New Acts Aim to Clarify State’s Medical Marijuana Law

by Starr M. Kincaid, Esq., Legal Services Manager

EVER SINCE VOTERS approved the Michigan Medical Marihuana Act (MMMA) in 2008, communities and citizens have been wrestling with legal issues and uncertainties.

Although the use of medical marijuana was legalized here, people could still be prosecuted for using and/or selling it. What’s more, the MMMA permitted qualifying patients to cultivate their own medical marijuana, but there was no place to legally purchase seeds.

Conflicting Interpretations
These and other related conundrums left municipalities embroiled in legal battles over attempts to locally regulate medical marijuana use and distribution.

The MMMA allowed a “qualifying patient” to possess and use marijuana—and a “primary caregiver” to possess and distribute marijuana—in compliance with the MMMA. Beyond that, little was clear.

While registered users in the medical program had grown to as many as 210,000 residents at one point, dispensaries had yet to be legalized or regulated.

Additionally, Attorney General Bill Schuette wrote what have been described as “controversial” opinions on the legalization of medical marijuana, contributing to differing interpretations surrounding medical marijuana use and regulation.

Are Dispensaries Legal?
Until now, dispensaries have operated in Michigan where authorities have tolerated them, despite jurisdictional contradictions over whether they were, in fact, legal.

Dispensaries have been operating in Michigan despite uncertainty over whether or not they were legal.

Michigan’s new medical marijuana legislation, which some have referred to as “landmark,” is intended to provide needed clarity about dispensaries and edible forms of the drug. Three Acts were passed by the House in September and take effect this month (see sidebar).

The new legislation will permit licensed dispensaries to operate in communities that choose to allow them.

What Are the New Laws?

Three House Bills were recently signed into law by Governor Rick Snyder and take effect December 20, 2016:

1. House Bill 4209 (now Public Act 281) enacts the Medical Marihuana Facilities Licensing Act, which licenses and regulates the growth, processing, transport, and provisioning of medical marijuana.

2. House Bill 4210 (now Public Act 282) amends the Michigan Medical Marihuana Act to permit the manufacture and use of marijuana-infused products by qualified patients.

3. House Bill 4827 (now Public Act 283) creates the Marihuana Tracking Act and a seed-to-sale tracking system to track all medical marijuana.

While Michigan’s Medical Marihuana Act, MCL 333.26421 et seq., (and other related legislation) uses the spelling “marihuana,” this article uses the more common spelling “marijuana” except when citing the Acts by name.

continued on page 4

| For an in-depth summary of these laws, go to mmrma.org. |
Retirements Continue to Create Committee Vacancies

by Michael Rhyner
Executive Director

ON DECEMBER 1, MMRMA announced vacancies on the Membership Committee, State Pool Committee, and Events Planning Committee, three of our four Standing Committees. (The other is the Finance Committee.)

These announcements were posted on mmrma.org and emailed to all MMRMA Member Representatives.

Interestingly, these three vacancies were created by the recent retirement of one person: Mary Anderson from Newaygo County Community Mental Health. Mary has been a steadfast MMRMA supporter for many decades, and her service on three committees concurrently is unique.

A Longtime Contributor
Mary has served on the Membership Committee since 1996—two decades of dedication to that committee’s important work. She has been its chair for several years, tirelessly leading the committee through lengthy agendas to review hundreds of applications for Risk Avoidance Program (RAP) grants.

As a result of the committee’s generous time and attention, many millions of dollars in RAP grants have been awarded to help members reduce the frequency and severity of loss in their communities and to MMRMA.

As a representative of a smaller member entity, Mary participated for many years on the State Pool Committee (and the former State Pool Board), helping address the unique needs and issues of MMRMA’s 200-plus State Pool members across Michigan.

Last but not least, Mary also took an active role on the Events Planning Committee. Since 2008, she helped design and implement our highly successful Annual Meetings and Risk Management Workshops. With her involvement, the format and educational content of these events has become more sophisticated and attendance has grown.

As a result of Mary’s tenure on these committees, MMRMA has enjoyed extraordinary success. This is not by accident: Mary and many individuals like her have played key roles in our many achievements.

During Mary’s tenure on these committees, MMRMA has enjoyed extraordinary success. This is not by accident: Mary and many individuals like her have played key roles in our many achievements.

Following her retirement, Mary and her partner, Rich Quinlan, left for a warmer climate and the chance to cruise the back roads on their Harleys. She will be missed by everyone at MMRMA, and we wish her good health and happiness in retirement.

Consider Joining
MMRMA is a member owned and governed organization, and our various committees play essential roles in guiding our direction. Committees also assist in developing and implementing important programs and services that directly benefit our member municipalities.

Over the past several years, we have seen more and more retirements and other departures, leaving vacancies on our various committees. These vacancies present opportunities for those who are not participating to get involved.

We have found that this is especially important for individuals from our newer members, providing them with a chance to learn more about MMRMA and offer their knowledge and expertise to the entire membership.

Visit mmrma.org to learn more about current vacancies.
Managing the Risk of Potential Active Assailant Incidents

by Stephen J. Tobler, Senior Risk Control Consultant

IT’S NO SECRET THAT ACTIVE assailant situations happen in our country each year, resulting in injuries and deaths. All too often, the news media makes us aware of yet another incident. Coverage, especially on television, can be extensive and distressing.

Sites of active assailant incidents have included nightclubs, outdoor spaces, and public entity buildings, including schools.

Taking Action
This article is a brief primer on how to address the risk of active assailant incidents, with the focus on what to do well before any potential active assailant arrives. Please note that it and MMRMA’s related resources are not intended to be comprehensive, universal protocols. Steps and processes could vary widely between municipal entities and facilities.

A Proactive Approach
The primary aim of risk control is to avoid exposure whenever possible without forfeiting the ability to conduct business and promote interaction between coworkers and the public. The second priority is to decrease the likelihood and severity of incidents, should they occur.

It is important to identify the potential for an active assailant incident and implement a three-pronged risk control approach:

1. Minimize the likelihood of an occurrence.
2. Decrease the severity should an incident arise.
3. Establish pre-planned protocols to help further mitigate and manage such an incident.

Municipalities should review their practices in facility and operations security, situational awareness, notification protocols, appropriate employment practices, and training and education.

Unappealing Targets
Several factors may help reduce the likelihood of assailant(s) choosing to attack your organization. A fresh look at building, facility, and operational security can identify ways to reduce both the likelihood and severity of a potential assault. Building layouts and locked doors can bar or prohibit entry. Many other security measures (such as cameras or guards) could convey to potential assailants that an assault on your facility would not be successful.

Situational Awareness
When an active assailant enters a building or area, there is sometimes only a brief window of opportunity—a transitionary period—in which to prevent or greatly minimize potential harm.

It is crucial that employees maintain awareness of their surroundings, personnel, visitors, and other variables.

Notification Process
Notification about imminent threats can reduce, and allow for faster mitigation of, injuries. Having a well-defined notification process in place empowers employees.

continued on page 4

Download Resources
MMRMA’s Risk Control staff, with the assistance of the Administrative Risk Control Advisory Committee, has developed a new brochure, Pre-Active Assailant Risk Assessment Guidelines, and sample checklists.

Other related MMRMA documents include the Municipal Employee Guide for Confrontation with Active Shooter and Rapid Response: Model Policy and Procedure.

These resources are available for download in the Members Only section of MMRMA’s website.
Active Assailant Incidents, continued from page 3

Knowing what to do to help prevent or minimize the harmful effects of attacks can profoundly minimize employees’ anxiety over potential incidents.

Appropriate employment practices can also assist in identifying issues, providing appropriate grievance protocols and outlining safe termination procedures.

Training is Key
Education of management and staff in all these areas is essential. Procedures are only effective if people know the plan and how to implement it.

Training allows you to familiarize staff with potential incidents and appropriate responses. It can create a culture of awareness, help team members feel confident in a crisis, and minimize reactions that could worsen an active shooter incident.

For more information, please contact MMRMA’s Risk Control staff.

Medical Marijuana, continued from page 1

It also clarifies the legality of non-smokable forms of marijuana, including oils, salves, brownies, and other edibles—or “medibles,” as they’re often called.

Licensing Process
Under the new law, the license application process requires written approval—of both the applicant and the location—by the municipality where the proposed marijuana facility will be. Dispensaries will be permitted in municipalities that welcome them by adopting an authorizing ordinance.

The new legislation could affect municipalities in many other ways, including human resources implications, workers’ compensation, and health costs. Some predict millions of dollars in new tax revenue, which proponents anticipate will increase small business development, promote jobs, and generate much-needed funds at the state and local level.

Other Considerations
While these laws exempt licensees from marijuana-related criminal or civil prosecution, penalties, and other sanctions for performing activities within the scope of their license, it is important to note that marijuana is still illegal under federal law. It remains a Schedule I drug—alongside heroin and LSD—under the Controlled Substances Act. A Schedule I substance is defined as one that has a high potential for abuse, has no accepted medical use in treatment in the United States, and lacks accepted safety for use in treatment under medical supervision.

Similarly, the manufacture, delivery, or possession with intent to deliver marijuana is still a felony, and possession of marijuana is considered a misdemeanor offense.

Please contact MMRMA if you have questions or need additional information.