

# FINAL BILL REPORT

## ESSB 6032

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C 371 L 07  
Synopsis as Enacted

**Brief Description:** Concerning the medical use of marijuana.

**Sponsors:** Senate Committee on Health & Long-Term Care (originally sponsored by Senators Kohl-Welles, McCaslin, Kline, Regala and Keiser).

**Senate Committee on Health & Long-Term Care**  
**House Committee on Health Care & Wellness**

**Background:** Under Initiative Measure No. 692, approved November 1998, the Washington State medical use of marijuana act (act), the citizens of the state of Washington intended to allow for the limited medical use of marijuana by patients with terminal or debilitating illnesses. Such patients and their primary caregivers will not be found guilty of a crime for possession and limited use of marijuana under state law. Physicians who authorize marijuana use to qualifying patients are excepted from liability and prosecution for doing so.

Physicians must provide a qualifying patient with valid documentation stating that the potential benefits of the medical use of marijuana would likely outweigh the health risks for a particular qualifying patient. Documentation consists of a statement signed by the physician or a copy of the pertinent medical record containing the physician's statement and proof of identity.

A qualifying patient or any designated primary caregiver will be deemed to have established an affirmative defense to charges of violation of state law relating to marijuana if he or she complies with the requirements under this act.

The act provides definitions for: medical use of marijuana, primary caregiver, qualifying patient, terminal or debilitating medical condition, and valid documentation.

**Summary:** Qualifying patients and any designated provider who assists them in the medical use of marijuana will be deemed to have established an affirmative defense if he or she complies with the requirements under this act. Designated provider replaces "primary caregiver" and is defined as a person who is over 18 years of age, has been designated in writing by a patient to serve as a designated provider and serves as a designated provider to only one patient at a time.

Department of Health (DOH) will adopt rules defining the presumptive quantity of marijuana that could reasonably be presumed to be a 60-day supply. DOH will make recommendations to the Legislature addressing access to an adequate, safe, consistent, and secure source of medical marijuana for qualifying patients by July 1, 2008.

Crohn's disease, hepatitis C, and other diseases are added to the existing list of terminal and debilitating medical conditions.

Valid documentation must state that in the physician's professional opinion, the patient may benefit from the medical use of marijuana.

A copy of a physician statement has the same force and effect as the signed original.

The Medical Quality Assurance Commission will accept petitions from anyone to add terminal or debilitating conditions to those already on this list.

If a law enforcement officer determines that a person's possession of marijuana satisfies the requirements under this act, the officer may take a representative sample of the marijuana. The officer is not liable for failure to seize marijuana in this circumstance.

The Medical Quality Assurance Commission will consult with the Board of Osteopathic Medicine and Surgery in adding approved medical conditions to those defined as terminal or debilitating.

**Votes on Final Passage:**

Senate	39	10	
House	64	30	(House amended)
Senate			(Senate refused to concur)

Conference Committee

House	68	27
Senate	37	9

**Effective:** July 22, 2007