FINAL BILL REPORT
E2SSB 5073

PARTIAL VETO
C 181 L 11
Synopsis as Enacted

Brief Description: Concerning the medical use of cannabis.

Sponsors: Senate Committee on Ways & Means (originally sponsored by Senators Kohl-Welles, Delvin, Keiser, Regala, Pflug, Murray, Tom, Kline, McAuliffe and Chase).

Senate Committee on Health & Long-Term Care
Senate Committee on Ways & Means
House Committee on Health Care & Wellness
House Committee on Ways & Means

Background: In 1998 voters approved I-692 which permitted the use of marijuana for medical purposes by qualifying patients. The Legislature subsequently amended the chapter on medical use of marijuana in 2007 and in 2010. In order to qualify for the use of medical marijuana, patients must have a terminal or debilitating medical condition (cancer, HIV, multiple sclerosis, intractable pain, glaucoma, Crohn's disease, hepatitis C, nausea/seizure diseases, or a disease approved by the Medical Quality Assurance Commission) and the diagnosis of this condition must have been made by a health care professional. Patients are not provided arrest protection. Instead, patients are permitted to assert an affirmative defense at trial with proof of compliance with the medical marijuana law.

Patients may grow medical marijuana for themselves or designate a provider to grow on their behalf. Designated providers may only provide medical marijuana to one patient at a time. Patients and their designated providers are limited to possession of an amount of marijuana that is necessary for the patient's personal medical use, and not exceeding 15 plants and 24 ounces of useable marijuana.

Summary: Health Care Professionals. In order to provide valid documentation, demonstrating that the patient is a qualifying patient, a health care professional must examine the patient, document the terminal or debilitating medical condition of the patient, inform the patient of other options for treating the terminal or debilitating medical condition, and document other measures attempted to treat the terminal or debilitating medical condition. The health care professional may not have a business which consists solely of authorizing the medical use of cannabis and may not advertise the medical use of cannabis.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Patient Protections. Qualifying patients may assert an affirmative defense, whether or not the patient possesses valid documentation, if the patient possess no more than the permissible levels of cannabis; the patient exceeds the permissible levels of cannabis but is able to establish a medical need for the additional amounts; and an investigating peace officer does not possess evidence of an unlicensed cannabis operation, theft of electrical power, illegal drugs, frequent visits consistent with commercial activity, violent crime, or that the subject of the investigation has an outstanding arrest warrant.

Parental rights may not be restricted solely due to the medical use of cannabis unless this results in long-term impairment that interferes with the performance of parenting functions. Qualifying patients may not be denied an organ transplant solely because of the use of medical cannabis.

Collective Gardens. Qualifying patients and their designated providers may form collective gardens to produce cannabis for the medical use of members of the collective gardens. Collective gardens are limited to ten qualifying patients and a total of 45 plants and 72 ounces of useable cannabis.

Designated Providers. Qualifying patients may revoke a designation of a designated provider at any time. A person may stop serving as a designated provider at any time but may not serve another patient until 15 days have elapsed.

Limitations. Health insurers are not required to provide cannabis as a covered benefit. The National Guard is not required to permit the medical use of cannabis of its employees. Drug-free workplaces are permitted and medical use of cannabis workplace accommodations are not required.

Evaluation and Study. The Washington State Institute for Public Policy must conduct a cost-benefit evaluation of the act and report its results to the Legislature by July 1, 2014. The University of Washington and the Washington State University may conduct scientific research on the efficacy and safety of administering cannabis as part of medical treatment.

Local Governments. Cities, towns, and counties may adopt zoning requirements, business licensing requirements, health and safety requirements, and business taxes pertaining to the production, processing, or dispensing of cannabis or cannabis productions within their jurisdictions.

Votes on Final Passage:

Senate	29	20	
House	54	43	(House amended)
Senate	27	21	(Senate concurred)

Effective: July 22, 2011.

Partial Veto Summary: The Governor vetoed provisions that would establish a patient registry within the Department of Health (DOH) and provide arrest protection for those patients who register. Licensing provisions for producers, processors, and dispensaries were

vetoed as well as the section providing current producers and dispensaries with an affirmative defense if they register with the Secretary of State and file a letter of intent with DOH or the Department of Agriculture (DOA). Also vetoed, are the sections prohibiting the advertising of medical cannabis and the requirement that the Joint Legislative Audit and Review Committee review the licensing programs if the federal government authorizes the medical use of cannabis and the requirement that if expenditures from the Health Professions Account exceed receipts, the amount will be made up by the General Fund. Housing protections for medical cannabis patients are also vetoed.