

SENATE BILL REPORT

SHB 1095

As of March 28, 2019

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: House Committee on Health Care & Wellness (originally sponsored by Representatives Blake, Walsh and Jinkins).

Brief History: Passed House: 3/12/19, 77-19.

Committee Activity: Early Learning & K-12 Education: 3/27/19.

Brief Summary of Bill

- Requires school districts to permit a student who meets state law requirements to consume marijuana concentrates on school grounds, aboard a school bus, or while attending a school-sponsored event.
- Directs school districts to adopt a policy to authorize parents or guardians to administer marijuana concentrates to a student for medical purposes upon request by a parent or guardian of a student who is a qualifying patient.
- Provides that the Office of the Superintendent of Public Instruction and school districts must suspend implementation of these provisions if certain conditions are met.

SENATE COMMITTEE ON EARLY LEARNING & K-12 EDUCATION

Staff: Ailey Kato (786-7434)

Background: Federal Law. Washington is one of a number of states allowing the use of marijuana for recreational and medicinal purposes, although some of these states permit the use of high cannabidiol products only. Marijuana is classified as a Schedule I substance under the federal Controlled Substances Act. The manufacture, possession, or distribution of Schedule I substances is a criminal offense.

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.

Medical Use of Marijuana. In 1998, Washington voters approved Initiative 692, which permitted the use of marijuana for medical purposes by qualifying patients. In order to qualify for the use of medical marijuana, patients must have a terminal or debilitating medical condition such as cancer, the human immunodeficiency virus, multiple sclerosis, intractable pain, glaucoma, Crohn's disease, hepatitis C, nausea or seizure diseases, or a disease approved by the Medical Quality Assurance Commission, and the diagnosis of this condition must be made by a health care professional.

Marijuana concentrates means products consisting wholly or in part of the resin extracted from any part of the plant cannabis and having a tetrahydrocannabinol concentration greater than 10 percent.

Medical Use of Marijuana by a Minor. Health care professionals may authorize the medical use of marijuana for qualifying patients who are under the age of eighteen if:

- the minor's parent or guardian participates in the minor's treatment and agrees to the medical use of marijuana by the minor; and
- the parent or guardian acts as the designated provider for the minor and has sole control over the minor's marijuana.

Both the minor and the parent or guardian who is acting as the designated provider must be entered in the medical marijuana authorization database and hold a recognition card.

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

- consult with other health care providers involved in the minor's treatment, as medically indicated, before authorization or reauthorization of the medical use of marijuana; and
- reexamine the minor at least once every six months or more frequently as medically indicated.

Medical Use of Marijuana on School Grounds. Under current state law, schools are not required to accommodate the use of marijuana in a school bus or on school grounds. However, a school may permit a minor who meets the state requirements to consume marijuana on school grounds in accordance with school policy relating to medication use on school grounds.

Summary of Bill: A school district must permit a student who meets the requirements of state law to consume marijuana concentrates for medical purposes on school grounds, aboard a school bus, or while attending a school-sponsored event. The use must be in accordance with school policy.

Upon the request of a parent or guardian of a student who meets the requirements of state law, the school district board of directors must adopt a policy to authorize parents or guardians to administer marijuana concentrates to a student for medical purposes. The policy must, at a minimum:

- require that the student be authorized to use marijuana concentrates for medical purposes;

- require the parent or guardian to act as the designated provider and assist the student with the consumption of the marijuana;
- establish protocols for verifying the student is authorized to use marijuana for medical purposes such as valid recognition cards;
- authorize parents or guardians of students to administer marijuana concentrates to the student while on school grounds, aboard a school bus, or attending a school-sponsored event;
- identify locations on school grounds where medical marijuana concentrates may be administered; and
- prohibit the administration of medical marijuana to a student by smoking or other methods involving inhalation.

Civil, criminal, and professional protections are established for school district officials, employees, volunteers, students, parents, and guardians.

The Office of the Superintendent of Public Instruction (OSPI) and school districts must suspend implementation of the new provisions if the following conditions are met:

- the federal government issues a communication that suggests that federal education funding will be withheld if the state continues to implement the new provisions;
- OSPI requests a formal opinion by the state attorney general on the communication; and
- the state attorney general provides a formal opinion that the federal communication has reasonably demonstrated that continued implementation of the provisions reasonably jeopardizes future federal funding.

OSPI must provide the opinion to the education and fiscal committees of the Legislature within 30 days of the issuance of the opinion.

Appropriation: None.

Fiscal Note: Available.

Creates Committee/Commission/Task Force that includes Legislative members: No.

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

Staff Summary of Public Testimony: PRO: Currently, children that need medical marijuana are not able to stay at school for the entire day. These children leave campus for their midday dose. This bill will help keep children in school and get the benefit of a full day of school. Some other states allow children to take medical marijuana on school campus, so Washington is not trailblazing or outside of the pack. The approach in this bill does not impose on other students and will greatly benefit the students that need medical marijuana.

OTHER: Administrators and school staff have mixed reactions because the federal government has not legalized the use of medical marijuana. Students who need this type of treatment should get it. Requiring parents to administer the marijuana instead of school staff is important. School nurses do not want to put their licenses at risk.

Persons Testifying: PRO: Representative Brian Blake, Prime Sponsor; John Barclay, citizen.

OTHER: Lucinda Young, Washington Education Association; Roz Thompson, Association of Washington School Principals.

Persons Signed In To Testify But Not Testifying: No one.