

Initiative Measure No. 1414

filed January 11, 2016

AN ACT Relating to the medical use of cannabis; amending RCW 69.51A.005 and 69.51A.110; adding new sections to chapter 69.51A RCW; creating new sections; repealing RCW 69.51A.010, 69.51A.030, 69.51A.040, 69.51A.043, 69.51A.045, 69.51A.050, 69.51A.055, 69.51A.060, 69.51A.100, 69.50.375, 69.50.378, 69.51A.210, 69.51A.220, 69.51A.230, 42.56.625, 69.51A.240, 69.51A.250, 69.51A.260, 69.51A.270, 69.50.560, 69.51A.290, and 82.04.756; repealing 2015 c 70 ss 1 and 2 (uncodified); and prescribing penalties.

BE IT ENACTED BY THE PEOPLE OF THE STATE OF WASHINGTON:

NEW SECTION. Sec. 1. (1)(a) In 1979, Washington state passed the controlled substance therapeutic act to look into the medical use of cannabis because of a lawsuit brought against the state by a patient, creating chapter 69.51 RCW.

(b) In 1998, Washington state voters spoke overwhelmingly with the passage of Initiative Measure No. 692 creating cannabis for medical use by qualifying patients under chapter 69.51A RCW.

(c) On March 28, 2008, the department of health, under the direction of the legislature, determined the definition of a sixty-day supply. The legislature chose to drastically lower those amounts under pressure from the Washington state association of police chiefs and sheriffs.

(d) In 2011, poor judgment and lack of leadership led to the removal of regulation for Washington state's cannabis for medical use market.

(e) In 2015, special interests influenced representatives with lies and contributions that led to violations of the process, like bypassing the public hearing in the state house finance committee, leading to the passing and signing into law Second Substitute Senate Bill No. 5052. This law violates amendment XIV of the Washington state Constitution, as well as violating the Constitution by combining Initiative Measure No. 692 and Initiative Measure No. 502; further federal laws including HIPAA, monopoly protection, allowing an alcohol board regulating medicine, as well as violating the fourth, fifth and sixth Amendment rights of the United States Constitution; and

(f) In 2015, Initiative Measure No. 1372 had volunteers gather twenty-eight thousand five hundred forty-two signatures and twenty additional sponsors. While falling short of qualifying for the November 2015 ballot, twenty-seven thousand five hundred forty-two signatures were gathered in the three months after the signing of Second Substitute Senate Bill No. 5052.

(2) The people intend to ensure the protection of qualifying patients, health care professionals, and designated providers by:

(a) Protecting access for patients to cannabis for medical use by preserving the intent of Initiative Measure No. 692 while creating the regulation intended with Engrossed Second Substitute Senate Bill No. 5073 (2011), yet vetoed out, using the bipartisan language previously approved by a bipartisan legislature specifying cannabis for medical use licensing, as well as other protections from it to qualifying patients;

(b) Removing the harm and extreme restrictions that Second Substitute Senate Bill No. 5052 created while replacing it with compassionate use law, separating the not-for-profit medical use market from the for profit recreational use market;

(c) Restoring the original definition of a sixty-day supply that the department of health determined for the legislature;

(d) Protecting qualifying patients under eighteen years of age, parents, legal guardians, and the patient's designated provider;

(e) Declaring cannabis to be used as a botanical herb for qualifying patients exempting it from taxation;

(f) Creating the Washington state cannabis for medical use board to create a not-for-profit business model that is the cannabis for medical use market. The mission is to provide the highest quality medicine to the patients at the lowest price possible for qualifying patients who need it the most;

(g) Creating an application fee, an annual fee for insurance and renewal of

licenses, and regulation fees on cannabis for medical use that are managed by the cannabis for medical use board to use in conjunction with other funds in the dedicated cannabis for medical use account to keep the regulation of the cannabis for medical use market by the board revenue neutral; and

(h) Requiring proof of impairment for driving while under the influence laws and no longer testing for cannabis use as an illicit drug use in Washington state.

(3) Therefore, the people further strengthen reform to chapter 69.51A RCW of Washington state by enacting changes.

Sec. 2. RCW 69.51A.005 and 2015 c 70 s 16 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 (~~marijuana~~) cannabis. Some of the conditions for which (~~marijuana~~) cannabis 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 (~~marijuana~~) cannabis 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 strict 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 (~~marijuana~~) cannabis, shall not be arrested, prosecuted, or subject to other criminal sanctions or civil consequences under state law based solely on their medical use of (~~marijuana~~) cannabis, 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 (~~marijuana~~) cannabis; 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 (~~marijuana~~) cannabis by qualifying patients for whom, in the health care professional's professional judgment, the medical use of (~~marijuana~~) cannabis may prove beneficial.

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

(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 (~~marijuana~~) cannabis 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 (~~marijuana~~) cannabis in any correctional facility or jail.

NEW SECTION. Sec. 3. The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

(1) "Cannabis" means all parts of the plant *Cannabis*, whether growing or not; the seeds thereof; the resin extracted from any part of the plant; and every compound, manufacture, salt, derivative, mixture, or preparation of the plant, its

seeds, cuttings, or resin. "Cannabis" does not include the mature stalks of the plant, fiber produced from the stalks, oil or cake made from the seeds of the plant, any other compound, manufacture, salt, derivative, mixture, or preparation of the mature stalks, except the resin extracted therefrom, fiber, oil, or cake, or the sterilized seed of the plant which is incapable of germination. "Cannabis" includes cannabis products and usable cannabis.

(2) "Cannabis products" means products that contain cannabis or cannabis extracts, have a measurable THC concentration greater than three-tenths of one percent, and are intended for human consumption or application, including, but not limited to, edible products, tinctures, concentrates, topical creams, salves, and other medical preparations. "Cannabis products" does not include usable cannabis.

(3) "CBD concentration" means the percent of cannabidiol content per dry weight of any part of the plant *Cannabis*, or per volume or weight of cannabis product.

(4) "Correctional facility" has the same meaning as provided in RCW 72.09.015.

(5) "Designated provider" means a person who:

(a) Is eighteen years of age or older;

(b) Has been designated in writing by a patient to serve as a designated provider under this chapter;

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

(d) Is the designated provider to only one patient at any one time; and

(e) Is in compliance with the terms and conditions set forth in section 5 of this act.

(6) "Dispensary" means the premises where cannabis is dispensed to qualifying patients and designated providers, including all vehicles and equipment used to transport cannabis from a licensed cannabis for medical use dispenser to a qualifying patient or designated provider.

(7) "Dispense" means the selection, measuring, packaging, labeling, delivery, or retail sale of cannabis by an employee, volunteer, officer, or operator of a licensed cannabis for medical use dispenser to a qualifying patient or designated provider.

(8) "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.

(9) "Labeling" means all labels or other written, printed, or graphic matter

(a) upon any cannabis intended for medical use, or (b) accompanying such cannabis.

(10) "Licensed cannabis for medical use dispenser" means a person or entity with a Washington state business license issued by the secretary of state, and from the cannabis for medical use board that dispenses cannabis to qualifying patients and designated providers.

(11) "Licensed cannabis for medical use processor" means a person or entity with a Washington state business license issued by the secretary of state, and from the cannabis for medical use board that processes cannabis for wholesale to any cannabis for medical use licensee.

(12) "Licensed cannabis for medical use producer" means a person or entity with a Washington state business license issued by the secretary of state, and from the cannabis for medical use board that produces cannabis for wholesale to any cannabis for medical use licensee.

(13) "Medical use of cannabis" means, yet is not limited to, the production, possession, transportation, delivery, dispensing, ingestion, application, or administration of cannabis for the benefit of a qualifying patient in the treatment of his or her terminal or debilitating medical condition.

(14) "Noncommercial cannabis gardens" means qualifying patients sharing responsibility for acquiring and supplying the resources required to produce, process, and deliver cannabis for medical use such as, for example, a location for

a noncommercial cannabis garden; equipment, supplies, and labor necessary to plant, grow, and harvest cannabis; cannabis plants, seeds, and cutting; and equipment, supplies, and labor necessary for proper construction, plumbing, wiring, and ventilation of a garden of cannabis plants.

(15) "Nonresident" means a person who is temporarily in the state but is not a Washington state resident.

(16) "Peace officer" means any law enforcement personnel as defined in RCW 43.101.010.

(17) "Person" means an individual or an entity.

(18) "Plant" means an organism 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 three centimeters in length. Multiple stalks emanating from the same root ball or root system is considered part of the same single plant. Law enforcement is prohibited from separating root balls.

(19) "Plant canopy" means the grow space for a qualifying patient's cannabis garden.

(a) A plant canopy is measured by the combined plant area, at the widest point, to get the total plant canopy.

(i) For a densely planted garden, measure the total canopy of the garden.

(ii) For a garden with open rows, measure the total canopy of the garden and subtract the spaces between rows.

(iii) For plants in different locations, measure the canopy of each group of plants and add the numbers to get the total area.

(b) All cannabis plants, regardless of sex, stage, or growth, or presence of flowering buds, get measured.

(20) "Process" means to label, handle, infuse, extract, or otherwise prepare cannabis for medical use.

(21) "Processing facility" means the premises and equipment where cannabis products are processed for wholesale, delivery, or transportation to any other cannabis for medical use licensee, including all vehicles and equipment used to transport cannabis products from a licensed cannabis for medical use processor to any other cannabis for medical use licensee.

(22) "Produce" means to plant, grow, harvest, store, handle, package, or label cannabis for medical use.

(23) "Production facility" means the premises and equipment where cannabis is produced for wholesale, delivery, or transportation to any other cannabis for medical use licensee, including all vehicles and equipment used to transport cannabis from a licensed cannabis for medical use producer to any other cannabis for medical use licensee.

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

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

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

(c) Has been advised by that health care professional about the risks and benefits of the medical use of cannabis;

(d) Has been advised by that health care professional that he or she may benefit from the medical use of cannabis; and

(e) Any non-resident authorized for medical use of cannabis by their state.

(f) Is otherwise in compliance with the terms and conditions established in this chapter.

(25) "Tamper-resistant document" 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.

(26) "Terminal or debilitating medical condition" means, yet is not limited

to:

- (a) Cancer, human immunodeficiency virus (HIV), multiple sclerosis, epilepsy or other seizure disorder, or spasticity disorders; or
- (b) Intractable pain including, but not limited to, arthritis, rheumatoid arthritis, cluster headaches, or fibromyalgia; or
- (c) Glaucoma, either acute or chronic; or
- (d) Crohn's disease; or
- (e) Hepatitis C; or
- (f) Diseases, including anorexia, which result in nausea, vomiting, cachexia, appetite loss, cramping, seizures, muscle spasms, or spasticity; or
- (g) Post traumatic stress syndrome, also known as post traumatic stress disorder;
- (h) Traumatic brain injury; or
- (i) Alzheimer's or bipolar and other depression disorders; or
- (j) Chronic obstructive pulmonary disease, asthma, and bronchitis; or
- (k) Lyme disease; or
- (l) Any other medical condition duly approved by the cannabis for medical use board as directed in this chapter.

(27) "THC concentration" means percent of tetrahydrocannabinol content per weight or volume of usable cannabis or cannabis product.

(28) "Usable cannabis" means dried flowers of the cannabis plant having a THC concentration greater than three-tenths of one percent. Usable cannabis excludes stems, stalks, leaves, seeds, and roots. For purposes of this subsection, "dried" means containing less than fifteen percent moisture content by weight. "usable cannabis" does not include cannabis products.

(29) "Valid documentation" means:

- (a) A statement signed and dated by a qualifying patient's health care professional written on a tamper-resistant document, which states that, in the health care professional's professional opinion, the patient may benefit from the medical use of cannabis, and shall not include the qualifying patient's terminal or debilitating medical condition;
- (b) The only personal identifying information shall be the qualifying patient's name, date of birth, health care professional's name and their credential number listed with the department of health; and
- (c) Proof of identity such as a Washington state driver's license or identicard, as defined in RCW 46.20.035.

NEW SECTION. Sec. 4. (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 the medical use of cannabis or that the patient may benefit from the medical use of cannabis; or
- (b) Providing a patient with valid documentation, based upon the health care professional's assessment of the patient's medical history and current medical condition, where such use is within a professional standard of care or in the individual health care professional's medical judgment the qualifying patient may benefit from the medical use of cannabis.

(2)(a) A health care professional may provide a qualifying patient with valid documentation authorizing the medical use of cannabis in accordance with this section.

(b) In order to authorize for the medical use of cannabis under (a) of this subsection, the health care professional must:

- (i) Have a documented relationship with the patient relating to the diagnosis and ongoing treatment or monitoring of the patient's terminal or debilitating medical condition;

(ii) Completing an in-person physical examination of the patient;
(iii) Document 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; and
(iv) Inform 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.

(c) A health care professional shall not:

(i) Accept, solicit, or offer any form of pecuniary remuneration from or to a licensed cannabis for medical use dispenser, licensed cannabis for medical use producer, or licensed cannabis for medical use processor of cannabis products;
(ii) Examine or offer to examine a patient for purposes of diagnosing a terminal or debilitating medical condition at a location where cannabis is produced, processed, or dispensed;
(iii) Sell, cannabis concentrates, cannabis-infused products, or usable cannabis to a qualifying patient; or
(iv) Hold an economic interest in an enterprise that produces, processes, or dispenses cannabis if the health care professional authorizes the medical use of cannabis except where a health care professional is performing scientific research, as protected elsewhere in this chapter, that has been approved by the human subjects committee of a public or private research institute located in Washington state.

(3) A violation of subsection (2) of this section constitutes unprofessional conduct and is subject to sanctions under chapter 18.130 RCW.

(4) After a health care professional authorizes a qualifying patient for medical use of cannabis, he or she may discuss with the qualifying patient how to use cannabis and the types of products the qualifying patient should seek from a dispensary.

NEW SECTION. Sec. 5. The medical use of cannabis 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 shall 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 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 under state law, and investigating peace officers and law enforcement agencies may not be held civilly liable for failure to seize cannabis in this circumstance, if:

(1)(a) The qualifying patient or designated provider possesses:

(i) A one hundred square foot plant canopy;
(ii) No more than thirty-five ounces of usable cannabis;
(iii) Cannabis products that could reasonably be produced with no more than thirty-five ounces of usable cannabis; or
(iv) A combination of usable cannabis and cannabis product that does not exceed a combined total representing possession and processing of no more than thirty-five ounces of usable cannabis.

(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, usable cannabis, and cannabis products are possessed individually or in combination between the qualifying patient and his or her designated provider;

(2) When presented with a warrant, the qualifying patient or designated provider presents his or her valid documentation, to any peace officer who questions the patient or provider regarding his or her medical use of cannabis;

(3) The qualifying patient or designated provider keeps a copy of his or her valid documentation and the qualifying patient or designated provider's contact information available at all times on the premises where any cannabis plants, cannabis products, or usable cannabis is located;

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

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

(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.

(5) The cannabis for medical use board must examine the limits to determine if the 100 square foot plant canopy works for outdoor grows as a 60 day supply for qualifying patients able to do so.

NEW SECTION. Sec. 6. (1) A qualifying patient or designated provider in possession of cannabis plants, cannabis concentrates, usable cannabis, or cannabis-infused products exceeding the limits set forth in section 5 of this act but otherwise 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 through proof at trial, by a preponderance of the evidence, that the qualifying patient's necessary medical use exceeds the amounts set forth in section 5 of this act.

(2) An investigating peace officer may seize cannabis plants, cannabis concentrates, usable cannabis, or cannabis-infused products exceeding the amounts set forth in section 5 of this act. However, in the case of cannabis plants, the qualifying patient or designated provider shall be allowed to select the plants that will remain at the location. The officer and his or her law enforcement agency may not be held civilly liable for failure to seize cannabis in this circumstance.

NEW SECTION. Sec. 7. (1) The lawful possession or manufacture of cannabis for medical use as authorized by this chapter shall not result in the forfeiture or seizure of any real or personal property including, but not limited to, cannabis intended for medical use, items used to facilitate the medical use of cannabis or its production or dispensing for medical use, or proceeds of sales of cannabis for medical use made by licensed cannabis for medical use producers, licensed cannabis for medical use processors, or licensed cannabis for medical use dispensers.

(2) No person shall be prosecuted for constructive possession, conspiracy, or any other criminal offense solely for being in the presence or vicinity of cannabis for medical use or its use as authorized by this chapter.

(3) The state shall not be held liable for any deleterious outcomes from the medical use of cannabis by any qualifying patient.

(4) The smell of cannabis shall not constitute civil or criminal penalties.

NEW SECTION. Sec. 8. (1)(a) The arrest and prosecution protections established in section 5 of this act may not be asserted in a supervision revocation or violation hearing by a person who is supervised by a corrections agency or department, including local governments or jails, that has determined that the terms of this section are inconsistent with and contrary to his or her supervision.

(b) The affirmative defenses established in section 12 of this act may not be asserted in a supervision revocation or violation hearing by a person who is supervised by a corrections agency or department, including local governments or jails, that has determined that the terms of this section are inconsistent with and contrary to his or her supervision.

(2) The provisions of sections 5, 11, and 23 of this act do not apply to a person who is supervised for a criminal conviction by a corrections agency or department, including local governments or jails, that has determined that the terms of this chapter are inconsistent with and contrary to his or her supervision.

NEW SECTION. Sec. 9. (1) It shall be a class 3 civil infraction to use or display cannabis for medical use 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. Such entities may enact coverage or noncoverage criteria or related policies for payment or nonpayment of cannabis for medical use within their sole discretion.

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

(4) Nothing in this chapter requires any accommodation of any on-site medical use of cannabis 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 in any public place or hotel or motel. However, a school may permit a minor who meets the requirements of section 12 of this act to consume 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 cannabis, cannabis concentrates, usable cannabis, or cannabis-infused products on federal property.

(6) Nothing in this chapter authorizes the use of medical cannabis by any person who is subject to the Washington code of military justice under chapter 38.38 RCW.

(7) No person shall be entitled to claim the protection from arrest and prosecution under section 5 of this act for engaging in the medical use of cannabis 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.

(8) Notwithstanding the limitations set forth in this section, persons using cannabis for medical use pursuant to this chapter shall be entitled to the same rights and protections from civil and criminal liability as users of prescription drugs under Washington state law.

NEW SECTION. Sec. 10. (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. 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 designated provider to a given qualifying patient at any time by revoking that designation in writing, signed and dated, and provided to the qualifying patient. The protections of this chapter cease to apply to a person who has served as a qualifying patient to a designated provider seventy-two hours after receipt of that designated provider's revocation of him or her as a patient.

Sec. 11. 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 as authorized by a health care professional ((may)) shall 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, 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))~~).

NEW SECTION. Sec. 12. A qualifying patient or designated provider who does not present his or her valid documentation to a peace officer who questions the patient or provider regarding his or her medical use of cannabis 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

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 section 6 of this act.

NEW SECTION. **Sec. 13.** (1) Qualifying patients authorized for the medical use of cannabis by their health care professional may create and participate in noncommercial cannabis gardens for the purpose of producing, processing, transporting, and delivering cannabis for medical use subject to the following conditions:

(a) No more than ten qualifying patients may participate in a single noncommercial cannabis garden at any time;

(b) A noncommercial cannabis garden may contain no more than fifteen plants per patient up to a total of sixty plants;

(c) A noncommercial cannabis garden may contain no more than twenty-four ounces of usable cannabis per patient up to a total of ninety-six ounces of usable cannabis;

(d) A copy of each qualifying patient's valid documentation must be available at all times on the premises of the noncommercial cannabis garden; and

(e) No usable cannabis from the noncommercial cannabis garden is delivered to anyone other than one of the qualifying patients participating in the noncommercial cannabis garden.

(2) The cannabis for medical use board must evaluate the limits of noncommercial cannabis gardens to determine if they work for noncommercial patient cooperatives, and if there are varying limits for noncommercial cannabis gardens depending on the number of patients.

(3) A person who knowingly violates subsection (1) of this section is not entitled to the protections of this chapter.

NEW SECTION. **Sec. 14.** (1) A qualifying patient who is under eighteen years of age may possess and administer cannabis for medical use only if the parent or legal guardian of the minor has signed a written statement affirming that the parent or legal guardian:

(a) Understands the terminal or debilitating medical condition of the minor;

(b) Understands the potential benefits and potential adverse effects of the medical use of cannabis, generally, and specifically in the case of the minor;

(c) Consents to the medical use of cannabis for the treatment of the minor's terminal or debilitating medical condition; and

(d) Consents to, or designates another adult to, serve as the designated provider for the minor and controls the acquisition, possession, dosage, and frequency of the medical use of cannabis by the minor.

(2) It is not a violation of state criminal or civil law for qualifying patients under eighteen years of age, his or her parents or legal guardians, or his or her designated provider who are in compliance with this chapter.

(3) The minor may not grow plants or purchase cannabis-infused products, usable cannabis, or cannabis concentrates from a cannabis for medical use dispenser.

(4) A health care professional who authorizes the medical use of cannabis 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 medical use of cannabis, the health care professional must reexamine the minor at least once every six months or more frequently as medically indicated. The reexamination must:

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

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

NEW SECTION. Sec. 15. (1) It is not a violation of state criminal or civil law for a licensed cannabis for medical use dispenser or its employees, members, officers, or operators to distribute, deliver, dispense, transfer, prepare, package, repackage, label, relabel, sell, or possess cannabis of its members if all of the following criteria are met:

(a) Licensed cannabis for medical use dispensers must obtain a business license from the secretary of state and the cannabis for medical use board;

(b) Only qualifying patients or his or her designated providers may become members of a dispensary;

(c) Members of a dispensary are not required to provide work as part of their membership;

(d) A copy of each member's valid documentation must be available at all times on the premises of the dispensary;

(e) No cannabis from the dispensary may be delivered to anyone other than a member of the dispensary;

(f) Licensed cannabis for medical use dispensers must ensure that no cannabis, cannabis paraphernalia, or artistic depictions of cannabis may be viewed from outside the dispensary;

(g) Licensed cannabis for medical use dispensers may hire staff or use member volunteers to assist in the operation of the dispensary;

(h) Licensed cannabis for medical use dispensers may not advertise cannabis for sale to the general public in any manner that promotes or tends to promote the abuse of cannabis. This subsection (1)(h) does not preclude a licensed cannabis for medical use dispenser from advertising in trade journals or on cannabis web sites;

(i) Licensed cannabis for medical use dispensers must keep records of all transactions; and

(j) Licensed cannabis for medical use dispensers are prohibited from dispensing cannabis that is labeled in a manner that mimics candy, soda, or other treats attractive to children.

(2) Retail sales of cannabis shall be subject to the botanical herb tax exemption as provided in RCW 82.08.0283 pursuant to a health care professional's valid documentation under this chapter. This tax exemption shall apply to all forms of cannabis sold by a licensed cannabis for medical use dispenser, but shall not apply to other noncannabis products sold by a licensed cannabis for medical use dispenser.

(3) The cannabis for medical use board may undertake subsequent rule making for licensed cannabis for medical use dispensers if necessary. Rules pertaining to the operation of licensed cannabis for medical use dispensers shall be based upon existing industry standards and best practices for the sale and production of herbal products.

(4) A person who knowingly violates subsection (1) of this section is not entitled to the protections therein.

NEW SECTION. Sec. 16. (1) It is not a violation of state criminal or civil law for licensed cannabis for medical use producers and their employees, officers, or operators to manufacture, plant, cultivate, grow, harvest, produce, prepare, propagate, process, package, repackage, transport, transfer, deliver, label, relabel, wholesale, or possess cannabis intended for medical use by qualifying patients if all of the following criteria are met:

(a) Licensed cannabis for medical use producers must obtain a business license from the secretary of state and the cannabis for medical use board;

(b) No cannabis from a licensed cannabis for medical use producer may be delivered to anyone other than another cannabis for medical use licensee;

(c) Licensed cannabis for medical use producers must keep records of all production and delivery;

(d) Licensed cannabis for medical use producers must ensure that no cannabis, cannabis paraphernalia, or artistic depictions of cannabis may be viewed from outside the production facility;

(e) Licensed cannabis for medical use producers may hire staff or use patient volunteers to assist in the operation of the production facility;

(f) Licensed cannabis for medical use producers may not advertise cannabis for sale to the general public in any manner that promotes or tends to promote the abuse of cannabis. This subsection (1)(f) does not preclude a licensed cannabis for medical use producer from advertising in trade journals or on cannabis web sites; and

(g) Licensed cannabis for medical use producers are prohibited from distributing cannabis that is labeled in a manner that mimics candy, soda, or other treats attractive to children.

(2) Transfer, delivery, and wholesale of usable cannabis shall be subject to the botanical herb tax exemption as provided in RCW 82.08.0283 pursuant to a health care professional's valid documentation under this chapter. This tax exemption shall apply to all forms of usable cannabis distributed by a licensed cannabis for medical use producer, but shall not apply to other noncannabis products sold by a licensed cannabis for medical use producer.

(3) A cannabis for medical use producer license allows the licensee to produce cannabis in seed, cutting, flower, root, and all parts of the plant body for sale at wholesale to any other cannabis for medical use licensee. Indoor production must take place within a fully enclosed secure indoor facility or greenhouse with rigid walls, a roof, and doors. Outdoor production may take place in a nonrigid greenhouse, other structures, or an expanse of open or cleared ground fully enclosed by a physical barrier. To obscure public view of the premises, outdoor production must be enclosed by a sight obscure wall or fence at least eight feet high. Outdoor producers must meet security requirements described in WAC 314-55-083.

(4) The cannabis for medical use board may undertake subsequent rule making for licensed cannabis for medical use producers if necessary. Rules pertaining to the operation of licensed cannabis for medical use producers shall be based upon existing industry standards and best practices for the sale and production of herbal products.

(5) A person who knowingly violates subsection (1) of this section is not entitled to the protections therein.

NEW SECTION. Sec. 17. (1) It is not a violation of state criminal or civil law for licensed cannabis for medical use processors and their employees, officers, or operators to manufacture, produce, prepare, process, package, repackage, transport, transfer, deliver, label, relabel, sell, or possess cannabis for the medical use of qualifying patients if all of the following criteria are met:

(a) Licensed cannabis for medical use processors must obtain a business license from the secretary of state and the cannabis for medical use board;

(b) No cannabis products from a licensed cannabis for medical use processor may be delivered to anyone other than another cannabis for medical use licensee;

(c) Licensed cannabis for medical use processors must keep a record of all processing and delivery;

(d) Licensed cannabis for medical use processors must ensure that no cannabis, cannabis products, cannabis paraphernalia, or artistic depictions of cannabis may be viewed from outside the processing facility;

(e) Licensed cannabis for medical use processors may hire staff or use patient volunteers to assist in the operation of the processing facility;

(f) Licensed cannabis for medical use processors must follow the basic health and safety standards required of a commercial kitchen;

(g) Licensed cannabis for medical use processors may not advertise cannabis or cannabis products for sale to the general public in any manner that promotes or tends to promote the abuse of cannabis. This subsection (1)(g) does not preclude a licensed cannabis for medical use processor from advertising in trade journals or on cannabis web sites; and

(h) Licensed cannabis for medical use processors are prohibited from distributing cannabis that is labeled in a manner that mimics candy, soda, or other

treats attractive to children.

(2) Transfer, delivery, and wholesale of cannabis products shall be subject to the botanical herb tax exemption as provided in RCW 82.08.0283 pursuant to a health care professional's valid documentation under this chapter. This tax exemption shall apply to all forms of cannabis products distributed by a licensed cannabis for medical use processor, but shall not apply to other noncannabis products sold by a licensed cannabis for medical use processor.

(3) The cannabis for medical use board may undertake subsequent rule making for licensed cannabis for medical use processors if necessary. Rerly, the attorney general must make sure that it is properly adopted as state law.gulations pertaining to the operation of licensed cannabis for medical use processors shall be based upon existing industry standards and best practices for the sale and production of herbal products.

(4) A person who knowingly violates a provision of subsection (1) of this section is not entitled to the protections therein.

NEW SECTION. **Sec. 18.** (1) The Washington state cannabis for medical use board is created and empowered to be the governing body over all aspects of the cannabis for medical use market, including though not limited to managing of the dedicated cannabis for medical use account.

(2) The board is comprised of nine members, including:

(a) One member appointed from the Washington state department of health for a three-year term;

(b) One member appointed from the Washington state department of agriculture for a three-year term;

(c) One member appointed from the Washington state board of health for a three-year term;

(d) Two members drawn in a lottery from practicing health care professionals who authorize and have knowledge in the medical use of cannabis who offers his or her name for service on the board for a three-year term;

(e) Two members drawn in a lottery from qualifying patients, or his or her parent or legal guardian who offers his or her name for service on the board for a three-year term;

(f) One member drawn in a lottery from the licensed cannabis for medical use producers for service on the board for a three-year term; and

(g) One member drawn in a lottery from the licensed cannabis for medical use processors for service on the board for a three-year term.

(3)(a) Within thirty days of the effective date of this section, the first three board members must be appointed and called to a meeting on December 8, 2016, to set up and announce the accepting of names for service to the board, as well as begin accepting applications for all cannabis for medical use licenses.

(b) Health care professionals, qualifying patients, or their parent or legal guardian wishing to offer their names for service to the board have thirty days to submit their names to the board for the first lottery. Others wishing to serve on the board shall submit their names to the board for the lotteries. Those seeking another term of service shall be put on a previous board members' list for the respective board positions. When the lotteries have no first time candidates, the appropriate board members' list is then used for the random draw of the lottery.

(c) On January 9, 2017, the board must draw randomly from the names submitted to fill the four board member positions. Within seven days of the announcement of the new board members, the board shall be called to a meeting by January 13, 2017, to make any additional rules about licensing that may be needed. Any additional rules that may need to be made for licensing must not exclude someone from obtaining all three licenses, or any combination, to allow licensing of the cannabis farmers markets that have served qualifying patients and designated providers.

(d) After January 13, 2017, but by February 13, 2017, the board must start issuing licenses for cannabis for medical use producers, processors, and dispensers to those already with experience, giving preference to those who are or have served

qualifying patients and designated providers since the approval of Initiative Measure No. 692.

(e) Thirty days after licenses start being issued, by March 13, 2017, the board will draw randomly from the licensed cannabis for medical use producers and licensed cannabis for medical use processors to fill the last two board positions under subsection (2)(f) and (g) of this section. Those seeking another term of service shall be put on a previous board members' list for the respective board positions for the lotteries. When there are no first time candidates for either position, the appropriate board members' list is then used for the random draw of the lottery.

(4) On March 18, 2017, the board is called to a meeting to govern the cannabis for medical use market. The directors shall elect the officers and the board must create a not-for-profit model governing all aspects of growing, production, and distribution of cannabis for medical use in the commercial market, and begin the process of issuing licenses for cannabis for medical use producers immediately. Licenses for cannabis for medical use processors and cannabis for medical use dispensers must be issued accordingly after that, no longer than sixty days. All board meetings are open to the public and must be recorded and available to the public via the internet.

(5) The board is in charge with financial stewardship of the dedicated cannabis for medical use account to maintain a revenue neutral governing body over the regulation of the cannabis for medical use market.

(6) The board must have quarterly public meetings with the cannabis for medical use community and general public to share information, financial review; and to receive public input, suggestions, and concerns. The meetings shall be recorded and available to the public via the internet.

(7) The board shall examine if the Washington state rules of seed to sale tracking will work in the not-for-profit cannabis from medical use market while providing the highest quality medicine at the lowest price possible to qualifying patients who need it the most.

(8) The board must immediately start adding more qualifying conditions based on industry standards, and the science found on the internet about the medicinal properties of cannabis.

(9) All testing of cannabis for medical use must use a standard that will be more accurate in actual tetrahydrocannabinols and cannabinoids content, and mandate microbial testing for mold and mildew.

(10) All labeling for cannabis for medical use must include all types of tetrahydrocannabinols and cannabinoids for qualifying patients to make the most informed choice.

(11) As long as cannabis remains on the controlled substances list, it is not in the best interest of nor guarantees truly safe access for qualifying patients to his or her medicine. The board may not make rules for a patient registry as long as cannabis is on the federal controlled substances list.

(12) The board must create rules to prevent genetically modified cannabis of any kind in Washington state. This does not include hybridization or cross-breeding of cannabis.

(13) The board must examine the use of natural alternatives for solving the issue of pests. The use of synthetic pesticides on cannabis for medical use is prohibited.

(14) The board may create further rules based upon existing industry standards and best practices for the regulation of the cannabis for medical use market.

NEW SECTION. **Sec. 19.** The dedicated cannabis for medical use account, which shall consist of all the cannabis for medical use application fees, annual fees for insurance and renewal of licenses, regulation fees, penalties, forfeitures, and all other moneys, income, or revenue received by the cannabis for medical use regulation board from the medical use of cannabis-related activities, is created in the custody of the state treasurer.

All receipts from the cannabis for medical use board or any employee thereof

from the medical use of cannabis-related activities must be deposited into the account.

Only the cannabis for medical use board or the board's designee may authorize expenditures from the account. The account is subject to allotment procedures under chapter 43.88 RCW, but an appropriation is not required for expenditures.

NEW SECTION. Sec. 20. (1)(a) There is a nonrefundable application fee of two hundred fifty dollars and a one thousand dollar annual fee for insurance and renewal of licenses for each cannabis for medical use license that must be deposited in a depository approved by the state treasurer and transferred to the state treasurer to be credited to the dedicated cannabis for medical use account.

(b) The cannabis for medical use board may review the annual fee for insurance and renewal of licenses to adjust the cost in order to maintain a revenue-neutral governing body over the regulation of the cannabis for medical use market.

(2)(a) The board must conduct a criminal history check at the time of the application of all cannabis for medical use licenses. The applicant for the license is responsible for all fees required for the criminal history check.

(b) Criminal histories from any applicant that come back with any crime relating to cannabis must be evaluated during the issuing of a license. Cannabis only crimes including, though not limited to, growing, transportation, selling, or possession are not excluded from obtaining a license. Cannabis crimes that are nonviolent, along with a firearms possession charge from an applicant who was a licensed registered firearms owner, are not excluded from obtaining a license. Crimes involving cannabis that are nonviolent, along with any other charges, may be evaluated for the issuing of a license. This evaluation to determine eligibility of obtaining any cannabis for medical use license must be done by the cannabis for medical use board.

NEW SECTION. Sec. 21. (1) There is levied and collected a regulation fee for cannabis for medical use equal to six percent of the selling price on each sale in this state of cannabis by a licensed cannabis for medical use producer to any other cannabis for medical use licensee for one year. After that year, the cannabis for medical use board must evaluate the regulation fee to determine if it shall be lowered, while remaining revenue neutral. After three years, if not already adjusted by the board, the regulation fee must not exceed three percent. After five years, if not already adjusted by the board, the regulation fee must not exceed two percent. This regulation fee is the obligation of the licensed cannabis for medical use producer selling the cannabis.

(2) There is levied and collected a regulation fee for cannabis for medical use equal to six percent of the selling price on each wholesale sale in this state of usable cannabis or cannabis-infused product by a licensed cannabis for medical use processor to any other cannabis for medical use licensee for one year. After that year, the cannabis for medical use board must evaluate the regulation fee to determine if it shall be lowered, while remaining revenue neutral. After three years, if not already adjusted by the board, the regulation fee must not exceed three percent. After five years, if not already adjusted by the board, the regulation fee must not exceed two percent. This regulation fee is the obligation of the licensed cannabis for medical use processor.

(3) There is levied and collected a regulation fee for cannabis for medical use equal to six percent of the selling price on each retail sale in this state of usable cannabis and cannabis-infused products for one year. After that year, the cannabis for medical use board must evaluate the regulation fee to determine if it shall be lowered, while remaining revenue neutral. After three years, if not already adjusted by the board, the regulation fee must not exceed three percent. After five years, if not already adjusted by the board, the regulation fee must not exceed two percent. This regulation fee is the obligation of the licensed cannabis for medical use dispenser.

(4) All revenues collected from the regulation fee for cannabis for medical use imposed under subsections (1) through (3) of this section must be deposited

each day in a depository approved by the state treasurer and transferred to the state treasurer to be credited to the dedicated cannabis for medical use account.

(5) The cannabis for medical use board shall regularly review the regulation fee in order to maintain a revenue neutral governing body.

NEW SECTION. **Sec. 22.** (1) Pursuant to the provisions of this chapter, the enumeration of the cannabis plant and any cannabis plant-based tetrahydrocannabinols in chapter 69.50 RCW as a controlled substance does not apply to:

(a) The therapeutic or medical authorizations by a licensed health care professional to a qualifying patient;

(b) The use, manufacture, delivery, transportation, not-for-profit transfer, or possession of cannabis plants, cannabis products, and cannabis plant-based tetrahydrocannabinols by qualifying patients, designated providers, and noncommercial cannabis gardens;

(c) The use, manufacture, delivery, transportation, sale, not-for-profit transfer, or possession of cannabis plants, cannabis products, and cannabis plant-based tetrahydrocannabinols by any licensed cannabis for medical use dispensers, licensed cannabis for medical use producers, and licensed cannabis for medical use processors; and

(d) Licensed research and testing facilities.

(2) Synthetic derivatives of tetrahydrocannabinols, such as marinol, are not subject to the protections of this chapter.

(3) Cannabis must be restored to the list of available medicines and therapeutic herbs for health care professionals to prescribe or authorize to patients according to their hippocratic oath to first do no harm.

NEW SECTION. **Sec. 23.** No state, city, town, or county agent shall obtain federal funds, sign federal law enforcement contracts, or cooperate in any federal criminal investigation against anyone in compliance with the provisions of this chapter. All Jag and northwest high intensity drug trafficking area contracts containing marijuana and/or the cannabis *sativa L.* plant as an illegal and/or illicit drug, are hereby repealed, and unenforcible.

NEW SECTION. **Sec. 24.** Nothing in this chapter or in the rules adopted to implement it precludes a noncommercial cannabis garden from engaging in the private, unlicensed, noncommercial production, possession, transportation, delivery, or administration of cannabis for medical use as authorized under section 13 of this act.

NEW SECTION. **Sec. 25.** Nothing in the chapter precludes individuals who have obtained cannabis through legal access defined in this chapter and chapter 69.50 to be held civilly or criminal liable for the consumption of cannabis or cannabis infused products in a private spaces. Individuals may consume cannabis products within their residence, as long as it is not within view of the general public, and in commercial spaces which are not open to the general public.

NEW SECTION. **Sec. 26.** Qualifying patients, designated providers, members of noncommercial cannabis gardens, licensed cannabis for medical use dispensers, licensed cannabis for medical use processors, and licensed cannabis for medical use producers in compliance with all other terms and conditions of this chapter may not be arrested, searched, prosecuted, or subject to other criminal sanctions or civil consequences under state law, or have real or personal property searched, seized, or forfeited pursuant to state law, for such activities, notwithstanding any other provision of law.

NEW SECTION. **Sec. 27.** (1) Except as provided in subsection (2) of this section, a person may not be refused housing or evicted from housing solely as a result of his or her possession or personal use of cannabis, except that housing

providers otherwise permitted to enact and enforce prohibitions against smoking in their housing may apply those prohibitions to smoking cannabis provided that such smoking prohibitions are applied and enforced equally as to the smoking of cannabis and the smoking of all other substances, including without limitation tobacco. The prohibitions in this section do not include vaporizing cannabis or cannabis concentrates.

(2) Except when entered into a contractual agreement otherwise.

NEW SECTION. **Sec. 28.** Washington state chartered banks and credit unions may accept deposits from, make loans to, and generally engage in normal business transactions with licensed cannabis for medical use dispensers, licensed cannabis for medical use processors, licensed cannabis for medical use producers, and cannabis for recreational use licensees in Washington state.

NEW SECTION. **Sec. 29.** (1) A nonresident who is duly authorized to engage in the medical use of cannabis under the laws of another state or territory of the United States may raise an affirmative defense to charges of violations of Washington state law relating to cannabis, provided that the nonresident:

(a) Presents the documentation of authorization required under the nonresidents authorizing state or territory's law and proof of identity issued by the authorizing state or territory to any peace officer who questions the nonresident regarding his or her medical use of cannabis; and

(b) Does not possess evidence that the nonresident has converted cannabis produced or obtained for his or her medical use for the use or benefit of anyone else.

(2) The cannabis for medical use board must create a resource with the information of what other states have for identification of cannabis for medical use patients that will be provided to licensed cannabis for medical use dispensers to allow for a nonresident visiting Washington the ability to get the medicine they need. This information is:

(a) What documentation is required by the state the non-resident lives in; and

(b) The current ID checking guide.

(3) Nonresidents who are staying in Washington state for two months or longer may request from the board the ability to grow plants for their medicine.

(4) The cannabis for medical use board may undertake subsequent rule making for nonresidents if necessary. Rules pertaining to nonresidents shall be based upon the intent of Initiative Measure No. 692 to provide medicine for qualifying patients, and shall not be charged with a crime for the medical use of cannabis.

NEW SECTION. **Sec. 30.** Authorizations for the medical use of marijuana written before April 29, 2011, are valid authorizations for the medical use of cannabis. Rules regarding authorizations for the medical use of cannabis must follow the rules for botanical herbs.

NEW SECTION. **Sec. 31.** The cannabis for medical use board must evaluate section 5 of this act limits for qualifying patients who choose to juice cannabis for their medicine. Rules pertaining to limits for qualifying patients shall be based upon industry standard and allowing patients the ability to provide their own medicine.

NEW SECTION. **Sec. 32.** A city, town, county, or the state may adopt an ordinance to include the one thousand foot rule for public health, safety, or welfare, provided that they do not preclude the possibility of siting any cannabis licensee within their jurisdiction. When an accredited elementary or secondary school opens within one thousand feet of a licensed cannabis for medical use licensee after the lawful establishment of the cannabis licensee, the distance requirement in this section does not apply to the cannabis licensee.

NEW SECTION. **Sec. 33.** Recorded video evidence of impairment or determination

of culpability in an accident must accompany THC concentration results tested under RCW 46.61.502 and 46.61.506 when presented as evidence in criminal or civil trials.

NEW SECTION. **Sec. 34.** All residents and nonresidents of Washington state are exempt for cannabis use from all carboxy delta-11 urinalysis samples when an employer or anyone is testing for illicit drug use, including hair testing.

NEW SECTION. **Sec. 35.** (1) All individuals convicted of non-violent cannabis crimes shall have the conviction vacated, removing it entirely from an individual's record; and

(2) All individuals incarcerated for non-violent cannabis crimes shall be released, the conviction vacated, removing it entirely from an individual's record.

NEW SECTION. **Sec. 36.** (1) It is a class 1 civil infraction with a statutory assessment of five thousand dollars for any employee or agent of the state of Washington or person to provide any information regarding marijuana or cannabis-related activities to any federal government employee or agency for furtherance of any federal criminal or civil investigation that would not also be a criminal violation under the Revised Code of Washington. In addition, one hundred hours of community service assisting patients who are terminally ill or disabled is required. For each reoccurring offense, the class of infraction is elevated and the assessment doubled. After three subsequent offenses, it is a misdemeanor.

(2) It is a class 1 civil infraction with a statutory assessment of ten thousand dollars for any employee or agent of the state of Washington or person to assist in the arrest, prosecution, or detention of any person for any violation of federal laws relating to marijuana or cannabis that is not also a criminal violation under the Revised Code of Washington. In addition, one hundred hours of community service assisting patients who are terminally ill or disabled is required. For each reoccurring offense, the class of infraction is elevated and the assessment doubled. After three subsequent offenses, it is a gross misdemeanor.

(3) All assessments collected for offenses committed under this section must be split and remitted to:

(a) The department of social and health services, specifically with the division of behavioral health and recovery.

(b) The office of the superintendent of public instruction.

NEW SECTION. **Sec. 37.** (1) The Washington state legislature must pass a bill and the governor must sign it into law removing cannabis off the state controlled substance act by the end of legislative session 2017.

(a) If the legislature and governor fail to remove cannabis from the state controlled substance act by the end of legislative session 2017, the legislature and governor shall each be fined four thousand two hundred dollars, and receive an immediate forty-two percent pay cut after each legislative session that cannabis has not been removed from the state controlled substance list.

(b) All fines collected must go to the educational system of Washington state.

(2) The attorney general shall examine the state controlled substance list, as it may not have been properly adopted according to state law. If it has not been adopted properly, the attorney general must make sure that it is properly adopted as state law.

NEW SECTION. **Sec. 38.** In the event that any sections of this act are in conflict with any other laws codified in the Revised Code of Washington, the provisions of this act shall control.

NEW SECTION. **Sec. 39.** If any provision of this act or its application to any person or circumstance is held invalid, the remainder of the act or the application of the provision to other persons or circumstances is not affected.

NEW SECTION. **Sec. 40.** The attorney general must vigorously defend this act from all challenges by, yet not limited to, persons, officials, agents, cities, counties, state, or federal governments by all legal means to the fullest extent possible.

NEW SECTION. **Sec. 41.** The following acts or parts of acts are each repealed:

(1)RCW 69.51A.010 (Definitions) and 2015 c 70 s 17, 2010 c 284 s 2, 2007 c 371 s 3, & 1999 c 2 s 6;

(2)RCW 69.51A.030 (Acts not constituting crimes or unprofessional conduct—Health care professionals not subject to penalties or liabilities) and 2015 c 70 s 18, 2011 c 181 s 301, 2010 c 284 s 3, 2007 c 371 s 4, & 1999 c 2 s 4;

(3)RCW 69.51A.040 (Compliance with chapter—Qualifying patients and designated providers not subject to penalties—Law enforcement not subject to liability) and 2015 c 70 s 24, 2011 c 181 s 401, 2007 c 371 s 5, & 1999 c 2 s 5;

(4)RCW 69.51A.043 (Failure to enter into the medical marijuana authorization database—Affirmative defense) and 2015 c 70 s 25 & 2011 c 181 s 402;

(5)RCW 69.51A.045 (Possession of plants, marijuana concentrates, usable marijuana, or marijuana-infused products exceeding lawful amount—Affirmative defense) and 2015 c 70 s 29 & 2011 c 181 s 405;

(6)RCW 69.51A.050 (Medical marijuana, lawful possession—State not liable) and 1999 c 2 s 7;

(7)RCW 69.51A.055 (Limitations of chapter—Persons under supervision) and 2015 c 70 s 30 & 2011 c 181 s 1105;

(8)RCW 69.51A.060 (Crimes—Limitations of chapter) and 2015 c 70 s 31, 2011 c 181 s 501, 2010 c 284 s 4, 2007 c 371 s 6, & 1999 c 2 s 8;

(9)RCW 69.51A.100 (Qualifying patient's designation of a specific designated provider—Provider's service as designated provider—Termination—Department may adopt rules) and 2015 c 70 s 34 & 2011 c 181 s 404;

(10)RCW 69.50.375 (Marijuana retailers—Medical marijuana endorsement) and 2015 c 70 s 10;

(11)RCW 69.50.378 (Marijuana retailer holding medical marijuana endorsement—THC concentration in products) and 2015 c 70 s 11;

(12)RCW 69.51A.210 (Qualifying patients or designated providers—Authorization—Health care professional may include recommendations on amount of marijuana) and 2015 c 70 s 19;

(13)RCW 69.51A.220 (Health care professionals may authorize medical use of marijuana—Qualifying patients under age eighteen) and 2015 c 70 s 20;

(14)RCW 69.51A.230 (Medical marijuana authorization database—Recognition cards) and 2015 c 70 s 21;

(15)RCW 42.56.625 (Medical marijuana authorization database) and 2015 c 70 s 22;

(16)RCW 69.51A.240 (Unlawful actions—Criminal penalty) and 2015 c 70 s 23;

(17)RCW 69.51A.250 (Cooperatives—Qualifying patients or designated providers may form—Requirements—Restrictions on locations—State liquor and cannabis board may adopt rules) and 2015 2nd sp.s. c 4 s 1001 & 2015 c 70 s 26;

(18)RCW 69.51A.260 (Housing unit—No more than fifteen plants may be grown or located—Exception—Civil penalties) and 2015 c 70 s 27;

(19)RCW 69.51A.270 (Extracting or separating marijuana resin, producing or processing any form of marijuana concentrates or marijuana-infused products—State liquor and cannabis board to adopt rules) and 2015 c 70 s 28;

(20)RCW 69.50.560 (Controlled purchase programs—Persons under age twenty-one—Violation—Criminal penalty—Exceptions) and 2015 c 70 s 33;

(21)RCW 69.51A.290 (Medical marijuana consultant certificate) and 2015 c 70 s 37;

(22)RCW 82.04.756 (Exemptions—Marijuana cooperatives) and 2015 c 70 s 40; and

(23)2015 c 70 ss 1 and 2 (uncodified).

NEW SECTION. **Sec. 42.** This act may be known and cited as the Washington state cannabis patient reform act.

NEW SECTION. **Sec. 43.** Sections 3 through 10 and 12 through 37 of this act are each added to chapter 69.51A RCW.