that unauthorized use is unlawful and will subject the person to criminal penalties.

(8) Any other information required by the department.

(j) Convictions prohibited.—The following individuals may not hold volunteer positions or positions with remuneration in or be affiliated with a medical marijuana organization in any way if the individual has been convicted of any criminal offense related to the sale or possession of illegal drugs, narcotics or controlled substances:

(1) Financial backers.

- (2) Principals.
- (3) Employees.

Section 704. Pricing.

The following apply:

(1) Each sale of medical marijuana by a dispensary shall not exceed the maximum price determined by the department through regulation. A charge made or demanded for medical marijuana by a dispensary which exceeds the maximum price determined by the department is deemed to be a violation of the act of December 17, 1968 (P.L.1224, No.387), known as the Unfair Trade Practices and Consumer Protection Law.

(2) The department shall set the maximum per-dose price of each form of medical marijuana dispensed by a dispensary. In setting the maximum per-dose price, the department shall consider the fixed and variable costs of producing the form of medical marijuana and any other factor the department deems relevant to determine the maximum per-dose price.

(3) The department may set the maximum per-dose price of each form of medical marijuana sold by a grower/processor to a dispensary.

(4) A grower/processor shall make medical marijuana available for sale to all dispensaries at the same per-dose price.

(5) If a grower/processor changes the per-dose price on any sale of any form of medical marijuana to a dispensary, the grower/processor shall change the per-dose price for that form of medical marijuana for all other dispensaries by the same amount.

Section 705. Facility requirements.

(a) General rule.—The following apply:

(1) A grower/processor may only grow or process medical marijuana in an indoor, enclosed, secure facility located within this Commonwealth, as determined by the department. The facility may include a greenhouse.

(2) A dispensary may only dispense medical marijuana in an indoor, enclosed, secure facility located within this Commonwealth, as determined by the department.

(3) A dispensary may not operate on the same site as a facility used for growing and processing medical marijuana.

(b) Determination.—A grower/processor shall provide documentation of the quality and safety of the medical marijuana produced by the grower/processor to the department and to any patient or caregiver to which the medical marijuana is dispensed. The documentation shall include the test results under section 702.

Section 706. Registration.

(a) Registration required.—Upon application, the department may register the person as:

(1) Both a grower/processor and a dispensary or solely as a grower/processor.

(2) Both a dispensary and a grower/processor or solely as a dispensary.

(b) Separate registration.—Separate registration is required for a grower/processor and for a dispensary, including when:

(1) A dispensary is registered as a grower/processor.

(2) A grower/processor is registered as a dispensary.

(c) Records.—A grower/processor which is also registered as a dispensary shall keep separate books and records.

(d) Department to establish regions.—The department shall establish no fewer than three regions within this Commonwealth for the purpose of registering growers/processors and dispensaries and providing for their locations. The department shall implement this subsection in a manner which will supply an adequate amount of medical marijuana to patients and caregivers in each region. In determining the geographic boundaries of the regions, the department shall consider the following:

(1) Population.

(2) The number of patients suffering from serious medical conditions.

(3) The types of serious medical conditions.

(4) Access to public transportation.

(5) Any other factor the department deems relevant.

(e) Notice.—When the boundaries are established, the department shall publish notice of the determination in the Pennsylvania Bulletin. The department may adjust the boundaries as necessary every two years. Notice of any adjustment to the boundaries shall be published in the Pennsylvania Bulletin.

Section 707. Limitations on registrations.

The following limitations apply to registration of grower/processors and dispensaries:

(1) The department may not initially register more than 25 growers/processors.

(2) The department may not initially register more than 50 dispensaries. Each dispensary may provide medical marijuana at no more than three separate locations.

(3) The department may not permit a single person to hold more than five individual dispensary registrations.

(4) The department may not permit a single person to hold more than one grower/processor registration.

(5) No more than five grower/processors may be registered as dispensaries. If the number of growers/processors is increased pursuant to section 1108(4), no more than 20% of the total number of growers/processors may also be registered as dispensaries.

(6) A dispensary may only obtain medical marijuana from a grower/processor holding a valid registration under this act.

(7) A grower/processor may only provide medical marijuana to a dispensary holding a valid registration under this act.

(8) No medical marijuana may be dispensed from, obtained from or transferred to a location outside of this Commonwealth.

(8.1) In accordance with regulations promulgated by the department:

(i) To initially grow medical marijuana, a grower/processor may obtain seed and plant material from outside this Commonwealth.

(ii) To grow medical marijuana, a grower/processor may obtain seed and plant material from another grower/processor within this Commonwealth.

(9) A dispensary shall have a physician or a pharmacist onsite at all times during the hours the dispensary is open to receive patients and caregivers, except that if a dispensary has more than one separate location, a physician assistant or a certified registered nurse practitioner may be onsite at the other location. A physician, a pharmacist, a physician assistant or a certified registered nurse practitioner shall, prior to assuming duties under this paragraph, successfully complete the course established in section 301(3). A physician may not certify patients to receive medical marijuana or otherwise treat patients at the dispensary.

(10) A dispensary may sell medical devices and instruments which are needed to administer medical marijuana under this act.

(11) A dispensary may sell services approved by the department related to the use of medical marijuana.

Section 708. Application and issuance of registration.

(a) Application for initial registration.—The department is authorized to register eligible applicants to grow and process or dispense medical marijuana. The department shall develop a standard application form, which shall be available upon request. The department shall provide the application in electronic form, which shall be available on the department's publicly accessible Internet website.

(b) Contents of application.—An applicant shall provide the following information:

(1) A description of the business activities in which the

applicant intends to engage as a medical marijuana organization.

(2) A statement that the applicant:

(i) Is of good moral character. The applicant shall submit Federal and Commonwealth criminal history record information in order to support the assertion of good moral character. For purposes of this subparagraph an applicant shall include each financial backer and principal of the medical marijuana organization.

(ii) Possesses or has the right to use sufficient land, buildings and other premises and equipment to properly carry on the activity described in the application. The information shall be specified in the application in sufficient detail to allow the department to verify the information.

(iii) Is able to maintain effective security and control to prevent diversion, abuse and other illegal conduct relating to medical marijuana. The statement shall include a provision which states that in the event of any loss or theft of medical marijuana the medical marijuana organization shall notify the Pennsylvania State Police within 24 hours.

(iv) Is able to comply with all applicable Commonwealth laws and regulations relating to the activities in which it intends to engage under the registration.

(3) The name, address and title of each financial backer and principal of the applicant. Residential addresses shall be included for individuals. Each individual or representative of an entity shall submit an affidavit with the application setting forth:

(i) Any position of management or ownership during the preceding 10 years of a controlling interest in any other business, located inside or outside this Commonwealth, manufacturing or distributing controlled substances.

(ii) Whether the individual or entity has been convicted of a criminal offense graded higher than a summary offense.

(iii) Whether the individual or entity has had a registration or license suspended or revoked in any administrative or judicial proceeding.

(iv) Any other information the department may require.

(c) Notice.—The application shall include notice that a false statement made in the application is punishable under the applicable provisions of 18 Pa.C.S. Ch. 49 (relating to falsification and intimidation).

(d) Duty to report.—The applicant is under a continuing duty to:

(1) Report to the department any change in facts or circumstances reflected in the application or any newly discovered or occurring fact or circumstance which is required to be included in the application, including a change in control of the medical marijuana organization.

(2) Report to the Pennsylvania State Police, within 24 hours, any loss or theft of medical marijuana from the facility the applicant is operating.

(3) Submit to inspections, whether announced or unannounced, by the department of the facilities for growing, processing, dispensing or selling medical marijuana, or of the books, papers and tracking or other systems required by this act.

(e) Granting of registration.—The department shall grant a registration or amendment to a registration under this section if the department is satisfied that:

(1) The applicant will be able to maintain effective control against diversion of medical marijuana.

(2) The applicant will be able to comply with all applicable laws and regulations of this Commonwealth relating to the activities in which it intends to engage under the registration.

(3) The applicant is ready, willing and able to properly carry on the activity for which a registration is sought.

(4) The applicant possesses or has the right to use sufficient land, buildings and equipment to properly carry on the activity described in the application.

(5) It is in the public interest that the registration be granted. In determining whether the granting of registration is in the public interest, the department shall consider whether the number of medical marijuana organizations in an area will be adequate or excessive.

(6) The applicant and its principals and financial backers are of good moral character.

(7) The applicant satisfies any other conditions as determined by the department.

(f) Additional information.—If the department is not satisfied that the applicant should be issued a registration, the department shall notify the applicant in writing of the factors for which further documentation is required. Within 30 days of the receipt of the notification, the applicant may submit additional material to the department for consideration.

(g) Fees.—The following apply:

(1) For a grower/processor:

(i) An initial application fee in the amount of \$10,000 shall be paid. The fee is nonrefundable.

(ii) A fee for registration as a grower/processor in the amount of \$200,000 shall be paid. The period of registration is one year. Applicants shall submit the registration fee at the time of submission of the application. The fee shall be returned if the registration is not granted.

(iii) A renewal fee for registration as a grower/processor in the amount of \$10,000 shall be paid. The renewal fee shall be returned if the renewal is not granted.

(iv) Before the granting of the initial registration, the department shall verify that the applicant has \$2,000,000 in capital, \$500,000 of which must be on deposit with a financial institution.

(v) An application to renew registration shall be filed with the department not more than six months nor less than four months prior to expiration.

(vi) All fees shall be paid by certified check or money order.

(2) For a dispensary:

(i) An initial application fee in the amount of \$5,000 shall be paid. The fee is nonrefundable.

(ii) A fee for registration as a dispensary in the amount of \$30,000 shall be paid. The period of registration is one year. An applicant shall submit the registration fee at the time of submission of the application. The fee shall be returned if the application is not granted.

(iii) A renewal fee for registration as a dispensary in the amount of \$5,000 shall be paid. The fee shall be returned if the renewal is not granted.

(iv) There shall be no additional fee for operating more than one location.

(v) Before the granting of the initial registration, the department shall verify that the applicant has \$150,000 in capital, which must be on deposit with a financial institution.

(vi) An application to renew registration shall be filed with the department not more than six months nor less than four months prior to expiration.

(vii) All fees shall be paid by certified check or money order.

(3) A fee of \$250 shall be required when amending the application to indicate relocation within this Commonwealth or

the addition or deletion of approved activities by the medical marijuana organization.

(4) Fees payable under this section shall be deposited into the fund.

(h) Issuance.—A registration issued by the department to a medical marijuana organization shall be effective only for that organization and shall specify the following:

(1) The name and address of the medical marijuana organization.

(2) The land, buildings and facilities that may be used by the medical marijuana organization.

(3) Any other information the department requires to assure compliance with this act.

(i) Relocation.—The department may approve an application from a medical marijuana organization to relocate within this Commonwealth or to add or delete activities or facilities. The medical marijuana organization may not relocate or add or delete activities or facilities unless approved by the department.

(j) Length of registration.—A registration issued by the department shall be valid for one year from the date of issuance, except that in order to facilitate registration renewals, the department may, upon an initial application for registration, issue registrations that are valid for not more than one year and eleven months.

(k) Posting.—A dispensary shall post a copy of its registration in a location within its facility such that it is easily observable by patients, caregivers, law enforcement officers and agents of the department.

Section 709. Registration renewals.

(a) The following apply to a renewal of registration:

(1) An applicant is under a continuing duty to report to the department any change in facts or circumstances reflected in the application or any newly discovered or occurring fact or circumstance which is required to be included in the application.

(2) The application shall include the following information, prepared in the manner and detail as the department may require:

(i) Any material change in the information provided by the medical marijuana organization in an application or renewal of registration.

(ii) Every known charge or initiated investigation, pending or concluded during the period of the registration, by any governmental or administrative agency with respect to:

(A) each incident or alleged incident involving the theft, loss or possible diversion of medical marijuana grown, processed or dispensed by the applicant; and

(B) compliance by the applicant with the laws of this Commonwealth with respect to any substance listed in section 4 of the act of April 14, 1972 (P.L.233, No.64), known as The Controlled Substance, Drug, Device and Cosmetic Act.

(b) Granting of renewal.—The department shall renew a registration unless the department determines that:

(1) The applicant is unlikely to maintain or be able to maintain effective control against diversion of medical marijuana.

(2) The applicant is unlikely to comply with all laws of this Commonwealth applicable to the activities in which it may engage under the registration.

(c) Nonrenewal decision.—If the department is not satisfied that the applicant is entitled to a renewal of the registration, the department shall within a reasonable time serve upon the applicant or the applicant's attorney of record by registered or certified mail an order directing the applicant to show cause why the application for renewal should not be denied. The order shall specify in detail the way in which the applicant has not satisfied the department's requirement for renewal. Within 30 days of the order, the applicant may submit

additional material to the department or demand a hearing, or both. If a hearing is demanded, the department shall fix a date as soon as practicable.

Section 710. Suspension or revocation of registration.

The department may suspend or revoke registration as a medical marijuana organization if:

(1) The department has evidence that a medical marijuana organization has failed to maintain effective control against diversion of medical marijuana.

(2) The medical marijuana organization violates any provision of this act or a regulation of the department.

(3) The medical marijuana organization has intentionally, knowingly, recklessly or negligently failed to comply with applicable laws of this Commonwealth relating to the activities in which it engages under the registration.

Section 711. Privilege not property right.

Registration of a medical marijuana organization gives a medical marijuana organization a privilege to engage in the specified activity, but registration does not give a property right.

CHAPTER 9

TAX ON MEDICAL MARIJUANA

Section 901. Tax on medical marijuana.

(a) Tax imposed.—A tax is imposed on the gross receipts of a grower/processor received from the sale of medical marijuana by a grower/processor to a dispensary, to be paid by the grower/processor, at the rate of 5%. The tax shall be charged against and be paid by the grower/processor and shall not be added as a separate charge or line item on any sales slip, invoice, receipt or other statement or memorandum of the price paid by a dispensary, patient or caregiver.

(b) Payment of tax and reports.—The tax imposed under subsection (a) shall be administered in the same manner as the tax imposed under Article XI of the act of March 4, 1971 (P.L.6, No.2), known as the Tax Reform Code of 1971, except that estimated tax payments under section 3003.2 of the Tax Reform Code of 1971 shall not be required. A grower/processor shall make quarterly payments under this section for each calendar quarter at the rate prescribed in subsection (a) on the gross receipts for the calendar quarter. The tax shall be due and payable on the 20th day of January, April, July and October for the preceding calendar quarter on a form prescribed by the Department of Revenue.

(c) (Reserved).

(d) Deposit of proceeds.—All money received from the tax imposed under subsection (a) shall be deposited in the fund.

(e) Exemption.—Medical marijuana shall not be subject to the tax imposed under section 202 of the Tax Reform Code of 1971.

(f) Information.—A grower/processor that sells medical marijuana shall provide to the Department of Revenue information required by the department.

Section 902. Medical Marijuana Program Fund.

(a) Fund established.—The Medical Marijuana Program Fund is established as a special fund in the State Treasury. Money in the fund is appropriated as set forth in subsection (c). Any amount unspent at the end of a fiscal year shall be appropriated to the department for its operations.

(b) Source of funds.—Fees and taxes payable under this act shall be deposited into the fund. The money deposited into the fund may only be used for the purposes set forth in this section. Any interest accrued shall be deposited into the fund.

(c) Use of proceeds.—After any repayment made under subsection (d), money in the fund is appropriated in accordance with the following percentages:

(1) To the department, for operations of the department, including outreach efforts under section 301(7), as required by this act, 45% of the revenue in the fund. However, no more than 15% of the amount under this paragraph may be expended for:

(i) the cost of providing medical marijuana to patients participating in the research program under Chapter 19;

(ii) the cost of providing medical marijuana to patients who demonstrate financial hardship under this act; and

(iii) the cost associated with the waiver of fees for identification cards under sections 505 (e) and 506(a)(6).

(2) To the Department of Drug and Alcohol Programs, for drug abuse prevention and counseling and treatment services, 10% of the revenue in the fund.

(3) To the department, for further research related to the safety and use of medical marijuana, including the research program established under Chapter 19, 30% of the revenue in the fund. Funding shall be provided for research into the treatment of those serious medical conditions for which medical marijuana is available for treatment within this Commonwealth and for research into the use of medical marijuana to treat other medical conditions for which medical marijuana may have legitimate medicinal value.

(4) To the Pennsylvania Commission on Crime and Delinquency, for distribution to local police departments which demonstrate a need relating to the enforcement of this act, as determined by the Pennsylvania Commission on Crime and Delinquency, 10% of the revenue in the fund.

(5) To the Pennsylvania State Police to fulfill its duties under this act, 5% of the revenue in the fund.

(d) Repayment of initial appropriation.—The department shall repay from the fees, taxes and investment earnings of the fund to the General Fund any money appropriated for the initial planning, organization and administration by the department with respect to the establishment of the program at the time of the original enactment of this act. Repayment shall take place within a 10-year period commencing one year after the date of publication in the Pennsylvania Bulletin of the final regulations described under section 1107.

CHAPTER 11

ADMINISTRATION

Section 1101. Governing practice and procedure.

The department's consideration and resolution of all applications for registration under Chapter 7, the resolution of applications for identification cards, the finding of violations by the department and the imposition of civil penalties and sanctions shall be conducted in accordance with 2 Pa.C.S. (relating to administrative law and procedure).

Section 1102. Reports by medical marijuana organizations.

(a) Report required.—A medical marijuana organization shall periodically file reports related to its activities. The department shall determine the information required in and the frequency of filing the reports.

(b) Tracking systems.—Each medical marijuana organization shall adopt and maintain security, tracking, recordkeeping, record retention and surveillance systems relating to every stage of acquiring, possessing, growing, manufacturing, selling, delivering, transporting, distributing or dispensing medical marijuana. The department shall specify the type and manner of security, tracking, recordkeeping, record retention and surveillance system required through regulation.

(c) Additional tracking and recall systems.—In addition to other systems required by subsection (b), the department shall require that a grower/processor or dispenser implement the following:

(1) For a grower/processor and a dispensary, real time inventory tracking.

(2) For a grower/processor, a seed-to-sale tracking system that tracks medical marijuana from seed or immature plant stage until the medical marijuana is sold to a dispensary.

(3) For a dispensary, a system that tracks medical marijuana from purchase from the grower/processor until the medical marijuana is dispensed to a patient or caregiver.

(4) For a grower/processor and a dispensary, a daily log of each day's beginning inventory, acquisitions, sales, disbursements, disposals and ending inventory.

(5) For a grower/processor and a dispensary, a system for recall of defective medical marijuana.

(6) For a grower/processor, a system to track the plant waste resulting from the growth or processing of medical marijuana.

Section 1103. Law enforcement notification.

Notwithstanding any law to the contrary, the department may notify any appropriate law enforcement agency of information relating to any violation or suspected violation of this act. In addition, the department shall verify to law enforcement personnel in an appropriate case whether a certification, registration or an identification card is valid.

Section 1104. Evaluation.

The department may provide for an analysis and evaluation of the implementation and effectiveness of this act, including whether the intent and stated policy of the General Assembly have been achieved. The department may enter into agreements with one or more persons for the performance of an evaluation of the implementation and effectiveness of this act.

Section 1105. Report.

(a) Report required.—The department shall submit a written report under subsection (b) every two years, beginning two years after the effective date of this section, to the following:

(1) The Governor.

(2) The President pro tempore of the Senate.

(3) The Majority Leader and the Minority Leader of the Senate.

(4) The Speaker of the House of Representatives.

(5) The Majority Leader and the Minority Leader of the House of Representatives.

(6) The chairman and minority chairman of the Judiciary Committee of the Senate.

(7) The chairman and minority chairman of the Public Health and Welfare Committee of the Senate.

(8) The chairman and minority chairman of the Judiciary Committee of the House of Representatives.

(9) The chairman and minority chairman of the Health Committee of the House of Representatives.

(10) The Attorney General of the Commonwealth.

(b) Contents of report.—The following information shall be included in the report:

(1) An assessment of the use of medical marijuana as a result of the enactment of this act.

(2) An assessment of the benefits and risks to patients using medical marijuana under this act, including adverse events.

(3) Recommendations for amendments to this act for reasons of patient safety or to aid the general welfare of the citizens of this Commonwealth.

Section 1106. Advisory board.

(a) Establishment.—The Medical Marijuana Advisory Board is established within the department. The advisory board shall consist of the following members:

(1) The secretary or a designee.

(2) The Commissioner of the Pennsylvania State Police or a designee.

(3) The chairman of the State Board of Pharmacy or a designee.

(4) The Commissioner of Professional and Occupational Affairs or a designee.

(5) The Physician General or a designee.

(6) The president of the Pennsylvania Chiefs of Police Association or a designee.

(7) The president of the Pennsylvania District Attorneys Association or a designee.

(8) One member to be appointed by each of the following, which members shall be knowledgeable and experienced in issues relating to care and treatment of individuals with a serious medical condition, geriatric or pediatric medicine

or clinical research:

- (i) The Governor.
- (ii) The President pro tempore of the Senate.
- (iii) The Majority Leader of the Senate.
- (iv) The Minority Leader of the Senate.
- (v) The Speaker of the House of Representatives.
- (vi) The Majority Leader of the House of Representatives.
- (vii) The Minority Leader of the House of Representatives.

(9) One member appointed by the Governor, who shall be a patient, a family or household member of a patient or a patient advocate.

(b) Terms.—Except as provided under subsection (g), the members appointed under subsection (a)(8) and (9) shall serve a term of four years or until a successor has been appointed and qualified, but no longer than six months beyond the four-year period.

(c) Chair.—The secretary, or a designee, shall serve as chair of the advisory board.

(d) Voting; quorum.—The members under subsections (1), (2), (3), (4), (5), (6) and (7) shall serve ex officio and shall have voting rights. A majority of the members shall constitute a quorum for the purpose of organizing the advisory board, conducting its business and fulfilling its duties. A vote of the majority of the members present shall be sufficient for all actions of the advisory board unless the bylaws require a greater number.

(e) Attendance.—A member of the advisory board appointed under subsection (a)(8) or (9) who fails to attend three consecutive meetings shall forfeit his seat unless the secretary, upon written request from the member, finds that the member should be excused from a meeting for good cause. A member who cannot be physically present may attend meetings via electronic means, including video conference.

(f) Governance.—The advisory board shall have the power to prescribe, amend and repeal bylaws, rules and regulations governing the manner in which the business of the advisory board is conducted and the manner in which the duties granted to it are fulfilled. The advisory board may delegate supervision of the administration of advisory board activities to an administrative secretary and other employees of the department as the secretary shall appoint.

(g) Initial terms.—The initial terms of members appointed under subsection (a)(8) and (9) shall be for terms of one, two, three or four years, the particular term of each member to be designated by the secretary at the time of appointment. All other members shall serve for a term of four years.

(h) Vacancy.—In the event that any member appointed under subsection (a)(8) or (9) shall die or resign or otherwise become disqualified during the member's term of office, a successor shall be appointed in the same way and with the same qualifications as set forth in this section and shall hold office for the unexpired term. An appointed member of the advisory board shall be eligible for reappointment.

(i) Expenses.—A member appointed under subsection (a)(8) or (9) shall receive the amount of reasonable travel, hotel and other necessary expenses incurred in the performance of the duties of the member in accordance with Commonwealth regulations, but shall receive no other compensation for the member's service on the board.

(j) Duties.—The advisory board shall have the following duties:

- (1) To examine and analyze the statutory and regulatory law relating to medical marijuana within this Commonwealth.
- (2) To examine and analyze the law and events in other states and the nation with respect to medical marijuana.
- (3) To accept and review written comments from individuals and organizations about medical marijuana.
- (4) To issue three years after the effective date of this section a written report to the Governor, the Senate and the House of Representatives.
- (5) The written report under paragraph (4) shall include

recommendations and findings as to the following:

(i) Whether to change the types of medical professionals who can issue certifications to patients.

(ii) Whether to change, add or reduce the types of medical conditions which qualify as serious medical conditions under this act.

(iii) Whether to change, add or reduce the form and manner of consumption of medical marijuana permitted under this act.

(iv) Whether to change, add or reduce the number of growers/processors or dispensaries.

(v) How to ensure affordable patient access to medical marijuana, including whether the department should set a maximum per-dose price for medical marijuana.

(vi) Whether to permit medical marijuana to be dispensed in dry leaf or plant form, for administration by vaporization.

(vii) Whether to permit an individual dose of medical marijuana to contain a greater percentage of tetrahydrocannabinol than 10%.

(6) The final written report under this section shall be adopted at a public meeting. The report shall be a public record under the act of February 14, 2008 (P.L.6, No.3), known as the Right-to-Know Law.

Section 1107. Regulations.

In order to implement the provisions of this act, the department shall promulgate regulations within 18 months of the effective date of this section. The regulations shall provide for the following:

(1) Restricting the advertising and marketing of medical marijuana, which shall be consistent with the Federal regulations governing prescription drug advertising and marketing.

(2) Growing of medical marijuana by grower/processors in an indoor, enclosed facility. The regulations shall also specify the manner and method of growing medical marijuana.

(3) The procedure for certification of patients.

(4) A procedure for review and approval of certifications submitted by practitioners.

(5) A procedure to review the credentials of practitioners who submit certifications.

(6) A procedure to review and approve applications for identification cards.

(7) A procedure to review and approve applications to become registered with the department as a medical marijuana organization.

(8) A procedure to renew the registration of a medical marijuana organization.

(9) The setting of a maximum per-dose price for medical marijuana by a dispensary.

(10) Additional information required by the department for certification of patients and applications to become registered as a medical marijuana organization.

(11) The procedure for waiving or reducing application fees to be paid by patients and caregivers in the case of financial hardship.

(12) Additional requirements of identification cards for patients or caregivers.

(13) The method of transporting, delivering, growing, processing and selling medical marijuana by a grower/processor and the method of dispensing of medical marijuana by a dispensary, including the types of medical devices, instruments and services, which may be sold by a dispensary.

(14) The method for maintaining effective security and control to prevent diversion and abuse of medical marijuana by a medical marijuana organization, including specifying the requirements of the tracking system required by section 1102(b) and (c).

(15) The contents and timing of reports which must be

filed with the department by medical marijuana organizations.

(16) The proper disposal of electronic information by medical marijuana organizations.

(17) Information required for labeling of medical marijuana by medical marijuana organizations.

(18) The procedure for practitioners registering with the department.

(19) The frequency of filing reports by medical marijuana organizations.

(20) The criteria for designating an appropriate individual to be a caregiver for a patient under 18 years of age.

(21) The procedure for obtaining photographs for identification cards.

(22) The procedure for reporting results of laboratory testing of medical marijuana.

(23) The procedure for approving laboratories that seek to test medical marijuana.

(24) The contents of the safety insert.

(25) The procedure for filing receipts generated by dispensaries with the department.

(26) A schedule for inspections by the department of the facilities for growing, processing, dispensing or selling medical marijuana, or of the books, papers and tracking systems of medical marijuana organizations required by this act.

(27) Regulations that the department must promulgate under section 1903(a), a procedure to select patients for the research study and any other regulation the department deems necessary to implement the research program under Chapter 19.

(28) Regulations which ensure a grower/processor only provides medical marijuana to a dispensary holding a valid registration and which ensure that a dispensary only procures medical marijuana from a grower/processor holding a valid registration, as set forth in section 707(6) and (7).

(29) The determination of the minimum number and the types of medical marijuana to be produced by a grower/processor and dispensed by a dispensary.

(30) Regulations which set forth the procedure for a grower/processor to obtain seed and plant material:

(i) From outside this Commonwealth to initially grow medical marijuana.

(ii) From another grower/processor within this Commonwealth to grow medical marijuana.

(31) Any other regulation necessary to implement this act, as determined by the department.

Section 1108. Regulations based on recommendations of advisory board.

(a) Recommendations.—After receiving the report of the advisory board under section 1106(j)(4), at the discretion of the secretary, the department may promulgate regulations to effectuate recommendations made by the advisory board. The secretary shall issue notice in the Pennsylvania Bulletin within 12 months of the receipt of the report of the advisory board. The notice shall include the recommendations of the advisory board and shall state the specific reasons for the decision of the secretary on whether or not to effectuate each recommendation. The secretary shall consider whether to promulgate regulations with respect to:

(1) Whether to change the types of medical professionals who can issue certifications to patients with respect to the use of medical marijuana under this act.

(2) Whether to change, add or reduce the types of medical conditions which qualify as serious medical conditions under this act.

(3) Whether to change, add or reduce the form and manner of consumption of medical marijuana permitted under this act.

(4) Whether to change, add or reduce the number of growers/processors or dispensaries.

(5) Whether to permit medical marijuana to be dispensed

in dry leaf or plant form for administration by vaporization.

(6) Whether to permit an individual dose of medical marijuana to contain a greater percentage of tetrahydrocannabinol than 10%.

(b) Timing.—Any regulations promulgated under this paragraph shall be promulgated within 12 months of the receipt of the report of the advisory board.

Section 1109. Temporary regulations.

(a) Promulgation.—In order to facilitate the prompt implementation of this act, regulations promulgated by the department shall be deemed temporary regulations which shall expire not later than 18 months following the publication of the temporary regulation. The department may promulgate temporary regulations not subject to:

(1) Sections 201, 202, 203, 204 and 205 of the act of July 31, 1968 (P.L.769, No.240), referred to as the Commonwealth Documents Law.

(2) The act of June 25, 1982 (P.L.633, No.181), known as the Regulatory Review Act.

(3) Sections 204(b) and 301(10) of the act of October 15, 1980 (P.L.950, No.164), known as the Commonwealth Attorneys Act.

(b) Expiration.—The department's authority to adopt temporary regulations under subsection (a) shall expire 18 months after the effective date of this section. Regulations adopted after this period shall be promulgated as provided by law.

(c) Temporary regulations.—The department shall begin publishing temporary regulations in the Pennsylvania Bulletin no later than six months from the effective date of this section.

CHAPTER 13

OFFENSES RELATED TO MEDICAL MARIJUANA

Section 1301. Criminal diversion of medical marijuana by practitioners.

In addition to any other penalty provided by law, a practitioner commits a misdemeanor of the first degree if the practitioner intentionally, knowingly or recklessly certifies a person as being able to lawfully receive medical marijuana or otherwise provides medical marijuana to a person who is not lawfully permitted to receive medical marijuana.

Section 1302. Criminal diversion of medical marijuana by medical marijuana organizations.

In addition to any other penalty provided by law, an employee or principal of a medical marijuana organization commits a misdemeanor of the first degree if the person intentionally, knowingly or recklessly sells, dispenses, trades, delivers or otherwise provides medical marijuana to a person who is not lawfully permitted to receive medical marijuana.

Section 1303. Criminal retention of medical marijuana.

In addition to any other penalty provided by law, a patient or caregiver commits a misdemeanor of the third degree if the patient or caregiver intentionally, knowingly or recklessly possesses, stores or maintains an amount of medical marijuana in excess of the amount legally permitted.

Section 1304. Criminal diversion of medical marijuana by patient or caregiver.

(a) Offense defined.—In addition to any other penalty provided by law, a patient or caregiver commits an offense if the patient or caregiver intentionally, knowingly or recklessly provides medical marijuana to a person who is not lawfully permitted to receive medical marijuana.

(b) Grading.—A first offense under this section constitutes a misdemeanor of the second degree. A second or subsequent offense constitutes a misdemeanor of the first degree.

Section 1305. Falsification of identification cards.

(a) Offense defined.—In addition to any other penalty provided by law, a person commits an offense if, knowing he is not privileged to hold an identification card, the person:

(1) possesses an identification card and either attempts to use the card to obtain medical marijuana or obtains medical

marijuana;

(2) possesses an identification card which falsely identifies the person as being lawfully entitled to receive medical marijuana and either attempts to use the card to obtain medical marijuana or obtains medical marijuana; or

(3) possesses an identification card which contains any false information on the card and the person either attempts to use the card to obtain medical marijuana or obtains medical marijuana.

(b) Grading.—A first offense under this section constitutes a misdemeanor of the second degree. A second or subsequent offense under this section constitutes a misdemeanor of the first degree.

Section 1306. Adulteration of medical marijuana.

(a) General rule.—In addition to any other penalty provided by law, a person commits an offense if the person adulterates, fortifies, contaminates or changes the character or purity of medical marijuana from that set forth on the patient's or caregiver's identification card.

(b) Grading.—A first offense under this section constitutes a misdemeanor of the second degree. A second or subsequent offense under this section constitutes a misdemeanor of the first degree.

Section 1307. Disclosure of information prohibited.

(a) Offense defined.—In addition to any other penalty provided by law, an employee or principal of a medical marijuana organization or an employee of the department commits a misdemeanor of the third degree if the person discloses, except to authorized persons for official governmental or health care purposes, any information related to the use of medical marijuana.

(b) Exception.—Subsection (a) shall not apply where disclosure is permitted or required by law or by court order.

Section 1308. Additional penalties.

(a) Criminal penalties.—In addition to any other penalty provided by law, a practitioner, caregiver, patient or employee or principal of any medical marijuana organization who violates any of the provisions of this act, other than those specified in section 1301, 1302, 1303, 1304, 1305, 1306 or 1307, or any regulation promulgated under this act:

(1) For a first offense, commits a misdemeanor of the third degree and shall, upon conviction, be sentenced to pay a fine of not more than \$5,000, or to imprisonment for not more than six months.

(2) For a second or subsequent offense, commits a misdemeanor of the third degree and shall, upon conviction, be sentenced to pay a fine of not more than \$10,000, or to imprisonment for not less than six months or more than one year, or both.

(b) Civil penalties.—In addition to any other remedy available to the department, the department may assess a civil penalty for a violation of this act, a regulation promulgated under this act or an order issued under this act or regulation as provided in this subsection. The following shall apply:

(1) The department may assess a penalty of not more than \$10,000 for each violation and an additional penalty of not more than \$1,000 for each day of a continuing violation. In determining the amount of each penalty, the department shall take the following factors into consideration:

(i) The gravity of the violation.

(ii) The potential harm resulting from the violation to patients, caregivers or the general public.

(iii) The willfulness of the violation.

(iv) Previous violations, if any, by the person being assessed.

(v) The economic benefit to the person being assessed for failing to comply with the requirements of this act, a regulation promulgated under this act or an order issued under this act or regulation.

(2) If the department finds that the violation did not threaten the safety or health of a patient, caregiver or the general public and the violator took immediate action to remedy the

violation upon learning of it, the department may issue a written warning in lieu of assessing a civil penalty.

(3) A person who aids, abets, counsels, induces, procures or causes another person to violate this act, a regulation promulgated under this act or an order issued under this act or regulation shall be subject to the civil penalties provided under this subsection.

(c) Sanctions.—

(1) In addition to the penalties provided in subsection (b) and any other penalty authorized by law, the department may impose the following sanctions:

(i) Revoke or suspend the registration of a person found to be in violation of this act, a regulation promulgated under this act or an order issued under this act or regulation.

(ii) Revoke or suspend the registration of a person for conduct, activity or the occurrence of an event that would have disqualified the person from receiving the registration.

(iii) Revoke or suspend the registration of a person for willfully and knowingly violating or attempting to violate an order of the department directed to the person.

(iv) Suspend a registration of a person pending the outcome of a hearing in a case in which the registration could be revoked.

(v) Order restitution of funds or property unlawfully obtained or retained by a registrant.

(vi) Issue a cease and desist order.

(2) A person who aids, abets, counsels, induces, procures or causes another person to violate this act shall be subject to the sanctions provided under this subsection.

(d) Costs of action.—The department may assess against a person determined to be in violation of this act the costs of investigation of the violation.

(e) Minor violations.—Nothing in this section shall be construed to require the assessment of a civil penalty or the imposition of a sanction for a minor violation of this act if the department determines that the public interest will be adequately served under the circumstances by the issuance of a written warning.

Section 1309. Other restrictions.

This act does not permit any person to engage in and does not prevent the imposition of any civil, criminal or other penalty for the following:

(1) Undertaking any task under the influence of medical marijuana when doing so would constitute negligence, professional malpractice or professional misconduct.

(2) Possessing or using medical marijuana in a State or county correctional facility, including a facility owned or operated or under contract with the Department of Corrections or the county which houses inmates serving a portion of their sentences on parole or other community correction program. Nothing in this paragraph shall be construed to apply to employees of the facilities set forth in this paragraph. The Department of Corrections shall adopt a written policy no later than 18 months from the effective date of this section regarding the possession and use of medical marijuana by employees in State correctional facilities. The governing authority of a county may adopt a resolution no later than 18 months from the effective date of this section regarding the possession and use of medical marijuana by employees in a county correctional facility.

(3) Possessing or using medical marijuana in a youth detention center or other facility which houses children adjudicated delinquent, including the separate, secure State-owned facility or unit utilized for sexually violent delinquent children under 42 Pa.C.S. § 6404 (relating to duration of inpatient commitment and review). As used in this paragraph, the term "sexually violent delinquent children" shall have the

meaning given to it in 42 Pa.C.S. § 6402 (relating to definitions). Nothing in this paragraph shall be construed to apply to employees of the facilities set forth in this paragraph.

CHAPTER 19
RESEARCH PROGRAM

Section 1901. Definitions.

The following words and phrases when used in this chapter shall have the meanings given to them in this section unless the context clearly indicates otherwise:

"Health care medical marijuana organization." A vertically integrated health system approved by the department to dispense medical marijuana or grow and process medical marijuana, or both, in accordance with a research study under this chapter.

"Vertically integrated health system." A health delivery system licensed under the act of July 19, 1979 (P.L.130, No.48), known as the Health Care Facilities Act, in which the complete spectrum of care, including primary and specialty care, hospitalization and pharmaceutical care, is provided within a single organization.

Section 1902. Establishment of medical marijuana research program.

(a) Program to be established.—The department shall establish and develop a research program to study the impact of medical marijuana on the treatment and symptom management of serious medical conditions.

(b) Department duties.—The department shall:

(1) Review all serious medical conditions which are cited by a practitioner upon the practitioner's certification that a patient be granted an identification card.

(2) Create a database of all serious medical conditions, including comorbidities, which are cited by practitioners in the certifications of patients. The database shall also include the form of medical marijuana certified to treat each serious medical condition.

(3) When the database contains 25 or more patients with the same serious medical condition, petition the United States Food and Drug Administration and the United States Drug Enforcement Administration for approval to study the condition and the impact of medical marijuana on the condition.

(4) Concurrent with the request to the United States Food and Drug Administration and United States Drug Enforcement Administration, publicly announce the formation of a research study to which a vertically integrated health system and a university within this Commonwealth may submit a request to participate.

(5) Upon approval of a research study by the United States Food and Drug Administration and the United States Drug Enforcement Administration, select a vertically integrated health system or systems to conduct the research study and designate the form or forms of medical marijuana which will be used to treat the serious medical condition.

(6) Notify a patient who has been issued an identification card:

(i) that the patient has been selected to participate, at the patient's option, in a research study to study medical marijuana as a treatment; and

(ii) where the patient may secure medical marijuana through a health care medical marijuana organization at no cost to the patient in accordance with subsection (c).

(7) If the United States Food and Drug Administration and the United States Drug Enforcement Administration reject the proposal for the research study, take all reasonable steps to collect and collate data on the serious medical condition and the use of medical marijuana as a treatment for the serious medical condition and consider submitting an additional request to the United States Food and Drug Administration and United States Drug Enforcement Administration for a research study on the same condition.

(c) Costs.—The cost of the medical marijuana which is dispensed

to patients in accordance with an approved research study shall be paid for by the fund.

(d) Geographic accessibility.—The department shall take into consideration the geographic location of the health care medical marijuana organization when assigning a patient to a health care medical marijuana organization. The department shall make an effort to assign a patient to a health care medical marijuana organization that is located within 50 miles of the patient's residence.

(e) Data.—Data collected by the health care medical marijuana organization shall be provided to the university participating in the research study for analysis.

Section 1903. Medical marijuana research program administration.

(a) General rule.—The department shall establish a research study for each serious medical condition. The department shall engage universities within this Commonwealth to participate in the collection, collation, analysis and conclusive findings of the research studies. The department shall, by regulation, establish the procedure to be used by health care medical marijuana organizations with respect to:

(1) Real time inventory tracking.

(2) Real time tracking of the medical marijuana dispensed.

(3) Recall of defective medical marijuana.

(b) Request for distributions.—The department shall establish a form and procedure for universities selected to participate in a research study to request distributions from the fund to conduct research on medical marijuana, including administrative costs. These distributions shall also be used to pay for the cost of the medical marijuana so that it is not borne by the patient participating in the research study. The forms shall include, at a minimum, the following:

(1) The form or forms of medical marijuana to be studied.

(2) The serious medical condition to be studied.

(c) Research reports.—

(1) A vertically integrated health system shall report on the effectiveness of the use of medical marijuana for the treatment of the serious medical condition studied and all counterindications and noted side effects.

(2) The department shall notify the vertically integrated health system and the university participating in the research study of the data which is required to meet the United States Food and Drug Administration's and the United States Drug Enforcement Administration's approval for the research study.

(3) The first report, including the data required under paragraph (2), shall be submitted to the department and made publicly available within 180 days of the initiation of a research study for a specific serious medical condition.

(4) An annual report of the data required under paragraph (2) shall be submitted to the department beginning one year after the initiation of a research study for a specific serious medical condition and each year thereafter.

Section 1904. Approval.

A vertically integrated health system located in this Commonwealth may petition the department to participate in a research study to study a serious medical condition under section 1902. Approval of the vertically integrated health system as a health care medical marijuana organization by the department shall authorize access within a region under section 706(d) to medical marijuana for all patients included in an approved research study.

Section 1905. Requirements.

(a) Dispensing.—A health care medical marijuana organization that dispenses medical marijuana shall:

(1) Maintain licensure with the department as required under the act of July 19, 1979 (P.L.130, No.48), known as the Health Care Facilities Act.

(2) Secure the medical marijuana within the associated pharmacies of the health care medical marijuana organization in a manner and method prescribed by the department.

(3) Keep a daily log of the medical marijuana dispensed

and the research study with which the patient and the medical marijuana are associated. Reports shall be delivered to the department and the university participating in the research study on a weekly basis.

(4) Report to the Pennsylvania Health Care Cost Containment Council the utilization rates of those patients participating in the research of medical marijuana and treatment options.

(5) Only dispense medical marijuana received from a grower/processor or a health care medical marijuana organization that is approved to grow and process medical marijuana.

(6) Provide all patients or caregivers with the safety insert, prepared by the department, which includes potential dangers, recognition and correction of problematic dosage and any other information required by the department or which the department deems relevant for patient safety.

(b) Growing and processing.—A health care medical marijuana organization that grows and processes medical marijuana shall:

(1) Maintain licensure with the department as required under the Health Care Facilities Act.

(2) Only make available medical marijuana to health care medical marijuana organizations that dispense medical marijuana.

(3) Keep a daily log of medical marijuana intended for ultimate use by patients participating in a research study.

Section 1906. Restrictions.

A health care medical marijuana organization may not participate in a research study of any kind, including the program established under this chapter, or dispense or grow and process medical marijuana if it has violated its licensure requirements under the Health Care Facilities Act.

Section 1907. Regulations.

The department shall, by regulation, establish the procedure to be used by a health care medical marijuana organization that grows and processes medical marijuana with respect to:

(1) Real time inventory tracking, including a seed-to-dispensing tracking system that tracks medical marijuana from seed or immature plant stage until the medical marijuana is provided to a patient in a research study.

(2) Security, recordkeeping, record retention and surveillance systems relating to every stage of growing and processing medical marijuana.

(3) A daily log of each day's beginning inventory, acquisitions, disbursements, disposals and ending inventory.

(4) A system to recall defective medical marijuana.

(5) A system to track the plant waste resulting from the growth of medical marijuana.

(6) Testing of medical marijuana by an independent laboratory to test the medical marijuana produced by the health care medical marijuana organization, including requiring a test at harvest and a test at final processing.

(7) Any other procedure deemed necessary by the department.

Section 1908. Nonentitlement.

Nothing in this chapter shall be construed to create an entitlement or right of a patient to receive medical marijuana or to participate in a research study.

CHAPTER 21 MISCELLANEOUS PROVISIONS

Section 2101. Conflict.

The growth, processing, manufacture, acquisition, transportation, sale, dispensing, distribution, possession and consumption of medical marijuana permitted under this act shall not be deemed to be a violation of the act of April 14, 1972 (P.L.233, No.64), known as The Controlled Substance, Drug, Device and Cosmetic Act. If a provision of the Controlled Substance, Drug, Device and Cosmetic Act relating to marijuana conflicts with a provision of this act, this act shall take precedence.

Section 2102. Insurers.

Nothing in this act shall be construed to require an insurer or a health plan, whether paid for by Commonwealth funds or private funds, to provide coverage for medical marijuana.

Section 2103. Protections for patients and caregivers.

(a) Licensure.—No patient, caregiver, practitioner, medical marijuana organization, health care medical marijuana organization or university participating in a research study under Chapter 19 or an employee, principal or financial backer of a medical marijuana organization or employee of a health care medical marijuana organization or an employee of a university participating in a research study under Chapter 19 shall be subject to arrest, prosecution or penalty in any manner, or denied any right or privilege, including civil penalty or disciplinary action by a Commonwealth licensing board or commission, solely for lawful use of medical marijuana or manufacture or sale or dispensing of medical marijuana, or for any other action taken in accordance with this act.

(b) Employment.—

(1) No employer may discharge, threaten, refuse to hire or otherwise discriminate or retaliate against an employee regarding an employee's compensation, terms, conditions, location or privileges solely on the basis of such employee's status as an individual who is certified to use medical marijuana.

(2) Nothing in this act shall require an employer to make any accommodation of the use of medical marijuana on the property or premises of any place of employment. This act shall in no way limit an employer's ability to discipline an employee for being under the influence of medical marijuana in the workplace or for working while under the influence of medical marijuana when the employee's conduct falls below the standard of care normally accepted for that position.

(3) Nothing in this act shall require an employer to commit any act that would put the employer or any person acting on its behalf in violation of Federal law.

(c) Custody determination.—The fact that an individual is certified to use medical marijuana and acting in accordance with this act shall not by itself be considered by a court in a custody proceeding. In determining the best interest of a child with respect to custody, the provisions of 23 Pa.C.S. Ch. 53 (relating to child custody) shall apply.

(d) Disclosure.—Data and information collected by the department under this act, including copies of identification cards and copies of certifications, shall be deemed exempt from public disclosure under the act of February 14, 2008 (P.L.6, No.3), known as the Right-to-Know Law. However, an application to become a medical marijuana organization shall be a public record under the Right-to-Know Law.

Section 2104. Schools.

The Department of Education shall promulgate regulations within 18 months of the effective date of this section regarding the following:

(1) Possession and use of medical marijuana by a student on the grounds of a preschool, primary school and a secondary school.

(2) Possession and use of medical marijuana by an employee of a preschool, primary school and a secondary school on the grounds of such school.

Section 2105. Day-care centers.

The Department of Human Services shall promulgate regulations within 18 months of the effective date of this section regarding the following:

(1) Possession and use of medical marijuana by a child under the care of a child-care or social service center licensed or operated by the Department of Human Services.

(2) Possession and use of medical marijuana by an employee of a child-care or social service center licensed or operated by the Department of Human Services.

(3) Possession and use of medical marijuana by employees of a youth development center or other facility which houses children adjudicated delinquent, including the separate,

secure State-owned facility or unit for sexually violent children, as set forth in section 1309(3).

Section 2106. Medical marijuana from other states.

(a) General rule.—It is not a violation of this act or the act of April 14, 1972 (P.L.233, No.64), known as The Controlled Substance, Drug, Device and Cosmetic Act, if a parent or guardian of a minor under 18 years of age lawfully obtains medical marijuana from another state, territory of the United States or any other country to be administered to the minor.

(b) Expiration.—This section shall expire 730 days after the effective date of this section.

Section 2107. Zoning.

The following apply:

(1) A grower/processor shall meet the same municipal zoning and land use requirements as other manufacturing, processing and production facilities that are located in the same zoning district.

(2) A dispensary shall meet the same municipal zoning and land use requirements as other commercial facilities that are located in the same zoning district.

Section 2108. Notice.

Upon amendment of the Controlled Substances Act (Public Law 91-513, 84 Stat. 1236) removing marijuana from Schedule I of the Controlled Substances Act, the department shall publish notice of the effective date of the amendment in the Pennsylvania Bulletin.

Section 2109. Applicability.

The provisions of this act with respect to dispensaries shall not apply beginning 1,095 days from the effective date of an amendment to the Controlled Substances Act (Public Law 91-513, 84 Stat. 1236) removing marijuana from Schedule I of the Controlled Substances Act.

Section 2110. Effective date.

This act shall take effect as follows:

(1) The following provisions shall take effect immediately:

- (i) This section.
- (ii) Chapter 1.
- (iii) Chapter 3.
- (iv) Section 704.
- (v) Section 711.
- (vi) Chapter 9.
- (vii) Section 1101.
- (viii) Section 1104.
- (ix) Section 1105.
- (x) Section 1106.
- (xi) Section 1107.
- (xii) Section 1108.
- (xiii) Section 1109.
- (xiv) Section 1309.
- (xv) Chapter 19.
- (xvi) Section 2101.
- (xvii) Section 2102.
- (xviii) Section 2103.
- (xix) Section 2104.
- (xx) Section 2105.
- (xxi) Section 2106.
- (xxii) Section 2108.
- (xxiii) Section 2109.

(2) The remainder of this act shall take effect upon the issuance of temporary regulations by the department under section 1109(a) or 18 months from the effective date of this section, whichever is sooner.

On the question,
Will the House agree to the amendment?

The SPEAKER. On the question, the Chair recognizes Representative Marsico.

Members, please take your seats. Members, please take your seats. We would indicate that all conversations should be taken off the House floor and should be in the anterooms.

Chairman Marsico, you have the floor.

Mr. MARSICO. Thank you, Mr. Speaker.

Mr. Speaker, I would like to have your attention. I am going to try to make this as brief as possible to explain this amendment. My amendment largely reflects the thinking of the work group on medical marijuana assembled by Majority Leader Reed this past summer of 2015.

Well, if I can get your attention, maybe you can hear me. Thank you for your attention.

Both Democratic members and Republican members were invited to discussions to come up with some solutions and an amendment, which were almost held weekly beginning in July and ending in late September. These discussions allowed us to listen to each other, and we heard many different points of view, as some members were representing from urban areas, some members from law enforcement, some from suburban areas and rural areas, and some members with a health-care background. To a person, all exhibited commitment, intellectual honesty, and a desire to fashion public policy which is wise and fair. We were able to ask questions about legislation in other States, to hear from Senator Folmer, who is a prime sponsor of SB 3, and to hear from Secretary of Health Murphy. Representative Benninghoff, as policy chair, led our efforts and did an outstanding job.

We did not agree on all the issues associated with medical marijuana. That I think, as you can imagine, was inevitable. But we were able to come to a consensus on a number of elements about this legislation so that medical marijuana could become part of the therapeutic arsenal of physicians. This amendment reflects those elements.

Once again, I will try to be brief. Let me give you a broad outline of the amendment.

It sets up a medical marijuana program for patients suffering from serious medical conditions. That program is to be run by the Department of Health.

An advisory board to be composed in good measure by medical experts and officials like the Secretary of Health and the Physician General, is also created. The idea is that as Pennsylvania gains experience with medical marijuana, as research continues, the advisory committee will recommend changes to the law, which can be implemented by the Secretary of Health. The amendment asks the advisory board to consider whether to add additional medical conditions which can be treated by medical marijuana, whether to increase the number of dispensaries and grower/processors, and whether to provide additional ways to lawfully administer medical marijuana.

The amendment authorizes medical marijuana to be used to treat a broad variety of conditions and diseases, including post-traumatic stress disorder, severe or chronic pain, epilepsy, cancer, HIV/AIDS (human immunodeficiency virus/acquired immunodeficiency syndrome), neuropathies, and inflammatory bowel disease, among others.

The amendment provides for the registration of growers/processors of medical marijuana, as well as dispensaries. The amendment allows 50 dispensaries with up to 3 separate locations for each registration, for a total of up to 150 places that patients can obtain medical marijuana. Further, the Department of Health must create regions within the Commonwealth to help ensure that patients have access to medical marijuana.

The amendment also has a research component so that hospitals and universities can team up to study the efficacy of medical marijuana on disease.

To help fund the research program created by the amendment and other research programs and to help patients without economic means, a tax is placed on growers and processors. The money will go into a separate fund in the State Treasury called the Medical Marijuana Program Fund. For those patients who cannot afford medical marijuana on their own, a portion of the fund is dedicated to them. Another part will go to fund research into the effects of medical marijuana on medical conditions and disease – a full 30 percent.

Once again, I want to thank my colleagues. That was just a brief description of the amendment. I want to thank my colleagues on the work group for their efforts. I want to thank Chairman Petrarca for his help and efforts, and I realize not all of us will agree with this approach, but I do believe that this amendment earnestly and honestly attempts to get medical marijuana to those who need it the most. It allows for change and growth of the medical marijuana program as we learn more about medical marijuana.

I ask for an affirmative vote. Thank you, Mr. Speaker.

The SPEAKER. Representative Joe Petrarca.

Members, Representative Petrarca has the floor.

Mr. PETRARCA. Thank you, Mr. Speaker.

I appreciate the Chairman's comments. I, too, was privileged to be a part of the medical marijuana task force or working group, and as Representative Marsico said, we met practically every week this summer into the fall. We debated and discussed many aspects of medical marijuana, what our vision was for Pennsylvania. We looked at what was done in other States, the two dozen States and the District of Columbia that have passed medical marijuana. We saw things that worked. We saw things that did not work. I think that the conclusion of those meetings is that when we looked at medical marijuana, we looked at it as a tool for doctors to help people. It was parents wanting to help children. It was doctors wanting to help patients.

When you look at prescription painkillers in this country and as they are used, I believe we have people dying every day nationwide from prescription painkillers. No one has overdosed on marijuana.

As Ron said, there is widespread support for medical marijuana in Pennsylvania. I believe 90 percent of Pennsylvanians think we should be passing legislation for medical marijuana. The New England Journal of Medicine in 2013 found 76 percent of physicians agreed that we should pass medical marijuana.

As Ron laid out his amendment to SB 3, that is a combination of many months, as I said, of work and negotiation that went very well between Democrats and Republicans on the task force, and I would say that the task force certainly supports the chairman's amendment, and I ask all members to support that amendment. Thank you.

The SPEAKER. Representative Matt Baker.

Representative, if you will just suspend for a moment.

FILMING PERMISSION

The SPEAKER. Members, Rebecca Droke of the Pittsburgh Post-Gazette has been provided access to take still photos on the floor. Rebecca Droke of the Pittsburgh Post-Gazette has been granted permission to take still photos on the floor.

CONSIDERATION OF SB 3 CONTINUED

The SPEAKER. Representative Baker will be followed by Representative Miccarelli.

Mr. BAKER. Thank you very much, Mr. Speaker.

I rise to oppose the Marsico amendment.

You know, during the budget appropriation hearings, I applaud the Secretary of Health, the Secretary of Drug and Alcohol, and the Physician General, for 2 years in a row they have testified that the number one public health threat to Pennsylvania is drug abuse, substance abuse, drug overdoses, and unfortunately, we have somewhere between 8 and 12 people every day in Pennsylvania dying of drug overdose deaths due to addiction. And here we are, we have done so much good in the Commonwealth of Pennsylvania with the prescription drug monitoring program, we passed a lot of laws getting tough on drugs, and yet I find it amazing that while we recognize we are in the midst of one of the worst drug crises in history, we are now looking to legalize the most illicit drug in America, and in Pennsylvania, marijuana, a Schedule I drug. This is not good public policy. This is going to hurt a lot of people. And so I rise to review this legislation with the combined expertise of nearly every major medical association in Pennsylvania that opposes SB 3 and the Marsico amendment.

And some of those groups that oppose SB 3 and the Marsico amendment are noteworthy. The Pennsylvania Medical Society opposes this amendment and SB 3; the American Medical Association opposes this amendment and SB 3, and actually was quoted as saying that marijuana is a dangerous drug; the American Academy of Family Physicians opposes this amendment and SB 3; the American College of Physicians; the American Psychiatric Association; the American Academy of Pediatrics; the American Academy of Neurology; the American Epilepsy Society – let me repeat that – the American Epilepsy Society opposes this amendment and SB 3; the Multiple Sclerosis Society opposes SB 3 and this amendment; the American Cancer Society; the American Society of Addiction Medicine; the American Glaucoma Foundation; the National Eye Institute; the American Academy of Ophthalmology; the American Lung Association; the American Academy of Child and Adolescent Psychiatry; the National Drug Court Professionals. All of these organizations oppose this amendment, as it is outside the FDA (Food and Drug Administration) approval process. The National Institute for Neurological Disorders and Stroke, and many other organizations, the Drug Free Schools Coalition oppose this amendment and SB 3; National Families in Action, MOMSTELL (Moms on a Mission to Advocate for Drug Treatment, Education, and Lobbying for Legislation); Communities that Care Southeast Regional Educational

Outreach Committee; SAM, Smart Approaches to Marijuana, and I want to give a shout-out to this particular organization, because the cofounder is Patrick Kennedy of the Kennedy family, and Kevin Sabet and their attorney have been very, very instrumental in helping me prepare some remarks over the course of this discussion. Parents Opposed to Pot oppose this legislation; Citizens Against Legalizing Marijuana, the International Faith Based Coalition oppose this legislation; National Council on Alcoholism and Drug Dependence; the Save Our Society From Drugs; the Pennsylvania State Nurses Association; Pennsylvania Society of Anesthesiologists; the Pennsylvania Allergy and Asthma Association; the Pennsylvania Neurosurgical Society; the Robert H. Ivy Society for Plastic Surgeons; the Pennsylvania Society for Pulmonary Disease; the Pennsylvania Rheumatology Society; the Pennsylvania Chapter of the American College of Cardiology; the Pennsylvania Occupational and Environmental Medical Society; the Pennsylvania Chapter of the American College of Physicians; the Pennsylvania Chapter of the American College of Emergency Physicians; and among others, Pope Francis, who calls what we are trying to do today, and he said this in Philadelphia, a failed experiment.

Mr. Speaker, I would like to go over this particular amendment since this work force group proposed this amendment and it has several flaws, many fatal, many illegal, under Federal law, and I would like to go over those now.

The bill violates the FDA process that has protected us for over 100 years. The FDA is the sole Federal agency that approves drug products as safe and effective for intended indications. The Federal Food, Drug, and Cosmetic Act requires new drugs be shown to be safe and effective for their intended use before being marketed in this country. The FDA's drug approval process requires well-controlled clinical trials that provide for the necessary scientific data upon which the FDA makes its approval and labeling discussions and decisions. If a drug product is to be marketed, it is best to have disciplined, systematic, scientifically conducted trials to obtain data to ensure that the drug is safe and effective when used as indicated. Efforts that seek to bypass – and that is what we are doing here today, we are bypassing the FDA approval process – do not serve the interests of the public health because they might expose patients to unsafe and ineffective drug products.

Anecdotal reports are not accurate, nor should they be considered reliable. The anecdotal reports regarding medical marijuana are not reliable scientific evidence because the claimed benefits were not independently verified and do not reflect double-blind controls. The anecdotal reports may also be inaccurate due to the emotional expectancy of the person using marijuana and the placebo effect. In some cases there may be deliberate exaggerations for ideological reasons.

Violations of Federal law. Marijuana as medicine in many ways violates Federal law in that the medical marijuana dispensaries or persons such as physicians, government employees, landlords and others acting under the State medical marijuana law may be subject to prosecution by the United States Government under the Controlled Substances Act, because State medical marijuana laws are preempted by the Federal Controlled Substances Act.

Congress enacted the Controlled Substances Act for the purpose of consolidating various drug laws into a comprehensive statute to determine enforcement tools against interstate and international drug trafficking.

Racketeer Influenced and Corrupt Organizations Act, RICO. Dealing in marijuana is illegal under Federal law and a racketeering activity under the Federal RICO law. Those who engage in a pattern of racketeering activity through a corporation or other enterprise are liable for three times the economic harm they cause plus costs and attorney's fees, and those who conspire with racketeers by agreeing to assist them are likewise liable. RICO also gives Federal courts the power to order racketeering enterprises and their coconspirators to cease their unlawful operations.

The RICO statute also gives rise to a civil cause of action which may be brought by a private citizen injured by the racketeering activity. There are currently RICO lawsuits against medical marijuana programs. Anyone who participates in the growing, possession, manufacturing, distribution, or sale of marijuana under State laws, or aids or facilitates or finances such actions, is at risk of Federal prosecution or other liability under RICO.

The SPEAKER. Sir, would you please suspend.

Members, there are not many individuals who have asked to speak on the amendment. I would ask all the members to please take their seats. Please take your seats. If there are any conversations, just please take them to the anterooms off the chamber. As I have indicated, it is Representative Baker, followed by Representative Miccarelli, and then Representative Gainey.

Would all members please take their seats. If there are any conversations, just please take them to the anteroom, but I ask members to please take their seats.

Representative Baker, you may proceed.

Mr. BAKER. Thank you, Mr. Speaker.

So moving to section 103 of the Marsico amendment, it defines the "Department" as "The Department of Health of the Commonwealth"; "Form of medical marijuana." The characteristics of the medical marijuana recommended or limited for a particular patient, including the method of consumption and any particular dosage, strain, variety and quantity or percentage of medical marijuana or particular active ingredient." It goes on to say, "Medical marijuana." Marijuana for medical use as set forth in this act." The two above definitions appear to allow any form of marijuana to be used in Pennsylvania.

Section 301(3), "Develop a four-hour course for physicians regarding the latest scientific research on medical marijuana, including the risks and benefits of medical marijuana, and any other subjects deemed necessary by the department"; that is the Department of Health. The marijuana industry/lobby should have no control over this course lest it turn their platform for their commercial interests. The industry can provide input, as can anyone else, but should not sit on any body that has control over the course. The course is only for 4 hours, which is not enough time to convey all the information, and there should be well-prepared materials to go with it. The educational content of such course must include pharmacology of marijuana, contraindications, adverse reactions, side effects, overdose prevention, drug interactions, dosing, routes of administration, risks and benefits, warnings and precautions, abuse and dependence, and other such components as determined by the commissioner. This information should include indications and usage; use in specific populations; overdosage; description; nonclinical toxicology; clinical studies; references; how supplied, storage and handling; patient counseling information;

Federal law, it should include that – the Controlled Substances Act and the FDA and the DEA (Drug Enforcement Administration) rules. This information does not exist for marijuana. Why? It is illegal under Federal law. So it will be interesting to see how they actually do this.

Section 301, subsection (4), "Develop a two-hour course for the principals and employees of a medical marijuana organization who either come into contact with patients or caregivers or who physically handle medical marijuana." I hope when they are explained this, they are told that they are violating Federal law.

Section 301, subsection (6), "Establish a manner and method to administer research studies to be operated by vertically integrated...systems..." and "...to collect research data on the use of medical marijuana..." So what are the costs of that going to be? Are the taxpayers going to have to pay for that? What kind of bureaucracy is going to be created? How much of taxpayer dollars is that going to cost? Is there a fiscal note for this kind of requirement contained within the Marsico amendment? It is the role of the Federal Food and Drug Administration, the FDA, to do this research. Why should Pennsylvania taxpayers have to pay for this? Also, this points out the fallacy of the bill. If marijuana was so good as medicine, why do you need to do this research? Why do you even have this subject in the bill? Is the department doing this for any other medicine? No. Why is the State doing research to benefit the marijuana industry? Are there fees collected by the State to pay for this?

Section 301(7), "Establish and maintain...outreach efforts about this act." Again, what is the cost of that? Is this being done for any other medicine? No. This helps the marijuana industry to market their products. The State, the government, is complicit in violating Federal law. If this bill is passed, the marijuana industry will then turn their lobbyists loose on the department to increase their market share. They will try to get more and more products and conditions added on. They will file appeals if they are denied, and it will be endless lobbying and potential litigation.

Section 501, "Issuance of certification. Conditions for issuance." The bill provides that physicians can write certifications for marijuana, but that violates Federal law. This is taking an action to facilitate the use of marijuana. These actions by a physician violate Federal law by aiding and abetting by acting with specific intent to provide the patient with the means to acquire an illegal, illicit Schedule I drug, marijuana, knowing that the patient intends to acquire marijuana. That is in a court case, *Conant v. Walters*.

Section 501, subsection (a)(5), "In the practitioner's professional opinion and review of past treatments, the practitioner determines the patient is likely to receive therapeutic or palliative benefit from the use of medical marijuana." There are no sound scientific studies supporting medical use of marijuana for treatment in the United States, and no animal or human data support the safety or efficacy of marijuana for general medical use. Marijuana is a Schedule I drug and under Federal law cannot be used for any medical purpose. A Schedule I drug is one that has, as defined by Federal law, a high potential for abuse and for which there is no legitimate medical purpose in treatment in the United States, and third, there is a lack of accepted safety for use of the drug or other substance under medical supervision, 21 U.S.C.A. § 812 of the Federal law. This was upheld last year in Federal court in

the *U.S. v. Pickford* case. This means that both doctors and pharmacists can be sued for malpractice for helping to procure marijuana for patients and it turns out that it harms the patient.

Section 501(b), "Contents"; 501(b)(6), "Any requirement or limitation concerning the appropriate form of medical marijuana." There is a serious flaw in this section. This cannot be determined for marijuana at all. At minimum information on any medicine should include indications and usage; dosage and administration; dosage forms and strengths; contraindications; warnings and precautions; adverse reactions, adverse reactions mixed with other drugs or even alcohol; drug interactions; use in specific populations; drug abuse and dependence; overdosage; description; clinical pharmacology; nonclinical toxicology; clinical studies; references; how supplied, storage and handling; patient counseling information. Mr. Speaker, this does not exist for marijuana. Why? Because it is illegal under Federal law and not medicine and it is not approved by the FDA process.

You know, there is a huge misconception that people are going to be able to get a prescription from a doctor and go to a pharmacist and get their marijuana. That is not the way this works, Mr. Speaker. If this passes, you can only get a recommendation from a doctor because it is illegal under Federal law. They cannot prescribe or write you a script and you cannot go to a pharmacy to get this so-called marijuana because it is illegal at the Federal level. You have to get it from a pot shop, a dispensary, euphemistically called, but in Colorado, California, Washington State, they are all called pot shops.

So the lawful use of medical marijuana. Though unlawful at the Federal level, there is another section, and it goes into limitations on medical marijuana and what the practitioner can do, but it lists "...medical marijuana may only be dispensed to a patient or caregiver in the following forms: pill; oil; topical forms, including gel, creams or ointments..." Do they have evidence that any of this under scientific studies, longitudinal, randomized, double-blind placebo-impacted studies actually work? It goes on to say that it allows for "a form medically appropriate for administration by vaporization or nebulization; tincture; or liquid."

This is interesting. The bill will allow marijuana concentrations to be ingested in many ways: oil, a concentrate usually used in vape pens or vaporizers but it can be placed in foods or drinks. You need to look at section 705 in the bill. In some cases it may not be the intent, but in some cases edibles can be used. Vaporizers, a liquid or a solid form of oil can be vaporized. Pills with cannabis oils in them. Dabbing, dabbing is a drug culture method for consuming concentrates. A dab of a concentrate is placed on the heated surface. The heat vaporizes the concentrate which is then inhaled. It can create very high levels of THC (tetrahydrocannabinol) delivered very quickly.

This provides for the use of marijuana concentrates. Marijuana concentrates are made by the removal of the plant matter and then extracting the resin to obtain the THC. The technique for this may be different depending on which concentrate is sought. A marijuana concentration is an oil that concentrates the marijuana's chemical compounds such as THC and CBD (cannabidiol). The end result is a highly potent oil that has varying consistencies. A solvent is used to extract that oil. At the end of the process, the solvents and plant materials are removed from the concentrate. Butane or CO₂ (carbon dioxide) can be used as solvents. With solvents it is unlikely for them to be fully removed from the concentrate. CO₂ extraction is more

popular as it is relatively harmless, while consuming butane is dangerous.

In the Health Committee we had testimony in one of our hearings that indicated many terrible fires in Colorado as a result of this process. Many, many people were hurt. There are many losses, casualty losses, fire created through this process.

Section 503(b)(3), "In accordance with section 1108" – this one is a very difficult one and this one would allow potentially for the smoking of marijuana – section 1108 – really? You want to provide smoking to everyone in Pennsylvania? Sad, really. Section 503(b)(3), "In accordance with section 1108, medical marijuana may be dispensed to a patient or a caregiver in dry leaf or plant form." As Lieutenant Kenda would say, "Oh my."

Section 1108 allows marijuana leaves to be used. Of course people will smoke it. If it can be dispensed in plant form, does that mean marijuana plants? Of course. Will people be able to grow their own? Will caretakers be able to have plants for five patients? It gets out of hand.

THC, medical marijuana, in this bill is at a 10-percent level. The THC is the psychogenic, hallucinogenic property in marijuana that gets people high and in many cases stoned. THC is the intoxicating chemical in marijuana. The bill permits a high concentration of THC of 10 percent. The average THC concentration in marijuana has been 1 to 5 percent. A THC level of 10 percent will certainly get people high. I am astonished that the pro-marijuana lobby actually thinks this limit is too low. Are you kidding me? More than 65 percent of medical marijuana users have experienced an overdose.

The bill will permit high levels of THC, the intoxicating element of marijuana. Dr. Scott Novak, senior developmental epidemiologist at RTI International (Research Triangle Institute), a nonprofit research institute based in North Carolina, has warned that more than 65 percent of people who use marijuana for medical reasons have experienced an overdose.

And for those of you that still espouse and like to say that this is just a wonderful panacea and a great medicine, if that is true, why does the national drug court association say there are more mentions in emergency rooms for marijuana than heroin? Why is it that the PHC4 (Pennsylvania Health Care Cost Containment Council) here in Pennsylvania can document nearly 100,000 hospital admissions for people with substance abuse for the treatment of marijuana? Marijuana is dangerous. It can be abused and it can be used in overdoses.

Section 1108 allows for marijuana leaves to be used. Of course people will smoke it. What do you think they will do with it? They are not going to use it for potpourri. It is a major inconsistency and conflict. It is a loophole in this legislation, a dangerous flaw to allow people to smoke anything. As the Health chairman, we have heard testimony after testimony smoking anything. I do not care if it is cornsilk, if it is tobacco, or it is marijuana, anyone knows with any common sense that it is harmful to your health.

The bill allows marijuana oils and liquids to be used. They will certainly find a way to put those in edibles such as cakes, cookies, ice cream, candy, by patients and caregivers. Caregivers can have up to five patients under this legislation. These edibles, obviously, will be attractive to kids. Emergency room and hospitalizations of children, because this leads to toxic levels of consumption. It is indisputable the factual reports of children in emergency rooms and hospitals. Why am I so passionate about opposing this legislation? I do not want to see children get hurt. We have report after report in all 23 States

that children are being hospitalized, they are being admitted to emergency rooms, they are getting sick, and people are in tremendous traffic accidents because of drug driving. We need to be very, very careful what we are doing here, Mr. Speaker. No wonder every major medical organization opposes it. They live by an oath, a creed, a motto "do no harm." Marijuana has not proven to be safe and effective for the conditions mentioned in this bill.

In section 103 it lists, oh my goodness, 15 different conditions, and many of them, marijuana scientifically, in evidence base, actually harms these conditions, and of course in every State that we have analyzed this, the catchall really is the 15th one, pain. Eighty to 90 percent of the people in other States just claim pain so they can get their marijuana. Very few actually fit into the other categories, the other 14 categories. Fifteen medical conditions –it basically allows anyone in Pennsylvania that wants marijuana to go and get it. Irresponsible.

Marijuana has not been proven to be a safe and effective medicine for the conditions mentioned in the bill. What are the requirements for an accurate scientific medical study of the effectiveness of marijuana for any condition? Unless the study meets the strict criteria under Federal law, it is not medicine. Just because you call marijuana medicine does not make it true. Oh my goodness, if you are going to bypass the FDA approval process, what is next? Marijuana is listed as the most illicit drug in America and it is listed right next to other illegal drugs – bath salts, LSD (lysergic acid diethylamide), all kinds of other drugs. Legalize marijuana. Well, what is next? Are we going to legalize heroin? This is ridiculous.

What you need if you are going to call something medicine is independent verification – the study is not financed by any industry who has a financial gain; it must be a randomized controlled trial where the people being studied are randomly allocated one or other of the different treatments under study; the study done on a significant patient population; the study must be peer-reviewed and published in a respectable journal dedicated to medicine or other particular illness; there must be a controlled comparison to existing medications for the particular illness.

Is marijuana good for cancer, positive status for human immunodeficiency virus or acquired immune deficiency syndrome, or a whole host of other diseases? Some of these illnesses are included in this bill as illnesses that marijuana can be used for. However, the Journal of the American Medical Association discusses these illnesses and if marijuana is safe or effective for these illnesses, and they clearly say it is not. So why are they in this bill?

So-called medical marijuana has been sadly approved in too many States for a number of conditions. Medical marijuana differs significantly from other prescription medications. Evidence supporting its efficacy varies substantially and in general falls short of the standards required for approval of other drugs by the U.S. Food and Drug Administration. Some evidence suggests that marijuana may have efficacy in chemotherapy-induced vomiting, but for most of these conditions, medications have already been subjected to rigorous approval through the FDA approval process.

Use of marijuana under this legislation during pregnancy can cause birth defects and serious medical conditions and birth defects in offspring. Believe it or not, this bill will allow pregnant women to use medical marijuana. The American

Medical Association has warned marijuana use may be linked with low birth weight, premature birth, behavioral and other problems in young children. Studies link marijuana use in pregnancy with childhood attention problems and lower scores on problem-solving measures. THC, the intoxicating ingredient in marijuana, has been found in the milk of women, and data suggests the drug can affect the quality and quantity of breast milk. Marijuana has not been proven to be safe to use during pregnancy or breastfeeding. Marijuana use has also been linked with birth defects and childhood cancer.

Cancer. This is very troubling under cancer. You have got cancer in this category. The bill permits the use of marijuana for cancer. Marijuana legalization advocates would have you believe that marijuana is the only alternative for cancer sufferers who are going untreated for various numbers of maladies. However, numerous medications and treatments are currently available, and I have a list of 30 of them. I will not state what they are, but there are a lot more than that.

There are already FDA-approved THC medicines for chemotherapy. So why do we need this if we already have THC-approved medicines? The bill provides for the use of marijuana for cancer treatment. However, there are already two forms of FDA-approved THC-based medicines that can deliver very controlled, very controlled doses of THC to a patient in the form of a pill. This bill, however, will allow for uncontrolled doses of THC.

Marinol can be used for control of various conditions. It is an FDA-approved drug. It is covered by medical insurance plans and can be obtained at local drugstores. It is approved for chemotherapy-induced nausea and vomiting. Conversely, marijuana is not covered by insurance. Again, why is it not allowed or covered under insurance? It is illegal at the Federal level. The bill only lists where you can get it, and it is at a pot shop. You have got to go to a pot shop to get this.

There is another FDA-approved THC medicine named Cesamet. Cesamet is approved for chemotherapy-induced nausea and vomiting. It is for the treatment of weight loss for patients with AIDS. These medicines have been proven to be safe and effective and they are approved by the FDA.

Some people who use marijuana claim that these medicines do not work. That is because they have a tolerance, perhaps, for THC at that particular level. So all a doctor has to do to overcome that tolerance is increase the dosage and it may work more effectively. So why should Pennsylvania reinvent the wheel?

The other problem with this bill is "cancer" has not really been properly defined. Does this also include skin cancer? So now you can go and get marijuana to treat your skin cancer? Does it include cancer in children? What about pregnant women who have cancer? Marijuana use by pregnant women can cause birth defects.

Marijuana use is now strongly connected to the onset of mental illness such as schizophrenia and depression. Do we want people with cancer to develop depression and other mental illnesses? The American Psychiatric Association states that current evidence supports, at minimum, a strong association of cannabis use with the onset of psychiatric disorders. "Adolescents are particularly vulnerable to harm, given the effects of... marijuana "...on neurological development."

There are many types of cancer and cancer treatments. In fact, there are over 160 types of cancer. Is marijuana oil good medicine for all cancers? For example, let us consider testicular

cancer and an AIDS-related cancer, Kaposi sarcoma. Let me just focus on Kaposi sarcoma because this is very, very troubling. A recent study from Harvard Medical School shows that marijuana use in any form opens, actually, the door for Kaposi sarcoma. Are you willing to accept responsibility for giving somebody who has cancer or treated for cancer, it is now going to get complicated because they are going to develop a new cancer, Kaposi sarcoma? This is a serious, life-threatening cancer for people with HIV infection. An unintended consequence of using marijuana oil is it may harm people with HIV/AIDS. We do not want to treat people with HIV/AIDS with marijuana that could trigger Kaposi sarcoma.

Again, here we are. The last time I checked there are no doctors here in the House of Representatives, but yet we are playing doctor. We are trying to define what "medicine" is. This is not right. We should leave this to the experts, to the medical and scientific field, to the FDA, to objective clinical science.

Okay. Now, let us get to the epilepsy and seizures. The national epilepsy society, the American Epilepsy Society, does not endorse the use of marijuana. They strongly oppose it. They have sent me two letters, one a year ago and then another one over the weekend, and in their letter they actually say that marijuana can create adverse serious impacts and reactions and increase seizures. My goodness, I do not blame Mom and Dad that have a child with seizures to try almost anything, but we deserve to give them the best medicine that America can produce, and just because we call something medicine does not make it true, and when the leading organization in this country does not endorse it and warns against it and yet says, "Wait. Let us do more research; let us get into an Epidiolex clinical trial," I support that. I think we ought to have a State-expanded access program for Epidiolex. And do you know what? The researchers are now in phase III of this drug, and it could very well be approved next year and it will help many children with epilepsy, but many of the medical associations still say that it might only be 20 to 30 percent that will get help. I hope it is a lot more than that, and we need to expedite that process and give them access to Epidiolex as soon as possible.

Every case of epilepsy is different and the disease is highly variable. Scientific studies help the entire epilepsy community to "...understand how and why various treatments work and for whom they are effective. Research also helps us understand the correct dose, side effects, and potential interactions with other medications." My goodness, if all you can get is a recommendation from a doctor and not a script and you cannot go to the pharmacy, so you are going to end up with marijuana, but we do not know how that is going to interact with other drugs that children through their neurologist or otherwise may be taking. Do no harm. We do not want to do any harm to these children. We do not want to rush into something that is irresponsible and harmful to these children. One of the reasons I am so passionate against this is I do not want to see children hurt. We need to rely upon doctors. People go to doctors to get help for their medical conditions. They do not go to pot shops. That just does not make sense to me. "At present, the epilepsy community does not know if marijuana is a safe and effective treatment nor do we know the long-term effects that marijuana will have on learning, memory and behavior, especially in infants and young children." We need to be very, very careful in making sure we do not hurt children.

Marijuana use could have some antiseizure property, and I sure hope it does, but it is irresponsible to give them high levels of THC. We are drugging them. THC under this legislation gives them the hallucinogenic, psychoactive drug, and most researchers say you do not need that. Epidiolex is a purified form of a derivative of marijuana. It is safe at this point. All the studies seem to indicate that it is safe and it could be very, very effective. I think we need to expedite that process and get that out to the children as soon as possible.

If marijuana is to be used for children, it should be subjected to the same evidence-based review and regulatory oversight by the FDA. As the authors of a recent article in the Journal of the American Medical Association wrote, "Potentially therapeutic compounds of marijuana should be purified and tested in randomized, double-blind, placebo- and active-controlled clinical trials. Toward this end, the federal government should actively support research examining marijuana's potentially therapeutic compounds. These compounds should be approved by the FDA (not by popular vote or state legislature),..." or by politicians or by emotionally driven advocacy manipulation by some of these marijuana groups. These children can be helped without opening a Pandora's box and putting them at great risk of harm.

The unknown should only be risked if FDA-approved medications have failed and then these oils should only be used as part of clinical trials. Pennsylvania should take note of New York State's efforts to help children with medication-resistant epilepsy. These children can receive a promising new medication based on the nonintoxicating component of the marijuana plant. This bill allows for the intoxicating component, and it is a tell as far as I am concerned. The tell is they want it available for everyone else because they like it. They like the high and they like the effect of this ingredient in THC.

The State of New York and GW Pharmaceuticals have agreed to work together to study investigational cannabidiol, Epidiolex for the treatment of children with medication-resistant epilepsy, and we should do the same here in Pennsylvania, and I believe the Department of Health is already working on an expanded investigational program for – it is modest – I think it may be only involving 50 children, but I applaud them for doing that. I think that is a good start, but we could do a lot better. There are about 600 children that have these rare forms of epilepsy in Pennsylvania. We ought to put every one of those now, not later, not 18 months from now when this all goes into effect, we ought to put those children in this program right now, try to help them.

POINT OF ORDER

Mr. DERMODY. Mr. Speaker?

The SPEAKER. Yes; I am sorry. Representative Dermody, sir.

Mr. DERMODY. Mr. Speaker, we are on the Marsico amendment on second consideration. I believe much of this discussion should be for final passage. We have gotten far afield from the substance of the Marsico amendment.

The SPEAKER. Thank you.

The amendment is substantive and covers a good bit of ground, but, Representative Baker, if you could, please, if you could just address the points with respect to Chairman Marsico's amendment. Thank you very much.

Mr. BAKER. Yes, sir.

I oppose the Marsico amendment because I have serious concerns for the risk and harm that marijuana use will have on children. The American Society of Addiction Medicine just published a great article on this, and they are very concerned and that is why they oppose this legislation and the Marsico amendment.

Another disease listed in the Marsico amendment that I oppose is Parkinson's disease. That should be eliminated from this amendment. There are no randomized control trials with cannabis for this condition, so why is it in here? Until there are proper studies for this condition, it should not be included. We may be doing more harm than good.

Multiple sclerosis is also listed in this legislation. Again, the multiple sclerosis people do not support this legislation. They do not support this amendment. So what do the multiple sclerosis experts say? Based on studies to date, it is their opinion that there are currently insufficient data to recommend marijuana or its derivatives. Again, we need more research. We need science-based evidence. The MS Society also stated the question of whether marijuana produced from a marijuana plant should be used for symptom management is a complex one. They call for additional studies. Until marijuana is proven to be safe and effective, it is best not to use it as medicine. We need more research. We need more science-driven evidence.

Okay. Let us get into PTSD (post-traumatic stress disorder). That is also listed in the amendment. Again, there are too many diseases that are listed that are not proven to be helpful under care of marijuana. There are no large randomized clinical trials with cannabis to alleviate PTSD symptoms. On the contrary, cannabis use may actually impede the effectiveness of treatment for PTSD and is associated with poorer clinical outcomes with PTSD. The National Center for PTSD opposes using marijuana. And you know, I keep thinking about this work group that put all this together. Did they not confer and get advice from all these medical organizations? Oh my gosh, why are they listing all of these diseases when the experts in the country do not support their body of work? In fact, it is an indictment against their body of work. They do not support what this work group put together. And by the way, for some reason I was not invited to be on that work group. "Marijuana use for medical conditions is..." a "...growing concern. Some Veterans use marijuana to relieve systems of PTSD.... However, controlled studies have not been conducted to evaluate the safety or effectiveness of medical marijuana for PTSD." Again, just because you call it medicine does not make it so. "There is no evidence at this time that marijuana is an effective treatment for PTSD. In fact, research suggests that marijuana can be harmful to individuals with PTSD."

The American Academy of Addiction Psychiatry indicated regarding marijuana for PTSD patients, it is associated with severe symptoms and violence. They affiliated that, they associated that, and in their study those who never used marijuana or who quit using did the best. They also noted that despite State laws approving its use, there is very little evidence to support using marijuana to treat PTSD.

Again, marijuana is dangerous for people with HIV/AIDS. We do not want to do harm to people that have HIV/AIDS.

But the biggest catchall in all of those diseases is the one listed in the amendment that involves pain. This is very subjective and it will open this up for widespread abuse as

happened in other States where they have pain as a condition. A study examining California's patients found the average patient used that category in terms of getting access to marijuana.

Again, I want to go now to section 701 concerning safety inserts and how that impacts dispensary and dispensing medical marijuana to a patient or caregiver. They are calling for an insert that provides certain information – "Lawful methods for administering medical marijuana in individual doses. Any potential dangers stemming from the use of medical marijuana." Because this has not gone through the FDA process, there is no way to safely list the dangers. We do not know all the dangers that we find out there by bypassing the FDA.

In terms of packaging and labeling, this should be done with an FDA package insert on a prescription medicine. This legislation does not provide any of this. Again, flawed. We are sure that the department wants to manage the risks of medication use and to reduce medical errors. The department must require the most up-to-date information in an easy-to-read format that draws physician and patient attention to the most important pieces of drug information before a product is used. Providing practitioners and patients with clear and concise information about marijuana as a medicine will help ensure safe and optimal use of it if and when it becomes available. At minimum the information of marijuana should include indications, usage, dosage forms and strengths, contraindications, warnings, precautions, adverse reactions, drug interactions, use in specific populations, drug abuse and dependence, overdosage, clinical pharmacology, nonclinical toxicology, clinical studies, and patient counseling information. The problem is, we do not have all the information for marijuana because it did not go through the FDA approval process.

Warnings, that is flawed as well under subsection 4. The warning "Keep out of reach of children" should explain what harm it can cause children. It does not. That is flawed in this legislation. There should be warning labels such as: Marijuana use increases the risk of serious problems with mental and physical health, including addiction. Marijuana should not be used by persons prior to operating motor vehicles and heavy machinery.

The bill should require that marijuana products be sold only in childproof packaging and be accompanied by the mandatory distribution of educational fliers regarding the risks of overdose and poisoning in cases of accidental ingestion by children or even household pets, and this has been clearly documented in the 23 States that have in one form or another legalized marijuana.

Section 707, this section initially limits the number of growers to 25 and the number of dispensaries to 50. How are those selected?

Tax on medical marijuana, this is interesting. So we are going to tax medical marijuana now. The proponents of medical marijuana argue that the State's financial woes can be alleviated by taxing medical marijuana. The State's financial woes are better dealt with than by taxing sick people. Why are we taxing so-called sick people? We should not be taxing sick people. If the sponsors of the bill really believe that marijuana is medicine for sick people, why are they taxing sick peoples' medicines?

The advisory board was set in the bill, and since there will be political appointees to the board from the Governor— And by the way, as you all know, the Governor supports marijuana legalization. In fact, I just saw where he is spending money on

this in ads now, and so the Governor is pushing pot and its legalization. I find that astounding. How times have changed.

I have a concern with section 2104 under "Schools." Can dispensaries or grow operations be located near schools, day-care centers, playgrounds, parks, and other places where children congregate? This area has an incredibly high potential for abuse on the part of qualifying practitioners and liability issues inherent thereto.

I am very concerned about the medical marijuana dispensaries that are being set up and created. Now we are allowing for vaporizers to be used in the delivery system of marijuana. We have seen many problems with vaporizers. We have seen pictures of explosions of vaporizers and people in comas. They need to be highly regulated. They are not and yet we are allowing marijuana to be used in the vaping process. The FDA has not approved vaporized products except to treat pulmonary conditions because of the side effects of delivering active molecules directly to the lungs and brain.

THE SPEAKER PRO TEMPORE (JOHN D. PAYNE) PRESIDING

The SPEAKER pro tempore. Will the gentleman suspend, please, for one minute. We have some housekeeping stuff.

FILMING PERMISSION

The SPEAKER pro tempore. Rebecca Knier, WPMT, Fox 43, has been permitted by the Speaker on the floor doing some B-roll. She will be on the floor. Rebecca Knier, WPMT, Fox 43.

LEAVE OF ABSENCE

The SPEAKER pro tempore. Also, I want to report Representative CHRISTIANA is on leave.

CONSIDERATION OF SB 3 CONTINUED

The SPEAKER pro tempore. Thank you, Mr. Chairman. Mr. BAKER. Thank you, Mr. Speaker.

You will be delighted to know I am going to be wrapping this up very soon.

My last comment on vaporizers. Using vaporizers as medical devices without FDA approval violates Federal law – 21 C.F.R. 801.5; 21 C.F.R. 803.3, medical device reporting; 21 C.F.R. 807.93, premarket notification procedures; 21 C.F.R. 808.3, medical device classification. There are many, many problems with this legislation. It is in violation of Federal law, and I have never as chairman of the Health Committee and one of the more senior members here in the Commonwealth of Pennsylvania ever seen another case, another bill that has come before this august chamber where part of the summary says this bill violates Federal law, this is in violation of Federal law. What in the world are we doing violating Federal law on so many levels?

And I know many of you may be well intentioned in the pursuit of this legislation. I understand that, but I think there is a better way – an expanded access program, investigational drug program, FDA oversight. Let us get the Epidiolex to the children; let us help them, but opening this up to everybody else

in Pennsylvania that wants it under the guise of medicine is reprehensible, irresponsible, and we should not be legislating medicine.

I oppose the amendment. Thank you, Mr. Speaker.

The SPEAKER pro tempore. The Chair thanks the gentleman and recognizes Representative Miccarelli.

Mr. MICCARELLI. Thank you, Mr. Speaker.

I rise in support of the Marsico amendment this evening. I believe that this amendment will allow doctors to prescribe medical marijuana to their patients with serious or life-threatening disorders such as post-traumatic stress disorder or chronic pain.

The previous speaker said that marijuana is a quote, "dangerous drug," and named a slew of groups, many of whom are funded by big pharmaceutical companies, to say that medical marijuana will do more harm than it will good. These groups and some of my colleagues believe that marijuana is more dangerous than drugs like OxyContin, Vicodin, Ambien, Xanax, Hydrocodone. If you want to talk about danger, dangerous drugs, look at your obituaries, Mr. Speaker. Kids are not dying from medical marijuana. They are dying from opiate addiction. These narcotics are so dangerous, Mr. Speaker, that the pharmaceutical companies had to invent a drug called Narcan to bring you back to life when you die from their prescriptions or heroin. How many medical marijuana overdoses do you hear about, Mr. Speaker?

The United States, we are less than 5 percent of the world's population but we consume 80 percent of the world's opiates. Mr. Speaker, in States that have allowed medical marijuana, opiate addiction has fallen, on average, 25 percent. How can you say we should not try?

Passing this amendment today will not bring back Cpl. Dane Freedman, United States Marine Corps, who lived through two combat tours, one in Iraq and one in Afghanistan, but could not overcome addiction to 21 separate medications. This amendment will not bring back the kid in your district who was addicted to pills and ended up on heroin.

Mr. Speaker, if this amendment and this bill saves any one life in our Commonwealth, then it is worth trying. If it prevents anyone in this chamber or in that gallery from standing over a kid's grave, then I believe, Mr. Speaker, that we are derelict in our duty if we do not pass this amendment and pass this bill. Thank you, Mr. Speaker.

The SPEAKER pro tempore. The Chair thanks the gentleman and recognizes Representative Gainey.

Mr. GAINNEY. Thank you, Mr. Speaker.

Before I begin, I just want to read something. It says, "For the study...of the Philadelphia Veterans Affairs Medical Center and the University of Pennsylvania, and his colleagues used state-level death certificate data for all 50 states between 1999 and 2010.

"In states with a medical marijuana law, overdose deaths from opioids like morphine, oxycodone and heroin decreased by an average of 20 percent after one year, 25 percent by two years and up to 33 percent by years five and six compared to..." States that did not. I make that statement plain and clear.

We have got an opportunity right now to help families. We have got an opportunity to be able to relieve a lot of the pain that these families are feeling. It is not a situation where we want to criticize medical marijuana or anything else, but let us be clear, opioids and other things have led to multiple deaths, heroin and multiple deaths in our community. The pain

prescription pills that we are getting are getting people more addicted and more people are dying under our watch. The drug policies that we have in place right now just do not work. Families need medical marijuana right now to relieve some of the pain that they have in their families.

If a doctor can prescribe opioids and everything else, why can we not make sure medical marijuana can help take some of the pain that they feel in these families right now? We have an opportunity to help the families of Pennsylvania, and on both sides I know we understand that, and I want to thank you for the ones that understand that, because right now going forward, let us help these families, let us help them, and then let us find ways to readdress these drugs that are killing our kids.

They want to talk about what is legal and illegal. Well, Oxycodone and all that is legal, but we have got all these ODs throughout this State. They are dying. You have got medical marijuana that you know has helped families. You have got doctors that will give it to patients under the table that have got cancer. I know because I know friends.

This is the issue we have to address to move forward and we need everybody in here to come together. If what we were doing for the last 40 years worked, we would not have a high death rate right now for prescription drugs and heroin and all that other stuff. Medical marijuana helps to relieve a lot of this pain, and we need to give the family every tool that they need to help them, for if we do not, we have not done our jobs as leaders.

The time is now to begin to change things. Doing the same thing the last 30 years and it does not work is insanity. Let us take a new approach. The approach is listening to the parent advocate groups and some of these doctors that are saying, "Listen, we want to prescribe medical marijuana, for if they can prescribe opiates and people are getting more addicted, give medical marijuana a chance." Thank you.

The SPEAKER pro tempore. The Chair thanks the gentleman and recognizes Representative Evankovich.

Mr. EVANKOVICH. Thank you, Mr. Speaker.

Mr. Speaker, I will not delay things much longer here. You know, I get it; my comments are not about whether you are for or against this movement for the legalization of marijuana. Some of the comments tonight sound more like arguing for and against recreational marijuana or marijuana that is not necessarily for medical purposes. And there is no doubt there is big business on both sides of this issue. The marijuana industry is a large, growing industry. The pharmaceutical industry is a large industry. And my comments right here are not about whether or not you are for or against medical marijuana.

Amendment A05835 does a lot to SB 3 to amend it to be better than it was as it left the Senate. One of the major protections that is not in that amendment is in the area of workplace safety. And, Mr. Speaker, a lot of people know about marijuana. A lot of people know about other drugs. We talk about them all the time. But one of the little known components of marijuana is that THC is different than opioids. It is different than alcohol. The level of THC in your body does not indicate whether or not you are intoxicated.

So what can happen, and what will happen, what has happened in other States is that people go to work not intending to have a workplace accident and they are under the influence of their marijuana, whether it is recreational or medical, and when that happens, people get hurt. What this amendment ought to include is a provision that employers can prohibit employees from being able to do work without, when they are under the

influence of THC, without having an adverse effect on that business and give employers some protections that will then give employees protections.

A prior speaker said that if this amendment and this bill saves one life, then we should pass it, and I understand that sentiment, but if it puts many, many more people in this State in danger, whether it is because of somebody driving a truck on the road, whether it is somebody driving a school bus, a fork truck, a heavy crane, if it prevents them from putting someone else in danger, I say that that is worth considering as well, and I will be offering amendment 4634 later on that will hopefully address that.

Thank you, Mr. Speaker.

The SPEAKER pro tempore. The Chair thanks the speaker and recognizes Representative Vereb.

Mr. VEREB. Thank you, Mr. Speaker.

You know, about 2 1/2 years, maybe 3 years ago now, when this issue came alive, constituents of mine, some who are up in the balcony and I am thankful that they are here, had come to me about this issue and I decided to hold a public hearing. And many of you know my previous law enforcement experience and no question was involved in multiple pound purchases of marijuana in my career and no doubt bought every other drug that was for sale on the street. So I had a hard time putting this forum on, but I have got to tell you, listening for 3 hours of not just families with their children there, but of other professionals and our good colleague, Senator Folmer, from the other side of this building provide testimony and that night I walked away from that hearing knowing that this is something that I had to support.

We hear the arguments about gateway drugs. We always hear— You know, throughout this evening we heard all the arguments. Mr. Speaker, I am not saying it did not happen, but I can tell you by favoring the Marsico amendment, I am still looking for that person who has overdosed on marijuana. We have a full-blown epidemic staring us in the face no matter what age, no matter what race, no matter what income. It is not just heroin, it is opioids. You get a pain prescription for a month. What happens? They call you right away to renew that prescription. What ultimately happens to those pills? They end up being sold on the street for anywhere between \$15 and \$35 apiece. So we have to face the real reality and the real tragedy and the real crisis in this Commonwealth with heroin.

Mr. Speaker, government needs to get out of these families' lives and let them provide for their children like we trust them to do with everything else from education to where they live to where they recreate and to where they get jobs.

I urge a "yes" vote on the Marsico amendment. Thank you, Mr. Speaker.

**THE SPEAKER (MIKE TURZAI)
PRESIDING**

LEAVE OF ABSENCE CANCELED

The SPEAKER. Representative Hennessey is back on the floor and should be placed on the master roll. Thank you.

CONSIDERATION OF SB 3 CONTINUED

The SPEAKER. Representative Dush.

Mr. DUSH. Thank you, Mr. Speaker.

Would the maker of the amendment stand for interrogation, please?

The SPEAKER. The good gentleman has indicated he will stand for interrogation.

Mr. DUSH. Mr. Speaker, one of the key things that I have a concern with is on page 20 of the bill, or of the amendment, "No medical marijuana may be dispensed from, obtained from or transferred to a location outside of this Commonwealth." But then it goes on down then to the very next subsection (8.1), "In accordance with regulations promulgated by the department: To initially grow medical marijuana, a grower/processor may obtain seed and plant material from outside this Commonwealth." To grow medical marijuana, a grower/processor may obtain seed and plant material from another location outside the Commonwealth.

Mr. Speaker, my question is, it is against Federal law the first offense of which, even for the smallest amount of possession, trafficking across interstate lines, 5 years, and for conspiracy, just conspiracy to do this is 5 years, \$250,000, and \$1 million fine for an organization, someone other than an individual, like the Commonwealth of Pennsylvania. A second offense is 10 years, \$500,000, and \$2 million. My question is, are we really going to put State employees in the position of conspiring to commit a trafficking offense under the Federal law?

The SPEAKER. If I might, Representative, I just would caution on this front. Remember that interrogation under the rules, and it is Mason's Legislative Manual, we should not permit a speaker to be— excuse me; a member should be— The questions have to be ones that you do not know the answer for, or if it is in a position of an argument, you should make the argument yourself. This one is fairly close. If you have a specific fact question, that is certainly appropriate, but I will permit the gentleman to answer it. But, please, it should only be questions about which you do not know the answer.

Mr. DUSH. Well, then I guess— My question is, does this, as the chairman of the Judiciary Committee, does this actually put our employees in the position of conspiring to commit a crime?

Mr. MARSICO. Mr. Speaker, a quick response to that question is that no other State that has legalized medical marijuana has been prosecuted for transporting seed or plant.

Mr. DUSH. Mr. Speaker, on the bill?

The SPEAKER. Yes; you may speak on the bill.

Mr. DUSH. Mr. Speaker, this amendment, I know we have been told that the Federal government has chosen not to prosecute under the current administration and under the current Attorney General. However, in a matter of mere months, we are going to have a new President, a new Attorney General of the Federal government. Mr. Speaker, we are putting our State employees in the position of violating Federal law and actually directing them, the department, the members of the department, to violate Federal law in a conspiracy to transport drugs. The other arguments for these kids and the treatment notwithstanding, this is one problem with this amendment that poses serious, potentially grave for our department people who are actually working with these growers in this conspiracy. We are putting our employees in a position of deciding whether or not they want to keep their jobs or risk going to jail.

Mr. Speaker, for that reason alone, I am a "no" on this vote, on this amendment.

The SPEAKER. Do any other members wish to speak on the amendment?

On the question recurring,
Will the House agree to the amendment?

The following roll call was recorded:

YEAS—152

Acosta	English	Keller, F.	Payne
Adolph	Evankovich	Keller, W.	Petrarca
Barrar	Evans	Killion	Petri
Benninghoff	Everett	Kim	Pyle
Bizzarro	Fabrizio	Kinsey	Quigley
Boback	Farina	Kirkland	Quinn
Boyle	Farry	Klunk	Rader
Bradford	Flynn	Kortz	Ravenstahl
Briggs	Frankel	Kotik	Reed
Brown, R.	Freeman	Krueger	Reese
Brown, V.	Gabler	Longietti	Regan
Bullock	Gainey	Maher	Roae
Burns	Galloway	Mahoney	Roebuck
Caltagirone	Gergely	Markosek	Rothman
Carroll	Gibbons	Marshall	Rozzi
Causer	Gillen	Marsico	Sainato
Conklin	Gillespie	Masser	Samuelson
Costa, D.	Gingrich	Matzie	Sankey
Costa, P.	Godshall	McCarter	Santarsiero
Cox	Goodman	McClinton	Santora
Culver	Greiner	McNeill	Saylor
Daley, M.	Grove	Mentzer	Schemel
Daley, P.	Hahn	Miccarelli	Schlossberg
Davidson	Hanna	Miller, D.	Schreiber
Davis	Harhai	Milne	Schweyer
Dawkins	Harkins	Moul	Sims
Day	Harper	Mullery	Snyder
Dean	Harris, A.	Murt	Tallman
Deasy	Harris, J.	Mustio	Taylor
DeLissio	Helm	Neilson	Tobash
Delozier	Hennessey	Nesbit	Toepel
DeLuca	Hill	Neuman	Toohil
Dermody	Irvin	O'Brien	Verbe
Diamond	Jozwiak	O'Neill	Vitali
Donatucci	Kampf	Oberlander	Warner
Driscoll	Kaufer	Ortitay	Wheatley
Dunbar	Kauffman	Parker, D.	White
Ellis	Kavulich	Pashinski	Youngblood

NAYS—38

Baker	Hickernell	Metcalfe	Stephens
Barbin	James	Metzgar	Topper
Bloom	Keller, M.K.	Millard	Truitt
Corbin	Knowles	Miller, B.	Ward
Cutler	Lawrence	Pickett	Wentling
Dush	Lewis	Rapp	Wheeland
Emrick	Mackenzie	Ross	Zimmerman
Fee	Major	Simmons	
Harhart	Maloney	Sonney	Turzai,
Heffley	McGinnis	Staats	Speaker

NOT VOTING—0

EXCUSED—10

Christiana	DiGirolamo	Saccone	Thomas
Cohen	Peifer	Sturla	Watson
Cruz	Readshaw		

The majority having voted in the affirmative, the question was determined in the affirmative and the amendment was agreed to.

On the question,
Will the House agree to the bill on second consideration as amended?

Mr. **MENTZER** offered the following amendment No. **A06072**:

Amend Bill, page 1, lines 4 through 37; page 2, lines 1 through 51; page 3, lines 1 through 8 (A05835), by striking out all of said lines on all of said pages and inserting
Statewide expanded access clinical trials for cannabinoids; and requiring certain physicians to provide annual reports.

TABLE OF CONTENTS

- Section 1. Short title.
- Section 2. Legislative findings and intent.
- Section 3. Definitions.
- Section 4. Expanded access clinical trials.
- Section 5. Requirements for cannabinoids.
- Section 6. Duty to provide annual report.
- Section 7. Construction.
- Section 8. Effective date.

Amend Bill, page 3, lines 12 through 48; page 4 through 44, lines 1 through 51; page 45, lines 1 through 6 (A05835), by striking out all of said lines and inserting

Section 1. Short title.
This act shall be known and may be cited as the Therapeutic Cannabinoid Research Act.

Section 2. Legislative findings and intent.

The General Assembly finds and declares that:
(1) Pennsylvania's citizens with severe or life-threatening diseases or conditions may not be able to access critical medications that are still in clinical trials.

(2) The Food and Drug Administration (FDA) has established Expanded Access Programs to allow limited, supervised access to such medications.

(3) While certain of its unique chemicals, called cannabinoids, may become approved medicines, this does not make marijuana itself a medicine.

(4) Marijuana contains at least 85 cannabinoids that can be extracted from marijuana and purified, or synthesized in a laboratory, and tested in animals in preclinical research to ensure that they are safe to administer to humans in clinical trials.

(5) The FDA has approved several expanded access investigational new drug (IND) applications that enable investigators to utilize cannabinoids.

(6) The intent of this act is to increase the number of expanded access IND applications at academic medical centers in this Commonwealth so as to provide and further test the medical uses of cannabinoids.

Section 3. Definitions.
The following words and phrases when used in this act shall have the meanings given to them in this section unless the context clearly indicates otherwise:

"Academic medical center." A hospital that operates a medical residency program for physicians and conducts research that involves human subjects.

"Approved source." A provider which produces cannabinoids that:

- (1) Have been manufactured and tested in a facility approved or certified by the Food and Drug Administration or similar national regulatory agency in the United States or another country.

(2) Have been tested in animals to demonstrate preliminary effectiveness and to ensure that it is safe to administer to humans.

"Investigator." An individual who actually conducts a clinical investigation and under whose immediate direction a drug is administered or dispensed to a subject.

"Physician." A person licensed to practice medicine in this Commonwealth.

"Sponsor." A person, including an individual or pharmaceutical company, governmental agency, academic institution, private organization or other organization, who takes responsibility for and initiates a clinical investigation.

"Sponsor-investigator." An individual who both initiates and conducts an investigation and under whose immediate direction an investigational drug is administered or dispensed.

Section 4. Expanded access clinical trials.

(a) Authorization.—Statewide investigational new drug applications may be established in this Commonwealth, if submitted by a sponsor or sponsor-investigator and approved by the Food and Drug Administration, to conduct expanded access clinical trials using cannabinoids.

(b) Physicians as sponsor-investigators or investigators.—A physician practicing in an academic medical center in this Commonwealth shall serve as the sponsor-investigator or investigator for the clinical trials.

(c) Subinvestigators.—A physician, acting as a sponsor-investigator or investigator, may include subinvestigators who are physicians practicing in an academic medical center in this Commonwealth.

(d) Compliance with rules and regulations.—The sponsor, sponsor-investigator or investigator, and all subinvestigators, shall adhere to the rules and regulations established by the relevant institutional review board for each participating academic medical center and by the Food and Drug Administration, Drug Enforcement Administration, National Institute on Drug Abuse, Department of Health and the State Board of Pharmacy, where applicable.

Section 5. Requirements for cannabinoids.

(a) General rule.—Expanded access clinical trials conducted pursuant to a Statewide investigational new drug application established pursuant to this act shall only utilize cannabinoids that are:

(1) From an approved source.

(2) Authorized by the Food and Drug Administration to be used for treatment of a condition specified in an investigational new drug application.

(b) Source of cannabinoids.—The sponsor, sponsor-investigator or investigator, and any subinvestigator, may receive cannabinoids directly from an approved source or authorized distributor for an approved source for use in the expanded access clinical trials.

(c) Oversight and enforcement.—The ordering, receipt, handling, storage and dispensing of cannabinoids pursuant to this act shall be subject to oversight and enforcement by the State Board of Pharmacy.

Section 6. Duty to provide annual report.

The sponsor or sponsor-investigator in the Statewide investigational new drug application established pursuant to this act shall annually provide a report on the results of the expanded access clinical trials to the chairpersons of the Committee on Public Health and Welfare of the Senate and Committee on Health of the House of Representatives. The report shall redact the names of patients and may redact the names of physicians, if desired. The information in the report may be derived from reports required by and submitted to the Food and Drug Administration, if appropriate.

Section 7. Construction.

Nothing in this act shall be construed to authorize the cultivating or processing of marijuana, cannabis or hemp by any individual or entity in this Commonwealth for any purpose.

Section 8. Effective date.

This act shall take effect in 60 days.

On the question,

Will the House agree to the amendment?

The SPEAKER. Representative Mentzer, you may proceed.

Mr. MENTZER. Mr. Speaker, I would like to think this evening I am in the same position as most of the people in this chamber, I am ill-equipped to make a decision as to whether medical marijuana has any side effects or what its positive effects will be. One of the reasons that we are studying medical marijuana and one of the most heard about issues with medical marijuana is the 600 children in Pennsylvania that have multiple epileptic seizures. That is 600 children out of 13 million people in Pennsylvania. Now, many of those children, but not all of those children, can be helped with medical marijuana through cannabis oil, or CBD. It can help alleviate some of those seizures.

All legal drugs go through clinical trials before we deem them safe, and I believe most of us would like to see cannabis oil or its extract go through that process. Fortunately, Mr. Speaker, there is a pharmaceutical company that is developing a cannabis-based medicine using the CBD cannabinoid. The name of the drug is Epidiolex, which is being developed for the treatment of multiple epileptic seizures in children. Epidiolex is going through traditional clinical trials now. Mr. Speaker, the name of this pharmaceutical company is GW Pharmaceuticals and this company is in the final stage of clinical trials. You can investigate the strength of this company right now. All you need to do is google GWPH, that is the ticker symbol, and it is on your laptop right now.

If there is a controlled and safe way to gain access to this medicine that already exists, why do we not try this first? Some of these clinical trials on the cannabis-based drug named "Epidiolex" are being conducted in Pennsylvania in conjunction with GW Pharmaceuticals and Children's Hospital of Philadelphia. What clinical trials do is provide a safe, controlled setting for children to get relief from multiple seizures by using and taking cannabis oil in the form of this Epidiolex. By doing this, the effects of the medicine can be studied by medical researchers. Children with multiple seizures can apply to be treated with Epidiolex in these clinical trials.

Mr. Speaker, the problem is currently there are not enough locations and facilities to accommodate all of the children who could be helped. What this amendment does is open the process up to more facilities and locations to more children. There are hundreds of children in Pennsylvania that could be helped. We need to help these children now get safe relief in a safe environment. We need to pass this amendment, send it back to the Senate, and begin working together with medical researchers and medical professionals to further investigate Epidiolex and other cannabis-based medicines. I believe this is the logical first step.

Thank you, Mr. Speaker.

The SPEAKER. Representative Petri.

Mr. PETRI. Thank you, Mr. Speaker.

Mr. Speaker, I rise to support this amendment. The Representative is correct. We have a major dilemma and it is called the FDA. Because of the FDA, we are in the process of discussing something and trying to come up with a process under which we can have logical and good public policy.

I do not disagree with any of the comments that were made today about the need to help certain people of the Commonwealth in this regard. However, in the 30-plus years I have represented clients in private practice, I cannot imagine a more difficult client than the business owner who wants to apply under what would be the statutory provisions we are setting forth. First of all, I would not give them legal advice because the only advice you could give them is you might be prosecuted. That is about the only advice. When you start with insurance, that particular person who wants to engage, because the FDA has not changed its status that this activity is legal, gets no health insurance for the patient, no property insurance for the person who engages in the activity because there is a provision in every policy that prohibits coverage for an illegal activity. There is no medical malpractice insurance. There is no liability insurance. And who knows what your accountant is going to advise you.

So the problem we have is that we cannot get to proper public policy because the Federal government, once again, has not done its job. And the whole theory that States seem to be engaged in is if enough States pass legislation, the FDA will do something. I support this amendment which says let us undertake the research that is necessary in order to provide the proof that is needed for the FDA to start to logically think about this issue.

I also have an amendment I will be offering later which would change the effective date of this particular amendment, which is now really the bill, the Marsico amendment, if you will, to the date that the FDA reclassifies marijuana from Schedule I. That is the crux of the problem we are dealing with, and we are going to create a nightmarish circumstance where all kinds of folks and employees and constituents are going to come to us with questions.

One that occurred to me today that I would like to share with the members, imagine you are a school nurse and a student comes in with a valid prescription. What are you to do? Are you supposed to administer it? Does that school nurse have to go through training? Do we have to train every school nurse throughout the Commonwealth because that student is entitled to, under Pennsylvania law, the prescription being filled? I do not think that it is that we have not thought out the issues. I think that the problem is the FDA has not acted and we are trying to circumvent their responsibility and authority and we are going to place people in jeopardy.

So I would encourage the members to support this very well thought out amendment which is going to provide the necessary first step for the Commonwealth of Pennsylvania. Thank you.

The SPEAKER. Thank you, sir.

Representative Russ Diamond.

Mr. DIAMOND. Thank you, Mr. Speaker.

I rise in vehement opposition to amendment A06072 for the following reasons: The maker of the amendment spoke highly of the potentially 600 children who are suffering from the seizures he spoke of, and I agree, we should do everything we can to help them and maybe Epidiolex will help them. Nothing in the Marsico amendment that we just passed precludes that from happening. That study will continue to go on. However, those 600 children have one condition. The Marsico amendment that we passed covers cancer, AIDS, ALS (amyotrophic lateral sclerosis), Parkinson's, multiple sclerosis, damage to the nervous tissue of the spinal cord with objective neurological indication of intractable spasticity, as well as epilepsy,

inflammatory bowel disease, neuropathies, Huntington's disease, Crohn's disease, post-traumatic stress disorder, intractable seizures, glaucoma, and severe chronic or intractable pain of neuropathic origin, and on and on and on. That is not just 600 children, Mr. Speaker. That is a lot of people. It is probably tens, if not hundreds of thousands of people across the Commonwealth of Pennsylvania. The idea behind the Marsico amendment – which the maker of this amendment is seeking to amend, would be to just shut all that down; that is a step backwards – we have already approved using this plant to help treat people with all those serious medical conditions.

Further, Epidiolex is a CBD oil. CBD is cannabidiol. It is only one of 80 unique compounds found in the cannabis plant, the top 5 of which are THC, cannabidiol, cannabinol, cannabichromene, cannabigerol. The other ones, I do not know that I can pronounce them all, but those are very, very important, and it is very important that we know that these treatments for these other serious medical conditions do not take just CBD to treat. The evidence shows that it is a combination of these different compounds that are alive and well in the cannabis plant; it is what is going to unlock the key to relief for the people suffering from these serious medical conditions.

Mr. Speaker, let us not take a step backwards. Let us take a step forward in a very compassionate and responsible way to help as many Pennsylvanians as possible. Again, I urge a "no" vote on amendment A06072. Thank you, Mr. Speaker.

The SPEAKER. Thank you, sir.

There are three more speakers – Representative Knowles, Representative Petrarca, and then Representative Marsico, the maker of the underlying amendment that was just passed and is now on the bill. So Representative Knowles first, then Representative Petrarca, then Representative Marsico.

Mr. KNOWLES. Thank you, Mr. Speaker.

Mr. Speaker, I stand in support of the Mentzer amendment. I commend the honorable gentleman for the thought that he has put into this particular amendment. This amendment, Mr. Speaker, will take care of the folks who most need medical marijuana. It is something that will accomplish the goal without violating Federal law, and bear in mind that it is still going to be against Federal law in terms of marijuana, even though it be medical marijuana. Also, you will not put the people in jeopardy that Representative Petri spoke of.

Mr. Speaker, I, like all of you, believe that this is something that we want to do, but this is something that we want to do that associations like the Pennsylvania Medical Society, the American Medical Association, the American Academy of Family Physicians, the American College of Physicians, the American Psychiatric Association, the American Academy of Pediatrics, the American Academy of Neurology, and on and on and on, I am certain that these particular people would support the Mentzer amendment, and I think that we need to realize that they have opposed the Marsico amendment. These are the professionals. Let us stop trying to legislate medical attention. Let us take care of the folks who need the help, but let us do it the right way.

Thank you, Mr. Speaker.

The SPEAKER. Thank you, sir.

Representative Petrarca, sir.

Mr. PETRARCA. Thank you, Mr. Speaker.

Let us be clear here, this amendment totally strips this bill and turns it into a research-only piece of legislation, and, Mr. Speaker, quite frankly, that is not good enough. We have

worked too long. We have worked too hard. We have too many people suffering in Pennsylvania that can benefit from medical marijuana. If you are interested in research, SB 3 as amended will provide serious research and that research will be done in Pennsylvania.

So I ask everyone, please, vote against this amendment. Thank you.

The SPEAKER. Chairman Marsico, the floors is yours, sir.

Mr. MARSICO. Thank you, Mr. Speaker.

The previous speaker mentioned that this amendment does gut and replace the Marsico amendment, so that amendment would disappear. But I also agree and he mentioned, too, that my amendment already has a research component. Number three is we need to make medical marijuana available to patients as soon as we can.

I ask for a "no" vote. Thank you, Mr. Speaker.

The SPEAKER. Thank you, sir.

All those in favor— Oh, I apologize.

Representative Stephens, I apologize. You are recognized.

Mr. STEPHENS. Thank you, Mr. Speaker.

Mr. Speaker, may I interrogate the maker of the amendment, please?

The SPEAKER. Representative Mentzer, will you please so stand?

Mr. STEPHENS. Mr. Speaker, is this amendment limited to CBD oils as the only component of marijuana that can be utilized?

Mr. MENTZER. Absolutely not, Mr. Speaker. It is not exclusive to CBD oils. As one of the previous speakers spoke, my good colleague from Lebanon, there are 85 different cannabinoids in the marijuana plant, each one having a different effect on the human body. What my amendment simply does is open this up for study throughout Pennsylvania. It allows anyone to apply for a certain specification that would allow for the study through a pharmaceutical company of a drug or component of cannabis. This is certainly a humane way of testing marijuana in safe conditions.

Mr. STEPHENS. Thank you, Mr. Speaker.

Does your amendment in any way limit the number of diagnoses that might be available to be reviewed with medical marijuana?

Mr. MENTZER. Absolutely not. In addition, the pharmaceutical company that is now studying the CBD oil or the extract is in the process of developing another cannabinoid that has the THC component. I think if we just use the facilities and the process that we currently have but speed it up through this amendment that I am suggesting, we can all get what we want in a safe way.

Mr. STEPHENS. Thank you, Mr. Speaker.

That concludes my interrogation.

The SPEAKER. Thank you, Representative. Representative Regan.

Mr. REGAN. We talk about clinical trials. This drug has been going through clinical trials with no end in sight. What about the child who has epilepsy right now? What about the family who is dealing with an epileptic child who is seizing 150, 200 times a day? What about the veteran who just came back from fighting for his country in Afghanistan who is contemplating suicide? What about the cancer patient who cannot communicate with his loved ones in the last minutes of his life because he is so drugged up on narcotics, that he cannot enjoy or he cannot spend any time with his family at the end of

his life. Let us wait. Let us just keep waiting. Let us just keep pushing this off, and let us just disregard all the people who are suffering out there right now.

We have a moral obligation here. As a body, we have a moral obligation to fight for these people who are sick.

Thank you, Mr. Speaker.

The SPEAKER. Representative Cutler.

Mr. CUTLER. Thank you, Mr. Speaker.

Mr. Speaker, I certainly appreciate the passion on both sides regarding this issue. But in regards to the current trials that are going on, I think that we would be remiss if we did not mention the news that was just released today and that is the fact that GW Pharma, their stock price more than doubled earlier today when they announced their results from their phase III clinical trials, and in fact, according to the news article, what they indicated was that as compared to the placebo group, those who were taking their medication showed a 39-percent reduction in seizure activity as compared to the placebo group, which was only a 13-percent reduction. So the trials are ongoing. I think the gentleman has offered a reasonable compromise in terms of gaining access to this. And while the process is not yet complete, it has in fact been moving on, and I think that we should recognize those efforts, and to the gentleman's credit, we should also facilitate that as a way to promote access.

So I would urge support for it. Thank you.

On the question recurring,

Will the House agree to the amendment?

The following roll call was recorded:

YEAS—57

Baker	Grove	Maloney	Sankey
Barbin	Harhart	McGinnis	Simmons
Bloom	Harper	Mentzer	Sonney
Boback	Heffley	Metcalfe	Staats
Corbin	Hennessey	Metzgar	Stephens
Cutler	Hickernell	Millard	Topper
Day	James	Miller, B.	Truitt
Dunbar	Keller, M.K.	Milne	Ward
Dush	Klunk	Ortitay	Wentling
Emrick	Knowles	Parker, D.	Wheeland
English	Lawrence	Petri	Zimmerman
Fee	Lewis	Pickett	
Gingrich	Mackenzie	Quinn	Turzai,
Godshall	Maher	Rapp	Speaker
Greiner	Major	Ross	

NAYS—132

Acosta	Driscoll	Keller, W.	Pyle
Adolph	Ellis	Killion	Quigley
Barrar	Evans	Kim	Rader
Benninghoff	Everett	Kinsey	Ravenstahl
Bizzarro	Fabrizio	Kirkland	Reed
Boyle	Farina	Kortz	Reese
Bradford	Farry	Kotik	Regan
Briggs	Flynn	Krueger	Roae
Brown, R.	Frankel	Longietti	Roebuck
Brown, V.	Freeman	Mahoney	Rothman
Bullock	Gabler	Markosek	Rozzi
Burns	Gainey	Marshall	Sainato
Caltagirone	Galloway	Marsico	Samuelson
Carroll	Gergely	Masser	Santarsiero
Causar	Gibbons	Matzie	Santora
Conklin	Gillen	McCarter	Saylor
Costa, D.	Gillespie	McClinton	Schemel
Costa, P.	Goodman	McNeill	Schlossberg

Cox	Hahn	Miccarelli	Schreiber
Culver	Hanna	Miller, D.	Schweyer
Daley, M.	Harhai	Moul	Sims
Daley, P.	Harkins	Mullery	Snyder
Davidson	Harris, A.	Murt	Tallman
Davis	Harris, J.	Mustio	Taylor
Dawkins	Helm	Neilson	Tobash
Dean	Hill	Nesbit	Toepel
Deasy	Irvin	Neuman	Toohil
DeLissio	Jozwiak	O'Brien	Vereb
Delozier	Kampf	O'Neill	Vitali
DeLuca	Kaufner	Oberlander	Warner
Dermody	Kauffman	Pashinski	Wheatley
Diamond	Kavulich	Payne	White
Donatucci	Keller, F.	Petrarca	Youngblood

NOT VOTING—1

Evankovich

EXCUSED—10

Christiana	DiGirolamo	Saccone	Thomas
Cohen	Peifer	Sturla	Watson
Cruz	Readshaw		

Less than the majority having voted in the affirmative, the question was determined in the negative and the amendment was not agreed to.

On the question recurring,

Will the House agree to the bill on second consideration as amended?

Mr. **PETRARCA** offered the following amendment No. **A05849**:

Amend Bill, page 14, line 25 (A05835), by inserting after "substances"

within the last five years

Amend Bill, page 27, lines 2 and 3 (A05835), by striking out "However, no more than 15%" and inserting

Fifteen percent

Amend Bill, page 27, line 3 (A05835), by striking out "may" and inserting

shall

Amend Bill, page 31, line 14 (A05835), by striking out "three" and inserting

two

On the question,

Will the House agree to the amendment?

The SPEAKER. On that question, Representative Petrarca.

Mr. **PETRARCA**. Thank you, Mr. Speaker.

This amendment does three things. First, it requires that 15 percent of the money in the medical marijuana fund will go to subsidizing the cost of medical marijuana for patients experiencing financial hardship and also for medical marijuana research in Pennsylvania. That will, again, help the families and the people that need the help, and it will also make Pennsylvania a leader in medical marijuana research.

Second, it lowers the amount of time the board has to complete its recommendation report from 3 years to 2. Under the legislation as amended, temporary regs will be promulgated

within 18 months that will last for 18 months or 3 years. What this amendment will do is it will ensure that the board's recommendations will be considered by the Department of Health before final regulations are promulgated and stop the need for two, two different regulatory processes.

Third, this replaces the ban on anyone who has been convicted of a drug crime from serving as a caregiver and limits that to anyone convicted of a drug crime within the last 5 years. It will allow patients and family members to take care of their loved ones if they have not had a drug conviction in 5 years prior to enactment of this legislation. We still have in the legislation, from a law enforcement perspective, language that will deal with theft, with misuse, with diversion of the product; as was said earlier with earlier amendments, certainly a piece of legislation drafted that would be a very tight piece of legislation, very strictly enforced.

For those reasons I ask that you support this amendment. Thank you.

The SPEAKER. Does anybody else wish to be recognized on the amendment?

Representative Marsico, sir.

Mr. **MARSICO**. Thank you, Mr. Speaker.

This is an agreed-to amendment, and I ask for an affirmative vote. Thank you.

On the question recurring,

Will the House agree to the amendment?

The following roll call was recorded:

YEAS—133

Acosta	Evans	Killion	Petrarca
Adolph	Everett	Kim	Petri
Barrar	Fabrizio	Kinsey	Pyle
Benninghoff	Farina	Kirkland	Quinn
Bizzarro	Farry	Kortz	Rader
Boback	Flynn	Kotik	Ravenstahl
Boyle	Frankel	Krueger	Reed
Bradford	Freeman	Lawrence	Reese
Briggs	Gainey	Longietti	Regan
Brown, R.	Galloway	Mahoney	Roebuck
Brown, V.	Gergely	Markosek	Ross
Bullock	Gibbons	Marsico	Rozzi
Burns	Gillen	Matzie	Sainato
Caltagirone	Gillespie	McCarter	Samuelson
Carroll	Godshall	McClinton	Sankey
Conklin	Goodman	McNeill	Santarsiero
Costa, D.	Greiner	Mentzer	Santora
Costa, P.	Hahn	Miccarelli	Saylor
Cox	Hanna	Miller, B.	Schlossberg
Daley, M.	Harhai	Miller, D.	Schreiber
Daley, P.	Harkins	Milne	Schweyer
Davidson	Harper	Mullery	Sims
Davis	Harris, A.	Murt	Snyder
Dawkins	Harris, J.	Mustio	Tallman
Dean	Helm	Neilson	Taylor
Deasy	Hennessey	Nesbit	Toepel
DeLissio	Irvin	Neuman	Toohil
DeLuca	James	O'Brien	Vereb
Dermody	Jozwiak	O'Neill	Vitali
Diamond	Kampf	Oberlander	Warner
Donatucci	Kaufner	Parker, D.	Wheatley
Driscoll	Kavulich	Pashinski	White
Dunbar	Keller, W.	Payne	Youngblood
Ellis			

NAYS—56

Baker	Grove	Marshall	Simmons
Barbin	Harhart	Masser	Sonney
Bloom	Heffley	McGinnis	Staats
Causar	Hickernell	Metcalfe	Stephens
Corbin	Hill	Metzgar	Tobash
Culver	Kauffman	Millard	Topper
Cutler	Keller, F.	Moul	Truitt
Day	Keller, M.K.	Ortitay	Ward
Delozier	Klunk	Pickett	Wentling
Dush	Knowles	Quigley	Wheeland
Emrick	Lewis	Rapp	Zimmerman
English	Mackenzie	Roae	
Fee	Maher	Rothman	Turzai,
Gabler	Major	Schemel	Speaker
Gingrich	Maloney		

NOT VOTING—1

Evankovich

EXCUSED—10

Christiana	DiGirolamo	Saccone	Thomas
Cohen	Peifer	Sturla	Watson
Cruz	Readshaw		

The majority having voted in the affirmative, the question was determined in the affirmative and the amendment was agreed to.

On the question recurring,

Will the House agree to the bill on second consideration as amended?

Mr. **MARSICO** offered the following amendment No. **A05980**:

Amend Bill, page 1, by inserting between lines 20 and 21 (A05835)

Section 301.1. Confidentiality and public disclosure.

Amend Bill, page 6, lines 28 and 29 (A05835), by striking out ". The computerized registry shall include" and inserting

for patients and caregivers and the certification information required to be submitted to the department under section 501(e)(2).

(1.1) Establish within the computerized registry,

Amend Bill, page 6, line 34 (A05835), by inserting after "time."

The database shall be capable of receiving information from a dispensary regarding the disbursement of medical marijuana to patients and caregivers and verification of the form of medical marijuana.

Amend Bill, page 6, line 35 (A05835), by inserting after "information"

in the database

Amend Bill, page 8, lines 10 and 11 (A05835), by striking out "with similar information." and inserting

which provides information about the medical marijuana program. At a minimum, the website shall contain:

(A) Basic information designed to educate the public regarding the medical marijuana program.

(B) The information set forth in section 301.1(b).

(C) The dedicated telephone number.

(D) The information provided to the

department under section 1102(a)(2) by medical marijuana organizations. This information shall be posted on the department's publicly accessible Internet website as soon as is practicable after receipt of the information from the medical marijuana organizations.

Amend Bill, page 8, by inserting between lines 18 and 19 (A05835)

Section 301.1. Confidentiality and public disclosure.

(a) Patient information.—The department shall maintain a confidential list of patients and caregivers to whom it has issued identification cards. Individual identifying information about patients and caregivers obtained by the department, including certifications issued by practitioners, the information on identification cards and information provided by the Pennsylvania State Police pursuant to section 506(b) shall be confidential and exempt from public disclosure, including disclosure under the act of February 14, 2008 (P.L.6, No.3), known as the Right-to-Know Law.

(b) Medical marijuana organizations and practitioners.—The following are public records under the Right-to-Know Law:

(1) An application for registration as a medical marijuana organization. The department shall maintain a separate list of names, addresses and telephone numbers of medical marijuana organizations.

(2) The names, business addresses and medical credentials of practitioners. All other practitioner registration information shall be confidential and exempt from public disclosure under the Right-to-Know Law.

(3) Information relating to penalties assessed against medical marijuana organizations and practitioners by the department for violation of this act.

Amend Bill, page 13, lines 11 through 18 (A05835), by striking out all of said lines

Amend Bill, page 17, line 20 (A05835), by striking out "301(1)" and inserting

301(1.1)

Amend Bill, page 17, line 41 (A05835), by striking out "301(1)" and inserting

301(1.1)

Amend Bill, page 20, line 48 (A05835), by striking out "and plant material"

Amend Bill, page 28, line 1 (A05835), by striking out "Report" and inserting

Reports

Amend Bill, page 28, line 1 (A05835), by inserting after "required.—"

A medical marijuana organization shall report to the department as follows:

(1)

Amend Bill, page 28, by inserting between lines 4 and 5 (A05835)

(2) A medical marijuana organization shall report the following to the department every 60 days:

(i) The amount of medical marijuana sold.

(ii) The total dollar value of medical marijuana dispensed to patients and caregivers.

(iii) The amount of medical marijuana purchased.

(iv) The cost of medical marijuana to each dispensary.

Amend Bill, page 28, line 6 (A05835), by inserting after "maintain"

a 24-hour

Amend Bill, page 28, line 7 (A05835), by striking out "systems" and inserting

system

Amend Bill, page 28, line 10 (A05835), by inserting after "of" 24-hour

Amend Bill, page 33, lines 26 and 27 (A05835), by striking out "and plant material." in line 26 and "(i) From" in line 27 and inserting from

Amend Bill, page 33, lines 29 and 30 (A05835), by striking out all of said lines and inserting

(31) Regulations which set forth the procedure for a grower/processor to obtain seed and plant material from another grower/processor within this Commonwealth to grow medical marijuana.

Amend Bill, page 33, line 31 (A05835), by striking out "(31)" and inserting

(32)

Amend Bill, page 34, line 11 (A05835), by striking out "paragraph" and inserting section

Amend Bill, page 42, line 30 (A05835), by inserting after "practitioner,"

pharmacist or certified registered nurse practitioner under section 707(9),

Amend Bill, page 43, lines 16 through 22 (A05835), by striking out all of said lines

On the question,
Will the House agree to the amendment?

RULES SUSPENDED

The SPEAKER. On the question, the Chair recognizes Chairman Marsico.

Mr. MARSICO. Thank you, Mr. Speaker.
I ask for suspension to consider amendment 05980.

On the question,
Will the House agree to the motion?

The SPEAKER. Yes, sir; 5980. Can you just give us a brief summary of the amendment, sir.

Mr. MARSICO. Thank you, Mr. Speaker.
This amendment beefs up the confidentiality requirements regarding patient information and also provides more information for patients on the department's Internet Web site.

The SPEAKER. Representative Petrarca.
Mr. PETRARCA. Thank you, Mr. Speaker.
I would ask the members to support the motion. Thank you.

On the question recurring,
Will the House agree to the motion?

(Members proceeded to vote.)

VOTE STRICKEN

The SPEAKER. Please strike the vote. Please strike the vote.

This is a late-filed amendment. This is a late-filed amendment.

And, Representative, you will do a motion? Okay. Thank you. It is a late-filed amendment. I do apologize.

Representative, Marsico, you are recognized. I do apologize.

Mr. MARSICO. Mr. Speaker, I ask for a suspension of the rules to consider amendment A05980. I ask for an affirmative vote.

The SPEAKER. Representative Petrarca, on the motion.

Mr. PETRARCA. Thank you, Mr. Speaker.

This is a good amendment, and I ask the members to vote in support of the motion to suspend. Thank you.

The SPEAKER. Members, in front of us is amendment 5980. It is late-filed. It does require a two-thirds vote, so the motion to suspend the rules is what is in front of us.

On the question recurring,
Will the House agree to the motion?

The following roll call was recorded:

YEAS—153

Acosta	Ellis	Keller, W.	Petri
Adolph	Evankovich	Killion	Pyle
Barbin	Evans	Kim	Quigley
Barrar	Everett	Kinsey	Quinn
Benninghoff	Fabrizio	Kirkland	Rader
Bizzarro	Farina	Klunk	Ravenstahl
Bloom	Farry	Kortz	Reed
Boback	Flynn	Kotik	Reese
Boyle	Frankel	Krueger	Regan
Bradford	Freeman	Longietti	Roebuck
Briggs	Gabler	Maher	Ross
Brown, R.	Gainey	Mahoney	Rothman
Brown, V.	Galloway	Major	Rozzi
Bullock	Gergely	Markosek	Sainato
Burns	Gibbons	Marshall	Samuelson
Caltagirone	Gillespie	Marsico	Sankey
Carroll	Gingrich	Masser	Santarsiero
Causer	Godshall	Matzie	Santora
Conklin	Goodman	McCarter	Saylor
Corbin	Grove	McClinton	Schemel
Costa, D.	Hahn	McNeill	Schlossberg
Costa, P.	Hanna	Mentzer	Schreiber
Cox	Harhai	Miccarelli	Schweyer
Culver	Harkins	Millard	Sims
Daley, M.	Harper	Milne	Snyder
Daley, P.	Harris, A.	Moul	Sonney
Davidson	Harris, J.	Murt	Stephens
Davis	Helm	Mustio	Taylor
Dawkins	Hennessey	Neilson	Tobash
Dean	Hill	Nesbit	Toepel
Deasy	Irvin	O'Brien	Toohil
DeLissio	James	O'Neill	Topper
Delozier	Jozwiak	Oberlander	Vereb
DeLuca	Kampf	Ortitay	Vitali
Dermody	Kaufner	Parker, D.	Warner
Diamond	Kauffman	Pashinski	Wheatley
Donatucci	Kavulich	Payne	White
Driscoll	Keller, F.	Petrarca	Youngblood
Dunbar			

NAYS—37

Baker	Heffley	Metzgar	Tallman
Cutler	Hickernell	Miller, B.	Truitt
Day	Keller, M.K.	Miller, D.	Ward
Dush	Knowles	Mullery	Wentling
Emrick	Lawrence	Neuman	Wheeland
English	Lewis	Pickett	Zimmerman
Fee	Mackenzie	Rapp	
Gillen	Maloney	Roae	Turzai,
Greiner	McGinnis	Simmons	Speaker
Harhart	Metcalfe	Staats	

NOT VOTING—0

EXCUSED—10

Christiana	DiGirolamo	Saccone	Thomas
Cohen	Peifer	Sturla	Watson
Cruz	Readshaw		

A majority of the members required by the rules having voted in the affirmative, the question was determined in the affirmative and the motion was agreed to.

On the question recurring,
Will the House agree to the amendment?

The SPEAKER. And now we will go to the underlying amendment, and the underlying amendment is 5980. We have already had a summary of that, and Representative Marsico has already given us a summary.

Does anybody else wish to speak on the amendment itself?

On the question recurring,
Will the House agree to the amendment?

The following roll call was recorded:

YEAS—158

Acosta	English	Kim	Petri
Adolph	Evankovich	Kinsey	Pyle
Barbin	Evans	Kirkland	Quigley
Barrar	Everett	Klunk	Quinn
Benninghoff	Fabrizio	Kortz	Rader
Bizzarro	Farina	Kotik	Ravenstahl
Boback	Farry	Krueger	Reed
Boyle	Flynn	Lawrence	Reese
Bradford	Frankel	Longietti	Regan
Briggs	Freeman	Maher	Roe
Brown, R.	Gabler	Mahoney	Roebuck
Brown, V.	Gainey	Markosek	Ross
Bullock	Galloway	Marshall	Rozzi
Burns	Gergely	Marsico	Sainato
Caltagirone	Gibbons	Masser	Samuelson
Carroll	Gillen	Matzie	Sankey
Causar	Gillespie	McCarter	Santarsiero
Conklin	Gingrich	McClinton	Santora
Corbin	Godshall	McNeill	Saylor
Costa, D.	Goodman	Mentzer	Schemel
Costa, P.	Hahn	Miccarelli	Schlossberg
Cox	Hanna	Millard	Schreiber
Culver	Harhai	Miller, D.	Schweyer
Daley, M.	Harkins	Milne	Sims
Daley, P.	Harper	Moul	Snyder
Davidson	Harris, A.	Mullery	Sonney
Davis	Harris, J.	Murt	Stephens
Dawkins	Helm	Mustio	Tallman
Dean	Hennessey	Neilson	Taylor
Deasy	Hill	Nesbit	Tobash
DeLissio	Irvin	Neuman	Toepel
Delozier	James	O'Brien	Toohil
DeLuca	Jozwiak	O'Neill	Truitt
Dermody	Kampf	Oberlander	Vereb
Diamond	Kaufner	Ortitay	Vitali
Donatucci	Kauffman	Parker, D.	Warner
Driscoll	Kavulich	Pashinski	Wheatley
Dunbar	Keller, F.	Payne	White
Dush	Keller, W.	Petrarca	Youngblood
Ellis	Killion		

NAYS—32

Baker	Heffley	Metcalfe	Topper
Bloom	Hickernell	Metzgar	Ward
Cutler	Keller, M.K.	Miller, B.	Wentling
Day	Knowles	Pickett	Wheeland
Emrick	Lewis	Rapp	Zimmerman
Fee	Mackenzie	Rothman	
Greiner	Major	Simmons	Turzai,
Grove	Maloney	Staats	Speaker
Harhart	McGinnis		

NOT VOTING—0

EXCUSED—10

Christiana	DiGirolamo	Saccone	Thomas
Cohen	Peifer	Sturla	Watson
Cruz	Readshaw		

The majority having voted in the affirmative, the question was determined in the affirmative and the amendment was agreed to.

On the question recurring,
Will the House agree to the bill on second consideration as amended?

Mr. **DIAMOND** offered the following amendment
No. **A05934**:

Amend Bill, page 11, lines 20 through 22 (A05835), by striking out all of said lines and inserting
(Reserved).

Amend Bill, page 31, lines 36 through 38 (A05835), by striking out all of said lines

Amend Bill, page 34, lines 7 through 9 (A05835), by striking out all of said lines

On the question,
Will the House agree to the amendment?

The SPEAKER. On the question, the Chair recognizes Representative Diamond for a brief summary of the bill and any comment on the amendment. Please proceed, sir.

Mr. DIAMOND. Thank you, Mr. Speaker.

Amendment A05934 would remove the language from the bill as amended now with the Marsico amendment to remove the arbitrary 10-percent cap on THC content in any kind of dose.

The SPEAKER. Representative Barbin, on the amendment, sir. Representative Barbin, you are recognized.

Mr. BARBIN. Thank you, Mr. Speaker.

I rise in opposition to this amendment. I understand that the Marsico amendment is in. I understand that we have decided to accept the legal fiction that is accepted in the 20-some other States. What I do not understand is how anyone can really sit here and say that lifting the cap on THC is not going to create problems in this Commonwealth. It is like somehow a cloud of purple haze had descended upon this Assembly. Ten percent THC is going to put people driving into walls. Ten percent THC or greater is going to create other problems. So, you know, if

you want to do that, that is fine, but we do not even know, we do not have any idea what this is going to require our State troopers to do. All we are going to know is there are no limits for THC.

I think it is a bad idea, and I ask that the amendment be defeated.

The SPEAKER. Representative Petrarca, on the amendment, sir.

Mr. PETRARCA. Thank you, Mr. Speaker.

I rise in support of this amendment.

What we are talking about with THC levels, I do not know that any of us in here have the expertise to say what strain or what THC level should be available to patients through doctors. We trust doctors to do what they do, and we do not, we do not second-guess doctors when they prescribe Vicodin or Percocet. I think we need to trust doctors. They know, they know what they need to prescribe, and as we have heard in earlier testimony and as studies have shown, different THC levels affect different patients in a variety of ways.

So I think we need to let the medical professionals, again, do what they do best and support this amendment. Thank you, Mr. Speaker.

The SPEAKER. Representative Marsico will be called upon, Representative Baker, and then Representative Diamond will be called upon a second time. If there is anybody else who wishes to speak, please let me know.

Representative Marsico, the floor is yours.

Mr. MARSICO. Thank you, Mr. Speaker.

I rise to support this amendment, and I agree with the previous speaker, let the doctors decide. Thank you.

The SPEAKER. Representative Baker.

Mr. BAKER. Thank you very much, Mr. Speaker.

I rise to oppose this amendment. Lifting the cap on THC is dangerous, reckless, will lead to much drug abuse, and it is just reprehensible that we are lifting the cap on THC at 10 percent of the active ingredient, the hallucinogenic, psychogenic active ingredient in marijuana that gets people high and now we are saying it can be almost anything you want it to be. This is unacceptable, should be rejected, and I ask the members to defeat this amendment.

The SPEAKER. Representative Diamond, for the second time on the amendment.

Mr. DIAMOND. Thank you, Mr. Speaker.

I have to question why the 10 percent – and it is in fact a very arbitrary number – why that was included to begin with. I can only assume that somebody wanted to prevent somebody from getting too much THC. Well, if you set that as the percentage of dosage, then you ought to also define what a dose is. The Marsico amendment does not do that. I would think it would be smarter to define how many milligrams per pound of body weight someone can get, but that is not what the Marsico amendment does. It just sets an arbitrary 10 percent. So what is the dose? Is it 50 milligrams? Is it 500 milligrams? Is it 5,000 milligrams? So 10 percent of that. So who is getting enough, not enough, or too much THC?

I do want to remind my colleagues, Mr. Speaker, that we have heard a lot of talk about the FDA today and the FDA ought to do this, the FDA ought to do that. Well, let me tell you, the FDA has one THC-based medication approved. It is called Marinol. It does not contain 10 percent THC, it contains 100 percent THC, and the people who are taking it are not getting high. In fact, it is kind of ineffective for a lot of people

for two reasons. Number one, because it is synthetic, it THC is not taken naturally from a cannabis plant. So that is kind of like, with all due respect to my vegetarian friends, that is kind of like going to Thanksgiving dinner and getting served Tofurky; you know, it is fake THC. The other reason that Marinol is not effective is because, again, I go back to the fact that this— Each compound in the cannabis plant needs to be used in combination with another compound that is available in the cannabis plant.

And let me sum this up, Mr. Speaker, by let us take us back a couple years to when we were in high school and we all had a combination locker. You know, you would walk up to it, you would twist it to one number, you would twist it another way to another number, you would twist it. Well, there are hundreds of millions of possible combinations of those numbers, and I will give you just one example of combinations of numbers and how many possibilities there are. The Powerball, you pick between 2 numbers of 1 to 69 and 1 to 26. There are 292 million possible combinations, but if we limit you only, only to using 1 through 7 on that first number, you are eliminating 90 percent of the possible combinations that can treat people effectively and bring them relief.

Mr. Speaker, I also want to note that the bipartisan work group that the majority leader put together never said anything about a 10-percent cap. That is not anywhere in there in their report.

Finally, Mr. Speaker, I know everybody is afraid of people running around getting high. Medical marijuana will not get people high, and let me tell you, patients do not want to get high; they want to get better.

I urge a "yes" vote on this amendment, Mr. Speaker. Thank you.

MOTION TO SUSPEND RULES

The SPEAKER. Representative Diamond, we have been informed that this is a late-filed amendment. I know we have discussed it, but you will have to move for a suspension.

Representative Diamond, for the purpose of asking for a motion.

Mr. DIAMOND. Mr. Speaker, this is a surprise to me that this was late-filed. It was supposed to be not late-filed. So I am going to ask, or I rise to ask for a suspension of the rules so that we can actually consider this amendment, amendment A05934, Mr. Speaker. Thank you.

The SPEAKER. That will require a two-thirds vote.

All those in favor of suspending the rules to allow for a vote on 5934 will vote "yes"; those opposed will vote "no."

On the question,

Will the House agree to the motion?

The following roll call was recorded:

YEAS—117

Acosta	Evankovich	Kotik	Quinn
Barrar	Evans	Krueger	Rader
Bizzarro	Everett	Longiotti	Ravenstahl
Boyle	Fabrizio	Maher	Reed
Bradford	Farina	Mahoney	Regan
Briggs	Flynn	Markosek	Roebuck
Brown, V.	Frankel	Marshall	Ross

Bullock	Freeman	Marsico	Rothman
Burns	Gainey	Masser	Rozzi
Caltagirone	Galloway	Matzie	Sainato
Carroll	Gergely	McCarter	Samuelson
Conklin	Gibbons	McClinton	Santarsiero
Costa, D.	Godshall	McNeill	Santora
Costa, P.	Goodman	Miccarelli	Schlossberg
Cox	Hahn	Miller, D.	Schreiber
Culver	Hanna	Milne	Schweyer
Daley, M.	Harhai	Moul	Sims
Daley, P.	Harkins	Murt	Snyder
Davidson	Harris, A.	Mustio	Tallman
Davis	Harris, J.	Neilson	Taylor
Dawkins	Helm	Nesbit	Toepel
Dean	James	O'Brien	Topper
Deasy	Kaufner	O'Neill	Truitt
DeLissio	Kavulich	Parker, D.	Verbe
DeLuca	Keller, W.	Pashinski	Vitali
Dermody	Kim	Payne	Warner
Diamond	Kinsey	Petrarca	Wheatley
Donatucci	Kirkland	Pyle	White
Driscoll	Kortz	Quigley	Youngblood
Ellis			

NAYS—73

Adolph	Gillen	Knowles	Reese
Baker	Gillespie	Lawrence	Roae
Barbin	Gingrich	Lewis	Sankey
Benninghoff	Greiner	Mackenzie	Saylor
Bloom	Grove	Major	Schemel
Boback	Harhart	Maloney	Simmons
Brown, R.	Harper	McGinnis	Sonney
Causser	Heffley	Mentzer	Staats
Corbin	Hennessey	Metcalfe	Stephens
Cutler	Hickernell	Metzgar	Tobash
Day	Hill	Millard	Toohil
Delozier	Irvin	Miller, B.	Ward
Dunbar	Jozwiak	Mullery	Wentling
Dush	Kampf	Neuman	Wheeland
Emrick	Kauffman	Oberlander	Zimmerman
English	Keller, F.	Ortitay	
Farry	Keller, M.K.	Petri	Turzai,
Fee	Killion	Pickett	Speaker
Gabler	Klunk	Rapp	

NOT VOTING—0

EXCUSED—10

Christiana	DiGirolamo	Saccone	Thomas
Cohen	Peifer	Sturla	Watson
Cruz	Readshaw		

Less than a majority of the members required by the rules having voted in the affirmative, the question was determined in the negative and the motion was not agreed to.

On the question recurring,

Will the House agree to the bill on second consideration as amended?

The SPEAKER. Representative Diamond, if you could just for a second, please.

We will stand at ease for just a minute.

(Conference held at Speaker's podium.)

The SPEAKER. Members, we are back in order.

Just a clarification. Representative Diamond has filed two amendments, 5934 and 5958. The Parliamentarian and the Chair

had not listed those as late-filed. We believe that they were redrafts. However, LRB (Legislative Reference Bureau) had indicated that 5934 and 5958 were redrafts and we were given that information from staff. We are going to check. We are going to do some research with respect to 5934 and with respect to 5958 as to whether or not those should in fact be considered late-filed. So we may be revisiting that issue, and we are going to hold those off for now.

RULES SUSPENDED

The SPEAKER. We are going to move to amendment 6007 that was originally offered by Representative Watson and is now being offered by Representative Petri. It is my understanding that that does in fact need a vote of suspension.

And, Representative Petri, I would turn it over to you.

Mr. PETRI. Thank you, Mr. Speaker.

I would request the members suspend the rules so that we can consider amendment 59 – take that back – 6007. This amendment would allow a clinical registrant and that registrant would have to be connected to a medical hospital with at least \$15 million for the research arm of this.

I believe it is an agreed-to amendment and an important piece of legislation. Thank you.

The SPEAKER. Thank you, Representative Petri.

On the question,

Will the House agree to the motion?

The SPEAKER. Representative Marsico, on the motion to suspend, sir.

Mr. MARSICO. Mr. Speaker, I do agree and ask for a motion to suspend the rules. Thank you.

The SPEAKER. Thank you, sir.

Representative Petrarca, on the motion to suspend, sir.

Mr. PETRARCA. Thank you, Mr. Speaker.

This is a good amendment. I ask for an affirmative vote on the suspension of the rules. Thank you.

On the question recurring,

Will the House agree to the motion?

The following roll call was recorded:

YEAS—170

Acosta	Everett	Kirkland	Quigley
Adolph	Fabrizio	Klunk	Quinn
Baker	Farina	Kortz	Rader
Barrar	Farry	Kotik	Ravenstahl
Benninghoff	Fee	Krueger	Reed
Bizzarro	Flynn	Lawrence	Reese
Bloom	Frankel	Lewis	Regan
Boback	Freeman	Longiatti	Roebuck
Boyle	Gainey	Mackenzie	Ross
Bradford	Galloway	Maher	Rothman
Briggs	Gergely	Mahoney	Rozzi
Brown, R.	Gibbons	Major	Sainato
Brown, V.	Gillespie	Maloney	Samuelson
Bullock	Gingrich	Markosek	Sankey
Burns	Godshall	Marshall	Santarsiero
Caltagirone	Goodman	Marsico	Santora
Carroll	Greiner	Masser	Saylor
Conklin	Grove	Matzie	Schemel
Corbin	Hahn	McCarter	Schlossberg

Costa, D.	Hanna	McClinton	Schreiber
Costa, P.	Harhai	McNeill	Schweyer
Cox	Harhart	Mentzer	Simmons
Culver	Harkins	Metcalfe	Sims
Cutler	Harper	Miccarelli	Snyder
Daley, M.	Harris, A.	Millard	Sonney
Daley, P.	Harris, J.	Miller, B.	Stephens
Davidson	Helm	Milne	Taylor
Davis	Hennessey	Moul	Tobash
Dawkins	Hickernell	Murt	Toepel
Day	Hill	Mustio	Toohil
Dean	Irvin	Neilson	Topper
Deasy	James	Nesbit	Vereb
DeLissio	Jozwiak	O'Brien	Vitali
Delozier	Kampf	O'Neill	Ward
DeLuca	Kaufner	Oberlander	Warner
Dermody	Kauffman	Ortitay	Wheatley
Diamond	Kavulich	Parker, D.	Wheeland
Donatucci	Keller, F.	Pashinski	White
Driscoll	Keller, M.K.	Payne	Youngblood
Dunbar	Keller, W.	Petrarca	Zimmerman
Ellis	Killion	Petri	
English	Kim	Pickett	Turzai,
Evans	Kinsey	Pyle	Speaker

NAYS—20

Barbin	Gabler	Metzgar	Roae
Causer	Gillen	Miller, D.	Staats
Dush	Heffley	Mullery	Tallman
Emrick	Knowles	Neuman	Truitt
Evankovich	McGinnis	Rapp	Wentling

NOT VOTING—0

EXCUSED—10

Christiana	DiGirolamo	Saccone	Thomas
Cohen	Peifer	Sturla	Watson
Cruz	Readshaw		

A majority of the members required by the rules having voted in the affirmative, the question was determined in the affirmative and the motion was agreed to.

On the question recurring,

Will the House agree to the bill on second consideration as amended?

Mr. **PETRI** offered the following amendment No. **A06007**:

Amend Bill, page 1, line 13 (A05835), by inserting after "for" academic clinical research centers and for

Amend Bill, page 2, by inserting between lines 48 and 49 (A05835)

Chapter 20. Academic Clinical Research Centers

Section 2001. Definitions.

Section 2002. Registration as both grower/processor and dispensary collaborating with an academic clinical research center.

Section 2003. Research study.

Amend Bill, page 16, line 34 (A05835), by inserting after "organization"

, including a clinical registrant under Chapter 20,

Amend Bill, page 18, line 38 (A05835), by inserting after "organization"

, including a clinical registrant under Chapter 20,

Amend Bill, page 25, line 42 (A05835), by inserting after "organization"

, including registration under Chapter 20,

Amend Bill, page 26, line 2 (A05835), by inserting after "organization"

, including registration under Chapter 20,

Amend Bill, page 27, line 25 (A05835), by inserting after "value."

However, money in the fund may not be expended on activity under Chapter 20.

Amend Bill, page 27, line 46 (A05835), by inserting after "7" and Chapter 20

Amend Bill, page 33, by inserting between lines 30 and 31 (A05835)

(31) Regulations necessary to implement Chapter 20.

Amend Bill, page 33, line 31 (A05835), by striking out "(31)" and inserting

(32)

Amend Bill, page 34, line 49 (A05835), by inserting after "organization"

, including an employee or principal of a clinical registrant under Chapter 20,

Amend Bill, page 35, line 51 (A05835), by inserting after "organization"

, including an employee or principal of a clinical registrant under Chapter 20,

Amend Bill, page 36, line 10 (A05835), by inserting after "organization"

, including an employee or principal of a clinical registrant under Chapter 20,

Amend Bill, page 38, line 39 (A05835), by inserting after "conditions."

The program shall not include a clinical registrant or academic clinical research center under Chapter 20.

Amend Bill, page 42, by inserting between lines 12 and 13 (A05835)

CHAPTER 20

ACADEMIC CLINICAL RESEARCH CENTERS

Section 2001. Definitions.

The following words and phrases when used in this chapter shall have the meanings given to them in this section unless the context clearly indicates otherwise:

"Academic clinical research center." An accredited medical school within this Commonwealth that operates or partners with an acute care hospital licensed within this Commonwealth.

"Clinical registrant." An entity registered as both a grower/processor and a dispensary which has a contractual relationship with an academic clinical research center as set forth under section 2002.

Section 2002. Registration as both grower/processor and dispensary collaborating with an academic clinical research center.

Notwithstanding the limitations in sections 706 and 707, the department may register up to eight entities which are registered as both a grower/processor and a dispensary that have a contractual relationship with an academic clinical research center under which the academic clinical research center or its affiliate provides advice to the entities registered as both a grower/processor and a dispensary regarding, among other areas, patient health and safety, medical applications and dispensing and management of controlled substances. Each entity may provide medical marijuana at not more than six separate locations. The total number of locations authorized to dispense medical marijuana under this section shall not exceed 48. The following apply with respect to this category of clinical registrant:

- (1) A clinical registrant must be registered as both a grower/processor and a dispensary.
- (2) A clinical registrant must pay the fees and meet all other requirements under this act for registration, except as provided in section 708(g)(1)(iv) and (2)(v), as a grower/processor and a dispensary.
- (3) The clinical registrant must have a minimum of

\$15,000,000 in capital. The department shall verify the capital requirement.

(4) The clinical registrant must comply with all other requirements of this act regarding growing, processing and dispensing medical marijuana.

Section 2003. Research study.

Notwithstanding any provision of this act to the contrary, the department may, upon application, approve the dispensing of medical marijuana by a clinical registrant to the academic clinical research center for the purpose of conducting a research study. The department shall develop the application and standards for approval of such dispensing by the clinical registrant. The following apply to the research study:

(1) The clinical registrant shall disclose the following information to the department in its application:

(i) The reason for the research project, including the reason for the trial.

(ii) The strain of medical marijuana to be used and the strength of the medical marijuana to be used in the research study.

(iii) The anticipated duration of the study.

(iv) Evidence of approval of the trial by accredited institutional review board, including any other required regulatory approvals.

(v) Other information required by the department, except that the department may not require disclosure of any information that would infringe upon the academic clinical research center's exclusive right to intellectual property or legal obligations for patient confidentiality.

(2) The academic clinical research center shall provide its findings to the department within 365 days of the conclusion of the research study or within 365 days of publication of the results of the research study in a peer-reviewed medical journal, whichever is later.

(3) The department shall allow the exchange of medical marijuana seed between clinical registrants for the conduct of research.

Amend Bill, page 42, lines 30 through 42 (A05835), by striking out all of said lines and inserting

(a) Licensure.—None of the following shall be subject to arrest, prosecution or penalty in any manner, or denied any right or privilege, including civil penalty or disciplinary action by a Commonwealth licensing board or commission, solely for lawful use of medical marijuana or manufacture or sale or dispensing of medical marijuana, or for any other action taken in accordance with this act:

(1) A patient.

(2) A caregiver.

(3) A practitioner.

(4) A medical marijuana organization.

(5) A health care medical marijuana organization or university participating in a research study under Chapter 19.

(6) A clinical registrant or academic clinical research center under Chapter 20.

(7) An employee, principal or financial backer of a medical marijuana organization.

(8) An employee of a health care medical marijuana organization or an employee of a university participating in a research study under Chapter 19.

(9) An employee of a clinical registrant or an employee of an academic clinical research center under Chapter 20.

(10) A pharmacist or certified registered nurse practitioner under section 707(9).

Amend Bill, page 44, lines 46 through 51; page 45, lines 1 and 2 (A05835), by striking out all of said lines on said pages and inserting

(xvi) Chapter 20.

(xvii) Section 2101.

(xviii) Section 2102.

(xix) Section 2103.

(xx) Section 2104.

(xxi) Section 2105.

(xxii) Section 2106.

(xxiii) Section 2108.

(xxiv) Section 2109.

On the question,

Will the House agree to the amendment?

The SPEAKER. Representative Petri, on the amendment, sir.

Mr. PETRI. Mr. Speaker, we have been talking all night about how important the research is. This particular piece of legislation enhances the research process, and I encourage the members to support the amendment.

The SPEAKER. Thank you, sir.

Representative Marsico, on the amendment, sir.

Mr. MARSICO. Thank you, Mr. Speaker.

I ask the members to support this amendment. Thank you.

The SPEAKER. Thank you, sir.

Representative Petrarca, on the amendment.

Mr. PETRARCA. Thank you, Mr. Speaker.

I, too, ask for an affirmative vote on this amendment. Again, this will allow Pennsylvania to become a leader in medical marijuana research. Good for Pennsylvania, good for our patients. Thank you.

The SPEAKER. Thank you, sir.

On the question recurring,

Will the House agree to the amendment?

The following roll call was recorded:

YEAS—187

Acosta	Everett	Knowles	Rader
Adolph	Fabrizio	Kortz	Rapp
Baker	Farina	Kotik	Ravenstahl
Barbin	Farry	Krueger	Reed
Barrar	Fee	Lawrence	Reese
Benninghoff	Flynn	Lewis	Regan
Bizzarro	Frankel	Longietti	Roae
Bloom	Freeman	Mackenzie	Roebuck
Boback	Gabler	Maher	Ross
Boyle	Gainey	Mahoney	Rothman
Bradford	Galloway	Major	Rozzi
Briggs	Gergely	Maloney	Sainato
Brown, R.	Gibbons	Markosek	Samuelson
Brown, V.	Gillen	Marshall	Sankey
Bullock	Gillespie	Marsico	Santarsiero
Burns	Gingrich	Masser	Santora
Caltagirone	Godshall	Matzie	Saylor
Carroll	Goodman	McCarter	Schemel
Causser	Greiner	McClinton	Schlossberg
Conklin	Grove	McGinnis	Schreiber
Corbin	Hahn	McNeill	Schweyer
Costa, D.	Hanna	Mentzer	Simmons
Costa, P.	Harhai	Metcalfe	Sims
Cox	Harhart	Miccarelli	Snyder
Culver	Harkins	Miller, B.	Sonney
Cutler	Harper	Miller, D.	Staats
Daley, M.	Harris, A.	Milne	Stephens
Daley, P.	Harris, J.	Moul	Tallman
Davidson	Helm	Mullery	Taylor
Davis	Hennessey	Murt	Tobash
Dawkins	Hickernell	Mustio	Toepel
Day	Hill	Neilson	Toohil
Dean	Irvin	Nesbit	Topper
Deasy	James	Neuman	Truitt

DeLissio	Jozwiak	O'Brien	Vereb
Delozier	Kampf	O'Neill	Vitali
DeLuca	Kaufer	Oberlander	Ward
Dermody	Kauffman	Ortitay	Warner
Diamond	Kavulich	Parker, D.	Wentling
Donatucci	Keller, F.	Pashinski	Wheatley
Driscoll	Keller, M.K.	Payne	Wheeland
Dunbar	Keller, W.	Petrarca	White
Dush	Killion	Petri	Youngblood
Ellis	Kim	Pickett	Zimmerman
Emrick	Kinsey	Pyle	
English	Kirkland	Quigley	Turzai,
Evankovich	Klunk	Quinn	Speaker
Evans			

NAYS—3

Heffley	Metzgar	Millard
---------	---------	---------

NOT VOTING—0

EXCUSED—10

Christiana	DiGirolamo	Saccone	Thomas
Cohen	Peifer	Sturla	Watson
Cruz	Readshaw		

The majority having voted in the affirmative, the question was determined in the affirmative and the amendment was agreed to.

On the question recurring,

Will the House agree to the bill on second consideration as amended?

CONSIDERATION OF
AMENDMENT A05934 CONTINUED

The SPEAKER. Members, I do apologize. We are going to return to amendment 5934. I realize that the motion to suspend failed. However, the motion is not necessary. It is considered a timely filed amendment because it was a redraft and is in fact timely. So we will proceed to amendment 5934.

On the question recurring,

Will the House agree to the amendment?

The SPEAKER. Representative Diamond, if you could succinctly, I know we have already covered this, you know, your perspective on the amendment, and then we will proceed to a vote, unless anybody else wishes to speak.

You may proceed, sir.

Mr. DIAMOND. Thank you, Mr. Speaker.

Amendment 05934 removes the arbitrary 10-percent THC cap language, which will help to unlock 90 percent more treatments for sick and suffering people in Pennsylvania. I ask for a "yes" vote. Thank you, Mr. Speaker.

The SPEAKER. Thank you, sir.

POINT OF ORDER

The SPEAKER. Representative Barbin.

Mr. BARBIN. Mr. Speaker, I have a point of order.

As I understand the explanation from the Speaker, the issue that is raised in this amendment has previously been voted down on the previous amendment and it—

The SPEAKER. No. It was a suspension motion. We voted on the suspension. The suspension motion failed.

We were informed by staff that LRB had indicated that this was a late-filed amendment. It is in fact not a late-filed amendment because it was a redraft. So we are now presently going to the underlying amendment, the underlying amendment, not the motion, because there is no need for a motion, 5934.

You may proceed, Representative Barbin.

Mr. BARBIN. Thank you, Mr. Speaker.

This summer we attended the National Conference of State Legislatures in Seattle. One of the issues that was raised at that conference was on medical marijuana, and it had to do with the enforcement issues that were coming up in Washington because of THC levels. It is kind of like a DUI (driving under the influence). At what level does a DUI become a problem?

We are basically deciding today with the Marsico amendment to create 15 or so different diseases that people will be using a high concentration of THC, up to 10 percent. This amendment says that that number is going to be changed to any number. The problem with this amendment is a problem that people that are going to have this medical marijuana with high THC levels are going to be in cars, and when they are in cars, they are going to run into other cars and it was an issue at the conference. This is not something that we should quickly go over. We do not know what the effect is going to be. It is going to put people behind the wheel, and for that reason I ask that this amendment be voted down.

The SPEAKER. Representative Marsico, do you wish to be recognized?

Mr. MARSICO. Mr. Speaker, once again, this is an agreed-to amendment, and I ask for an affirmative vote.

On the question recurring,

Will the House agree to the amendment?

The following roll call was recorded:

YEAS—97

Acosta	Evans	Kortz	Payne
Bizzarro	Everett	Krueger	Petrarca
Boyle	Fabrizio	Longietti	Rader
Bradford	Farina	Maher	Ravenstahl
Briggs	Flynn	Mahoney	Reed
Brown, V.	Frankel	Markosek	Regan
Bullock	Freeman	Marshall	Roebuck
Burns	Gainey	Marsico	Rozzi
Caltagirone	Galloway	Matzie	Sainato
Carroll	Gergely	McCarter	Samuelson
Conklin	Gibbons	McClinton	Santarsiero
Costa, D.	Goodman	McNeill	Schlossberg
Costa, P.	Hanna	Miccarelli	Schreiber

Cox	Harhai	Miller, D.	Schweyer
Daley, M.	Harkins	Moul	Sims
Dawkins	Harris, A.	Mullery	Snyder
Dean	Harris, J.	Murt	Tallman
Deasy	Helm	Mustio	Taylor
DeLissio	Kaufner	Neilson	Vereb
DeLuca	Kavulich	Nesbit	Vitali
Dermody	Keller, W.	Neuman	Warner
Diamond	Kim	O'Brien	Wheatley
Donatucci	Kinsey	O'Neill	White
Driscoll	Kirkland	Pashinski	Youngblood
Ellis			

NAYS—91

Adolph	Gabler	Knowles	Roae
Baker	Gillen	Lawrence	Ross
Barbin	Gillespie	Lewis	Rothman
Barrar	Gingrich	Mackenzie	Sankey
Benninghoff	Godshall	Major	Santora
Bloom	Greiner	Maloney	Saylor
Boback	Grove	Masser	Schemel
Brown, R.	Hahn	McGinnis	Simmons
Causar	Harhart	Mentzer	Sonney
Corbin	Harper	Metcalfe	Staats
Culver	Heffley	Metzgar	Stephens
Cutler	Hennessey	Millard	Tobash
Daley, P.	Hickernell	Miller, B.	Toepel
Davidson	Hill	Milne	Toohil
Davis	Irvin	Oberlander	Topper
Day	James	Ortitay	Truitt
DeLozier	Jozwiak	Parker, D.	Ward
Dunbar	Kampf	Petri	Wentling
Dush	Kauffman	Pickett	Wheeland
Emrick	Keller, F.	Quigley	Zimmerman
English	Keller, M.K.	Quinn	
Evankovich	Killion	Rapp	Turzai,
Farry	Klunk	Reese	Speaker
Fee			

NOT VOTING—1

Pyle

EXCUSED—11

Christiana	DiGirolamo	Readshaw	Thomas
Cohen	Kotik	Saccone	Watson
Cruz	Peifer	Sturla	

The majority having voted in the affirmative, the question was determined in the affirmative and the amendment was agreed to.

On the question recurring,

Will the House agree to the bill on second consideration as amended?

Mr. **DIAMOND** offered the following amendment No. **A05958**:

Amend Bill, page 6, by inserting between lines 11 and 12 (A05835)

(16) Autism.

On the question,

Will the House agree to the amendment?

The **SPEAKER**. Representative **Diamond**, on the amendment.

Mr. **DIAMOND**. Thank you, Mr. Speaker. Amendment A05958 is very simple. It adds the condition of autism to the definition of "serious medical condition."

The **SPEAKER**. Thank you, sir.

Does anybody else wish to speak on the amendment?

On the question recurring,

Will the House agree to the amendment?

(Members proceeded to vote.)

LEAVE OF ABSENCE

The **SPEAKER**. Representative **KOTIK** has requested to be placed on leave of absence for the remainder of the day. Without objection, that will be granted.

CONSIDERATION OF SB 3 CONTINUED

On the question recurring,

Will the House agree to the amendment?

The following roll call was recorded:

YEAS—130

Acosta	Dush	Keller, W.	Petrarca
Adolph	Ellis	Killion	Quigley
Barrar	English	Kim	Quinn
Benninghoff	Evans	Kinsey	Rader
Bizzarro	Everett	Kirkland	Ravenstahl
Boback	Fabrizio	Kortz	Reed
Boyle	Farina	Krueger	Reese
Bradford	Flynn	Longietti	Regan
Briggs	Frankel	Mackenzie	Roebuck
Brown, R.	Freeman	Maher	Rothman
Brown, V.	Gabler	Mahoney	Rozzi
Bullock	Gainey	Markosek	Sainato
Burns	Galloway	Marshall	Samuelson
Caltagirone	Gergely	Marsico	Sankey
Carrroll	Gibbons	Masser	Santarsiero
Conklin	Gillen	Matzie	Santora
Costa, D.	Gillespie	McCarter	Saylor
Costa, P.	Goodman	McClinton	Schlossberg
Cox	Hahn	McNeill	Schreiber
Culver	Hanna	Miccarelli	Schweyer
Daley, M.	Harhai	Miller, D.	Simmons
Daley, P.	Harkins	Mullery	Sims
Davidson	Harper	Murt	Snyder
Davis	Harris, A.	Mustio	Stephens
Dawkins	Harris, J.	Neilson	Taylor
Dean	Helm	Nesbit	Toepel
Deasy	Hennessey	Neuman	Vereb
DeLissio	Irvin	O'Brien	Vitali
DeLuca	James	Oberlander	Warner
Dermody	Jozwiak	Parker, D.	Wheatley
Diamond	Kaufner	Pashinski	White
Donatucci	Kauffman	Payne	Youngblood
Driscoll	Kavulich		

NAYS—58

Baker	Greiner	McGinnis	Schemel
Barbin	Grove	Mentzer	Sonney
Bloom	Harhart	Metcalfe	Staats
Causar	Heffley	Metzgar	Tallman
Corbin	Hickernell	Millard	Tobash
Cutler	Hill	Miller, B.	Toohil

Day	Kampf	Milne	Topper
Delozier	Keller, F.	Moul	Truitt
Dunbar	Keller, M.K.	O'Neill	Ward
Emrick	Klunk	Ortitay	Wentling
Evankovich	Knowles	Petri	Wheeland
Farry	Lawrence	Pickett	Zimmerman
Fee	Lewis	Rapp	
Gingrich	Major	Roae	Turzai,
Godshall	Maloney	Ross	Speaker

NOT VOTING—1

Pyle

EXCUSED—11

Christiana	DiGirolamo	Readshaw	Thomas
Cohen	Kotik	Saccone	Watson
Cruz	Peifer	Sturla	

The majority having voted in the affirmative, the question was determined in the affirmative and the amendment was agreed to.

On the question recurring,

Will the House agree to the bill on second consideration as amended?

The SPEAKER. Representative Cox calls up amendment 6026. It is my understanding, however, that that does require a motion to suspend.

Representative Cox, the floor is yours.

We are going to go over amendment 6026 at this time.

On the question recurring,

Will the House agree to the bill on second consideration as amended?

Mr. **EVANKOVICH** offered the following amendment No. **A06110**:

Amend Bill, page 1, by inserting between lines 36 and 37 (A05835)

Section 513. Prohibitions.

Amend Bill, page 16, by inserting between lines 28 and 29 (A05835)

Section 513. Prohibitions.

The following prohibitions shall apply:

(1) A patient may not operate or be in physical control of any of the following while under the influence with a blood content of more than 10 nanograms of active tetrahydrocannabinol per milliliter of blood in serum:

(i) Chemicals which require a permit issued by the Federal Government or a state government or an agency of the Federal Government or a state government.

(ii) High-voltage electricity or any other public utility.

(2) A patient may not perform any employment duties at heights or in confined spaces, including, but not limited to, mining while under the influence of medical marijuana.

(3) A patient may be prohibited by an employer from performing any task which the employer deems life-threatening, to either the employee or any of the employees of the employer, while under the influence of medical marijuana. The prohibition shall not be deemed an adverse employment decision even if the prohibition results in financial harm for the patient.

(4) A patient may be prohibited by an employer from performing any duty which could result in a public health or safety risk while under the influence of medical marijuana. The prohibition shall not be deemed an adverse employment decision even if the prohibition results in financial harm for the patient.

On the question,

Will the House agree to the amendment?

The SPEAKER. On that questions, the Chair recognizes Representative Evankovich.

Mr. **EVANKOVICH**. Thank you, Mr. Speaker.

Mr. Speaker, I rise to ask my colleagues to vote in the affirmative for amendment A06110.

Mr. Speaker, this is the amendment that I was referring to in my prior comments before we voted on the original Marsico amendment, A05835. Mr. Speaker, the amendment as redrafted does a few simple things: Number one, it gives employers – we had talked earlier, a number of folks had talked earlier about the fact that the level of THC in someone's blood is not a great indicator of whether or not they are intoxicated. And right now under current law if an employee was found to have a certain level of THC in their blood, under current law by virtue of the fact that that drug is illegal, that employee could be given disciplinary action. They could be removed from work. That is not something that you seek to do to punish an employee. It is something you do to keep other employees safe.

So if you are a bricklayer or if you are an electrician or a plumber or a carpenter, you do not want the people next to you under the influence, whether it is under the influence of alcohol, heroin, or marijuana. This amendment is not a for-and-against legalized medical marijuana. This amendment gives employers the ability to protect their employees.

We heard earlier about how we can save lives with medical marijuana. Well, Mr. Speaker, if we do not vote amendment A06110 into this bill, Mr. Speaker, we will be putting lives at risk.

Mr. Speaker, we do not allow people to come to work intoxicated. It does not matter what the drug. It does not matter if it is a prescribed drug from a doctor, something you are taking legally, or something you are taking illegally. We need to provide these same protections for every employee in this State for medical marijuana if this bill is to become law. I strongly urge member support.

The SPEAKER. Representative Petrarca, on the amendment, sir.

Mr. **PETRARCA**. Thank you, Mr. Speaker.

I rise in opposition to the gentleman's amendment. I believe that what we were talking about in the workplace is covered by certainly company policy from workplace to workplace and also by employment law as it exists in Pennsylvania. The Marsico amendment did not change that, and again, I rise in opposition of this amendment. Thank you.

The SPEAKER. Representative Barbin, on the amendment, sir.

Mr. **BARBIN**. Thank you, Mr. Speaker.

I rise in support of the amendment. It is a question of how many fictions are we going to believe today. If it is a fiction – we have said we passed a bill because we want to help patients. Now we want to say that employers are not entitled to say they want people that are working in their workplace to have less than 10 nanograms of THC. You are either a patient who really

needs this, because it is the only way you can get relief, or you are an employee. This bill allows an employee to keep other employees safe, and if it is not, well, then maybe it is time we just ought to admit that this bill is about giving medical marijuana to a couple hundred thousand Pennsylvanians no matter what the problems we are going to have down the road with it.

The SPEAKER. Representative Mark Mustio.

Mr. MUSTIO. Mr. Speaker, I would like to interrogate the maker of the amendment.

The SPEAKER. The gentleman has indicated he will stand for interrogation.

You may proceed, sir.

Mr. MUSTIO. Thank you, Mr. Speaker.

Mr. Speaker, we heard the Democratic chair indicate that workplace safety is pretty much governed by laws already on the books. Would it be fair for me to make the assumption that really all this – one of the things that this amendment is doing is making it certain that there is legislative intent saying that we want to make sure that the workplace continues to remain safe. After all, we have passed a lot of workplace drug laws in Pennsylvania.

Would you please comment on that for me, sir.

Mr. EVANKOVICH, Yes. Thank you, Mr. Speaker.

The gentleman is correct. The amendment as drafted clarifies something that is very murky in law, in science, in regards to THC. Again, the level of THC in your body does not indicate whether or not you are intoxicated. So the mere presence of it being in your body today is what allows employers to protect their employees. And as the gentleman, the chair, the minority chair, had mentioned, that this is somehow protected in existing law simply just is not true.

Under existing law if an employee was found to have cause at work to be – even if it was in the employee handbook – to be tested for drugs, the mere presence of heroin would mean that that employee was intoxicated. The level could determine if they were intoxicated. Any opioid could be the case.

Under current law if there was THC present in their body, that employee could be removed from the workplace. Mr. Speaker, if SB 3 passes as is without this amendment, and someone in the future, there was cause, and THC was found to be present in their body, the employee could just claim that they had administered the medical marijuana at a time prior and they were not under the influence, and then that employer has no recourse for what to do. They have no ability to protect their other employees, because if they then would remove that employee from work, it would put that employer in a position of having unfair work practices, treating employees differently than others.

If you are in the workplace and you have a drug policy that says that you can be drug tested, you can only be removed from work if you have violated that drug policy. And, Mr. Speaker, if we do not pass this amendment, it does not clarify that murkiness that exists with THC as opposed to other drugs.

Mr. MUSTIO. Thank you, Mr. Speaker.

I do not have the workers' compensation law in front of me, but counsel here, one of our other members, had brought up a good point, that I believe under the current workers' compensation statute in Pennsylvania, an employee that is injured that is determined to be under the influence is not covered under the workers' compensation law, and if I am correct in that, I do not think we want to be in a position to

further enable that to take place or have any misunderstanding between what the legislative intent is. So I support the maker's amendment.

The SPEAKER. Representative Cutler, on the amendment.

Mr. CUTLER. Thank you, Mr. Speaker.

Mr. Speaker, I also rise in support of this amendment, and I believe the gentleman's line of questions highlighted one of what is my consistent concerns with the way and the manner that this bill is drafted. I think that the gentleman's amendment goes to great lengths to fix it, and that is simply the inconsistencies amongst other existing State and Federal statutes. There is a presumption that you will not be covered. Most insurance contracts have a presumption of illegality that says that if you are engaged in something to be deemed as illegal behavior – in this case it is still deemed to be illegal federally – that insurance may or may not cover it. Most insurance policies are written to exclude that.

So therefore, I think it is prudent to put in protections for workplace safety as well as for the employers who will be making these decisions, because the last thing that we would want is to be in a position where a worker could be injured, and then subsequently, the employer finds out that their insurance policy does not cover it because it was a previously prohibited activity.

So I think that this provides clarity, and this underlying issue is currently being litigated in relation to unemployment compensation benefits in three States that I know of, although I think it is probably more. I found cases that were discussed in California, Colorado, and Michigan, and unfortunately to date, those decisions have not been consistent. Some States say it is exclusionary, some States say that it is not. So I think that it is prudent to put it into statute in regards to what our intent is, and I think that we should always be promoting a safe workplace environment as we strike the balance also contained in SB 3 and would urge a "yes" vote. Thank you.

The SPEAKER. Representative Evankovich.

Mr. EVANKOVICH. Thank you, Mr. Speaker.

Mr. Speaker, I appreciate the debate on the amendment. I just want to be very clear about this.

Mr. Speaker, the language that is in this amendment does not give employers the ability to just outline every workplace activity as being something that would create an unsafe condition. I understand some of the concerns that people have is that employers would then use this amendment to be able to say, shuffling paperwork, you could create a workplace hazard if you are doing – that that would be life-threatening work.

Well, Mr. Speaker, what this specifically says is that the prohibition would apply if you have more than 10 nanograms of active THC per milliliter of blood in your system. Mr. Speaker, this is the measure that the first State that legalized marijuana has chosen to use. This is what the other pioneering States have used, the measure they have used.

Mr. Speaker, it says if you work, you are prohibited – if you work with chemicals that require a Federal permit, or if you work with high-voltage electricity or on public utilities, it says that if an employer can deem the task to be life-threatening to the employee or the employees around them, that they can prohibit the activity, that they can prohibit the employee from undertaking that activity.

Mr. Speaker, I just have one other quick point to make. The minority chair was very wise in pointing out that existing law can provide some protections, but here is the problem: The only

test under existing law that can be used and administered is a field sobriety test. Do we expect every employer to become proficient in administering the field sobriety exams that we see depicted when people are being pulled over under the influence of alcohol?

This is a simple amendment. It is a needed amendment. I ask for your support.

On the question recurring,
Will the House agree to the amendment?

The following roll call was recorded:

YEAS—114

Adolph	Gillen	Mackenzie	Rader
Baker	Gillespie	Maher	Rapp
Barbin	Gingrich	Mahoney	Reed
Barrar	Godshall	Major	Reese
Benninghoff	Greiner	Maloney	Roae
Bloom	Grove	Marshall	Ross
Boback	Hahn	Marsico	Rothman
Brown, R.	Harhart	Masser	Sankey
Causar	Harper	McClinton	Santora
Corbin	Harris, A.	McGinnis	Saylor
Costa, P.	Heffley	Mentzer	Schemel
Cox	Helm	Metcalfe	Simmons
Culver	Hennessey	Metzgar	Sonney
Cutler	Hickemell	Miller, B.	Staats
Davidson	Hill	Milne	Stephens
Dawkins	Irvin	Moul	Tallman
Day	James	Murt	Tobash
Delozier	Jozwiak	Mustio	Toepel
Diamond	Kampf	Nesbit	Toohil
Dunbar	Kaufer	O'Neill	Topper
Dush	Kauffman	Oberlander	Truitt
Ellis	Keller, F.	Ortitay	Ward
Emrick	Keller, M.K.	Parker, D.	Warner
English	Killion	Payne	Wentling
Evankovich	Klunk	Petri	Wheeland
Everett	Knowles	Pickett	Zimmerman
Farry	Kortz	Pyle	
Fee	Lawrence	Quigley	Turzai,
Gabler	Lewis	Quinn	Speaker

NAYS—75

Acosta	Dermody	Keller, W.	Ravenstahl
Bizzarro	Donatucci	Kim	Regan
Boyle	Driscoll	Kinsey	Roebuck
Bradford	Evans	Kirkland	Rozzi
Briggs	Fabrizio	Krueger	Sainato
Brown, V.	Farina	Longiotti	Samuelson
Bullock	Flynn	Markosek	Santarsiero
Burns	Frankel	Matzie	Schlossberg
Caltagirone	Freeman	McCarter	Schreiber
Carroll	Gainey	McNeill	Schweyer
Conklin	Galloway	Miccarelli	Sims
Costa, D.	Gergely	Millard	Snyder
Daley, M.	Gibbons	Miller, D.	Taylor
Daley, P.	Goodman	Mullery	Vereb
Davis	Hanna	Neilson	Vitali
Dean	Harhai	Neuman	Wheatley
Deasy	Harkins	O'Brien	White
DeLissio	Harris, J.	Pashinski	Youngblood
DeLuca	Kavulich	Petrarca	

NOT VOTING—0

EXCUSED—11

Christiana	DiGirolamo	Readshaw	Thomas
Cohen	Kotik	Saccone	Watson
Cruz	Peifer	Sturla	

The majority having voted in the affirmative, the question was determined in the affirmative and the amendment was agreed to.

On the question recurring,
Will the House agree to the bill on second consideration as amended?

The SPEAKER. Representative Jerry Knowles has approached the rostrum and all of Representative Knowles' amendments have been withdrawn. Representative Knowles' amendments have been withdrawn.

We will begin with amendment 6030, called up by Representative Matt Baker—

VOTE CORRECTION

The SPEAKER. Oh, I am sorry. Representative Pyle. Please go right ahead, sir.

Mr. PYLE. Thank you, Mr. Speaker.

I would like to correct the record.

The SPEAKER. Yes, sir.

Mr. PYLE. On amendments A5958 and A5934, my vote was not recorded. I would like to be voted in the positive on both of those.

The SPEAKER. Yes, sir. On both of those amendments.

CONSIDERATION OF SB 3 CONTINUED

On the question recurring,
Will the House agree to the bill on second consideration as amended?

Mr. **BAKER** offered the following amendment No. **A06030**:

Amend Bill, page 3, by inserting between lines 7 and 8 (A05835) Section 2109.1. Expiration.

Amend Bill, page 44, line 4 (A05835), by striking out "This" and inserting

Notwithstanding section 2109.1, this

Amend Bill, page 44, by inserting between lines 26 and 27 (A05835)

Section 2109.1. Expiration.

Except as set forth in section 2106(b), this act shall expire four years from the effective date of this section.

On the question,
Will the House agree to the amendment?

The SPEAKER. On the question, the Chair recognizes Representative Baker.

Members, we will stand at ease.

AMENDMENT PASSED OVER

The SPEAKER. Amendment A06030 will be passed over for the day.

THE SPEAKER PRO TEMPORE (JOHN D. PAYNE) PRESIDING

On the question recurring, Will the House agree to the bill on second consideration as amended?

Mr. BAKER offered the following amendment No. A06054:

Amend Bill, page 11, by inserting between lines 48 and 49 (A05835)

(12) An individual may not claim intoxication due to medical marijuana as a defense in an impairment of contracts cause of action.

On the question, Will the House agree to the amendment?

The SPEAKER pro tempore. On that question, the Chair recognizes Representative Baker.

Mr. BAKER. Thank you, Mr. Speaker.

We are trying to consolidate some amendments here so we can withdraw others. I thank you for your indulgence.

This amendment represents a couple of concerns and it merges two requests and ideas from the Pennsylvania Chamber of Business and Industry. This amendment is strongly supported by our business community. It allows for limitations by employers when the patient works in a profession where an altered disposition could result in a risk to public health and safety. This amendment was requested by the chamber. It is limited to those situations like the providers of public transportation or someone working in a nuclear power plant where mass casualties are likely if the individual is intoxicated. This simply means that an employee can be removed from working in these dangerous situations if they are intoxicated, regardless of whether the intoxication was the result of medical marijuana or illegal marijuana.

Additionally, an access card is not a defense to a contract's claim. If an individual enters into a contract while intoxicated on medical marijuana, they cannot cancel the contract. These are very necessary protections which should be in place in order to protect those who have a business interest in the contract from not questioning the level of marijuana intoxication by the other party to the contract.

Once again, this is strongly supported by our Pennsylvania Chamber of Business and Industry, and I ask for your support.

On the question recurring, Will the House agree to the amendment?

The following roll call was recorded:

YEAS-107

Table with 4 columns: Adolph, Baker, Barbin, Barrar; Godshall, Greiner, Grove, Hahn; Major, Maloney, Marshall, Marsico; Reed, Reese, Roae, Ross

Table with 4 columns: Benninghoff, Bloom, Boback, Brown, R., Causer, Corbin, Cox, Culver, Cutler, Day, Delozier, Dunbar, Dush, Ellis, Emrick, English, Evankovich, Everett, Farry, Fee, Gabler, Gillen, Gillespie, Gingrich; Harhart, Harper, Harris, A., Heffley, Helm, Hennessey, Hickernell, Hill, Irvin, James, Jozwiak, Kampf, Kaufer, Kauffman, Keller, F., Keller, M.K., Killion, Klunk, Knowles, Lawrence, Lewis, Mackenzie, Maher; Masser, McGinnis, Mentzer, Metcalfe, Metzgar, Miccarelli, Millard, Miller, B., Milne, Moul, Mustio, Nesbit, Oberlander, Ortitay, Parker, D., Payne, Petri, Pickett, Pyle, Quigley, Quinn, Rader, Rapp; Rothman, Sankey, Santora, Saylor, Schemel, Simmons, Sonney, Staats, Stephens, Tallman, Tobash, Toepel, Toohil, Topper, Truitt, Ward, Warner, Wentling, Wheeland, Zimmerman; Turzai, Speaker

NAYS-82

Table with 4 columns: Acosta, Bizzarro, Boyle, Bradford, Briggs, Brown, V., Bullock, Burns, Caltagirone, Carroll, Conklin, Costa, D., Costa, P., Daley, M., Daley, P., Davidson, Davis, Dawkins, Dean, Deasy, DeLissio; DeLuca, Dermody, Diamond, Donatucci, Driscoll, Evans, Fabrizio, Farina, Flynn, Frankel, Freeman, Gainey, Galloway, Gergely, Gibbons, Goodman, Hanna, Harhai, Harkins, Harris, J., Kavulich; Keller, W., Kim, Kinsey, Kirkland, Kortz, Krueger, Longietti, Mahoney, Markosek, Matzie, McCarter, McClinton, McNeill, Miller, D., Mullery, Murt, Neilson, Neuman, O'Brien, O'Neill; Pashinski, Petrarca, Ravenstahl, Regan, Roebuck, Rozzi, Sainato, Samuelson, Santarsiero, Schlossberg, Schreiber, Schweyer, Sims, Snyder, Taylor, Vereb, Vitali, Wheatley, White, Youngblood

NOT VOTING-0

EXCUSED-11

Table with 4 columns: Christiana, Cohen, Cruz; DiGirolamo, Kotik, Peifer; Readshaw, Saccone, Sturla; Thomas, Watson

The majority having voted in the affirmative, the question was determined in the affirmative and the amendment was agreed to.

On the question recurring, Will the House agree to the bill on second consideration as amended?

Mr. BAKER offered the following amendment No. A06052:

Amend Bill, page 11, by inserting between lines 48 and 49 (A05835)

(12) An employer of any of the following may prohibit the use of medical marijuana by its employees at all times, even if the employee has received a medical access card:

- (i) an individual who operates a vehicle of mass transportation, including a bus or plane;
- (ii) an individual who operates a vehicle of public transportation;
- (iii) an individual who works with minors in his or her ordinary course of business; or
- (iv) an individual who works for a public utility company, including a nuclear power plant.

On the question,
Will the House agree to the amendment?

The SPEAKER pro tempore. On that question— Hold on. We will be at ease.

The Chair recognizes Representative Baker. Representative Baker, you may proceed.

Mr. BAKER. Thank you, Mr. Speaker.

Mr. Speaker, I was just informed that it is the desire of the body to take a break and come back tomorrow. So I am okay with that. We can resume tomorrow if that is the will of the leaders.

The SPEAKER pro tempore. You are withdrawing the amendment for tonight?

Mr. BAKER. Temporarily. I understand it will be taken up tomorrow.

Thank you, Mr. Speaker.

The SPEAKER pro tempore. The Chair thanks the gentleman.

AMENDMENT WITHDRAWN TEMPORARILY

The SPEAKER pro tempore. Amendment 6052 is temporarily withdrawn.

BILL PASSED OVER

The SPEAKER pro tempore. The Chair notifies the House that SB 3 will be over for the day.

STATE GOVERNMENT COMMITTEE MEETING

The SPEAKER pro tempore. The Chair recognizes the gentleman, Mr. Metcalfe, for a committee announcement. Chairman Metcalfe.

Mr. METCALFE. Thank you, Mr. Speaker.

If you can bear with me while I pull up the information. I expected to be doing this at 11 o'clock tonight. I appreciate the early opportunity.

The SPEAKER pro tempore. The Chair is trying to work with you.

Mr. METCALFE. Thank you, Mr. Speaker.

Mr. Speaker, the House State Government Committee will have a voting meeting tomorrow at 10 a.m. in room 205 of the Ryan Office Building to consider HB 340, any amendments to that legislation, and any other business that might come before the committee, Mr. Speaker.

So that is tomorrow morning. For State Government Committee members, if they could all come to room 205, Ryan Office Building, 10 o'clock, we will be taking up HB 340 and amendments, any other business also, for a voting meeting.

Thank you, Mr. Speaker.

The SPEAKER pro tempore. Thank you.
The State Government Committee will be meeting tomorrow at 10 a.m. in room 205 of the Ryan Office Building.

GAMING OVERSIGHT COMMITTEE MEETING

The SPEAKER pro tempore. The chair of the Gaming Oversight Committee also reminds the Gaming Committee members there will be a hearing and voting meeting tomorrow at 9 a.m. in G-50. That is the Gaming Oversight Committee, a voting meeting and hearing in G-50 tomorrow.

CONSUMER AFFAIRS COMMITTEE MEETING

The SPEAKER pro tempore. Representative Godshall, for a committee announcement.

Mr. GODSHALL. The Consumer Affairs Committee meeting is on tomorrow at 9:15 in B-31, definitely. Consumer Affairs at 9:15 in B-31. Thank you.

The SPEAKER pro tempore. Thank you, Representative.

The Consumer Affairs Committee will be meeting tomorrow at 9:15 in B-31.

Other committee?

BILLS REMOVED FROM TABLE

The SPEAKER pro tempore. The Chair recognizes the majority leader, who moves that HB 914 and HB 1605 be removed from the tabled calendar and placed on the active calendar.

On the question,
Will the House agree to the motion?
Motion was agreed to.

THE SPEAKER (MIKE TURZAI) PRESIDING

REPORT OF COMMITTEE ON COMMITTEES

The SPEAKER. The clerk will read the following supplemental report of the Committee on Committees.

The following report was read:

COMMITTEE ON COMMITTEES

SUPPLEMENTAL REPORT

In the House of Representatives,
March 14, 2016

Resolved that,

Representative Kim, Dauphin County, is elected a member of the Appropriations Committee *vice* Representative Galloway resigned.

Respectfully submitted,
Rep. Mike O'Brien
Chairman
Committee on Committees

On the question,
Will the House adopt the resolution?
Resolution was adopted.

VOTE CORRECTION

The SPEAKER. Representative Martina White.

Ms. WHITE. Mr. Speaker, I just wanted to reflect that on amendment 06054, the Baker amendment, my vote should reflect a "yea."

The SPEAKER. A "nay"?

Ms. WHITE. No, a "yes."

The SPEAKER. A "yes" vote?

Ms. WHITE. It should be a "yes"; correct.

The SPEAKER. The record should reflect a "yes" vote for Representative White.

BILLS AND RESOLUTIONS PASSED OVER

The SPEAKER. Without objection, all remaining bills and resolutions on today's calendar will be passed over. The Chair hears no objection.

Does anybody else wish to be recognized?

ADJOURNMENT

The SPEAKER. Representative Nick Miccarelli moves that the House now be adjourned until Tuesday, March 15, 2016, at 11 a.m., e.d.t., unless sooner recalled by the Speaker.

On the question,

Will the House agree to the motion?

Motion was agreed to, and at 8:59 p.m., e.d.t., the House adjourned.