

E3SSB 5887 - H AMD 975

By Representative Cody

1 Strike everything after the enacting clause and insert the
2 following:

3 "NEW SECTION. Sec. 1. The legislature finds that the medical
4 use of marijuana has been available to people in the state of
5 Washington since 1998 and that the legislature has made several
6 efforts over the years to ensure a safe, adequate, and consistent
7 source of medical marijuana to those people who qualify to use
8 marijuana for treatment of their terminal or debilitating medical
9 conditions. The legislature further finds that in 2011, it
10 developed a comprehensive regulatory scheme over the medical use of
11 marijuana that included arrest protection for patients and providers
12 so long as they are compliant with the law and were registered with
13 the department of health as qualifying patients. Because the
14 governor vetoed several sections of that 2011 law, current law
15 remains incomplete; patients are provided arrest protection but only
16 if they register in a registry that does not exist. While the
17 legislature's intent to provide arrest protection to patients in
18 2011 was not realized, the legislature intends to reinstate arrest
19 protection for qualifying patients in this act by enacting a
20 registry similar to the one implemented in 2011 and to make other
21 modifications to the law on the medical use of marijuana to ensure a
22 well-regulated market that meets the need of patients and their
23 designated providers.

24 The legislature intends that this bill be the first step in a
25 multi-year process to align the currently existing medical marijuana
26 market with the newly-created recreational market while ensuring
27 that qualifying patients are not adversely impacted by this gradual

1 transition. This first step involves providing to the qualifying
2 patients arrest protection contingent on their participation in a
3 department of health-based medical marijuana registry and to provide
4 clear guidance to health care professionals in providing
5 authorizations to their patients on the medical use of marijuana.

6 The legislature acknowledges that this is a time of transition
7 for patients, but the very real and very important needs of patients
8 must be protected as other legal sources of marijuana become
9 available to non-medical users. The second step of this process
10 will occur with more knowledge of what products will be available at
11 retail outlets and whether the needs of patients and their providers
12 are being met at those stores.

13

14 **Sec. 2.** RCW 69.51A.005 and 2011 c 181 s 102 are each amended to
15 read as follows:

16 (1) The legislature finds that:

17 (a) There is medical evidence that some patients with terminal or
18 debilitating medical conditions may, under their health care
19 professional's care, benefit from the medical use of ((cannabis))
20 marijuana. Some of the conditions for which ((cannabis)) marijuana
21 appears to be beneficial include, but are not limited to:

22 (i) Nausea, vomiting, and cachexia associated with cancer, HIV-
23 positive status, AIDS, hepatitis C, anorexia, and their treatments;

24 (ii) Severe muscle spasms associated with multiple sclerosis,
25 epilepsy, and other seizure and spasticity disorders;

26 (iii) Acute or chronic glaucoma;

27 (iv) Crohn's disease; and

28 (v) Some forms of intractable pain.

29 (b) Humanitarian compassion necessitates that the decision to use
30 ((cannabis)) marijuana by patients with terminal or debilitating
31 medical conditions is a personal, individual decision, based upon
32 their health care professional's professional medical judgment and
33 discretion.

34

1 (2) Therefore, the legislature intends that, so long as such
2 activities are in compliance with this chapter:

3 (a) Qualifying patients with terminal or debilitating medical
4 conditions who, in the judgment of their health care professionals,
5 may benefit from the medical use of ((~~cannabis~~)) marijuana, shall not
6 be arrested, prosecuted, or subject to other criminal sanctions or
7 civil consequences under state law based solely on their medical use
8 of ((~~cannabis~~)) marijuana, notwithstanding any other provision of law;

9 (b) Persons who act as designated providers to such patients shall
10 also not be arrested, prosecuted, or subject to other criminal
11 sanctions or civil consequences under state law, notwithstanding any
12 other provision of law, based solely on their assisting with the
13 medical use of ((~~cannabis~~)) marijuana; and

14 (c) Health care professionals shall also not be arrested,
15 prosecuted, or subject to other criminal sanctions or civil
16 consequences under state law for the proper authorization of medical
17 use of ((~~cannabis~~)) marijuana by qualifying patients for whom, in the
18 health care professional's professional judgment, the medical use of
19 ((~~cannabis~~)) marijuana may prove beneficial.

20 (3) Nothing in this chapter establishes the medical necessity or
21 medical appropriateness of ((~~cannabis~~)) marijuana for treating
22 terminal or debilitating medical conditions as defined in RCW
23 69.51A.010.

24 (4) Nothing in this chapter diminishes the authority of
25 correctional agencies and departments, including local governments or
26 jails, to establish a procedure for determining when the use of
27 ((~~cannabis~~)) marijuana would impact community safety or the effective
28 supervision of those on active supervision for a criminal conviction,
29 nor does it create the right to any accommodation of any medical use
30 of ((~~cannabis~~)) marijuana in any correctional facility or jail.

31
32 **Sec. 3.** RCW 69.51A.010 and 2010 c 284 s 2 are each amended to
33 read as follows:

1 The definitions in this section apply throughout this chapter
2 unless the context clearly requires otherwise.

3 (1) "Designated provider" means a person who(~~(+~~
4 ~~(a))~~) is (~~(eighteen))~~ twenty-one years of age or older(~~(+~~
5 ~~(b))~~) and:

6 (a)(i) Is the parent or guardian of a qualifying patient who is
7 under the age of eighteen; or

8 (ii) Has been designated in writing by a qualifying patient to
9 serve as a designated provider ((under this chapter)) for that
10 patient;

11 ~~((+e))~~ (b) Is prohibited from consuming marijuana obtained for
12 the personal, medical use of the qualifying patient for whom the
13 individual is acting as designated provider; ((and))

14 ~~((+d))~~ (c) Is in compliance with this chapter; and

15 (d) Is the designated provider to only one patient at any one
16 time.

17 (2) "Health care professional," for purposes of this chapter only,
18 means a physician licensed under chapter 18.71 RCW, a physician
19 assistant licensed under chapter 18.71A RCW, an osteopathic physician
20 licensed under chapter 18.57 RCW, an osteopathic physicians' assistant
21 licensed under chapter 18.57A RCW, a naturopath licensed under chapter
22 18.36A RCW, or an advanced registered nurse practitioner licensed
23 under chapter 18.79 RCW.

24 (3) "Medical use of marijuana" means the manufacture, production,
25 possession, transportation, delivery, ingestion, application, or
26 administration of marijuana((, as defined in RCW 69.50.101(q),)) for
27 the exclusive benefit of a qualifying patient in the treatment of his
28 or her terminal or debilitating (~~(illness))~~ medical condition.

29 (4) "Qualifying patient" means a person who:

30 (a)(i) Is a patient of a health care professional;

31 ~~((+b))~~ (ii) Has been diagnosed by that health care professional
32 as having a terminal or debilitating medical condition;

33 ~~((+e))~~ (iii) Is a resident of the state of Washington at the time
34 of such diagnosis;

1 ~~((d))~~ (iv) Has been advised by that health care professional
2 about the risks and benefits of the medical use of marijuana; ~~((and~~
3 ~~(e))~~ (v) Has been advised by that health care professional that
4 ~~((they))~~ he or she may benefit from the medical use of marijuana; and
5 (vi) Is otherwise in compliance with the terms and conditions
6 established in this chapter.

7 (b) "Qualifying patient" does not include a person who is actively
8 being supervised for a criminal conviction by a corrections agency or
9 department that has determined that the terms of this chapter are
10 inconsistent with and contrary to his or her supervision and all
11 related processes and procedures related to that supervision.

12 (5) "Tamper-resistant paper" means paper that meets one or more of
13 the following industry-recognized features:

- 14 (a) One or more features designed to prevent copying of the paper;
15 (b) One or more features designed to prevent the erasure or
16 modification of information on the paper; or
17 (c) One or more features designed to prevent the use of
18 counterfeit valid documentation.

19 (6) "Terminal or debilitating medical condition" means a condition
20 severe enough to significantly interfere with the patient's activities
21 of daily living and ability to function, which can be objectively
22 assessed and evaluated and limited to the following:

23 (a) Cancer, human immunodeficiency virus (HIV), multiple
24 sclerosis, epilepsy or other seizure disorder, or spasticity
25 disorders; ~~((or))~~

26 (b) Intractable pain, limited for the purpose of this chapter to
27 mean pain unrelieved by standard medical treatments and medications;
28 ~~((or))~~

29 (c) Glaucoma, either acute or chronic, limited for the purpose of
30 this chapter to mean increased intraocular pressure unrelieved by
31 standard treatments and medications; ~~((or))~~

32 (d) Crohn's disease with debilitating symptoms unrelieved by
33 standard treatments or medications; ~~((or))~~

34

1 (e) Hepatitis C with debilitating nausea or intractable pain
2 unrelieved by standard treatments or medications; ((~~or~~))

3 (f) Diseases, including anorexia, which result in nausea,
4 vomiting, wasting, appetite loss, cramping, seizures, muscle spasms,
5 or spasticity, when these symptoms are unrelieved by standard
6 treatments or medications; or

7 (g) Any other medical condition duly approved by the Washington
8 state medical quality assurance commission in consultation with the
9 board of osteopathic medicine and surgery as directed in this chapter.

10 (7) "Valid documentation" means:

11 (a) A statement signed and dated by a qualifying patient's health
12 care professional written on tamper-resistant paper, which states
13 that, in the health care professional's professional opinion, the
14 patient may benefit from the medical use of marijuana; and

15 (b) Proof of identity such as a Washington state driver's license
16 or identicard, as defined in RCW 46.20.035.

17 (8) "Department" means the department of health.

18 (9) "Marijuana" has the meaning provided in RCW 69.50.101.

19 (10) "Medical marijuana registry" means the secure and
20 confidential registry of qualifying patients and designated providers
21 established in section 3 of this act.

22 (11) "Plant" means a marijuana plant having at least three
23 distinguishable and distinct leaves, each leaf being at least three
24 centimeters in diameter, and a readily observable root formation
25 consisting of at least two separate and distinct roots, each being at
26 least two centimeters in length. Multiple stalks emanating from the
27 same root ball or root system is considered part of the same single
28 plant.

29 (12) "Public place" includes streets and alleys of incorporated
30 cities and towns; state or county or township highways or roads;
31 buildings and grounds used for school purposes; public dance halls and
32 grounds adjacent thereto; premises where goods and services are
33 offered to the public for retail sale; public buildings, public
34 meeting halls, lobbies, halls and dining rooms of hotels, restaurants,

1 theaters, stores, garages, and filling stations that are open to and
2 are generally used by the public and to which the public is permitted
3 to have unrestricted access; railroad trains, stages, buses, ferries,
4 and other public conveyances of all kinds and character, and the
5 depots, stops, and waiting rooms used in conjunction therewith which
6 are open to unrestricted use and access by the public; publicly owned
7 bathing beaches, parks, or playgrounds; and all other places of like
8 or similar nature to which the general public has unrestricted right
9 of access, and that are generally used by the public.

10 (13) "THC concentration" has the meaning provided in RCW
11 69.50.101.

12 (14) "Useable marijuana" has the meaning provided in RCW
13 69.50.101.

14 (15) "Principal care provider" means the health care professional
15 who is designated by a qualifying patient as being the principal care
16 provider for that patient.

17
18 **Sec. 4.** RCW 69.51A.030 and 2011 c 181 s 301 are each amended to
19 read as follows:

20 (1) The following acts do not constitute crimes under state law or
21 unprofessional conduct under chapter 18.130 RCW, and a health care
22 professional may not be arrested, searched, prosecuted, disciplined,
23 or subject to other criminal sanctions or civil consequences or
24 liability under state law, or have real or personal property searched,
25 seized, or forfeited pursuant to state law, notwithstanding any other
26 provision of law as long as the health care professional complies with
27 subsection (2) of this section:

28 (a) Advising a patient about the risks and benefits of medical use
29 of ~~((cannabis))~~ marijuana or that the patient may benefit from the
30 medical use of ~~((cannabis))~~ marijuana; or

31 (b) ~~((Providing))~~ Registering a patient meeting the criteria
32 established under RCW 69.51A.010~~((+26) with valid documentation))~~ (4)
33 with the medical marijuana registry or providing the patient with
34 valid documentation under RCW 69.51A(7), based upon the health care

1 professional's assessment of the patient's medical history and current
2 medical condition, (~~where such use is~~) if the health care
3 professional has complied with this chapter and he or she determines
4 within a professional standard of care or in the individual health
5 care professional's medical judgment the qualifying patient may
6 benefit from medical use of marijuana.

7 (2)(a) A health care professional may only provide a patient with
8 valid documentation authorizing the medical use of cannabis or
9 register the patient with the medical marijuana registry established
10 in section (~~(901)~~) 7 of this act if he or she has a (~~newly initiated~~
11 ~~or existing~~) documented relationship with the patient, as a
12 (~~primary~~) principal care provider or a specialist, relating to the
13 diagnosis and ongoing treatment or monitoring of the patient's
14 terminal or debilitating medical condition, and only after:

15 (i) Completing (~~(a)~~) an in-person physical examination of the
16 patient (~~as appropriate, based on the patient's condition and age~~);

17 (ii) Documenting the terminal or debilitating medical condition of
18 the patient in the patient's medical record and that the patient may
19 benefit from treatment of this condition or its symptoms with medical
20 use of (~~cannabis~~) marijuana;

21 (iii) Informing the patient of other options for treating the
22 terminal or debilitating medical condition and documenting in the
23 patient's medical record that the patient has received this
24 information; and

25 (iv) Documenting in the patient's medical record other measures
26 attempted to treat the terminal or debilitating medical condition that
27 do not involve the medical use of (~~cannabis~~) marijuana.

28 (b) A health care professional shall not:

29 (i) Accept, solicit, or offer any form of pecuniary remuneration
30 from or to a (~~licensed dispenser, licensed producer, or licensed~~
31 ~~processor of cannabis products~~) marijuana retailer, marijuana
32 processor, or marijuana producer;

33 (ii) Offer a discount or any other thing of value to a qualifying
34 patient who is a customer of, or agrees to be a customer of, a

1 particular (~~licensed dispenser, licensed producer, or licensed~~
2 ~~processor of cannabis products~~) marijuana retailer;

3 (iii) Examine or offer to examine a patient for purposes of
4 diagnosing a terminal or debilitating medical condition at a location
5 where (~~cannabis~~) marijuana is produced, processed, or (~~dispensed~~)
6 sold;

7 (iv) Have a business or practice which consists (~~solely~~)
8 primarily of authorizing the medical use of (~~cannabis~~) marijuana.
9 However, the health care professional's business or practice must have
10 a permanent physical location;

11 (v) Include any statement or reference, visual or otherwise, on
12 the medical use of (~~cannabis~~) marijuana in any advertisement for his
13 or her business or practice; or

14 (vi) Hold an economic interest in an enterprise that produces,
15 processes, or (~~dispenses cannabis~~) sells marijuana if the health
16 care professional authorizes the medical use of (~~cannabis~~)
17 marijuana.

18 (3) A violation of any provision of subsection (2) of this section
19 constitutes unprofessional conduct under chapter 18.130 RCW.

20 (4) Valid documentation provided by a health care professional to
21 a patient under this section shall expire one year from the date upon
22 which it was issued. Prior to renewing valid documentation, a health
23 care professional must reexamine the qualifying patient and comply
24 with the standards established in subsection (2)(a) of this section.

25
26 NEW SECTION. Sec. 5. A new section is added to chapter 69.51A
27 RCW to read as follows:

28 (1) The department shall convene a work group of representatives
29 of the medical quality assurance commission, board of osteopathic
30 medicine and surgery, the nursing care quality assurance commission,
31 and the board of naturopathy. The work group shall accept public
32 comment from representatives of associations representing health care
33 professionals and representatives of the medical marijuana community,
34 including patients, to develop practice guidelines for health care

1 professionals to consider when authorizing the medical use of
2 marijuana for patients. The representatives of the medical marijuana
3 community must be appointed by the governor. The practice guidelines
4 shall address:

5 (a) Conditions that may benefit from the medical use of marijuana;

6 (b) Assessing a patient to determine if he or she has a
7 debilitating condition or intractable pain;

8 (c) Conducting an adequate examination of a patient for the need
9 for marijuana for medical use;

10 (d) Dosing criteria related to the medical use of marijuana;

11 (e) Developing a treatment plan for patients who may benefit from
12 the medical use of marijuana;

13 (f) Communicating with a patient about the medical use of
14 marijuana and other options for treating his or her terminal or
15 debilitating medical condition;

16 (g) Maintaining records for patients who have been authorized to
17 use marijuana for medical purposes; and

18 (h) Other issues identified by the work group as necessary to
19 provide appropriate care to patients who have been authorized to use
20 marijuana for medical purposes.

21 (2) The work group shall adopt a definition of "medical grade
22 marijuana" to guide health care professionals in making decisions in
23 selecting types of marijuana for patients. The recommendations of the
24 work group under this subsection are advisory and do not establish
25 regulatory standards, unless adopted by the state liquor and cannabis
26 board or the department pursuant to existing authority.

27 (3) The department shall make the practice guidelines broadly
28 available to health care professionals.

29

30 NEW SECTION. **Sec. 6.** A new section is added to chapter 69.51A
31 RCW to read as follows:

32 (1) Health care professionals may authorize the medical use of
33 marijuana for qualifying patients who are under the age of eighteen
34 if:

1 (a) The minor's parent or guardian participates in the minor's
2 treatment and agrees to the medical use of marijuana by the minor;

3 (b) The parent or guardian acts as the designated provider for the
4 minor and has sole control over the minor's marijuana. However, the
5 minor may possess up to the amount of marijuana that is necessary for
6 his or her next dose; and

7 (c) The minor does not grow plants.

8 (2) A health care professional who authorizes the medical use of
9 marijuana by a minor must do so as part of the course of treatment of
10 the minor's terminal or debilitating medical condition. If
11 authorizing a minor for the medical use of marijuana, the health care
12 professional must:

13 (a) Consult with other health care providers involved in the
14 child's treatment, as medically indicated, before authorization or
15 reauthorization of the medical use of marijuana; and

16 (b) Reexamine the minor at least once a year or more frequently as
17 medically indicated. The reexamination must:

18 (i) Determine that the minor continues to have a terminal or
19 debilitating medical condition and that the condition benefits from
20 the medical use of marijuana; and

21 (ii) Include a follow-up discussion with the minor's parent or
22 guardian to ensure the parent or guardian continues to participate in
23 the treatment of the minor.

24
25 NEW SECTION. **Sec. 7.** A new section is added to chapter 69.51A
26 RCW to read as follows:

27 (1) By July 1, 2015, the department must adopt rules for the
28 creation, implementation, maintenance, and timely upgrading of a
29 secure and confidential medical marijuana registry that allows:

30 (a) A health care professional to register a qualifying patient or
31 designated provider and include the amount of useable marijuana,
32 marijuana products, or plants for which the qualifying patient is
33 authorized under section 69.51A.040 of this act;

1 (b) Persons authorized to prescribe or dispense controlled
2 substances to access information on their patients for the purpose of
3 providing medical or pharmaceutical care for their patients;

4 (c) A qualifying patient or designated provider to request and
5 receive his or her own information;

6 (d) Appropriate local, state, and federal law enforcement or
7 prosecutorial officials who are engaged in a bona fide specific
8 investigation of suspected marijuana-related activity that is illegal
9 under Washington state law to confirm the validity of the
10 authorization card of a qualifying patient or designated provider;

11 (e) The department and the health care professional's disciplining
12 authorities to monitor registrations and ensure compliance with this
13 chapter by their licensees; and

14 (f) Registrations to expire one year after entry into the
15 registry.

16 (2) A qualifying patient and his or her designated provider, if
17 any, must be placed in the medical marijuana registry by the
18 qualifying patient's health care professional. After a qualifying
19 patient or designated provider is placed in the medical marijuana
20 registry, he or she must be provided with:

21 (a) A receipt of registration, generated by the registry and
22 available immediately at point of registration; and

23 (b) An authorization card provided by the department, to be mailed
24 to the qualifying patient or designated provider.

25 (3) The receipt of registration is valid for sixty days or until
26 the qualifying patient or designated provider receives an
27 authorization card from the department, whichever comes first. The
28 receipt of registration is to be considered an authorization card for
29 purposes of this chapter.

30 (4) The receipt of registration and authorization card must be
31 developed by the department and include:

32 (a) A randomly generated and unique identifying number;

33 (b) For designated providers, the unique identifying number of the
34 qualifying patient whom the provider is assisting;

1 (c) The amount of useable marijuana, marijuana products, or plants
2 for which the qualifying patient is authorized under RCW 69.51A.040 of
3 this act;

4 (d) The effective date and expiration date of the receipt of
5 registration and the authorization card;

6 (e) The name of the health care professional who registered the
7 qualifying patient or designated provider;

8 (f) The department of revenue to verify tax exemptions under
9 chapters 82.08 and 82.12 RCW; and

10 (f) For the authorization card, additional security features as
11 necessary to ensure its validity.

12 (5) The department may adopt rules to require the use of a
13 photograph on the authorization card and the destruction of the
14 photographs of qualifying patients and designated providers
15 immediately upon issuance of the authorization cards.

16 (6) Authorization cards are valid for one year from the date the
17 health care professional registers the qualifying patient or
18 designated provider in the medical marijuana registry. Qualifying
19 patients may not be reentered into the medical marijuana registry
20 until they have been reexamined by a health care professional and
21 determined to meet the definition of qualifying patient. After
22 reexamination, the health care professional must reenter the
23 qualifying patient or designated provider into the medical marijuana
24 registry and a new authorization card will then be issued by the
25 department in accordance with department rules. The department must
26 adopt rules on replacing lost or stolen authorization cards.

27 (7) The department must adopt rules for removing qualifying
28 patients and designated providers from the medical marijuana registry
29 upon expiration of the authorization card as well as a method for
30 permitting qualifying patients and designated providers to remove
31 themselves from the medical marijuana registry before expiration and
32 for health care professionals to remove qualifying patients and
33 designated providers from the medical marijuana registry before
34 expiration if the patient or provider no longer qualifies for the

1 medical use of marijuana. The department must retain registry records
2 for at least five calendar years to permit the state liquor and
3 cannabis board and the department of revenue to verify eligibility for
4 tax exemptions.

5 (8) During development of the medical marijuana registry, the
6 department of health shall consult with stakeholders and persons with
7 relevant expertise to include, but not be limited to, qualifying
8 patients, designated providers, health care professionals, state and
9 local law enforcement agencies, and the University of Washington
10 computer science and engineering security and privacy research lab.

11 (9) The medical marijuana registry must meet the following
12 requirements:

13 (a) Any personally identifiable information included in the
14 registry must be nonreversible, pursuant to definitions and standards
15 set forth by the national institute of standards and technology;

16 (b) Any personally identifiable information included in the
17 registry must not be susceptible to linkage by use of data external to
18 the registry;

19 (c) The registry must incorporate current best differential
20 privacy practices, allowing for maximum accuracy of registry queries
21 while minimizing the chances of identifying the personally
22 identifiable information included therein; and

23 (d) The registry must be upgradable and updated in a timely
24 fashion to keep current with state of the art privacy and security
25 standards and practices.

26 (10)(a) Personally identifiable information of qualifying patients
27 and designated providers included in the medical marijuana registry is
28 confidential and exempt from public disclosure, inspection, or copying
29 under chapter 42.56 RCW.

30 (b) Information contained in the medical marijuana registry may be
31 released in aggregate form, with all personally identifying
32 information redacted, for the purpose of statistical analysis and
33 oversight of agency performance and actions.

34

1 NEW SECTION. **Sec. 8.** A new section is added to chapter 42.56 RCW
2 to read as follows:

3 Records in the medical marijuana registry established in section 7
4 of this act containing names and other personally identifiable
5 information of qualifying patients and designated providers are exempt
6 from disclosure under this chapter.

7
8 **Sec. 9.** RCW 69.51A.040 and 2011 c 181 s 401 are each amended to
9 read as follows:

10 The medical use of ((cannabis)) marijuana in accordance with the
11 terms and conditions of this chapter does not constitute a crime and a
12 qualifying patient or designated provider in compliance with the terms
13 and conditions of this chapter may not be arrested, prosecuted, or
14 subject to other criminal sanctions or civil consequences, for
15 possession, manufacture, or delivery of, or for possession with intent
16 to manufacture or deliver, ((cannabis)) marijuana under state law, or
17 have real or personal property seized or forfeited for possession,
18 manufacture, or delivery of, or for possession with intent to
19 manufacture or deliver, ((cannabis)) marijuana under state law, and
20 investigating ((peace)) law enforcement officers and ((law
21 enforcement)) agencies may not be held civilly liable for failure to
22 seize ((cannabis)) marijuana in this circumstance, if:

23 (1)(a) The qualifying patient or designated provider holds a valid
24 authorization card and possesses no more than fifteen ((cannabis))
25 marijuana plants and:

26 (i) No more than twenty-four ounces of useable ((cannabis))
27 marijuana;

28 (ii) No more ((cannabis)) marijuana product than what could
29 reasonably be produced with no more than twenty-four ounces of useable
30 ((cannabis)) marijuana; or

31 (iii) A combination of useable ((cannabis)) marijuana and
32 ((cannabis)) marijuana product that does not exceed a combined total
33 representing possession and processing of no more than twenty-four
34 ounces of useable ((cannabis)) marijuana.

1 (b) If a person is both a qualifying patient and a designated
2 provider for another qualifying patient, the person may possess no
3 more than twice the amounts described in (a) of this subsection,
4 whether the plants, useable ~~((cannabis))~~ marijuana, and ~~((cannabis))~~
5 marijuana product are possessed individually or in combination between
6 the qualifying patient and his or her designated provider;

7 (2) The qualifying patient or designated provider presents his or
8 her ~~((proof of registration with the department of health,))~~
9 authorization card to any ~~((peace))~~ law enforcement officer who
10 questions the patient or provider regarding his or her medical use of
11 ~~((cannabis))~~ marijuana;

12 (3) The qualifying patient or designated provider keeps a copy of
13 his or her ~~((proof of registration with the registry established in~~
14 ~~section 901 of this act))~~ authorization card and the qualifying
15 patient or designated provider's contact information posted
16 prominently next to any ~~((cannabis))~~ plants, ~~((cannabis))~~ marijuana
17 products, or useable ~~((cannabis))~~ marijuana located at his or her
18 residence;

19 (4) The investigating ~~((peace))~~ law enforcement officer does not
20 possess evidence that:

21 (a) The designated provider has converted ~~((cannabis))~~ marijuana
22 produced or obtained for the qualifying patient for his or her own
23 personal use or benefit; or

24 (b) The qualifying patient ~~((has converted cannabis produced or~~
25 ~~obtained for his or her own medical use to the qualifying patient's~~
26 ~~personal, nonmedical use or benefit))~~ sold, donated, or otherwise
27 supplied marijuana to another person; and

28 (5) ~~((The investigating peace officer does not possess evidence~~
29 ~~that))~~ The designated provider has served as a designated provider to
30 more than one qualifying patient within a fifteen-day period; ((and

31 ~~(6) The investigating peace officer has not observed evidence of~~
32 ~~any of the circumstances identified in section 901(4) of this act)).~~

33

34

1 **Sec. 10.** RCW 69.51A.047 and 2011 c 181 s 406 are each amended to
2 read as follows:

3 A qualifying patient or designated provider who is not registered
4 with the registry established in (~~(section 901)~~) section 7 of this
5 act or does not present his or her valid documentation to a (~~peace~~)
6 law enforcement officer who questions the patient or provider
7 regarding his or her medical use of (~~cannabis~~) marijuana but is in
8 compliance with all other terms and conditions of this chapter may
9 establish an affirmative defense to charges of violations of state law
10 relating to (~~cannabis~~) marijuana through proof at trial, by a
11 preponderance of the evidence, that he or she was a validly authorized
12 qualifying patient or designated provider at the time of the officer's
13 questioning. A qualifying patient or designated provider who
14 establishes an affirmative defense under the terms of this section may
15 also establish an affirmative defense under RCW 69.51A.045.

16
17 **Sec. 11.** RCW 69.51A.060 and 2011 c 181 s 501 are each amended to
18 read as follows:

19 (1) It shall be a class 3 civil infraction to use or display
20 medical (~~cannabis~~) marijuana in a manner or place which is open to
21 the view of the general public.

22 (2) Nothing in this chapter establishes a right of care as a
23 covered benefit or requires any state purchased health care as defined
24 in RCW 41.05.011 or other health carrier or health plan as defined in
25 Title 48 RCW to be liable for any claim for reimbursement for the
26 medical use of (~~cannabis~~) marijuana. Such entities may enact
27 coverage or noncoverage criteria or related policies for payment or
28 nonpayment of medical (~~cannabis~~) marijuana in their sole discretion.

29 (3) Nothing in this chapter requires any health care professional
30 to authorize the medical use of (~~cannabis~~) marijuana for a patient.

31 (4) Nothing in this chapter requires any accommodation of any on-
32 site medical use of (~~cannabis~~) marijuana in any place of employment,
33 in any school bus or on any school grounds, in any youth center, in
34 any correctional facility, or smoking (~~cannabis~~) marijuana in any

1 public place or hotel or motel. However, a school may permit a minor
2 who has received valid documentation or an authorization care to
3 consume medical marijuana on school grounds. Such use must be in
4 accordance with school policy relating to medication use on school
5 grounds.

6 (5) Nothing in this chapter authorizes the possession or use of
7 marijuana, useable marijuana, or marijuana products on federal
8 property.

9 (6) Nothing in this chapter authorizes the use of medical
10 ~~((cannabis))~~ marijuana by any person who is subject to the Washington
11 code of military justice in chapter 38.38 RCW.

12 ~~((+6))~~ (7) Employers may establish drug-free work policies.
13 Nothing in this chapter requires an accommodation for the medical use
14 of ~~((cannabis))~~ marijuana if an employer has a drug-free workplace.

15 ~~((+7))~~ (8) Until September 1, 2015, it is a class C felony to
16 fraudulently produce any record purporting to be, or tamper with the
17 content of any record for the purpose of having it accepted as, valid
18 documentation under RCW 69.51A.010~~((+32)(a))~~ (7), or to backdate such
19 documentation to a time earlier than its actual date of execution.

20 ~~((+8))~~ (9) No person shall be entitled to claim the protection
21 from arrest and prosecution under RCW 69.51A.040 ~~((or the affirmative~~
22 ~~defense under RCW 69.51A.043))~~ for engaging in the medical use of
23 ~~((cannabis))~~ marijuana in a way that endangers the health or well-
24 being of any person through the use of a motorized vehicle on a
25 street, road, or highway, including violations of RCW 46.61.502 or
26 46.61.504, or equivalent local ordinances.

27
28 **Sec. 12.** RCW 69.51A.070 and 2007 c 371 s 7 are each amended to
29 read as follows:

30 The Washington state medical quality assurance commission in
31 consultation with the board of osteopathic medicine and surgery, or
32 other appropriate agency as designated by the governor, shall accept
33 for consideration petitions submitted to add terminal or debilitating
34 conditions to those included in this chapter. In considering such

1 petitions, the Washington state medical quality assurance commission
2 in consultation with the board of osteopathic medicine and surgery
3 shall include public notice of, and an opportunity to comment in a
4 public hearing upon, such petitions. The Washington state medical
5 quality assurance commission in consultation with the board of
6 osteopathic medicine and surgery may make a preliminary finding of
7 good cause before the public hearing and shall, after hearing, approve
8 or deny such petitions within (~~one~~) two hundred (~~eighty~~) ten days
9 of submission. The approval or denial of such a petition shall be
10 considered a final agency action, subject to judicial review.

11

12 **Sec. 13.** RCW 69.51A.100 and 2011 c 181 s 404 are each amended to
13 read as follows:

14 (1) A qualifying patient may revoke his or her designation of a
15 specific designated provider and designate a different designated
16 provider at any time. A revocation of designation must be in writing,
17 signed and dated, and provided to the department and designated
18 provider. The protections of this chapter cease to apply to a person
19 who has served as a designated provider to a qualifying patient
20 seventy-two hours after receipt of that patient's revocation of his or
21 her designation.

22 (2) A person may stop serving as a designated provider to a given
23 qualifying patient at any time by revoking that designation in
24 writing, signed and dated, and provided to the department and the
25 qualifying patient. However, that person may not begin serving as a
26 designated provider to a different qualifying patient until fifteen
27 days have elapsed from the date the last qualifying patient designated
28 him or her to serve as a provider.

29 (3) The department may adopt rules to implement this section,
30 including a procedure to remove the name of the designated provider
31 from the medical marijuana registry upon receipt of a revocation under
32 this section.

33

34

1 (d) If a person is a designated provider to a qualifying patient,
2 to sell, donate, or otherwise use the marijuana produced or obtained
3 for the qualifying patient for the designated provider's own personal
4 use or benefit; or

5 (e) If the person is a qualifying patient, to sell, donate, or
6 otherwise supply marijuana produced or obtained by the qualifying
7 patient to another person.

8 (2) A person who violates this section is guilty of a class C
9 felony and upon conviction may be imprisoned for not more than two
10 years, fined not more than two thousand dollars, or both.

11
12 NEW SECTION. **Sec. 17.** A new section is added to chapter 82.08
13 RCW to read as follows:

14 (1) The tax levied by RCW 82.08.020 shall not apply to:

15 (a) Beginning July 1, 2015, sales of useable marijuana, marijuana
16 products, by marijuana retailers to qualifying patients or designated
17 providers who hold valid authorization cards; or

18 (b) Until September 1, 2015, sales of marijuana, useable
19 marijuana, or marijuana products, or products containing THC with a
20 THC concentration of 0.3 percent or less by collective gardens under
21 RCW 69.51A.085.

22 (2) Each seller making exempt sales under subsection (1) of this
23 section must maintain information establishing the purchaser's
24 eligibility for the exemption in the form and manner required by the
25 department.

26 (3) For the purposes of this section, the terms "THC
27 concentration," "marijuana concentrates," "useable marijuana,"
28 "marijuana-infused products," and "marijuana retailers" have the
29 meaning provided in RCW 69.50.101 and the terms "qualifying patients,"
30 "designated providers," and "authorization card" have the meaning
31 provided in RCW 69.51A.010.

32
33 NEW SECTION. **Sec. 18.** A new section is added to chapter 82.12
34 RCW to read as follows:

1 (1) The provisions of this chapter shall not apply to the use of
2 useable marijuana, marijuana products, or products containing THC with
3 a THC concentration of 0.3 percent or less in compliance with chapters
4 69.50 and 69.51A RCW by:

5 (a) Until September 1, 2015, collective gardens under RCW
6 69.51A.085 and the qualifying patients participating in the collective
7 gardens;

8 (b) Beginning July 1, 2015, qualifying patients or designated
9 providers who hold valid authorization cards; or

10 (c) Beginning July 1, 2015, marijuana retailers under chapter
11 69.50 RCW with respect to useable marijuana, marijuana products, or
12 products containing THC with a THC concentration of 0.3 percent or
13 less if such marijuana or product is provided at no charge to a
14 qualifying patient or designated provider who holds a valid
15 authorization card. Each such retailer providing such marijuana or
16 product at no charge must maintain information establishing
17 eligibility for this exemption in the form and manner required by the
18 department.

19 (2) For the purposes of this section, the terms "THC
20 concentration," "useable marijuana," "marijuana products," and
21 "marijuana retailers" have the meaning provided in RCW 69.50.101 and
22 the terms "qualifying patients," "designated providers," and
23 "authorization card" have the meaning provided in RCW 69.51A.010.

24
25 NEW SECTION. **Sec. 19.** (1) The legislature finds marijuana use
26 for qualifying patients is a valid and necessary option health care
27 professionals may recommend for their patients. The legislature
28 further finds that although there is a distinction between
29 recreational and medical use of marijuana, the changing environment
30 for recreational marijuana use in Washington will also affect
31 qualifying patients. The legislature further finds that while
32 recognizing the difference between recreational and medical use of
33 marijuana, it is imperative to develop a single, comprehensive
34 regulatory scheme for marijuana use in the state. Acknowledging that

1 the implementation of this act may result in changes to how qualifying
2 patients access medical marijuana, the legislature intends to ease the
3 transition towards a regulated market and provide a statutory means
4 for a safe, consistent, and secure source of marijuana for qualifying
5 patients. Therefore, the legislature intends to provide qualifying
6 patients a retail sales and use tax exemption on purchases of
7 marijuana for medical use when authorized by a health care
8 professional. Because marijuana is neither a prescription medicine
9 nor an over-the-counter medication, this policy should in no way be
10 construed as precedence for changes in the treatment of prescription
11 medications or over-the-counter medications.

12 (2)(a) This section is the tax preference performance statement
13 for the retail sales and use tax exemptions for marijuana
14 concentrates, useable marijuana, and marijuana-infused products
15 purchased by qualifying patients provided in sections 17 and 18 of
16 this act. The performance statement is only intended to be used for
17 subsequent evaluation of the tax preference. It is not intended to
18 create a private right of action by any party or be used to determine
19 eligibility for preferential tax treatment.

20 (b) The legislature categorizes the tax preference as one intended
21 to accomplish the general purposes indicated in RCW 82.32.808(2)(e).

22 (c) It is the legislature's specific public policy objective to
23 provide qualifying patients a retail sales and use tax exemption on
24 purchases of marijuana concentrates, useable marijuana, and marijuana-
25 infused products for medical use when authorized by a health care
26 professional and registered with the medical marijuana registry.

27 (d) To measure the effectiveness of the exemption provided in this
28 act in achieving the specific public policy objectives described in
29 (c) of this subsection, the joint legislative audit and review
30 committee must evaluate the actual fiscal impact of the sales and use
31 tax exemption in this act compared to the estimated impact in the
32 fiscal note for this act.

33

34

1 NEW SECTION. **Sec. 20.** Effective September 1, 2015, the
2 following acts or parts of acts are each repealed:

3 (1) RCW 69.51A.085 (Collective gardens) and 2011 c 181 s 403, as
4 now existing or hereafter amended, are each repealed; and

5 (2) RCW 69.51A.140 (Counties, cities, towns--Authority to adopt
6 and enforce requirements) and 2011 c 181 s 1102."

7

8 Correct the title.

9

EFFECT: Eliminates the reduction in the amount of useable marijuana, marijuana-infused products, marijuana concentrates, and marijuana plants that a qualifying patient or designated provider may possess and restores the current allowance of 24 ounces of useable marijuana and 15 plants. Eliminates the ability of health care professionals to authorize additional amounts of marijuana for qualifying patients.

Makes registration in the medical marijuana registry permissive. Allows qualifying patients and designated providers to be registered by their health care professional with the Department of Health and receive an authorization card. Provides protection from arrest and prosecution for qualifying patients and designated providers that are registered. Provides an affirmative defense to qualifying patients and designated providers that do not register with the Department of Health, but have valid documentation.

Eliminates the program for licensed marijuana retailers to obtain a medical marijuana endorsement. Eliminates the authority for qualifying patients who are less than 21 years old to enter and remain on the premises of a marijuana retailers.

Eliminates the addition of marijuana concentrates for processing and retail purposes.

Limits the duration of valid documentation to one year.

Eliminates the authority of health care professionals to sell or donate topical medications with a THC concentration of less than 0.3 percent.

Eliminates the requirement that the Department of Health work group considers training and practice standards for employees of a marijuana retailer with a medical marijuana endorsement.

Eliminates the authority to establish cooperatives of up to four patients.

Eliminates the medical marijuana advisory group.

--- END ---