

# SENATE BILL REPORT

## SB 6271

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As of January 16, 1998

**Title:** An act relating to medical marijuana.

**Brief Description:** Authorizing the use of medical marijuana.

**Sponsors:** Senators Kohl and Thibaudeau.

**Brief History:**

**Committee Activity:** Health & Long-Term Care: 1/20/98.

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### SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

**Staff:** Joanne Conrad (786-7472)

**Background:** Marijuana is regulated by both the state and federal government. Because it is a Schedule I controlled substance, it is illegal for use under all circumstances, except under narrow exceptions for research. It cannot be legally prescribed, possessed or used.

Some physicians have recommended the therapeutic use of marijuana for patients suffering from certain illnesses. Some research appears to show that marijuana, although it cannot cure the underlying medical condition, is useful in symptomatic treatment. Some patients report beneficial use of marijuana to treat chemotherapy-induced nausea and vomiting, AIDS weight loss, glaucoma, muscle spasms associated with epilepsy and multiple sclerosis, and some forms of intractable pain.

There are mixed opinions among the medical community regarding the effectiveness of marijuana for medical use. The federal Drug Enforcement Administration (DEA) has recently (December 1997) requested the Department of Health and Human Services to conduct a "scientific and medical evaluation of the available data and provide a scheduling recommendation for marijuana. If marijuana is rescheduled as a Schedule II controlled substance, based upon the evaluation, it can then be prescribed by health care professionals with DEA authorization.

Unless federal rescheduling occurs, regardless of Washington State law, marijuana possession subjects the user to potential federal prosecution.

**Summary of Bill:** Immunity from state criminal liability is provided for bona fide patients of licensed physicians who use marijuana based upon a physician's advice, for symptomatic treatment of serious medical conditions, such as cancer, AIDS, glaucoma, epilepsy, intractable pain or multiple sclerosis.

Patients must possess valid documentation from their physicians, including a 24-hour number for law enforcement to confirm the physician's authorization. It is a misdemeanor for

patients to use or display medical marijuana in public, or near schools or colleges. They must keep the marijuana secure, and not provide it to others.

Licensed physicians may advise patients about the risks and benefits of medical marijuana use, and provide them with written documentation of such advice. Physicians who advise medicinal use are immune from state criminal prosecution and from professional disciplinary action.

Licensed pharmacists who provide medical marijuana to qualified patients are immune from criminal, civil and professional conduct sanctions.

The Department of Health performs a data study of patient use of medical marijuana in Washington State. The data collection protects the confidentiality of the patient, and provision of the data is voluntary on the part of physicians.

The Department of Health and the Office of the Superintendent of Public Instruction develop and make available a school media campaign, providing a clear countermesssage regarding the illegality of recreational, nonmedicinal marijuana use.

Medical marijuana is excepted from Washington State Schedule I controlled substances, and added to Schedule II. Nonmedical marijuana remains a Schedule I controlled substance. This does not affect the federal controlled substance schedule.

Lawful possession of medical marijuana cannot result in the forfeiture of real property. Property, including marijuana, seized by law enforcement from qualified patients using medical marijuana must be returned immediately.

Medical marijuana use authorized by state law is not an organized criminal conspiracy.

**Appropriation:** None.

**Fiscal Note:** Requested.

**Effective Date:** Ninety days after adjournment of session in which bill is passed.