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SENATE BILL 5955

State of Washington 62nd Legislature 2011 1st Special Session

By Senators Kohl-Welles, Delvin, Keiser, Pflug, Regala, Brown, Prentice, Murray, Tom, and Kline

Read first time 05/10/11. Referred to Committee on Ways & Means.

- 1 AN ACT Relating to medical use of cannabis; amending RCW
- 2 69.51A.010, 69.51A.030, 69.51A.040, 69.51A.---, 69.51A.---, 69.51A.050,
- 3 69.51A.---, 69.51A.---, 82.08.0281, and 82.12.0275; adding new sections
- 4 to chapter 69.51A RCW; adding a new section to chapter 42.56 RCW; and
- 5 repealing RCW 69.51A.---.
- 6 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:
- 7 **Sec. 1.** RCW 69.51A.010 and 2010 c 284 s 2 are each amended to read 8 as follows:
- 9 The definitions in this section apply throughout this chapter 10 unless the context clearly requires otherwise.
- 11 (1) "Cannabis" means all parts of the plant Cannabis, whether
- 12 growing or not; the seeds thereof; the resin extracted from any part of
- 13 <u>the plant; and every compound, manufacture, salt, derivative, mixture,</u>
- or preparation of the plant, its seeds, or resin. For the purposes of
- 15 this chapter, "cannabis" does not include the mature stalks of the
- 16 plant, fiber produced from the stalks, oil, or cake made from the seeds
- 17 of the plant, any other compound, manufacture, salt, derivative,
- 18 mixture, or preparation of the mature stalks, except the resin

p. 1 SB 5955

extracted therefrom, fiber, oil, or cake, or the sterilized seed of the plant which is incapable of germination. The term "cannabis" includes cannabis products and useable cannabis.

- (2) "Collective garden" means qualifying patients or their designated providers sharing responsibility for acquiring and supplying the resources required to produce and process cannabis for medical use such as: A location for a collective garden; equipment, supplies, and labor necessary to plant, grow, and harvest cannabis; cannabis plants, seeds, and cuttings; and equipment, supplies, and labor necessary for proper construction, plumbing, wiring, and ventilation of a garden of cannabis plants.
- 12 <u>(3) "Correctional facility" has the meaning provided in RCW</u>
 13 72.09.015.
 - (4) "Corrections agency or department" means any agency or department in the state of Washington, including local governments or jails, that is vested with the responsibility to manage those individuals who are being supervised in the community for a criminal conviction and has established a written policy for determining when the medical use of cannabis, including possession, manufacture, or delivery of, or for possession with intent to manufacture or deliver, is inconsistent with and contrary to the person's supervision.
 - (5)(a) "Designated provider" means a person who:
- $((\frac{a}{a}))$ (i) Is eighteen years of age or older;

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- ((\(\frac{(b)}{(b)}\)) (ii) Has been designated in ((\(\frac{writing}{a}\))) a written document signed and dated by a qualifying patient to serve as a designated provider under this chapter;
- (((c) Is prohibited from consuming marijuana obtained for the personal, medical use of the patient for whom the individual is acting as designated provider; and
- 30 (d))) (iii) Is the designated provider to only one qualifying 31 patient ((at any one time)); and
- 32 <u>(iv) Is in compliance with the terms and conditions set forth in</u> 33 <u>RCW 69.51A.040.</u>
- 34 <u>(b) "Designated provider" includes a qualifying patient who serves</u> 35 <u>as the designated provider for another qualifying patient and who may</u> 36 be in possession of both patients' cannabis at the same time.
- 37 (6) "Dispense" means the selection, measuring, packaging, labeling,

delivery, or sale of cannabis by a collective garden or nonprofit patient cooperative to a qualifying patient or designated provider who is a member of that collective garden or nonprofit patient cooperative.

- $((\frac{(2)}{1}))$ <u>(7)</u> "Health care professional," for purposes of this chapter only, means a physician licensed under chapter 18.71 RCW, a physician assistant licensed under chapter 18.71A RCW, an osteopathic physician licensed under chapter 18.57 RCW, an osteopathic physicians' assistant licensed under chapter 18.57A RCW, a naturopath licensed under chapter 18.36A RCW, or an advanced registered nurse practitioner licensed under chapter 18.79 RCW.
- $((\frac{3}{3}))$ (8) "Jail" has the meaning provided in RCW 70.48.020.
- 12 <u>(9) "Labeling" means all labels and other written, printed, or</u>
 13 <u>graphic matter upon any cannabis intended for medical use or</u>
 14 accompanying such cannabis.
- 15 (10) "Medical cannabis registry" means the registry established in 16 section 8 of this act and administered by and within the department of 17 health.
 - (11) "Medical use of ((marijuana)) cannabis" means the production, possession, dispensing, manufacture, delivery, or administration of ((marijuana, as defined in RCW 69.50.101(q),)) cannabis for the exclusive benefit of a qualifying patient in the treatment of his or her terminal or debilitating ((illness)) medical condition.
 - ((+4)) (12) "Nonprofit patient cooperative" means a member run nonprofit corporation registered with the secretary of state under chapter 24.03 or 24.06 RCW but which is not required to be recognized as an organization under 26 U.S.C. Sec. 501(c)(3) by the federal internal revenue service. Nonprofit patient cooperatives must meet the requirements of sections 6 and 10 of this act in order to dispense cannabis for the medical use of its members. Members of a nonprofit patient cooperative must be qualifying patients or their designated providers.
 - (13) "Peace officer" has the meaning provided in RCW 43.101.010.
- 33 <u>(14) "Personally identifiable information" means any information</u> 34 that:
 - (a) Includes data that uniquely identify, distinguish, or trace a person's identity, such as the person's name, date of birth, or address, either alone or when combined with other sources, that

p. 3 SB 5955

establish the person is a qualifying patient or designated provider for purposes of registration with the department of health;

- (b) Is used by the department of health to identify a person as a qualifying patient or designated provider;
- (c) Identifies a location as being the location of a collective garden, nonprofit patient cooperative, qualifying patient, or designated provider; or
- (d) Identifies the qualifying patients or designated providers who are members of the collective garden or nonprofit patient cooperative.
- (15) "Plant" means an organism having at least three distinguishable and distinct leaves, each leaf being at least three centimeters in diameter, and a readily observable root formation consisting of at least two separate and distinct roots, each being at least two centimeters in length. Multiple stalks emanating from the same root ball or root system shall be considered part of the same single plant.
- (16) "Public place" includes: Streets and alleys of incorporated cities and towns; state or county or township highways or roads; buildings and grounds used for school purposes; public dance halls and grounds adjacent thereto; premises where goods and services are offered to the public for retail sale; public buildings, public meeting halls, lobbies, halls and dining rooms of hotels, restaurants, theatres, stores, garages, and filling stations which are open to and are generally used by the public and to which the public is permitted to have unrestricted access; railroad trains, stages, buses, ferries, and other public conveyances of all kinds and character, and the depots, stops, and waiting rooms used in conjunction therewith which are open to unrestricted use and access by the public; publicly owned bathing beaches, parks, or playgrounds; and all other places of like or similar nature to which the general public has unrestricted right of access, and which are generally used by the public.
- 32 <u>(17)(a)</u> "Qualifying patient" means a person who:
- $((\frac{a}{a}))$ (i) Is a patient of a health care professional;
- 34 (((b))) <u>(ii)</u> Has been diagnosed by that health care professional as 35 having a terminal or debilitating medical condition;
- (((c))) (iii) Is a resident of the state of Washington at the time 37 of such diagnosis;

1 ((\(\frac{(d)}{d}\))) (iv) Has been advised by that health care professional
2 about the risks and benefits of the medical use of ((\(\frac{marijuana}{d}\)))
3 cannabis;((\(\frac{and}{d}\))

- $\frac{(e)}{(v)}$ Has been advised by that health care professional that $(\frac{(they)}{he})$ he or she may benefit from the medical use of $(\frac{marijuana}{vanabis})$
- (vi) Is otherwise in compliance with the terms and conditions of this chapter.
- (b) The term "qualifying patient" does not include a person who is actively being supervised for a criminal conviction by a corrections agency or department that has determined that the terms of this chapter are inconsistent with and contrary to his or her supervision and all related processes and procedures related to that supervision.
- (((5))) (18) "Tamper-resistant paper" means paper that meets one or more of the following industry-recognized features:
 - (a) One or more features designed to prevent copying of the paper;
 - (b) One or more features designed to prevent the erasure or modification of information on the paper; or
- 19 (c) One or more features designed to prevent the use of counterfeit valid documentation.
 - $((\frac{6}{}))$ "Terminal or debilitating medical condition" means:
 - (a) Cancer, human immunodeficiency virus (HIV), multiple sclerosis, epilepsy or other seizure disorder, or spasticity disorders; or
 - (b) Intractable pain, limited for the purpose of this chapter to mean pain unrelieved by standard medical treatments and medications; or
 - (c) Glaucoma, either acute or chronic, limited for the purpose of this chapter to mean increased intraocular pressure unrelieved by standard treatments and medications; or
 - (d) Crohn's disease with debilitating symptoms unrelieved by standard treatments or medications; or
 - (e) Hepatitis C with debilitating nausea or intractable pain unrelieved by standard treatments or medications; or
 - (f) Diseases, including anorexia, which result in nausea, vomiting,
 ((wasting)) cachexia, appetite loss, cramping, seizures, muscle spasms,
 or spasticity, when these symptoms are unrelieved by standard
 treatments or medications; or
 - (g) Any other medical condition duly approved by the Washington

p. 5 SB 5955

state medical quality assurance commission in consultation with the board of osteopathic medicine and surgery as directed in this chapter.

(((7))) (20) "Useable cannabis" means dried flowers of the *Cannabis* plant. Useable cannabis excludes stems, stalks, leaves, seeds, and roots. The term "useable cannabis" does not include cannabis products.

(21)(a) "Valid documentation" means:

- $((\frac{a}{A}))$ <u>(i) An original</u> statement signed and dated by a qualifying patient's health care professional written on tamper-resistant paper <u>and valid for up to one year from the date of the health care professional's signature</u>, which states that, in the health care professional's professional opinion, the patient may benefit from the medical use of $((\frac{marijuana}{)})$ <u>cannabis</u>; and
- 13 (((b))) <u>(ii)</u> Proof of identity such as a Washington state driver's license or identicard, as defined in RCW 46.20.035.
- 15 (b) In the case of a designated provider, "valid documentation"

 16 means the signed and dated document valid for up to one year from the

 17 date of signature executed by the qualifying patient who has designated

 18 the provider.
- **Sec. 2.** RCW 69.51A.030 and 2011 c 181 s 301 are each amended to 20 read as follows:
 - (1) The following acts do not constitute crimes under state law or unprofessional conduct under chapter 18.130 RCW, and a health care professional may not be arrested, searched, prosecuted, disciplined, or subject to other criminal sanctions or civil consequences or liability under state law, or have real or personal property searched, seized, or forfeited pursuant to state law, notwithstanding any other provision of law as long as the health care professional complies with subsection (2) of this section:
 - (a) Advising a patient about the risks and benefits of medical use of cannabis or that the patient may benefit from the medical use of cannabis; or
 - (b) Providing a patient meeting the criteria established under RCW 69.51A.010((+26+)) (17) with valid documentation, based upon the health care professional's assessment of the patient's medical history and current medical condition, where such use is within a professional standard of care or in the individual health care professional's medical judgment.

- (2)(a) A health care professional may only provide a patient with valid documentation authorizing the medical use of cannabis or register the patient with the <u>medical cannabis</u> registry ((established in section 901 of this act)) if he or she has a newly initiated or existing documented relationship with the patient, as a primary care provider or a specialist, relating to the diagnosis and ongoing treatment or monitoring of the patient's terminal or debilitating medical condition, and only after:
- (i) Completing a physical examination of the patient as appropriate, based on the patient's condition and age;
- (ii) Documenting the terminal or debilitating medical condition of the patient in the patient's medical record and that the patient may benefit from treatment of this condition or its symptoms with medical use of cannabis;
- 15 (iii) Informing the patient of other options for treating the 16 terminal or debilitating medical condition; and
 - (iv) Documenting other measures attempted to treat the terminal or debilitating medical condition that do not involve the medical use of cannabis.
 - (b) A health care professional shall not:

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- (i) Accept, solicit, or offer any form of pecuniary remuneration from or to a ((licensed dispenser, licensed producer, or licensed processor of cannabis products)) collective garden or nonprofit patient cooperative;
- (ii) Offer a discount or any other thing of value to a qualifying patient who is a ((customer)) member of, or agrees to be a ((customer)) member of, a particular ((licensed dispenser, licensed producer, or licensed processor of cannabis products)) collective garden or nonprofit patient cooperative;
- 30 (iii) Examine or offer to examine a patient for purposes of 31 diagnosing a terminal or debilitating medical condition at a location 32 where cannabis is produced, processed, or dispensed;
 - (iv) Have a business or practice which consists solely of authorizing the medical use of cannabis;
- (v) Include any statement or reference, visual or otherwise, on the medical use of cannabis in any advertisement for his or her business or practice; or

p. 7 SB 5955

1 (vi) Hold an economic interest in an enterprise that produces, 2 processes, or dispenses cannabis if the health care professional 3 authorizes the medical use of cannabis.

- (3) A violation of any provision of subsection (2) of this section constitutes unprofessional conduct under chapter 18.130 RCW.
- Sec. 3. RCW 69.51A.040 and 2011 c 181 s 401 are each amended to read as follows:
- (1) The medical use of cannabis in accordance with the terms and conditions of this chapter does not constitute a crime and a qualifying patient or designated provider in compliance with the terms and conditions of this chapter may not be arrested, prosecuted, or subject to other criminal sanctions or civil consequences, for possession, manufacture, or delivery of, or for possession with intent to manufacture or deliver, cannabis under state law, or have real or personal property seized or forfeited for possession, manufacture, or delivery of, or for possession with intent to manufacture or deliver, cannabis under state law, and investigating peace officers and law enforcement agencies may not be held civilly liable for failure to seize cannabis in this circumstance, if:
- $((\frac{1}{1}))(a)$ The qualifying patient or designated provider possesses no more than fifteen cannabis plants and:
 - (i) No more than twenty-four ounces of useable cannabis;
- (ii) No more cannabis product than what could reasonably be produced with no more than twenty-four ounces of useable cannabis; or
- (iii) A combination of useable cannabis and cannabis product that does not exceed a combined total representing possession and processing of no more than twenty-four ounces of useable cannabis((\cdot)):
- (b) ((If a)) <u>The</u> person is both a qualifying patient and a designated provider for another qualifying patient, ((the person may)) and possesses no more than twice the amounts described in (a) of this subsection, whether the plants, useable cannabis, and cannabis product are possessed individually or in combination between the qualifying patient and his or her designated provider;
- (((2))) <u>(c)</u> The qualifying patient or designated provider <u>is</u> registered with the medical cannabis registry and presents his or her proof of registration with the ((department of health,)) medical

<u>cannabis</u> registry to any peace officer who questions the patient or provider regarding his or her medical use of cannabis;

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- $((\frac{3}{3}))$ (d) The qualifying patient or designated provider keeps a copy of his or her proof of registration with the <u>medical cannabis</u> registry ((established in section 901 of this act)) and the qualifying patient or designated provider's contact information posted prominently next to any cannabis plants, cannabis products, or useable cannabis located at his or her residence;
- 9 $((\frac{4}{1}))$ <u>(e)</u> The investigating peace officer does not possess 10 evidence that $(\frac{1}{1})$
- 11 (a))) the designated provider has converted cannabis produced or
 12 obtained for the qualifying patient for his or her own personal use or
 13 benefit; ((or
- (b) The qualifying patient has converted cannabis produced or obtained for his or her own medical use to the qualifying patient's personal, nonmedical use or benefit;)) and
 - (((5))) <u>(f)</u> The investigating peace officer does not possess evidence that the designated provider has ((served)) <u>violated RCW 69.51A.---</u> (section 404, chapter 181, Laws of 2011) by serving as a designated provider to more than one qualifying patient ((within a fifteen day period; and)) until fifteen days have elapsed.
- 22 (((6))) (2) A qualifying patient or designated provider is not 23 provided protection from arrest under subsection (1) of this section if 24 the investigating peace officer has ((not)) observed evidence of any of 25 the circumstances identified in section ((901(4))) 8(3) of this act.
- 26 **Sec. 4.** RCW 69.51A.--- and 2011 c 181 s 402 are each amended to 27 read as follows:
 - (1) A qualifying patient or designated provider who is not registered with the $\underline{\text{medical cannabis}}$ registry (($\underline{\text{established in section}}$) $\underline{\text{901 of this act}}$) may raise the affirmative defense set forth in subsection (2) of this section, if:
 - (a) ((The qualifying patient or designated provider presents his or her valid documentation to any peace officer who questions the patient or provider regarding his or her medical use of cannabis;
- 35 (b))) The qualifying patient or designated provider possesses no 36 more cannabis than the limits set forth in RCW 69.51A.040(1); and

p. 9 SB 5955

 $((\frac{c}{c}))$ (b) The qualifying patient or designated provider is in compliance with all other terms and conditions of this chapter($\frac{c}{c}$

- (d) The investigating peace officer does not have probable cause to believe that the qualifying patient or designated provider has committed a felony, or is committing a misdemeanor in the officer's presence, that does not relate to the medical use of cannabis;
- (e) No outstanding warrant for arrest exists for the qualifying patient or designated provider; and
- (f) The investigating peace officer has not observed evidence of any of the circumstances identified in section 901(4) of this act)).
- (2) A qualifying patient or designated provider who is not registered with the medical cannabis registry ((established in section 901 of this act, but who presents his or her valid documentation to any peace officer who questions the patient or provider regarding his or her medical use of cannabis,)) may assert an affirmative defense to charges of violations of state law relating to cannabis through proof at trial, by a preponderance of the evidence, that he or she otherwise meets the requirements of RCW 69.51A.040. ((A qualifying patient or designated provider meeting the conditions of this subsection but possessing more cannabis than the limits set forth in RCW 69.51A.040(1) may, in the investigating peace officer's discretion, be taken into custody and booked into jail in connection with the investigation of the incident.))
- **Sec. 5.** RCW 69.51A.--- and 2011 c 181 s 403 are each amended to read as follows:
 - (1) It is not a violation of state criminal or civil law if qualifying patients ((may)) or their designated providers create and participate in collective gardens ((for the purpose of producing, processing, transporting, and delivering)) to produce, process, transport, or deliver cannabis for the medical use of its members or, in the case of designated providers, the qualifying patients they serve, or nonprofit patient cooperatives under section 6 of this act, subject to the following conditions:
- (a) Qualifying patients and designated providers may only be members of one collective garden and one nonprofit patient cooperative;
- 36 (b) A collective garden may have no more than ten ((qualifying

patients may participate in a single collective garden at any time))
members;

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- ((\(\frac{(b)}{D}\)) (c) Contributions by members may not be solely monetary;
- (d) No more than one collective garden is permitted per property tax parcel;
- (e) Beginning January 1, 2013, collective gardens must register their locations with the medical cannabis registry;
- (f) A collective garden may contain no more than fifteen plants per ((patient)) member up to a total of forty-five plants;
- (((c))) (g) A collective garden may contain no more than twentyfour ounces of useable cannabis per ((patient)) member up to a total of
 seventy-two ounces of useable cannabis;
- $((\frac{d}{d}))$ (h) A copy of each $(\frac{d}{d})$ patient's) member's valid documentation or proof of registration with the medical cannabis registry $(\frac{d}{d})$ member's proof of this act, including) and a copy of the $(\frac{d}{d})$ member's proof of identity, must be available at all times on the premises of the collective garden; and
- $((\frac{(e)}{(e)}))$ (i) No useable cannabis from the collective garden $((\frac{is}{(e)}))$ may be delivered to anyone other than one of the $(\frac{(qualifying patients)}{(qualifying patients)})$ members of the collective garden or a nonprofit patient cooperative.
- (2) ((For purposes of this section, the creation of a "collective garden" means qualifying patients sharing responsibility for acquiring and supplying the resources required to produce and process cannabis for medical use such as, for example, a location for a collective garden; equipment, supplies, and labor necessary to plant, grow, and harvest cannabis; cannabis plants, seeds, and cuttings; and equipment, supplies, and labor necessary for proper construction, plumbing, wiring, and ventilation of a garden of cannabis plants.
- (3)) A person who knowingly violates a provision of ((subsection (1) of)) this section is not entitled to the protections of this chapter.
- NEW SECTION. Sec. 6. A new section is added to chapter 69.51A RCW to read as follows:
- 35 (1) It is not a violation of state criminal or civil law for a 36 nonprofit patient cooperative to distribute cannabis for the medical 37 use of its members if a city, town, or county in which the nonprofit

p. 11 SB 5955

patient cooperative is located has enacted an ordinance stating that nonprofit patient cooperatives are not prohibited by local ordinance from operation within its jurisdiction. A nonprofit patient cooperative must comply with all city, town, or county requirements adopted under RCW 69.51A.--- (section 1102, chapter 181, Laws of 2011) and the following criteria:

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- (a) A nonprofit patient cooperative must be registered as a nonprofit corporation with the secretary of state under chapter 24.03 or 24.06 RCW;
- (b) Only qualifying patients or their designated providers may become members of the nonprofit patient cooperative. Before accepting a member, the nonprofit patient cooperative must contact that patient's health care professional and confirm that the patient qualifies for the medical use of cannabis;
- (c) A nonprofit patient cooperative may obtain cannabis from a collective garden or collective gardens operating under RCW 69.51A.--- (section 403, chapter 181, Laws of 2011), and may produce and process cannabis subject to the following limits:
- (i) A nonprofit patient cooperative may contain no more than fifteen plants per member up to a total of ninety-nine plants; and
- (ii) A nonprofit patient cooperative may contain no more than twenty-four ounces of useable cannabis per member up to a total of one hundred forty-four ounces;
- (d) Members of a nonprofit patient cooperative are not required to provide work as part of their membership;
- (e) A copy of each member's valid documentation or proof of registration with the medical cannabis registry and a copy of the member's proof of identity, must be available at all times on the premises of a nonprofit patient cooperative;
- (f) No useable cannabis from the nonprofit patient cooperative may be delivered to anyone other than one of the members of the nonprofit patient cooperative;
- (g) Beginning January 1, 2013, a nonprofit patient cooperative must register its location with the medical cannabis registry;
- (h) A nonprofit patient cooperative must ensure that no cannabis or cannabis paraphernalia may be viewed from outside the facility;
- 37 (i) A nonprofit patient cooperative may not be located within one 38 thousand feet of a community center, child care center, elementary or

secondary school, or college or university. A city, town, or county may adopt an ordinance providing for distance requirements that are greater than or less than the distance requirements under this subsection (1)(i);

- (j) A nonprofit patient cooperative may hire staff to assist in the operation of the nonprofit patient cooperative;
- (k) A nonprofit patient cooperative may only sell cannabis and charge membership fees to its members at a price determined to defray operating costs of the nonprofit patient cooperative. Fees may be adjusted based on individual consumption rates and level of participation in the nonprofit patient cooperative;
- (1) A nonprofit patient cooperative may not advertise cannabis for sale to the general public and may not include pictures or drawings of cannabis in any facility displays;
- (m) A nonprofit patient cooperative may not permit cannabis to be consumed on the premises of the nonprofit patient cooperative;
- (n) A nonprofit patient cooperative must exclude from its premises people who are not members or employees of the nonprofit patient cooperative;
- (o) A nonprofit patient cooperative must permit city, town, or county employees to access records at the cooperative in order to verify patient documentation required by (e) of this subsection.
- (2) A person who knowingly violates a provision of this section is not entitled to the protections of this chapter. If charged with a violation of state law relating to cannabis, an employee of a nonprofit patient cooperative is deemed to have established an affirmative defense to such charges by proof of compliance with this section.
- **Sec. 7.** RCW 69.51A.050 and 1999 c 2 s 7 are each amended to read 29 as follows:
 - (1) The lawful possession, dispensing, delivery, or manufacture of medical ((marijuana as authorized by)) cannabis under this chapter shall not result in the forfeiture or seizure of any real or personal property including, but not limited to, cannabis intended for medical use, items used to facilitate the medical use of cannabis or its production or dispensing for medical use, or proceeds of sales of cannabis for medical use made by nonprofit patient cooperatives.

p. 13 SB 5955

- 1 (2) No person shall be prosecuted for constructive possession, 2 conspiracy, or any other criminal offense solely for being in the 3 presence or vicinity of ((medical marijuana)) cannabis intended for 4 medical use or its use as authorized by this chapter.
- 5 (3) The state shall not be held liable for any deleterious outcomes 6 from the medical use of ((marijuana)) cannabis by any qualifying 7 patient.
- 8 <u>NEW SECTION.</u> **Sec. 8.** A new section is added to chapter 69.51A RCW 9 to read as follows:

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- (1) The medical cannabis registry is established in the department of health as a secure and confidential registration system for qualifying patients, designated providers, collective gardens, and nonprofit patient cooperatives. By January 1, 2013, the department of health shall adopt rules to create, implement, administer, and maintain the medical cannabis registry. Beginning January 1, 2013, the medical cannabis registry must allow:
 - (a) A health care professional to register a qualifying patient or designated provider, including locations where the qualifying patient or designated provider plans to grow cannabis;
- (b) A qualifying patient or designated provider to register himself or herself; and
- 22 (c) A collective garden or nonprofit patient cooperative to 23 register its location.
 - (2) A peace officer must be able to access the medical cannabis registry at any time to verify whether a person or location is registered as a qualifying patient, designated provider, collective garden, or nonprofit patient cooperative. Such access may be made only in connection with a specific, legitimate criminal investigation regarding cannabis.
 - (3) Before seeking a nonvehicle search warrant or arrest warrant, a peace officer investigating a cannabis-related incident must make reasonable efforts to ascertain whether the location or person under investigation is registered in the medical cannabis registry, and include the results of this inquiry in the affidavit submitted in support of the application for the warrant. This requirement does not apply to investigations in which:

- (a) The peace officer has observed evidence of an apparent cannabis operation that is not a collective garden, nonprofit patient cooperative, or the personal garden of a qualifying patient or designated provider;
- (b) The peace officer has observed evidence of theft of electrical power;
- (c) The peace officer has observed evidence of illegal drugs other than cannabis at the premises;
- (d) The peace officer has observed frequent and numerous short-term visits over an extended period that are consistent with commercial activity, if the subject of the investigation is not a collective garden or nonprofit patient cooperative;
- (e) The peace officer has observed violent crime or other demonstrated dangers to the community;
 - (f) The peace officer has probable cause to believe the subject of the investigation has committed a felony, or a misdemeanor in the officer's presence, that does not relate to cannabis; or
- (g) The subject of the investigation has an outstanding arrest warrant.
- (4) Registration is voluntary for qualifying patients and designated providers. However, nonprofit patient cooperatives and collective gardens must register their locations.
- (5) Registrations in the medical cannabis registry are valid for one year; however, qualifying patients or designated providers must be able to remove themselves from the registry or change their designated providers at any time.
 - (6) The department of health must adopt rules providing for:
 - (a) Registration renewals;

- (b) Removing expired registrations from the registry;
- 30 (c) Health care professionals' entry of qualifying patients and designated providers into the registry;
 - (d) Qualified patients or designated providers to self-register or remove themselves from the registry;
 - (e) Collective gardens and nonprofit patient cooperatives to register their locations; and
 - (f) Registration fees. Fees, including renewal fees, for qualifying patients and designated providers participating in the medical cannabis registry shall be limited to the cost to the state of

p. 15 SB 5955

- implementing, maintaining, and enforcing the provisions of this section 1 2 and the rules adopted to carry out its purposes. The fee shall also 3 include any costs for the department of health to disseminate 4 information to employees of state and local law enforcement agencies relating to whether a person is a qualifying patient or designated 5 provider, or that a location is the address of a qualifying patient, 6 7 designated provider, collective garden, or nonprofit 8 cooperative, and for the dissemination of log records relating to such requests for information to the subjects of those requests. No fee may 9 10 be charged to local law enforcement agencies for accessing the 11 registry.
 - (7) During the rule-making process, the department of health shall consult with stakeholders and persons with relevant expertise, to include, but not be limited to, qualifying patients, designated providers, health care professionals, state and local law enforcement agencies, and the University of Washington computer science and engineering security and privacy research lab.
 - (8) The medical cannabis registry shall meet the following requirements:
 - (a) Any personally identifiable information included in the registration system must be nonreversible, pursuant to definitions and standards set forth by the national institute of standards and technology;
 - (b) Any personally identifiable information included in the registration system must not be susceptible to linkage by use of data external to the registration system;
 - (c) The registration system must incorporate current best differential privacy practices, allowing for maximum accuracy of registration system queries while minimizing the chances of identifying the personally identifiable information included therein; and
 - (d) The registration system must be upgradeable and updated in a timely fashion to keep current with state of the art privacy and security standards and practices.
- 34 (9) The registration system shall maintain a log of each 35 verification query submitted by a peace officer, including the peace 36 officer's name, agency, and identification number, for a period of no 37 less than three years from the date of the query. Personally 38 identifiable information of qualifying patients and designated

SB 5955 p. 16

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providers included in the log shall be confidential and exempt from public disclosure, inspection, or copying under chapter 42.56 RCW:
PROVIDED, That:

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- (a) Names and other personally identifiable information from the list may be released only to:
- (i) Authorized employees of the department of health as necessary to perform official duties; or
- (ii) Authorized employees of state or local law enforcement agencies, only as necessary to verify that the person or location is a qualifying patient, designated provider, collective garden, or nonprofit patient cooperative. Authorized employees who obtain personally identifiable information under this subsection may not release or use the information for any purpose other than verification that a person or location is a qualifying patient, designated provider, collective garden, or nonprofit patient cooperative or as otherwise provided in this section;
- (b) Information contained in the registration system may be released in aggregate form, with all personally identifying information redacted, for the purpose of statistical analysis and oversight of agency performance and actions;
- (c) The subject of a registration query may appear during ordinary department of health business hours and inspect or copy log records relating to him or her upon adequate proof of identity; and
- (d) The subject of a registration query may submit a written request to the department of health, along with adequate proof of identity, for copies of log records relating to him or her.
- 27 (10) Fees collected under this section must be deposited into the 28 health professions account under RCW 43.70.320.
- NEW SECTION. Sec. 9. A new section is added to chapter 42.56 RCW to read as follows:
- Records containing names and other personally identifiable information relating to qualifying patients, designated providers, collective gardens, and nonprofit patient cooperatives, under section 8 of this act are exempt from disclosure under this chapter.
- 35 **Sec. 10.** RCW 69.51A.--- and 2011 c 181 s 1102 are each amended to read as follows:

p. 17 SB 5955

(1)(a) Nothing in this chapter is intended to preempt the authority of cities and towns ((may adopt and enforce any of the following pertaining to the production, processing, or dispensing of cannabis or cannabis products within their jurisdiction:)) to impose zoning requirements, ((business)) licensing requirements, permitting requirements, health and safety requirements, ((and)) taxes, or other conditions upon any entity producing, processing, or dispensing cannabis within its jurisdiction.

((Nothing in this act is intended to limit the authority of cities and towns to impose zoning requirements or other conditions upon licensed dispensers, so long as)) However, such requirements ((do)) may not preclude the possibility of siting ((licensed dispensers)) collective gardens within the jurisdiction. ((If the jurisdiction has no commercial zones, the jurisdiction is not required to adopt zoning to accommodate licensed dispensers.))

- (b) A city or town may enact an ordinance stating that nonprofit patient cooperatives as provided in section 6 of this act are not prohibited within the city's or town's jurisdiction. Cities and towns may adopt and enforce requirements for nonprofit patient cooperatives that include but are not limited to: Security requirements; inspection standards, including policies on verifying qualified patient records; limits on size of membership; and limits on number of plants and amounts of useable cannabis so long as such limits do not exceed the maximum amount allowed under section 6 of this act.
- (2)(a) Nothing in this chapter is intended to preempt the authority of counties ((may adopt and enforce any of the following pertaining to the production, processing, or dispensing of cannabis or cannabis products within their jurisdiction in locations outside of the corporate limits of any city or town:)) to impose zoning requirements, business licensing requirements, ((and)) permitting requirements, health and safety requirements, taxes, or other conditions upon any entity producing, processing, or dispensing cannabis within its jurisdiction in locations outside the corporate limits of any city or town.

((Nothing in this act is intended to limit the authority of counties to impose zoning requirements or other conditions upon licensed dispensers, so long as)) However, such requirements ((do)) may not preclude the possibility of siting ((licensed dispensers))

collective gardens within the jurisdiction. ((If the jurisdiction has no commercial zones, the jurisdiction is not required to adopt zoning to accommodate licensed dispensers.))

4 (b) A county may enact an ordinance stating that nonprofit patient 5 6 7

cooperatives as provided in section 6 of this act are not prohibited within its jurisdiction in locations outside of the corporate limits of any city or town. Counties may adopt and enforce requirements for nonprofit patient cooperatives that include but are not limited to: Security requirements; inspection standards, including policies on verifying qualified patient records; limits on size of membership; and limits on number of plants and amounts of useable cannabis so long as

12 such limits do not exceed the maximum amount allowed under section 6 of

13 this act.

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- 14 Sec. 11. RCW 69.51A.--- and 2011 c 181 s 1105 are each amended to 15 read as follows:
 - (1)(a) The arrest and prosecution protections established in RCW 69.51A.040 may not be asserted in a supervision revocation or violation hearing by a person who is supervised by a corrections agency or department, including local governments or jails, that has determined that the terms of this section are inconsistent with and contrary to his or her supervision.
 - (b) The affirmative defenses established in RCW 69.51A.--- (section 402, chapter 181, Laws of 2011)((-,)) and 69.51A.--- (section 405, chapter 181, Laws of 2011)((, 69.51A.--- (section 406, chapter 181, Laws of 2011), and section 407 of this act)) may not be asserted in a supervision revocation or violation hearing by a person who is supervised by a corrections agency or department, including local governments or jails, that has determined that the terms of this section are inconsistent with and contrary to his or her supervision.
 - (2) The provisions of RCW 69.51A.040, 69.51A.--- (section 403, chapter 181, Laws of 2011), and 69.51A.--- (section 413, chapter 181, Laws of 2011) do not apply to a person who is supervised for a criminal conviction by a corrections agency or department, including local governments or jails, that has determined that the terms of this chapter are inconsistent with and contrary to his or her supervision.
 - (((3) A person may not be licensed as a licensed producer, licensed processor of cannabis products, or a licensed dispenser under section

p. 19 SB 5955

- 1 601, 602, or 701 of this act if he or she is supervised for a criminal
- 2 conviction by a corrections agency or department, including local
- 3 governments or jails, that has determined that licensure is
- 4 inconsistent with and contrary to his or her supervision.))

- **Sec. 12.** RCW 82.08.0281 and 2004 c 153 s 108 are each amended to read as follows:
 - (1) The tax levied by RCW 82.08.020 shall not apply to sales of drugs for human use dispensed or to be dispensed to patients, pursuant to a prescription.
 - (2) The tax levied by RCW 82.08.020 shall not apply to sales of drugs or devices used for family planning purposes, including the prevention of conception, for human use dispensed or to be dispensed to patients, pursuant to a prescription.
 - (3) The tax levied by RCW 82.08.020 shall not apply to sales of drugs and devices used for family planning purposes, including the prevention of conception, for human use supplied by a family planning clinic that is under contract with the department of health to provide family planning services.
 - (4) The tax levied by RCW 82.08.020 shall not apply to sales of cannabis for medical use by a nonprofit patient cooperative to qualifying patients or designated providers if the sale is made in compliance with the provisions of chapter 69.51A RCW. The definitions in chapter 69.51A RCW apply to this subsection.
 - (5) The definitions in this subsection apply throughout this section.
 - (a) "Prescription" means an order, formula, or recipe issued in any form of oral, written, electronic, or other means of transmission by a duly licensed practitioner authorized by the laws of this state to prescribe.
 - (b) "Drug" means a compound, substance, or preparation, and any component of a compound, substance, or preparation, other than food and food ingredients, dietary supplements, or alcoholic beverages:
 - (i) Recognized in the official United States pharmacopoeia, official homeopathic pharmacopoeia of the United States, or official national formulary, or any supplement to any of them; or
- (ii) Intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease; or

- 1 (iii) Intended to affect the structure or any function of the body.
- 2 (c) "Over-the-counter drug" means a drug that contains a label that 3 identifies the product as a drug required by 21 C.F.R. Sec. 201.66, as 4 amended or renumbered on January 1, 2003. The label includes:
 - (i) A "drug facts" panel; or

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- 6 (ii) A statement of the "active ingredient(s)" with a list of those 7 ingredients contained in the compound, substance, or preparation.
- 8 **Sec. 13.** RCW 82.12.0275 and 2003 c 168 s 406 are each amended to 9 read as follows:
- 10 (1) The provisions of this chapter shall not apply in respect to 11 the use of drugs dispensed or to be dispensed to patients, pursuant to 12 a prescription, if the drugs are for human use.
 - (2) The provisions of this chapter shall not apply in respect to the use of drugs or devices used for family planning purposes, including the prevention of conception, for human use dispensed or to be dispensed to patients, pursuant to a prescription.
 - (3) The provisions of this chapter shall not apply in respect to the use of drugs or devices used for family planning purposes, including the prevention of conception, for human use supplied by a family planning clinic that is under contract with the department of health to provide family planning services.
- 22 (4) The provisions of this chapter shall not apply in respect to
 23 the use of cannabis provided or to be provided to qualifying patients
 24 by a nonprofit patient cooperative, if the cannabis is for medical use
 25 in compliance with the provisions of chapter 69.51A RCW. The
 26 definitions in chapter 69.51A RCW apply to this subsection.
- 27 <u>(5)</u> As used in this section, "prescription" and "drug" have the same meanings as in RCW 82.08.0281.
- 29 <u>NEW SECTION.</u> **Sec. 14.** RCW 69.51A.--- and 2011 c 181 s 406 are 30 each repealed.

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p. 21 SB 5955