5887-S3.E AMH CODY BLAC 155

**E3SSB 5887** - H AMD **975**

By Representative Cody

 Strike everything after the enacting clause and insert the following:

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

 The legislature intends that this bill be the first step in a multi-year process to align the currently existing medical marijuana market with the newly-created recreational market while ensuring that qualifying patients are not adversely impacted by this gradual transition. This first step involves providing to the qualifying patients arrest protection contingent on their participation in a department of health-based medical marijuana registry and to provide clear guidance to health care professionals in providing authorizations to their patients on the medical use of marijuana.

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

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

 (1) The legislature finds that:

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

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

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

 (iii) Acute or chronic glaucoma;

 (iv) Crohn's disease; and

 (v) Some forms of intractable pain.

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

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

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

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

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

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

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

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

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

 (1) "Designated provider" means a person who((~~:~~
 ~~(a)~~)) is ((~~eighteen~~)) twenty-one years of age or older((~~;~~
 ~~(b)~~)) and:
 (a)(i) Is the parent or guardian of a qualifying patient who is under the age of eighteen; or
 (ii) Has been designated in writing by a qualifying patient to serve as a designated provider ((~~under this chapter~~)) for that patient;

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

 ((~~(d)~~)) (c) Is in compliance with this chapter; and
 (d) Is the designated provider to only one patient at any one time.

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

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

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

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

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

 ((~~(c)~~)) (iii) Is a resident of the state of Washington at the time of such diagnosis;

 ((~~(d)~~)) (iv) Has been advised by that health care professional about the risks and benefits of the medical use of marijuana; ((~~and~~
 ~~(e)~~)) (v) Has been advised by that health care professional that ((~~they~~)) he or she may benefit from the medical use of marijuana; and
 (vi) Is otherwise in compliance with the terms and conditions established in this chapter.
 (b) "Qualifying patient" does not include a person who is actively being supervised for a criminal conviction by a corrections agency or department that has determined that the terms of this chapter are inconsistent with and contrary to his or her supervision and all related processes and procedures related to that supervision.

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

 (a) One or more features designed to prevent copying of the paper;

 (b) One or more features designed to prevent the erasure or modification of information on the paper; or

 (c) One or more features designed to prevent the use of counterfeit valid documentation.

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

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

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

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

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

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

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

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

 (7) "Valid documentation" means:

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

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

 (8) "Department" means the department of health.
 (9) "Marijuana" has the meaning provided in RCW 69.50.101.
 (10) "Medical marijuana registry" means the secure and confidential registry of qualifying patients and designated providers established in section 3 of this act.
 (11) "Plant" means a marijuana plant having at least three distinguishable and distinct leaves, each leaf being at least three centimeters in diameter, and a readily observable root formation consisting of at least two separate and distinct roots, each being at least two centimeters in length. Multiple stalks emanating from the same root ball or root system is considered part of the same single plant.
 (12) "Public place" includes streets and alleys of incorporated cities and towns; state or county or township highways or roads; buildings and grounds used for school purposes; public dance halls and grounds adjacent thereto; premises where goods and services are offered to the public for retail sale; public buildings, public meeting halls, lobbies, halls and dining rooms of hotels, restaurants, theaters, stores, garages, and filling stations that are open to and are generally used by the public and to which the public is permitted to have unrestricted access; railroad trains, stages, buses, ferries, and other public conveyances of all kinds and character, and the depots, stops, and waiting rooms used in conjunction therewith which are open to unrestricted use and access by the public; publicly owned bathing beaches, parks, or playgrounds; and all other places of like or similar nature to which the general public has unrestricted right of access, and that are generally used by the public.
 (13) "THC concentration" has the meaning provided in RCW 69.50.101.
 (14) "Useable marijuana" has the meaning provided in RCW 69.50.101.
 (15) "Principal care provider" means the health care professional who is designated by a qualifying patient as being the principal care provider for that patient.

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

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

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

 (b) ((~~Providing~~)) Registering a patient meeting the criteria established under RCW 69.51A.010((~~(26) with valid documentation~~)) (4) with the medical marijuana registry or providing the patient with valid documentation under RCW 69.51A(7), based upon the health care professional's assessment of the patient's medical history and current medical condition, ((~~where such use is~~)) if the health care professional has complied with this chapter and he or she determines within a professional standard of care or in the individual health care professional's medical judgment the qualifying patient may benefit from medical use of marijuana.

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

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

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

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

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

 (b) A health care professional shall not:

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

 (ii) Offer a discount or any other thing of value to a qualifying patient who is a customer of, or agrees to be a customer of, a particular ((~~licensed dispenser, licensed producer, or licensed processor of cannabis products~~)) marijuana retailer;

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

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

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

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

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

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

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

 (1) The department shall convene a work group of representatives of the medical quality assurance commission, board of osteopathic medicine and surgery, the nursing care quality assurance commission, and the board of naturopathy. The work group shall accept public comment from representatives of associations representing health care professionals and representatives of the medical marijuana community, including patients, to develop practice guidelines for health care professionals to consider when authorizing the medical use of marijuana for patients. The representatives of the medical marijuana community must be appointed by the governor. The practice guidelines shall address:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

 (c) The minor does not grow plants.

 (2) 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:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

 (a) A randomly generated and unique identifying number;

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

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

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

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

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

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

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

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

 (7) The department must adopt rules for removing qualifying patients and designated providers from the medical marijuana registry upon expiration of the authorization card as well as a method for permitting qualifying patients and designated providers to remove themselves from the medical marijuana registry before expiration and for health care professionals to remove qualifying patients and designated providers from the medical marijuana registry before expiration if the patient or provider no longer qualifies for the medical use of marijuana. The department must retain registry records for at least five calendar years to permit the state liquor and cannabis board and the department of revenue to verify eligibility for tax exemptions.

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

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

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

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

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

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

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

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

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

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

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

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

 (1)(a) The qualifying patient or designated provider holds a valid authorization card and possesses no more than fifteen ((~~cannabis~~)) marijuana plants and:
 (i) No more than twenty-four ounces of useable ((~~cannabis~~)) marijuana;
 (ii) No more ((~~cannabis~~)) marijuana product than what could reasonably be produced with no more than twenty-four ounces of useable ((~~cannabis~~)) marijuana; or
 (iii) A combination of useable ((~~cannabis~~)) marijuana and ((~~cannabis~~)) marijuana product that does not exceed a combined total representing possession and processing of no more than twenty-four ounces of useable ((~~cannabis~~)) marijuana.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

 (4) Nothing in this chapter requires any accommodation of any on-site medical use of ((~~cannabis~~)) marijuana in any place of employment, in any school bus or on any school grounds, in any youth center, in any correctional facility, or smoking ((~~cannabis~~)) marijuana in any public place or hotel or motel. However, a school may permit a minor who has received valid documentation or an authorization care to consume medical marijuana on school grounds. Such use must be in accordance with school policy relating to medication use on school grounds.

 (5) Nothing in this chapter authorizes the possession or use of marijuana, useable marijuana, or marijuana products on federal property.
 (6) Nothing in this chapter authorizes the use of medical ((~~cannabis~~)) marijuana by any person who is subject to the Washington code of military justice in chapter 38.38 RCW.

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

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

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

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

 The Washington state medical quality assurance commission in consultation with the board of osteopathic medicine and surgery, or other appropriate agency as designated by the governor, shall accept for consideration petitions submitted to add terminal or debilitating conditions to those included in this chapter. In considering such petitions, the Washington state medical quality assurance commission in consultation with the board of osteopathic medicine and surgery shall include public notice of, and an opportunity to comment in a public hearing upon, such petitions. The Washington state medical quality assurance commission in consultation with the board of osteopathic medicine and surgery may make a preliminary finding of good cause before the public hearing and shall, after hearing, approve or deny such petitions within ((~~one~~)) two hundred ((~~eighty~~)) ten days of submission. The approval or denial of such a petition shall be considered a final agency action, subject to judicial review.

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

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

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

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

**Sec.** RCW 69.51A.110 and 2011 c 181 s 408 are each amended to read as follows:

 A qualifying patient's medical use of ((~~cannabis~~)) marijuana as authorized by a health care professional may not be a sole disqualifying factor in determining the patient's suitability for an organ transplant, unless it is shown that this use poses a significant risk of rejection or organ failure. This section does not preclude a health care professional from requiring that a patient abstain from the medical use of ((~~cannabis~~)) marijuana, for a period of time determined by the health care professional, while waiting for a transplant organ or before the patient undergoes an organ transplant.

**Sec.** RCW 69.51A.120 and 2011 c 181 s 409 are each amended to read as follows:

 A qualifying patient or designated provider may not have his or her parental rights or residential time with a child restricted solely due to his or her medical use of ((~~cannabis~~)) marijuana in compliance with the terms of this chapter absent written findings supported by evidence that such use has resulted in a long-term impairment that interferes with the performance of parenting functions as defined under RCW 26.09.004.

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

 (1) It is unlawful for a person knowingly or intentionally:

 (a) To access the medical marijuana registry for any reason not authorized under section 7 of this act;

 (b) To disclose any information received from the medical marijuana registry in violation of section 7 of this act including, but not limited to, qualifying patient or designated provider names, addresses, or amount of marijuana for which they are authorized;

 (c) To produce a false authorization card or to tamper with an valid authorization card;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

NEW SECTION. **Sec.** (1) The legislature finds marijuana use for qualifying patients is a valid and necessary option health care professionals may recommend for their patients. The legislature further finds that although there is a distinction between recreational and medical use of marijuana, the changing environment for recreational marijuana use in Washington will also affect qualifying patients. The legislature further finds that while recognizing the difference between recreational and medical use of marijuana, it is imperative to develop a single, comprehensive regulatory scheme for marijuana use in the state. Acknowledging that the implementation of this act may result in changes to how qualifying patients access medical marijuana, the legislature intends to ease the transition towards a regulated market and provide a statutory means for a safe, consistent, and secure source of marijuana for qualifying patients. Therefore, the legislature intends to provide qualifying patients a retail sales and use tax exemption on purchases of marijuana for medical use when authorized by a health care professional. Because marijuana is neither a prescription medicine nor an over-the-counter medication, this policy should in no way be construed as precedence for changes in the treatment of prescription medications or over-the-counter medications.

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

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

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

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

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

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

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

 Correct the title.

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|  |  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. |

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