



## History in Washington

### First Came Medical

1998: I-692 approved by voters

[Initiative 692 permitted patients \(PDF\)](#) with certain terminal or debilitating conditions to use medical cannabis. I-692 also granted affirmative defense to criminal prosecution for qualifying patients and their primary caregivers who possess no more than a 60-day supply.

2007: 60-day supply defined

An amendment to I-692 defined a 60-day supply. In 2008 WAC 246-75-010 defined the 60-day supply for patients as no more than 24 ounces of usable cannabis and no more than 15 plants. [Note: This has since been repealed with subsequent law.]

2009: Ogden Memo changed federal government's enforcement policy

Obama administration said it [wouldn't prosecute any patients who abide by the law](#) in their state. However, people who are in the business of cultivating, selling or distributing cannabis, and those who knowingly facilitate such activities, are in violation of the Controlled Substances Act, regardless of state law.

2010: Increase who can authorize

An amendment to I-692 increased the types of [health care professions allowed to authorize cannabis](#) for medical use from just medical doctors and osteopathic physicians to also include physician assistants, advanced registered nurse practitioners and naturopathic physicians.

2011: Seattle law enforcement policy changed

Under Seattle Police Chief John Diaz, cannabis enforcement guidelines were changed to: "With competing and inconsistent laws, the SPD is going to exercise discretion when investigating cases involving medical cannabis patients, recognizing



that some medical cannabis patients and designated providers may have difficulty obtaining cannabis for medicinal use.”

2011: SB 5073 passes but is partially vetoed by governor

The [state legislature passed a bill \(PDF\)](#) that changed the requirements for authorizing medical cannabis to qualifying patients. Conditions and criteria for providing a recommendation are clearly established in [chapter 69.51A RCW](#).

The bill also would have legalized medical cannabis dispensaries, but Gov. Gregoire vetoed most of it, citing a concern that state workers could be prosecuted under federal law.

The law did provide:

- Guidance for healthcare practitioners authorizing medical cannabis,
- Patient protections, and
- Ability to form collective gardens.

The law didn't authorize:

- Commercial production or processing.
- Sales or other transactions for consideration.
- Regulation or any type of government oversight.
- The “right” to use medical cannabis.
- Legalization or arrest protection for patients.

## **Then Came “Recreational”**

2012: Voters approve Initiative 502

[I-502 allows adults age 21 and older \(PDF\)](#) to possess up to one ounce of cannabis obtained from a state-licensed and regulated cannabis store. All products pass through the state's system from private producers, to the processors to the retail stores.



Hallmarks of the legal cannabis market:

- Regulation and enforcement.
- Seed-to-sale tracking.
- Testing and labeling requirements.
- Serving size limits.
- Product restrictions.
- Taxation.

### 2013: Cole Memo outlines regulatory expectations

Following the passage in 2012 of initiatives in Washington and Colorado, Deputy U.S. Attorney General James Cole provided a memo for all U.S. attorneys. The memo is titled [Guidance Regarding Cannabis Enforcement \(PDF\)](#). The guidance “rests on the expectation that states and local governments that have enacted laws authorizing cannabis-related conduct will implement strong and effective regulatory and enforcement systems.”

The guidance lists nine enforcement priorities of particular importance to the federal government in preventing the following:

- Distribution of cannabis to minors;
- Revenue from the sale of cannabis from going to criminal enterprises, gangs, and cartels;
- Diversion of cannabis from states where it is legal under state law in some form to other states;
- State-authorized cannabis activity from being used as a cover or pretext for the trafficking of other illegal drugs or other illegal activity;
- Violence and the use of firearms in the cultivation and distribution of cannabis;
- Drugged driving and the exacerbation of other adverse public health consequences associated with cannabis use;
- Growing of cannabis on public lands and the attendant public safety and environmental dangers posed by cannabis production on public lands; and
- Cannabis possession or use on federal property.



## And Finally ... Alignment

2015: Legislature passes Cannabis Patient Protection Act (SB 5052) and Marijuana Taxation Reform (HB 2136)

SB 5052 creates:

- Regulation of the medical use of cannabis.
- Specific requirements for patients under the age of 18.
- A single system of licensed production, processing and retail sales by July 1, 2016.
- Consistent testing, labeling and product standards.

Under SB 5052 the Department of Health tasks were:

- Create a standard authorization form
- Setup a 30-plus reporting mechanism (ended June 30, 2016).
- Write rules for three components of the law:
  - Product compliance.
  - Authorization database.
  - Certified medical cannabis consultant.
- Research and write reports on:
  - Specialty clinics.
  - Scheduling options.
- Continuing education for authorizing professions

Under HB 2136 (PDF), the Department of Health tasks were:

- Define products beneficial for medical use that will be exempt from sales tax when purchased by qualifying patients or designated providers who hold recognition cards.
- Define products with a low THC/high CBD ratio that are “beneficial for medical use” and will be exempt from sales tax when purchased by any person.



## **2017: Legislature passes SB 5131**

[SB 5131](#) allows authorized patients and designated providers that are entered into the medical cannabis database and hold a recognition card to purchase immature plants, clones, or seeds from a licensed producer (i.e., grower).

## **2019: Legislature passes House Bill 1094 and House Bill 1095**

The 2019 Legislation was a busy one. There were numerous cannabis-related bills that passed. Below are two bills that were focused on addressing patient needs:

**House Bill 1094 ([HB 1094](#)) - Compassionate Care Renewal Bill.** Current regulations require an in-person physical examination for a patient who is renewing their medical cannabis authorization. Effective November 1, 2019, if it is determined by a healthcare practitioner that their patient would experience severe emotional or physical hardship if required to have in-person physical examination to renew their medical cannabis authorization, the healthcare practitioner may renew the patient's authorization through the use of telemedicine. Furthermore, the practitioner may indicate on the authorization form if the patient is eligible for a compassionate care renewal of their registration in the database. Patients under compassionate care renewals are exempt from the photograph requirement when renewing their medical cannabis recognition card, allowing their designated provider to renew the card on the patient's behalf.

**House Bill 1095 ([HB 1095](#)) - Minor patient access to medicinal cannabis in a school setting.** Effective July 28, 2019, at the request of a parent, this act requires a school district to develop and implement policies that would allow a designated provider (parent/legal guardian) administer a cannabis-infused product to their child for medical purposes while on school grounds. For more information:

- Contact your [school district](#)
- Visit the Office of Superintendent of Public Instruction's (OSPI) website <https://www.k12.wa.us/> or OSPI's [Bulletin No. 052-19 Student Engagement and Support \(PDF\)](#)
- School nurses may consider the Nursing Care Quality Assurance Commission [Advisory Opinion](#)