

60 Day Supply



- Medical cannabis is a maintenance drug that allows seriously ill patients to participate in normal daily activities, from work and raising families to leisure and relaxation.
- Medical cannabis patients should be legally allowed to retain the same allotted supply as those taking other prescription drugs.
- Patients with cancer, MS, HIV/AIDS, seizures and other serious illnesses typically require larger quantities of medical cannabis to remain symptom free (500- 1000mg per day).
- With the maximum dose per serving set at 10mg, a typical patient would require 50-100 servings per day, which is equivalent to 5-10 edible products at a reported \$15-\$50 apiece.
- Many medical cannabis patients have difficulty getting to a dispensary more than once per month. Any reduction in supply forces those with mobility or income limitations to refill medications more frequently.
- Patients living in rural parts of the state, nowhere near a medical dispensary, would be forced to travel long distances multiple times each month to replenish the medication necessary to stay healthy.

AT A GLANCE

- Currently part of RCW
- First addressed in I-692
- In line with common practices in other states

OVERVIEW

Initiative 692 allows a qualifying patient or designated provider to legally possess a 60-day supply of medical cannabis. This supply threshold is in line with other common medications including:

- Levothyroxine to treat hypothyroidism
- Rosuvastatin to treat high cholesterol
- Albuterol to treat asthma
- Loratadine to treat allergies
- Omeprazole to treat acid reflux

Patient Cooperatives



- A ban on private patient cooperatives cuts off access to needed medicines for those with limited mobility or resources and disproportionately impacts people in remote areas.
- Rules for cooperatives must account for limitations of participants. Many patients are too sick to grow for themselves, lack transportation options, live in areas without stores and/or have a tight budget.
- Patient cooperatives increase efficiency and affordability, while reducing risk. The typical cooperative has less than 10 patients pooling resources, with cultivation limited to a single location where one of the members provides daily plant maintenance. When done correctly, patient cooperatives can actually reduce the number of illicit grows across the state.

AT A GLANCE

- Currently part of RCW
- Ensures patient access regardless of geography
- Reduces workload and costs for patients
- Particularly important due to lack of health insurance coverage

OVERVIEW

Patient cooperatives allow participants to pool resources in order to lower the risk, costs and workload of cultivating cannabis. This provision is particularly important in rural areas without stores and for low-income patients who can't afford to purchase cannabis.

Similar to an urban p-patch or a single family farm, products should not be subject to commercial oversight.

Doctor-Patient Relationship



- Health care professionals must maintain the right to exercise their best judgment and should not feel uneasy recommending medical cannabis to any patient who might benefit.
- Under the [Conant decision](#), health care professionals have an undisputed right to recommend cannabis, but any prescriptive advice about dosage or delivery methods puts providers at risk.
- Requiring cannabis use to be noted in medical records jeopardizes a patient's ability to receive an organ transplant or other medical care.
- Requiring appointments to take place at a doctor's permanent office prevents homebound patients from receiving care, as well as those who are hospitalized or in hospice care.
- Artificially limiting the pool of health care professionals and forcing patients to renew annually is likely to create bureaucratic bottlenecks.

AT A GLANCE

- Currently part of RCW
- First addressed in I-692
- Mirrors standards of care for other medications
- Reflects best practices from other states

OVERVIEW

Since cannabis remains a Schedule One drug, illegal for any purpose under federal law, health care professionals face significant constraints. This includes an inability to recommend a specific dosage, possession limit or method of administration. Forcing health care professionals to do so would expose them to criminal charges and professional licensing sanctions.

Affirmative Defense



- Prosecuting medical cannabis patients needlessly is a waste of scarce state and local resources.
- Affirmative defense is the foundation for Washington's medical cannabis law and a key provision of the 1998 initiative (I-692) passed by voters with a wider margin than I-502 in 2012.
- Affirmative defense allows a medical cannabis patient or caregiver charged with a cannabis-related crime to explain the circumstances to a jury of their peers.
- Medical patients who need exceptional quantities of cannabis and a variety of products to stay symptom-free should also be protected and allowed to explain their medical need in court.

AT A GLANCE

- Currently part of RCW
- First addressed in I-692
- Common legal practice in states with medical cannabis
- Ensures appropriate adjudication of criminal cases

OVERVIEW

Affirmative Defense is a legal mechanism which allows a patient or care provider who has been charged with a cannabis-related crime to explain the circumstances in court. If the explanation is credible, it can negate criminal liability. Affirmative defense provides a cost-effective safety net to ensure patients and providers are not unnecessarily targeted for prosecution.