

HANDS OFF OUR MEDICAL MARIJUANA INITIATIVE

COMPLETE TEXT

AN ACT Relating to medical marijuana; reenacting and amending RCW 69.51A.005, 69.51A.010, 69.51A.020, 69.51A.025, 69.51A.030, 69.51A.040, 69.51A.043, 69.51A.045, 69.51A.047, 69.51A.050, 69.51A.055, 69.51A.060, 69.51A.070, 69.51A.085, 69.51A.090, 69.51A.100, 69.51A.110, 69.51A.120, 69.51A.130, 69.51A.140, 69.51A.200, and 69.51A.900; adding new sections to chapter 69.51A RCW; and creating new sections.

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

INTENT

NEW SECTION. **Sec. 1.** In 1998, the people overwhelmingly approved a citizen initiative which allowed sick people access to medical marijuana. State and local governments are already trying to sabotage that voter-approved initiative; their efforts will succeed unless the citizens tell them not to.

The taxes imposed on recreational users of marijuana must not apply to sick people using medical marijuana. Current law requires taxes imposed on medical marijuana to be the same as those imposed on other prescription medication; the intent of this act is to keep it that way.

The people passed two different initiatives to treat recreational and medical marijuana differently. This measure simply ensures that it stays that way.

NEW SECTION. **Sec. 2.** A new section is added to chapter 69.51A RCW to read as follows:

The provisions of Initiative 692, approved by voters in 1998, that allowed for the medical use of marijuana, and other statutes related to medical marijuana are hereby reaffirmed by this act.

Sec. 3. RCW 69.51A.005 and 2011 c 181 s 102 are each reenacted and 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 ~~((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:

(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. 4. RCW 69.51A.010 and 2010 c 284 s 2 are each reenacted and 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 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 marijuana obtained for the personal, medical use of the patient for whom the individual is acting as designated provider; 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 production, possession, or administration of marijuana, as defined in *RCW 69.50.101(~~(a)~~)(s), for the exclusive benefit of a qualifying patient in the treatment of his or her terminal or debilitating illness.

(4) "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) Is a resident of the state of Washington at the time of such diagnosis;

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

(e) Has been advised by that health care professional that they may benefit from the medical use of marijuana.

(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) 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.

Sec. 5. RCW 69.51A.020 and 2011 c 181 s 103 are each reenacted and amended to read as follows:

Nothing in this chapter shall be construed to supersede Washington state law prohibiting the acquisition, possession, manufacture, sale, or use of (~~cannabis~~) marijuana for nonmedical purposes. Criminal penalties created under chapter 181, Laws of 2011 do not preclude the prosecution or punishment for other crimes, including other crimes involving the manufacture or delivery of (~~cannabis~~) marijuana for nonmedical purposes.

Sec. 6. RCW 69.51A.025 and 2011 c 181 s 103 are each reenacted and amended to read as follows:

Nothing in this chapter or in the rules adopted to implement it precludes a qualifying patient or designated provider from engaging in the private, unlicensed, noncommercial production, possession, transportation, delivery, or administration of ~~((cannabis))~~ marijuana for medical use as authorized under RCW 69.51A.040.

Sec. 7. RCW 69.51A.030 and 2011 c 181 s 301 are each reenacted and 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 a patient meeting the criteria established under *RCW 69.51A.010(26) 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.

(2)(a) A health care professional may only provide a patient with valid documentation authorizing the medical use of ~~((cannabis))~~ marijuana or register the patient with the registry established in **section 901 of this act if he or she has a newly initiated or existing documented relationship with the patient, as a primary 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 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

(iv) Documenting 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~~)) marijuana products;

(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~~)) marijuana products;

(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;

(iv) Have a business or practice which consists solely of authorizing the medical use of ((~~cannabis~~)) marijuana;

(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~~)) 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.

Sec. 8. RCW 69.51A.040 and 2011 c 181 s 401 are each reenacted and 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 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 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, to any peace 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 and the qualifying patient or designated provider's contact information posted prominently next to any (~~cannabis~~) marijuana plants, (~~cannabis~~) marijuana products, or useable (~~cannabis~~) marijuana located at his or her residence;

(4) The investigating peace 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~~) marijuana produced or obtained for his or her own medical use to the qualifying patient's personal, nonmedical use or benefit;

(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. 9. RCW 69.51A.043 and 2011 c 181 s 402 are each reenacted and amended to read as follows:

(1) A qualifying patient or designated provider who is not registered with the registry established in *section 901 of this act may raise the affirmative defense set forth in subsection (2) of this section, if:

(a) 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~~) marijuana;

(b) The qualifying patient or designated provider possesses no more (~~cannabis~~) marijuana than the limits set forth in RCW 69.51A.040(1);

(c) The qualifying patient or designated provider is in compliance with all other terms and conditions of this chapter;

(d) The investigating peace officer does not have probable cause to believe that the qualifying patient or designated provider has committed a felony, or is committing a misdemeanor in the officer's presence, that does not relate to the medical use of ~~((cannabis))~~ marijuana;

(e) No outstanding warrant for arrest exists for the qualifying patient or designated provider; and

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

(2) A qualifying patient or designated provider who is not registered with the registry established in *section 901 of this act, but who presents his or her valid documentation to any peace officer who questions the patient or provider regarding his or her medical use of ~~((cannabis))~~ marijuana, may assert 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 otherwise meets the requirements of RCW 69.51A.040. A qualifying patient or designated provider meeting the conditions of this subsection but possessing more ~~((cannabis))~~ marijuana than the limits set forth in RCW 69.51A.040(1) may, in the investigating peace officer's discretion, be taken into custody and booked into jail in connection with the investigation of the incident.

Sec. 10. RCW 69.51A.045 and 2011 c 181 s 405 are each reenacted and amended to read as follows:

A qualifying patient or designated provider in possession of ~~((cannabis))~~ marijuana plants, useable ~~((cannabis))~~ marijuana, or ~~((cannabis))~~ marijuana product exceeding the limits set forth in RCW 69.51A.040(1) 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))~~

marijuana through proof at trial, by a preponderance of the evidence, that the qualifying patient's necessary medical use exceeds the amounts set forth in RCW 69.51A.040(1). An investigating peace officer may seize ((~~cannabis~~)) marijuana plants, useable ((~~cannabis~~)) marijuana, or ((~~cannabis~~)) marijuana product exceeding the amounts set forth in RCW 69.51A.040(1): PROVIDED, That in the case of ((~~cannabis~~)) marijuana 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~~)) marijuana in this circumstance.

Sec. 11. RCW 69.51A.047 and 2011 c 181 s 406 are each reenacted and amended to read as follows:

A qualifying patient or designated provider who is not registered with the registry established in *section 901 of this act or 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~~)) 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. 12. RCW 69.51A.050 and 1999 c 2 s 7 (Initiative Measure No. 692) are each reenacted and amended to read as follows:

(1) The lawful possession or manufacture of medical marijuana as authorized by this chapter shall not result in the forfeiture or seizure of any property.

(2) No person shall be prosecuted for constructive possession, conspiracy, or any other criminal offense solely for being in the

presence or vicinity of medical marijuana 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 medical marijuana by any qualifying patient.

Sec. 13. RCW 69.51A.055 and 2011 c 181 s 1105 are each reenacted and amended to read as follows:

(1)(a) The arrest and prosecution protections established in RCW 69.51A.040 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 RCW 69.51A.043, 69.51A.045, 69.51A.047, and *section 407 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 RCW 69.51A.040, 69.51A.085, and 69.51A.025 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.

(3) A person may not be licensed as a licensed producer, licensed processor of (~~cannabis~~) marijuana products, or a licensed dispenser under *section 601, 602, or 701 of this act if he or she is supervised for a criminal conviction by a corrections agency or department, including local governments or jails, that has determined that licensure is inconsistent with and contrary to his or her supervision.

Sec. 14. RCW 69.51A.060 and 2011 c 181 s 501 are each reenacted and 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.

(5) 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) 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 work place.

(7) 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), or to backdate such documentation to a time earlier than its actual date of execution.

(8) 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. 15. RCW 69.51A.070 and 2007 c 371 s 7 are each reenacted and 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~~) must 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 shall, after hearing, approve or deny such petitions within one hundred eighty days of submission. The approval or denial of such a petition shall be considered a final agency action, subject to judicial review.

Sec. 16. RCW 69.51A.085 and 2011 c 181 s 403 are each reenacted and amended to read as follows:

(1) Qualifying patients may create and participate in collective gardens for the purpose of producing, processing, transporting, and delivering ((cannabis)) marijuana for medical use subject to the following conditions:

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

(b) A collective garden may contain no more than fifteen plants per patient up to a total of forty-five plants;

(c) A collective garden may contain no more than twenty-four ounces of useable cannabis per patient up to a total of seventy-two

ounces of useable cannabis;

(d) A copy of each qualifying patient's valid documentation or proof of registration with the registry established in *section 901 of this act, including a copy of the patient's proof of identity, must be available at all times on the premises of the collective garden; and

(e) No useable (~~cannabis~~) marijuana from the collective garden is delivered to anyone other than one of the qualifying patients participating in the collective garden.

(2) For purposes of this section, the creation of a "collective garden" means qualifying patients sharing responsibility for acquiring and supplying the resources required to produce and process (~~cannabis~~) marijuana for medical use such as, for example, a location for a collective garden; equipment, supplies, and labor necessary to plant, grow, and harvest (~~cannabis~~) marijuana; (~~cannabis~~) marijuana plants, seeds, and cuttings; and equipment, supplies, and labor necessary for proper construction, plumbing, wiring, and ventilation of a garden of (~~cannabis~~) marijuana plants.

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

Sec. 17. RCW 69.51A.090 and 2010 c 284 s 5 are each reenacted and amended to read as follows:

The provisions of RCW 69.51A.010, relating to the definition of "valid documentation," apply only prospectively (~~only~~), not retroactively, and do not affect valid documentation obtained prior to June 10, 2010.

Sec. 18. RCW 69.51A.100 and 2011 c 181 s 404 are each reenacted and amended to read as follows:

(1) A qualifying patient may revoke his or her designation of a specific provider and designate a different 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 a designated provider to a given qualifying patient at any given time. 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.

Sec. 19. RCW 69.51A.110 and 2011 c 181 s 408 are each reenacted and 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. 20. RCW 69.51A.120 and 2011 c 181 s 409 are each reenacted and 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.

Sec. 21. RCW 69.51A.130 and 2011 c 181 s 1101 are each reenacted and amended to read as follows:

(1) No civil or criminal liability may be imposed by any court on the state or its officers and employees for actions taken in good faith under this chapter related to medical marijuana and within the scope of their assigned duties.

(2) No civil or criminal liability may be imposed by any court on cities, towns, and counties or other municipalities and their officers and employees for actions taken in good faith under this chapter related to medical marijuana and within the scope of their assigned duties.

Sec. 22. RCW 69.51A.140 and 2011 c 181 s 1102 are each reenacted and amended to read as follows:

(1) Cities and towns may adopt and enforce any of the following pertaining to the production, processing, or dispensing of ((cannabis)) marijuana or ((cannabis)) marijuana products within their jurisdiction: Zoning requirements, business licensing requirements, health and safety requirements, and business taxes. Nothing in chapter 181, Laws of 2011 is intended to limit the authority of cities and towns to impose zoning requirements or other conditions upon licensed dispensers, so long as such requirements do not preclude the possibility of siting licensed dispensers within the jurisdiction. If the jurisdiction has no commercial zones, the jurisdiction is not required to adopt zoning to accommodate licensed dispensers.

(2) Counties may adopt and enforce any of the following pertaining to the production, processing, or dispensing of ((cannabis)) marijuana or ((cannabis)) marijuana products within their jurisdiction in locations outside of the corporate limits of any city or town: Zoning requirements, business licensing requirements, and health and safety requirements. Nothing in chapter 181, Laws of 2011 is intended to limit the authority of counties to impose zoning requirements or other conditions upon licensed dispensers, so long as such requirements do not preclude the possibility of siting licensed dispensers within the jurisdiction. If the jurisdiction has no commercial zones, the

jurisdiction is not required to adopt zoning to accommodate licensed dispensers.

Sec. 23. RCW 69.51A.200 and 2011 c 181 s 1001 are each reenacted and amended to read as follows:

(1) By July 1, 2014, the Washington state institute for public policy shall, within available funds, conduct a cost-benefit evaluation of the implementation of chapter 181, Laws of 2011 and the rules adopted to carry out its purposes.

(2) The evaluation of the implementation of chapter 181, Laws of 2011 and the rules adopted to carry out its purposes shall include, but not necessarily be limited to, consideration of the following factors:

(a) Qualifying patients' access to an adequate source of ~~((cannabis))~~ marijuana for medical use;

(b) Qualifying patients' access to a safe source of ~~((cannabis))~~ marijuana for medical use;

(c) Qualifying patients' access to a consistent source of ~~((cannabis))~~ marijuana for medical use;

(d) Qualifying patients' access to a secure source of ~~((cannabis))~~ marijuana for medical use;

(e) Qualifying patients' and designated providers' contact with law enforcement and involvement in the criminal justice system;

(f) Diversion of ~~((cannabis))~~ marijuana intended for medical use to nonmedical uses;

(g) Incidents of home invasion burglaries, robberies, and other violent and property crimes associated with qualifying patients accessing ~~((cannabis))~~ marijuana for medical use;

(h) Whether there are health care professionals who make a disproportionately high amount of authorizations in comparison to the health care professional community at large;

(i) Whether there are indications of health care professionals in violation of RCW 69.51A.030; and

(j) Whether the health care professionals making authorizations reside in this state or out of this state.

(3) For purposes of facilitating this evaluation, the departments of health and agriculture will make available to the Washington state institute for public policy requested data, and any other data either department may consider relevant, from which all personally identifiable information has been redacted.

**TAXES IMPOSED ON RECREATIONAL MARIJUANA
MUST NOT APPLY TO MEDICAL MARIJUANA**

NEW SECTION. **Sec. 24.** A new section is added to chapter 69.51A RCW to read as follows:

Taxes imposed on recreational marijuana must not apply to medical marijuana.

Sec. 25. RCW 69.51A.900 and 2011 c 181 s 1106 are each reenacted and amended to read as follows:

This chapter may be known and cited as the Washington state medical use of (~~cannabis~~) marijuana act.

CONSTRUCTION CLAUSE

NEW SECTION. **Sec. 26.** The provisions of this act are to be liberally construed to effectuate the intent, policies, and purposes of this act.

SEVERABILITY CLAUSE

NEW SECTION. **Sec. 27.** 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.

MISCELLANEOUS

NEW SECTION. **Sec. 28.** This act shall be known and cited as "Hands Off Our Medical Marijuana Initiative."

-- END --