



## Iowa Department of Public Health HF2589 Summary Document Request for Proposal #58821019

On June 29, 2020, Governor Kim Reynolds signed HF2589, which makes material changes to Iowa's Medical Cannabidiol Program. This document contains a summary of the legislative changes in HF2589. The specific bill can be found at the following link: [House File 2589](#)

### Legislative changes that specifically impact Manufacturers:

1. Removes the 3% THC cap on products, and replaces it with a 4.5g THC/ 90-day purchase limit. Establishes exceptions to the 4.5g THC/ 90-day purchase limit for the terminally ill, or if the patient's Healthcare Practitioner certifies them for additional THC.
  - [Amendments to product testing are reflected in Attachment G - v4.3 Laboratory Testing & Acceptance Criteria Document](#)
2. Removes the requirement for manufacturers to contract specifically with SHL. Instead prescribes that manufacturers must contract with a "laboratory, if available"
  - [All medical cannabidiol product testing is conducted by the State Hygienic Laboratory at the University of Iowa, and there are no approved, independent laboratories.](#)

### Additional Legislative changes that impact the program broadly:

- Dispensaries will be required to employ either a pharmacist or a pharmacy tech.
- Additional or amended conditions: Amends "untreatable pain" to "chronic pain," adds PTSD, and adds severe, intractable autism with self-injurious or aggressive behaviors.
- Adds PAs, ARNPs, APRNs, and podiatrists to the list of health care practitioners that can certify patients for participation in the program.
- Adds unemployment language for terminations based on a positive drug test.
- Provides a new definition for total THC.
- Makes the IDPH responsible for issuance of registration cards, instead of the DOT.
- Removes felony disqualifiers for patients and primary caregivers.
- Removes the limit on the number of board meetings allowed each year, requires the board to meet at least twice.
- Provides access to the patient registry for health care practitioners for the purposes of determining whether patients have received a certification from another health care provider.
- Allows IDPH to conduct an observational effectiveness study.
- Adds a new section that states employers are not required to permit or accommodate the use of marijuana in the workplace.
- Adds a new section providing that insurers are not required to reimburse for costs associated with medical use of marijuana.
- Adds a new section providing that property owners are not required to allow the use of marijuana on the property.
- Requires IDPH to seek guarantees from certain federal agencies regarding continued availability of federal funding for schools, acute care and long term care facilities if those facilities allow possession of medical cannabidiol products in those facilities.