

RCW 66.08.012 Creation of board—Chair—Quorum—Salary. There shall be a board, known as the "Washington state liquor and cannabis board," consisting of three members, to be appointed by the governor, with the consent of the senate, who shall each be paid an annual salary to be fixed by the governor in accordance with the provisions of RCW 43.03.040. The governor may, in his or her discretion, appoint one of the members as chair of the board, and a majority of the members shall constitute a quorum of the board. [2015 c 70 s 3; 2012 c 117 s 265; 1961 c 307 s 7; 1949 c 5 s 8; 1945 c 208 s 1; 1937 c 225 s 1; 1933 ex.s. c 62 s 63; Rem. Supp. 1949 s 7306-63. Formerly RCW 43.66.010.]

Short title—2015 c 70: "This act may be known and cited as the cannabis patient protection act." [2015 c 70 s 1.]

Findings—Intent—2015 c 70: "The legislature finds that since voters approved Initiative Measure No. 692 in 1998, it has been the public policy of the state to permit the medical use of marijuana [cannabis]. Between 1998 and the present day, there have been multiple legislative attempts to clarify what is meant by the medical use of marijuana [cannabis] and to ensure qualifying patients have a safe, consistent, and adequate source of marijuana [cannabis] for their medical needs."

The legislature further finds that qualifying patients are people with serious medical conditions and have been responsible for finding their own source of marijuana [cannabis] for their own personal medical use. Either by growing it themselves, designating someone to grow for them, or participating in collective gardens, patients have developed methods of access in spite of continued federal opposition to the medical use of marijuana [cannabis]. In a time when access itself was an issue and no safe, consistent source of marijuana [cannabis] was available, this unregulated system was permitted by the state to ensure some, albeit limited, access to marijuana [cannabis] for medical use. Also permitted were personal possession limits of fifteen plants and twenty-four ounces of useable marijuana [cannabis], which was deemed to be the amount of marijuana [cannabis] needed for a sixty-day supply. In a time when supply was not consistent, this amount of marijuana [cannabis] was necessary to ensure patients would be able to address their immediate medical needs.

The legislature further finds that while possession amounts are provided in statute, these do not amount to protection from arrest and prosecution for patients. In fact, patients in compliance with state law are not provided arrest protection. They may be arrested and their only remedy is to assert an affirmative defense at trial that they are in compliance with the law and have a medical need. Too many patients using marijuana [cannabis] for medical purposes today do not know this; many falsely believe they cannot be arrested so long as their health care provider has authorized them for the medical use of marijuana [cannabis].

The legislature further finds that in 2012 voters passed Initiative Measure No. 502 which permitted the recreational use of marijuana [cannabis]. For the first time in our nation's history, marijuana [cannabis] would be regulated, taxed, and sold for recreational consumption. Initiative Measure No. 502 provides for strict regulation on the production, processing, and distribution of marijuana [cannabis]. Under Initiative Measure No. 502, marijuana

[cannabis] is trackable from seed to sale and may only be sold or grown under license. Marijuana [Cannabis] must be tested for impurities and purchasers of marijuana [cannabis] must be informed of the THC level in the marijuana [cannabis]. Since its passage, two hundred fifty producer/processor licenses and sixty-three retail licenses have been issued, covering the majority of the state. With the current product canopy exceeding 2.9 million square feet, and retailers in place, the state now has a system of safe, consistent, and adequate access to marijuana [cannabis]; the marketplace is not the same marketplace envisioned by the voters in 1998. While medical needs remain, the state is in the untenable position of having a recreational product that is tested and subject to production standards that ensure safe access for recreational users. No such standards exist for medical users and, consequently, the very people originally meant to be helped through the medical use of marijuana [cannabis] do not know if their product has been tested for molds, do not know where their marijuana [cannabis] has been grown, have no certainty in the level of THC or CBD in their products, and have no assurances that their products have been handled through quality assurance measures. It is not the public policy of the state to allow qualifying patients to only have access to products that may be endangering their health.

The legislature, therefore, intends to adopt a comprehensive act that uses the regulations in place for the recreational market to provide regulation for the medical use of marijuana [cannabis]. It intends to ensure that patients retain their ability to grow their own marijuana [cannabis] for their own medical use and it intends to ensure that patients have the ability to possess more marijuana [cannabis]-infused products, useable marijuana [cannabis], and marijuana [cannabis] concentrates than what is available to a nonmedical user. It further intends that medical specific regulations be adopted as needed and under consultation of the departments of health and agriculture so that safe handling practices will be adopted and so that testing standards for medical products meet or exceed those standards in use in the recreational market.

The legislature further intends that the costs associated with implementing and administering the medical marijuana [cannabis] authorization database shall be financed from the health professions account and that these funds shall be restored to the health professions account through future appropriations using funds derived from the dedicated marijuana [cannabis] account." [2015 c 70 s 2.]

References to Washington state liquor control board—Draft legislation—2015 c 70: "All references to the Washington state liquor control board must be construed as referring to the Washington state liquor and cannabis board. The code reviser must prepare legislation for the 2016 legislative session changing all references in the Revised Code of Washington from the Washington state liquor control board to the Washington state liquor and cannabis board." [2015 c 70 s 47.]