

NO. 36

JOURNAL
OF THE
SENATE
OF THE
STATE OF SOUTH CAROLINA



REGULAR SESSION BEGINNING TUESDAY, JANUARY 12, 2021

FRIDAY, MARCH 11, 2022

Friday, March 11, 2022
(Local Session)

~~Indicates Matter Stricken~~
Indicates New Matter

The Senate assembled at 11:00 A.M., the hour to which it stood adjourned, and was called to order by the ACTING PRESIDENT, Senator SHEALY.

ADDENDUM TO THE JOURNAL

The following remarks by Senator GARRETT were ordered printed in the Journal of February 8, 2022:

Remarks by Senator GARRETT

Thank you, Mr. PRESIDENT, ladies and gentlemen of the Senate. I won't belabor this a whole lot because Senator HEMBREE has gone through this in great detail. Sitting here watching this, there are a few things I wanted to point out that I think we should think about before the passage of this Bill and its amendments. I think it is important that there is nothing in our law that says we can't talk philosophical, but I do want to talk about South Carolinians who have the right to object in participating in this scheme against the federal law. I think that we need to put some language in that prohibits them or lets them act of being responsible to act in an unlawful matter. South Carolinians should be advised that they can be prosecuted and lose their gun ownership and depending upon the quantity of the possession of the marijuana could be subject to a felony and worse, prison time. So anyone of these people participating should be given that warning up front in the form of an amendment. The areas of entity should not participate in interstate transfers of marijuana. Nowhere in the Bill does it prohibit South Carolinians from buying marijuana from other states. It needs to be in there. If the Bill allows for the purchase of marijuana other than that grown in the State, then we would be required to purchase it from the lawful drug enforcement agency, the DEA, an approved facility in the state of Mississippi and otherwise as long as approved by the DEA. I went through and looked closely, and I hope I'm wrong about this, but under 44-53-2010, Section 21, it allows a medical user, which is significant -- so that they can buy it from anyone. If you look at it when it is talking about the various entities, it is talking about the grower; it is talking about the processor; it is talking about the transporter; and ultimately, it is talking about dispensary. Nowhere does it say that they

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can't buy it from another state. And, in fact, each one of those people, unless it is amended, each one of those entities, unless it is amended, could go to another state and buy marijuana. How did I come up with that? I couldn't understand why we would want to give somebody a card for ninety days. I thought maybe if we give them a card for ninety days, then there would be a supply of marijuana, but there is not a supply of marijuana because we haven't grown any yet. So wouldn't we have to grow it? How are they going to supply marijuana for those people during those 90 days unless we buy it from someone else? My concern is that is this going to be a South Carolina Bill? Are we going to go ahead and start buying marijuana from other states as well as our 15 growth facilities? It says that a transporter can acquire marijuana. Under Section 44-53-2380, it is speaking of cultivators. It is not unlawful for them to obtain marijuana. It provides, as well in addition to being a transporter -- it says they can't purchase marijuana. In Section 44-53-2390 subsection (1), page 45, it allows cultivation centers to transport. Think about that now. The cultivation centers shouldn't be transporting. The whole idea, the whole scheme was to have transporters who would be responsible to transport to the cultivation centers through the processor and to the dispensary, and maybe to the lab. So we need to be thinking about that, as well. You know, when you go and you study and you want to look and see why these physicians can't prescribe marijuana, it's because it is against the federal law, but now there are four marijuana drugs. I think two of those are synthetic, but the FDA has approved them. So in that setting, why can't our doctors prescribe and our pharmacists fill those four FDA approved drugs? I think they can. If a doctor does a test, the first thing he should do is to make a decision as to whether any of the current treatments are FDA approved -- that would be used and if not, then we go to those four types of cannabis that are approved. Then only after that, do we go to these clinical trials to see whether or not marijuana can be used and be helpful. I don't have a problem with increasing the number of modalities that are added and you know that we have a 1980 and a 2014 law that allows for that. The only restrictions are the people who participate in clinical trials. Also, it is very clear, the science is very clear, that those persons who are 18 to 24 years of age are affected, or can be adversely affected, and their brains won't grow well or correctly. We need to make sure that nobody gets this drug until age 25. That needs to be an amendment, as well. We need to tighten up what happens in the emergency room. Suppose one of these people has psychiatric psychosis after using marijuana. Shouldn't that emergency

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room be aware of it and be able to find that doctor, find that pharmacist, and find out how much he's got in his system to try to help him through that? We are in a situation where I'm concerned about this standard of care. I am fine in having doctors give it to us, but this Bill doesn't give you a standard of care. What's the first thing it says? The first one may be the most important in my mind which is the variability of the quality and concentration of cannabis products. You have to advise them that you don't know because of the variability of this product. You don't know what the quality of THC is in it, and you don't know what the concentration of THC is in it. That scares me to death. How is that a standard of care by a doctor if you tell them right at the beginning that you don't have a clue as to the variability of this product. There is no science without clinical studies. We have to do those clinical studies. The science is simply not there yet for us in this method. It may be in other states, maybe that's true -- but maybe bring some statistics. Here we are this late, this far along in the game, and you're telling them that the variability of the quality and the concentration -- that's a real problem. You know, shouldn't we use a consistent drug, as to quality and concentration of THC, and that's what's prescribed and that's what the doctors are using? I don't know how a pharmacist can actually fill something like that. You know, I went back and I looked, and it is very clear about how much of a certain drug you can have, but it doesn't say anything about the quality and it doesn't say anything about the concentration, so I'm not sure. It may be that I just need to get educated. It said for topicals -- this is under 2010, 44-53-2010 -- it provides for no more than 4,000 milligrams of Delta 9 THC, so I don't know what that means, but on top of that we don't know what the quality and we don't know what the concentration is, and that concerns me. All administrations, 1600 milligrams of Delta 9 THC, foils for vaping, maybe 200 milligrams of Delta THC. Then it also says a physician can specify a certain amount. I just wonder how a physician can specify a certain amount if there is no standard of care. Now, I won't be very long, and I'll take questions. I want to talk about 44-53-29. A physician may not be sued for medical malpractice as result of certifying a qualifying patient for medical use of cannabis. I don't know who would even decide to certify, authorize or even prescribe something that is this volatile or this much subject to change quality and concentration. How can they do that, and still stay with the idea of no harm to the patient? We need to go ahead and prepare and put in a dram shop. That is a lot of money that we are talking about here. All of these grow fields, all of these processors,

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all of these transporters, all of these dispensaries -- and you can tighten them up nice and neat, call them therapeutic centers, therapeutic pharmacies, but at the end of the day they are distributing a volatile drug. I hope we fix that exception -- doing this in the presence of children and within a thousand feet of a school. This needs to be absolute with no exceptions. So we should think about that, as well. So let's think about a dram shop. Who is going to take care of the children, brothers and sisters of those injured by those who are high on medical cannabis? You know we have a dram shop under alcohol, but I don't see one for medical marijuana. If it was just medical marijuana, I wouldn't worry about it. It seems to have exploded into something much greater -- medical marijuana -- so getting back to the dram shop, protecting those injured, seriously injured or dead or killed by a high on cannabis. You know, we need to hold the grower responsible; we need have some insurance coverage; and the processor needs to be held responsible. It seems interesting to me that this processor can't get the quality and concentration down. Why can't he get the quality and concentration down to a science? He is the processor. Normally, wouldn't that be his responsibility? We have the transporters. God only knows if the transporters are going to be buying marijuana from other states. I don't know if they are or not. It is not prohibited here. Dispensaries are the same. Those dispensaries can buy drugs from other places, so how are we making sure that those drugs are safe if buying them from other places. Maybe the labs are responsible for that. Just a lot of holes here. So, shouldn't we have a Dram Shop act? All of these people are making all of this money. Shouldn't we protect our South Carolinians citizens? I think they should have a \$10 million coverage myself. I think if they fell below the standard of care, then by their own admission and they don't even know what it is -- they're almost presumed to be responsible. If you want it that bad, there comes a cost with it. It should be paid. Now, the final thing is this Bill attempts to talk about what can be, what can happen in a custody case in family court. That's another body of law, and it just doesn't need to be touched or addressed. Our family court judges are tasked with the responsibility to decide the custody of the child and to which parent. To tell them that they can't consider marijuana or the use of this drug, it is the judge's decision as to who should get custody. To do otherwise is absurd. Thank you.

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CO-SPONSOR ADDED

The following co-sponsor was added to the respective Bills:

S. 907 Sen. Garrett
S. 1127 Sen. Garrett
S. 1130 Sen. Garrett

ORDERED ENROLLED FOR RATIFICATION

The following Resolution was read the third time and, having received three readings in both Houses, it was ordered that the title be changed to that of an Act and enrolled for Ratification:

H. 3679 -- Reps. Taylor, Clyburn, Blackwell and Oremus: A JOINT RESOLUTION TO AUTHORIZE THE AIKEN COUNTY COUNCIL AND THE AIKEN CITY COUNCIL TO TRANSFER THE VIETNAM WAR MEMORIAL, ETERNAL FLAME, AND UNITED STATES FLAG INSTALLATIONS TO THE AIKEN COUNTY VETERANS MEMORIAL PARK.

On motion of Senator YOUNG.

ADJOURNMENT

At 11:04 A.M., on motion of Senator HARPOOTLIAN, the Senate adjourned to meet next Tuesday, March 15, 2022, at 2:00 P.M.

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