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2 Councilmember Vincent C. Gray

Councilmember David Grosso

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8 A PROPOSED RESOLUTION

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12 IN THE COUNCIL OF THE DISTRICT OF COLUMBIA
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18 To declare the existence of an emergency, with respect to the need to amend the Legalization of
19 Marijuana for Medical Treatment Initiative of 1998 to remove the limit on the number of
20 plants that a cultivation center may grow.
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22 BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this
23 act may be cited as the “Medical Marijuana Plant Count Elimination Emergency Declaration
24 Resolution of 2019”.

25 Sec. 2. (a) The Legalization of Marijuana for Medical Treatment Initiative of 1999
26 effective July 27, 2010 (D.C. Law 18-210; D.C. Official Code § 7-1671.06) (“Medical Marijuana
27 Act”), established a medical marijuana program in the District. Pursuant to the Medical
28 Marijuana Act, the Department of Health can register qualifying patients to receive access to
29 medical marijuana without fear of government sanction, to the extent possible without a change
30 in federal laws.

31 (b) Since passage of the Medical Marijuana Act, the Council and Executive have
32 endeavored to improve access to medical marijuana for patients with the enactment of multiple
33 bills and regulations including the Medical Marijuana Expansion Amendment Act of 2014, the
34 Medical Marijuana Omnibus Amendment Act of 2016, the Medical Marijuana Certified Business

35 Enterprise Preference Emergency Amendment Act of 2018, and most recently the Student
36 Medical Marijuana Patient Fairness Emergency Amendment Act of 2019.

37 (c) Current law limits the number of plants that a cultivation center may grow (the “plant
38 count limit”) to 1,000. The plant count limit originally was 95; the Council raised the limit to 500
39 plants in 2014 and to 1,000 in 2016.

40 (d) The rationale for the plant count limit was to protect the medical marijuana program
41 from interference by the federal government, but federal budget language now prohibits the
42 Department of Justice from interfering with state or territorial medical marijuana programs,
43 including in the District of Columbia.

44 (e) As a result, there is no longer a reason to maintain an arbitrary plant count limit rather
45 than allow cultivation centers to grow what is required to meet the market need.

46 (f) To meet the needs of patients who seek specific strains of medical marijuana or who
47 do not consume medical marijuana by smoking, a greater quantity of medical marijuana is
48 required for the development and provision of unique strains and for production of tinctures, oils,
49 edibles, and other products.

50 (g) The plant count limit unnecessarily creates a shortage of these products and limits the
51 variety of strains available to patients.

52 (h) This lack of product puts District of Columbia cultivators and dispensaries at a
53 disadvantage in competition with both the underground market as well as neighboring states with
54 larger medical marijuana programs.

55 (i) Therefore, there exists an immediate need to amend existing law to remove the
56 arbitrary limit on the number of plants that a marijuana cultivation center may grow.

57 Sec. 3. The Council of the District of Columbia determines that the circumstances
58 enumerated in section 2 constitute emergency circumstances making it necessary that the
59 Medical Marijuana Plant Count Elimination Emergency Amendment Act of 2019 be adopted
60 after a single reading.

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

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