



The Honorable Governor Jay Inslee
Office of the Governor
PO Box 40002
Olympia, WA 98504-0002

April 14, 2015

Dear Governor Inslee,

Thank you for taking a leading role in the state's effort to ensure that medical cannabis patients continue to maintain access to safe, affordable medicine. I am writing to seek your immediate intervention to ensure the "Cannabis Patient Protection Act" lives up to its name.

As the highest authority in Washington State, your top priority is ensuring the health and safety of Washington citizens. As currently written, Senate Bill 5052 will be extremely detrimental to the welfare of countless patients who successfully use cannabis to treat life-altering qualifying medical conditions. For this reason, **Americans for Safe Access asks that you to veto the bill in its entirety.**

Americans for Safe Access (ASA) is the largest medical cannabis patient advocacy organization in the country, representing 6000 members in Washington State. Along with many patients and care providers, we've taken an active role in the legislative process, offering constructive solutions for regulating medical cannabis appropriately. Viable alternatives include House Bills 1020 and 2058 or the bipartisan amendment offered on the House Floor by Reps. Appleton, Walsh, Moscoso, Condotta, and others that addressed patient concerns within the present structure of SB 5052. A full veto clears the path for a regulatory solution that maximizes revenue potential without recriminalizing patients and caregivers.

While the concerns of the health care community have been well documented, SB 5052 failed to improve in areas that are crucial to maintaining access to a steady supply of high-quality medical products at a price that patients can afford.

At a bare minimum, ASA asks that you veto the emergency clause in Section 51 of the bill to allow needed time for implementation. This would provide valued stakeholders with an additional 90 days to offer input on complex issues like the patient registry and access for adult patients between the ages of 18 and 21. The standard 90-day time frame for implementation should be more than sufficient to achieve the stated policy goals.

In addition, ASA asks for your thoughtful consideration of potential policy solutions for the areas below, which can be addressed through the veto of three individual sections.

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While this does not address all of our concerns with SB 5052, we have kept this list minimal to ensure that the underlying structure of the bill is not jeopardized by a repeat of the partial veto in 2011 that gutted 34 sections of well-written legislation, leaving us in the quandary we're in today.

Doctor-Patient Relationship – Issuing an authorization should not require health care professionals to disclose sensitive patient information or other data that could make them criminally liable and endanger their DEA prescribing license under the Conant v. Walters decision. Additionally, health care professionals must maintain the flexibility to exercise their best medical judgment within commonly accepted standards of practice. Mechanisms already exist to ensure that doctors follow appropriate guidelines for care, with the Department of Health (DOH) sustaining a reported 100% sanction rate.

Solution: Use section veto authority to eliminate Section 18. This would restore authority to licensing boards to enforce standard practice guidelines and ensure that health care professionals are not unintentionally penalized for recommending medical cannabis.

60-day Supply – All qualifying patients with an authorization should retain their current access to a 60-day supply of medication, whether or not they choose to register. The 60-day supply levels were set in 2008 by DOH with input from medical experts. There is no evidence-based policy reason to reduce the amount of medication a patient can possess, so long as they are otherwise following remaining provisions of SB 5052.

Solution: Use section veto authority to eliminate Section 24. This would restore the scientifically-based limits for 60-day supply and maintain the original intent of the 1998 Initiative as passed by 59% of Washington voters. In a state where marijuana is legal to purchase, regardless of medical need, it should not become more difficult for patients to obtain their needed supply of medicine.

Affirmative Defense – Currently, the bill repeals critical legal protection under RCW 69.51A.047 and 69.51A.025. Amendments in the House were intended to make the patient registry voluntary by restoring affirmative defense for patients who don't register to obtain the "Recognition Card," but the repeal of 69.51a.047 serves to nullify these changes. Patient privacy and HIPPA protection should be prioritized. Instead, the bill grants local, state, tribal and federal authorities almost unilateral access to the database for investigational purposes.

Solution: Use section veto authority to eliminate Section 48. This would restore the underlying construction of RCW 69.51a and affirmative defense protection for patients who choose not to register, as well as provide local jurisdictions the ability to adopt requirements for commercial establishments and allow the Medical Quality Assurance Committee (MQAC) to expand the list of qualifying conditions as scientifically warranted.

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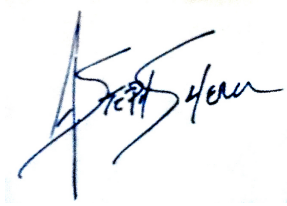
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For the reasons stated above, along with our concerns about the lack of transparency and accountability in the process thus far, as Executive Director for Americans for Safe Access on behalf of the 6000 members we represent, I respectfully request that you utilize your veto power as Governor of the great state of Washington to protect patients in earnest.

Thank you for your compassion and wisdom.

Sincerely,

A handwritten signature in blue ink, appearing to read "Steph Sherer", is written over a light blue rectangular background.

Steph Sherer

Cc: Joby Shimomura
Miguel Pérez-Gibson
Jason McGill
Kari Boiter, ASA Policy Analyst
Jen Estroff, ASA Lobbyist

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