

March 5, 2014

Re: Opposition to 3SSB 5887 in its current form

Honorable Senators and Representatives,

We appreciate your hard work on medical marijuana legislation this session. Many of you have personally put in long hours. We fully appreciate the numerous challenges this issue presents policy makers and others, especially as Washington develops a new, legal recreational marketplace.

We support a well-regulated **medical** system designed to meet patients' needs that also reduces the likelihood of diversion and discourages use of the illegal marketplace. Although the bill has improved significantly, regrettably, ***we must oppose 3SSB 5887 in its current form*** because we believe it threatens patients' safe, reliable, affordable access.

Unfortunately 3SSB 5887 does not create a regulated medical system. Instead, it moves patients into the untested, uncertain 502 system. Children with epilepsy, military veterans and grandmothers with cancer would be forced into recreational stores, which are likely to be prohibited in wide swaths of the state. 5887 establishes a medical path for 502 retailers, but medical growers and medical processors are left with no clear mechanism to get their products into medical outlets.

A functional medical marijuana system must account for specialty plants and products that are unlikely to be found in a recreational store. These products must be produced and processed in sterile facilities with quality assurance protocols, mandatory testing for contaminants and standards for product labeling.

***As written today, 5887 addresses none of these factors and will set back the medical marijuana system, endangering patients in Washington.***

This legislation gives the Liquor Control Board (LCB) regulatory authority over medical marijuana, which is a major undertaking. Yet so far, the LCB has been designing a system that revolves solely around recreational marijuana. LCB has indicated that they will update their rules to accommodate medical marijuana at some point.

Clearly though, the LCB already has its hands full trying to implement 502. While the LCB is working hard, specific legislative direction is needed to assure that patients needs are going to be adequately met and that they do not get lost in the shuffle. This will also help provide transparency, consistency and accountability for all parties involved.

**With the following changes outlined below, however, the bill would be improved to the point where we could support it and encourage others to do the same:**

1. **Medical Cannabis Producers, Processors and Retailers:** Many businesses that currently produce and supply patients with products they depend on did not apply for 502 recreational licenses because they are medical not recreational businesses. In addition, some of the recreational rules in place would have prohibited them from being approved, such as the restriction against product labeling that details therapeutic and curative benefits. These businesses play a critical role in creating the products that patients rely on, whether it's growing specific strains of cannabis, producing certain oils or tinctures, or providing outlets for patients to obtain those products from knowledgeable staff. **We respectfully request that the LCB be directed to create a medical endorsement for producers and processors as well as retailers, and that they be directed to re-open the licensing process, so that these vital businesses have an opportunity to apply to continue providing patients with products they currently use. Retail businesses that are already open and comply with current state law should be given consideration in a path to licensing.**
  
2. **Medical Cannabis Supply:** Recreational strains will be far more profitable than medical strains for producers to grow per square foot. Given that LCB limits the square footage of production space, we need to ensure there is an adequate, affordable supply of medical marijuana, especially since the strains are different, and frequently yield less. We are very concerned that medical cannabis won't be available in sufficient amounts, and even if it is, that prices will skyrocket. **To ensure an ample and affordable supply, we respectfully request LCB be directed to allocate additional canopy space dedicated solely to medical cannabis and that the supply be designated as medical only.**

The remaining issues concern the newly created registry, the doctor patient relationship and small cooperative grows.

- A. **Affirmative Defense/Patient Registry:** The most recent version of 5887 includes language designed to protect patients' privacy in the newly created registry and we appreciate its inclusion. However, since marijuana is still illegal at the federal level, many are concerned about being required to admit in official state documents that they are breaking federal law. Others fear discrimination in decisions regarding housing and employment, as well as loss of educational opportunities and other civil rights. We support the creation of a registry with very strong incentives tied to participation, and believe the majority of patients will join. But until it's up and running and participation is proven to be safe, the very limited option of asserting an affirmative defense in court must be retained for patients and providers who are not on the registry. **Sen. Jeanne Kohl-Welles introduced an amendment in the Ways and Means Committee that would address this concern precisely. We ask that this amendment be adopted.**

**B. Doctor Patient Relationship:** Patients need to be able see specialists. This is particularly important for military veterans receiving medical care through the VA, as well as other with primary care providers who are unable to recommend medical cannabis. The current version of the bill allows patients to see specialists only if referred to directly by their principal provider. For many patients, this simply isn't an option; they need to be able to go directly to a specialist of their choosing. **We respectfully request that this unnecessary step be removed.**

**C. Small, non-commercial cooperative grows:** We appreciate the recent addition of provisions allowing for small, cooperative grows. They play a vital role in providing patients with affordable access, especially for many who are too sick or unable to grow their own, as well as those areas where moratoriums are issued. **We are concerned that the requirement that patients contribute labor is too onerous for people who are disabled, so we respectfully request that this provision is removed. Additionally, in order to keep cooperatives small, private, and non-commercial, we suggest increasing participation to 6 patients, while reducing the number of plants to 6 per person for a total of 36.**

We have heard from multiple parties that we can simply pass the current version of 3SSB 5887 and come back next year to address remaining issues because many parts of the bill don't take effect until after the 2015 session concludes. We cannot support this approach. Patients need continuity and certainty. They deserve to know that they will have safe, reliable access to affordable product.

Let's get this bill right. If these issues cannot be addressed in 3SSB 5887, then we ask that you set it down this session, work with us during the interim, and pass a good strong bill next year.

Respectfully,

Americans for Safe Access  
Washington Cannabis Association  
Veterans for Medical Cannabis  
Health Before Happy Hour  
Coalition for Cannabis Standards and Ethics  
Center for the Study of Cannabis and Social Policy  
Spokane Cannabis Association  
Washington Alternative Medicine Alliance  
Cannabis Research Collective  
NORML Women's Alliance of Washington  
New Leaf Enterprise – WA State CBD Donation Program