

Frequently Asked Questions

What do the Mayor's proposals mean for patients and their ability to access medical marijuana? Do these proposals mean medicinal dispensaries are going away?

• No. Stores are not "going away" and patients have no reason to fear increased enforcement actions for their personal possession and use by city officials. In the wake of the passage of SSB 5052 by the state legislature and it's signing by Governor Inslee, the way medical marijuana is provided in Washington will be undergoing a transition. By July of 2016, all medical marijuana dispensaries must obtain a state license. The proposals being introduced aim to assist that transition over the next year by creating common-sense guidelines for medical marijuana establishments to follow and which direct city agencies on how to focus their efforts. In the spirit of Initiative 502, the focus of enforcement will be regulation not criminalization. City agencies shall attempt compliance primarily utilizing civil remedies. Criminal penalties might be employed if businesses fail to comply after receiving civil penalties.

Are the medicinal products available to patients at dispensaries going to be available for patients at 502 recreational stores?

• Over the coming months, the Washington Department of Health (DOH) working in conjunction with the Washington Liquor & Cannabis Board (LCB) will determine the requirements for state-licensed retail stores that will have a medical endorsement. Those agencies will determine what kind of products will be required at store and specifics on trainings for employees that will provide consultations on the effects of marijuana on patients. By July 2016, the LCB is required to issue more retail licenses and any retail location would be eligible to obtain a medical endorsement.

Do existing 502 businesses need a new license?

• Yes. All businesses licensed to produce, process or sell marijuana by the LCB are required to obtain the proposed Title 6 marijuana regulatory business license.

Could existing medical stores disappear under this new framework?

Those medical marijuana establishments that obtained their Title 5 city business license and
established operations prior to 1/1/13 will be able to continue operating without a regulatory
business license until 7/1/16. In order to remain open until 7/1/16, medical marijuana
establishments must comply with the Medical Use of Cannabis Act, City enforcement guidelines,
and apply for and obtain a license from the LCB.

How does the new patient database work and will it be at 502 retail stores?

• According to State Senate Bill 5052, qualifying patients over 18 with medical authorizations are not required to be registered in the database. However, the benefits of being registered and issued a recognition card include: arrest protection, waiving of sales tax (pending passage of House Bill

- 2136), and ability to grow/possess more amounts of medical marijuana. An affirmative defense remains for qualifying patients that do not register. However, those not registered will have smaller home grow and possession limits.
- Beginning July of 2016, all state-licensed retail stores that have a medical endorsement will be required to enter qualify patients, that wish to join, into the database and issue them a recognition card. If House Bill 2136 passes, patients will be able to use their recognition card at any state-licensed retail store and have their sales tax waived.

How will patients under 21 be able to access their medicine?

- Due to changes in state law, prior to July 2016, those under 21 will not be able to join a collective garden. In order to access medicine, minors under 21 must have their designated provider join a collective garden and obtain their medicine on their behalf. After July 1, 2016, those between the ages of 18-21 and are issued a recognition card may purchase marijuana at any state-licensed retail store. Designated providers may join a cooperative garden on behalf of a patient between 18-21.
- Minors under 18 are not allowed in retail stores. A parent/guardian of a patient under 18 must serve as their designated provider. Both the minor and their parent/guardian/designated provider must be entered into the authorization database.

Doesn't this emphasis on enforcement violate Initiative 75 which mandated that marijuana be the lowest enforcement priority?

• Initiative 75 was passed in 2003, incorporated as SMC 12A.20.060, and directed the Seattle Police Department (SPD) and City Attorney's Office (CAO) to "make the investigation, arrest and prosecution of marijuana offenses, where the marijuana was intended for adult personal use, the City's lowest law enforcement priority." The proposals being introduced by Mayor Murray are to be primarily led by other city agencies beyond the CAO and SPD, such as the Department of Finance & Administrative Services and Department of Planning and Development. Legal action that might arise from enforcement actions will be primarily due to business license and building permit violations and not drug-related offenses. Top tier enforcement priorities for SPD include selling to minors and distributing products attractive to minors, areas which are clearly outside the bounds of I-75.

What about medicinal patients who have limited mobility, how are they going to access the products if their local store goes away?

• Though some storefronts will be closing, there will remain a number of stores located throughout the city for patients to access their medicine. In addition, those with limited mobility will be able to have a designated provider pick up medicine on their behalf. Unfortunately, there are no legal methods to provide a marijuana delivery service in Washington. Mayor Murray has supported advocacy efforts in Olympia by the City of Seattle for a change to state law to create a legal form of marijuana delivery to serve both the medical and recreational markets in order to ease access for patients and halt the growth of the illicit market for marijuana delivery.