

# HOUSE BILL REPORT

## HB 1060

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**As Reported by House Committee On:**  
Health Care & Wellness  
Appropriations

**Title:** An act relating to the administration of marijuana to students for medical purposes.

**Brief Description:** Concerning the administration of marijuana to students for medical purposes.

**Sponsors:** Representatives Blake, J. Walsh, Appleton and Chapman.

**Brief History:**

**Committee Activity:**

Health Care & Wellness: 1/17/17, 2/3/17 [DPS];

Appropriations: 2/24/17 [DPS(HCW)].

**Brief Summary of Substitute Bill**

- Requires school districts to allow students to consume marijuana for medical purposes on school grounds, aboard a school bus, or while attending a school-sponsored event.
- Directs school districts to establish policies related to the consumption of marijuana by students for medical purposes if requested by the parent or guardian of a student who is a qualifying patient.

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### HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

**Majority Report:** The substitute bill be substituted therefor and the substitute bill do pass. Signed by 12 members: Representatives Cody, Chair; Macri, Vice Chair; Schmick, Ranking Minority Member; Graves, Assistant Ranking Minority Member; Clibborn, Harris, Jinkins, Riccelli, Robinson, Slatter, Stonier and Tharinger.

**Minority Report:** Do not pass. Signed by 2 members: Representatives Caldier and MacEwen.

**Minority Report:** Without recommendation. Signed by 1 member: Representative Maycumber.

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

**Staff:** Chris Blake (786-7392).

**Background:**

Marijuana is classified as a Schedule I substance under the Controlled Substances Act. Under federal law, the manufacture, possession, or distribution of Schedule I substances is a criminal offense.

Since 1998, Washington law has allowed qualifying patients to use limited amounts of marijuana for medicinal purposes. A qualifying patient is a person who is the patient of a health care professional who has diagnosed the patient as having a terminal or debilitating medical condition. The health care professional must have advised the patient about the risks and benefits of using marijuana for medical purposes and advised the patient that he or she may benefit from the medical use of marijuana. In addition, a qualifying patient must either have an authorization from the health care professional or be entered in the Department of Health's medical marijuana authorization database.

In the case of a qualifying patient who is under 18 years old, the minor's parent or guardian must participate in the minor's treatment and agree to the minor's use of marijuana. In addition, the parent or guardian must act as the minor's designated provider and maintain sole control over the minor's marijuana. Prior to authorizing the use of marijuana for a minor, the health care professional must consult with other health care providers involved in the minor's treatment and reexamine the minor at least every six months. A minor who is a qualifying patient must be entered in the Department of Health's medical marijuana database.

Qualifying patients are protected from arrest or prosecution if they meet certain criteria. In addition, there are protections for qualifying patients in the context of organ transplants and parental rights. There are not, however, any requirements that employers accommodate the on-site use of marijuana and they may establish drug-free workplace policies. Schools are not required to accommodate the use of marijuana on school grounds or in a school bus, however, they may permit a student who is a qualifying patient to consume marijuana on school grounds in accordance with policies regarding the use of medications at school.

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**Summary of Substitute Bill:**

Upon the request of a parent or guardian of a student who is a qualifying patient, school districts must adopt policies to allow parents and guardians to administer marijuana to a student for medical purposes while the student is on school grounds, on a school bus, or at a school-sponsored activity. The policy must:

- require that the student meet the requirements related to the medical use of marijuana by a minor;
- require that the parent or guardian be the student's designated provider and assist the student with the consumption of marijuana;
- establish protocols to verify that the student is authorized to use marijuana for medical purposes and the parent or guardian is the student's designated provider;

- authorize parents or guardians to administer marijuana to a student while on school grounds, in a school bus, or at a school-sponsored event;
- identify locations on school grounds where marijuana may be administered for medical purposes; and
- prohibit the administration of marijuana to a student by means of smoking or inhalation.

Schools must permit students who are in compliance with the requirements for minors who are qualifying patients to consume marijuana for medical purposes while on school grounds, in a school bus, or at a school-sponsored event.

Civil, criminal, and professional protections are established for school district officials, employees, volunteers, students, parents, and guardians who act in accordance with the school district's policy. If any part of the act is found to conflict with federal requirements, then those conflicting provisions must be declared inoperative.

#### **Substitute Bill Compared to Original Bill:**

The substitute bill eliminates the authority of "primary caregivers" to administer marijuana to a student. The requirement that every school district adopt a policy for the use of marijuana by students on school grounds is removed and only requires a school district to adopt a policy upon the request of a parent or guardian of a student who is a qualified patient. The requirement that the school district verify that a student is registered in the Medical Marijuana Authorization Database is replaced with the requirement that the school verify that the student is authorized to use medical marijuana and that the parent or guardian is acting as the designated provider. If any part of the act is found to conflict with federal requirements, then those conflicting parts must be declared inoperative.

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**Appropriation:** None.

**Fiscal Note:** Available.

**Effective Date of Substitute Bill:** The bill takes effect 90 days after adjournment of the session in which the bill is passed.

#### **Staff Summary of Public Testimony:**

(In support) Where other medications have not worked for some children, marijuana has been helpful. Marijuana has helped parents who want to keep their children in school without having to leave school grounds which allows them to grow and thrive. This bill is narrowly written. For children who have been delayed by pharmaceuticals, marijuana may allow them to remain in school. Cannabis is a medicine that works and there should be safe access for children. Cannabis oil has helped children with communication and learning, however, some schools have prohibited the administration of cannabis on school grounds. This bill will allow pediatric cannabis patients to consume cannabis in a nonsmoking form while at school. This bill uses the Colorado and New Jersey laws as a model. A bill like this can

make a world of difference for epileptic patients. The National Academies of Science and Medicine recently released a report with nearly 100 benefits of marijuana. The wide benefits of marijuana are based on human biology that has been mapped back over 500 million years to sea squirts. There are children who need safe access to this life-saving and life-changing medication. These kids have enough to deal with without having to worry about whether or not they will get their medication. Patients, caregivers, and medical experts want student access and student normalcy related to medical marijuana. Schools should not wait until there is a student in front of them who needs these policies.

This bill could add to the diversity of students on campus. This can help students receive a fair and equal education regardless of their medical condition. This is about compassion and courage. All marijuana violates federal law, yet the state has found ways around it and should do the same for children. If Washington can stand up for the millions of dollars generated by Initiative 502, then it should stand up for this bill.

There should be an amendment to add "legal" in front of guardian. The term "caregiver" should be changed to "designated provider," so that contract nurses can administer marijuana to a student.

(Opposed) There is a disconnect between the intent behind the bill and the direction of the federal government and its regulation of marijuana. This requires schools to adopt policies that put them in direct conflict with federal law which risks federal funding. The bill does not protect the school district. The bill puts school districts in a difficult place to have to choose which federal law to violate.

(Other) The bill should eliminate caregivers as designated providers. Schools do not have access to the medical marijuana authorization database, so they need another way to verify a student's eligibility. Schools currently have policies in place for administering medications, but this bill would allow parents to come in to administer marijuana which could be problematic. The school bus provision raises a logistical concern. Marijuana should only be administered at home or by a school nurse or an alternate member at school. This should be administered in school just like other prescribed medications. There is a potential conflict between state and federal law and schools could lose federal support. There is a very short turnaround for implementing the bill.

**Persons Testifying:** (In support) Representative Blake, prime sponsor; John Barclay; Kirk Ludden and John Novak, VIPER Political Action Committee; Meagan Holt; Sharon Wilson; Scott Miller; Michael Scott, Project Positive Change; Bailey Hirschburg, National Organization for the Reform of Marijuana Laws Political Action Committee; Brian Stone; and Patrick Seifert, Twenty22Many.

(Opposed) Jessica Vavrus, Washington State School Directors' Association.

(Other) Kristi Weeks, Department of Health; and Jerry Bender, Association of School Principals.

**Persons Signed In To Testify But Not Testifying:** None.

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## HOUSE COMMITTEE ON APPROPRIATIONS

**Majority Report:** The substitute bill by Committee on Health Care & Wellness be substituted therefor and the substitute bill do pass. Signed by 26 members: Representatives Ormsby, Chair; Robinson, Vice Chair; Cody, Condotta, Fitzgibbon, Haler, Hansen, Harris, Hudgins, Jinkins, Kagi, Lytton, Manweller, Pettigrew, Pollet, Sawyer, Schmick, Senn, Springer, Stanford, Sullivan, Taylor, Tharinger, Vick, Volz and Wilcox.

**Minority Report:** Do not pass. Signed by 6 members: Representatives Chandler, Ranking Minority Member; MacEwen, Assistant Ranking Minority Member; Stokesbary, Assistant Ranking Minority Member; Buys, Caldier and Nealey.

**Minority Report:** Without recommendation. Signed by 1 member: Representative Bergquist.

**Staff:** Jessica Harrell (786-7349).

### **Summary of Recommendation of Committee On Appropriations Compared to Recommendation of Committee On Health Care & Wellness:**

No new changes were recommended.

**Appropriation:** None.

**Fiscal Note:** Available.

**Effective Date of Substitute Bill:** The bill takes effect 90 days after adjournment of the session in which the bill is passed.

### **Staff Summary of Public Testimony:**

(In support) Current restrictions related to treatment with medical marijuana results in lost educational time when parents must take their child out of class and off school grounds for his/her daily treatment. In some cases, children miss as much as half of the school day or are unable to attend school at all. This bill would allow a child to be medicated during the day and return to class without missing time in the classroom. Cannabis is a medicine that works when nothing else has and, in some cases, is a replacement for numerous pharmaceuticals. Parents should be allowed to administer cannabis during the day so children are able to attend school, grow, and learn. Children need the peer-to-peer interactions they are unable to have in a home-school setting that is necessitated by a medical need that is treated by cannabis. There is no end to what a parent would do to help and protect his/her child. Cannabis is not a dangerous thing to have when it is providing medical support for a child. As a mom, having a little girl with special needs in a classroom would help other children be more humble and understanding.

Children are held back from receiving the full breadth of education they could otherwise receive when they have a medical condition that is treated by medical marijuana that results in them missing school. The federal government appears to be supportive of medical

marijuana as demonstrated by numerous statements by federal officials and by bills that have been introduced in Congress. New Jersey and Colorado currently have similar provisions to those provided in this bill.

(Opposed) None.

**Persons Testifying:** John Barclay; Meagan Holt; John Novak, VIPER Political Action Committee; Patrick Seifert, Twenty22Many; and Katharine Siefert, Olympia Hemp Fest Central.

**Persons Signed In To Testify But Not Testifying:** None.