

A PROPOSED RESOLUTION

IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

To declare the existence of an emergency, due to congressional review, with the respect to the need amend, the Legalization of Marijuana for Medical Treatment Initiative of 1998 to expand the definition of a qualifying medical condition to allow physicians to determine whether a patient would benefit from medical marijuana treatment and to increase the number of living plants a medical marijuana cultivation center can possess at any time.

RESOLVED, BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this resolution may be cited as the “Medical Marijuana Expansion Second Congressional Review Emergency Declaration Resolution of 2015”.

Sec. 2. (a) In 2010, the Council passed the Legalization of Marijuana for Medical Treatment Initiative of 1998, effective February 25, 2010 (D.C. Law 13-315; D.C. Official Code § 7-1671.01 *et seq.*), in order to “ensure that the cultivation, distribution, possession, and use of medical marijuana is properly regulated.”

(b) Four years later, the District’s medical marijuana program had only 452 registered patients.

(c) On October 21, 2013, during a Committee on Health public roundtable on the medical marijuana program and how the program can be improved 2 primary suggestions emerged from that discussion: (1) Expanding the list of qualifying conditions and (2) Allowing cultivation centers to possess more living marijuana plants.

(d) At the time, the current law severely limited the qualifying conditions, leaving many District residents suffering unnecessarily from significant pain, seizures, and numerous other conditions that are alleviated by medical marijuana use.

(e) The limits on the number of plants impeded cultivators ability to provide medical marijuana to patients in a manner other than smoking.

(f) A joint hearing was held on June 12, 2014 between the Committee on the Judiciary and Public Safety and the Committee on Health. There was only one public witness who spoke in opposition to the legislation and the Executive was supportive.

1 (g) On July 1, 2014, the Judiciary Committee marked up the combined bills and
2 favorably approved them. On September 17, 2014, the Committee on Health marked up the
3 combined bills and favorably approved them.

4 (h) In light of the significant time for permanent legislation to work its way through the
5 congressional review period and the wrenching testimony of witnesses on conditions they are
6 experiencing, the Council passed emergency legislation, the Medical Marijuana Expansion
7 Emergency Amendment Act of 2014, effective August 15, 2014 (D.C. Act 20-396; 61 DCR
8 8255). It expired on October 27, 2014.

9 (i) On October 28, 2014, the Council passed a congressional review emergency, the
10 Medical Marijuana Expansion Congressional Review Emergency Amendment Act of 2014 (D.C.
11 Act 20-0479; 61 DCR 12129). It expires on February 9, 2015.

12 (j) Temporary legislation, the Medical Marijuana Expansion Temporary Amendment Act
13 of 2014, signed by the Mayor on October 8, 2014 (D.C. Act 20-396; 61 DCR 8255), was recently
14 re-transmitted to Congress for the 30-day review period required by section 602(c)(1) of the
15 District of Columbia Home Rule Act, approved December 24, 1973 (87 Stat. 813; D.C. Official
16 Code § 1-206.02(c)(1)). It is projected to become law on February 26, 2015.

17 (k) A second congressional review emergency is needed to prevent a gap in the law as the
18 Department of Health has already begun accepting patient registrations for an expanded range of
19 medical conditions. The permanent legislation is projected to become law on March 10, 2015.

20 Sec. 3. The Council of the District of Columbia determines that the circumstances
21 enumerated in section 2 constitute emergency circumstances making it necessary that the
22 Medical Marijuana Expansion Congressional Review Emergency Amendment Act of 2014 be
23 adopted after a single reading.

24 Sec. 4. This resolution shall take effect immediately.