



INITIATIVE MEASURE 692

PROPOSED TO THE PEOPLE

Official Ballot Title:

Shall the medical use of marijuana for certain terminal or debilitating conditions be permitted, and physicians authorized to advise patients about medical use of marijuana?

Note: The ballot title and explanatory statement were written by the Attorney General as required by law. The complete text of Initiative Measure 692 begins on page 17.

Statement For

MEDICAL MARIJUANA: A MATTER OF COMPASSION

As medical professionals, we've sat at the bedsides of suffering patients and friends. We've seen medical marijuana work to relieve this suffering when other medications have failed.

Many authorities, including the prestigious *New England Journal of Medicine*, support the medical use of marijuana. Marijuana can help patients suffering nausea from cancer chemotherapy, threatened with blindness due to glaucoma, or experiencing severe and intractable pain. But patients who use medical marijuana, and doctors who recommend it, are still considered criminals in this state. Initiative 692 will protect patients who suffer from terminal and debilitating illnesses, and doctors who recommend the use of medical marijuana. That's why we need I-692.

I-692 IS LIMITED AND FOCUSED ON MEDICAL NEEDS

I-692 only allows the medical use of marijuana for a limited number of specific medical conditions for which there is scientific evidence that it works. I-692 also requires that patients be advised by their physicians that medical marijuana could be beneficial.

ADDITIONAL SAFEGUARDS IN I-692

- Limits the amount of marijuana a patient can possess.
- Requires parental consent for patients under 18.
- Prohibits marijuana use while driving, or in the workplace.
- Does not change any laws on non-medical marijuana use.
- Does not apply to any other drugs.

I-692 has the support of doctors, nurses, patients, and bipartisan lawmakers. Why? Because it is a matter of compassion. Please join us in voting YES on I-692, the Medical Marijuana Initiative.

For more information, call (206) 781-7716 or visit <http://www.eventure.com/l692>

Rebuttal of Statement Against

Doctors and scientists agree, the medical use of marijuana can ease the pain and symptoms of seriously ill patients. *The American Academy of Family Physicians* supports such use "under medical supervision." *The New England Journal of Medicine* said: "policy that prohibits physicians from alleviating suffering by prescribing marijuana is misguided, heavy-handed and inhumane." I-692 has specific safeguards, allowing patients with terminal or debilitating illnesses access to this medicine in a controlled, compassionate manner. Vote Yes.

Voters Pamphlet Statement Prepared by:

ROB KILLIAN, M.D., Family Physician; JO MORAN, R.N., Hospice Nurse.

Advisory Committee: BOB McCASLIN, State Senator (R), Spokane; JEANNE KOHL, State Senator (D), Seattle; WILLIAM ROBERTSON, M.D., past President of the Washington State Medical Association; RICHARD BENSINGER, M.D., Ophthalmologist; CAROL MILLER, Nurse.

The law as it now exists:

Washington has adopted the Uniform Controlled Substances Act (Chapter 69.50 RCW), in which drugs and other controlled substances are classified into several "schedules" numbered Schedule I through Schedule V. Marijuana is classified as a Schedule I or Schedule II substance, depending on its use. It is a crime to possess, dispense, or transfer controlled substances except as specifically authorized by law.

There is currently only one program permitting the use of marijuana. Chapter 69.51 RCW authorizes the use of marijuana for purposes of research into its possible therapeutic value. This law is administered by the state department of health. Cancer patients in chemotherapy and radiology and glaucoma patients may apply to participate in this research program. Patient qualification review is performed by a committee of specialist physicians, who may add other disease groups to the program upon review of pertinent medical data and approval of the federal government. Patients in the research program may receive marijuana from the state board

of pharmacy and may use it as part of the research program. Any other use of marijuana remains a crime.

The effect of Initiative Measure 692, if approved into law:

This measure would authorize the use of marijuana to treat patients with certain terminal or debilitating illnesses, including: cancer; HIV virus (AIDS); multiple sclerosis; epilepsy or other seizure disorders; spasticity disorders; glaucoma; pain which is not relieved by standard medical treatments and medications; and other medical conditions approved by the state medical quality assurance board. These patients would be defined as "qualifying patients."

Licensed physicians would be exempted from criminal laws or other penalties for advising qualifying patients about the risks and benefits of marijuana use. Physicians could lawfully provide documentation, based on the physician's assessment of the qualifying patient's medical history and

(continued on page 16)

Statement Against

INITIATIVE-692 PROMOTES THE USE OF AN ADDICTIVE DRUG

Initiative-692 promotes the use of a drug not proven by any health or medical association to be safe or effective. It is not compassionate or humanitarian to promote the use of an addictive drug without ensuring valid scientific or medical research exists that would validate claims made by those promoting marijuana use. Language in Initiative-692 such as "some" patients "may" benefit from marijuana "appears" to be beneficial is not a sufficient basis for expanding the use of an addictive drug.

INITIATIVE-692 CONFLICTS WITH PROFESSIONAL SCIENTIFIC FINDINGS

The Center for Scientific Affairs of the American Medical Association has concluded that marijuana and THC (The chief intoxicant in marijuana) have very limited or no effectiveness in treating acute nausea and vomiting caused by chemotherapy, treating spasticity in multiple sclerosis patients, or treating those affected by AIDS wasting, glaucoma, or pain. The center has also concluded that controlled evidence shows marijuana and THC cause significant adverse impacts and that the intensity of side effects precludes routine use of such substances.

INITIATIVE-692 IS POORLY DRAFTED AND HAS TOO MANY LOOPHOLES

Initiative-692 has no meaningful controls on the amount of marijuana - an addictive drug - a "patient" may possess. Initiative-692 states that "patients" may not "possess" more than "the amount necessary for a sixty day supply" but there is no definition for what "sixty day supply" means. This serious

defect in drafting, intentional or not, creates a loophole so large that the likelihood for abuse is substantial. The potential for fraud, illicit drug sales, and other criminal activities is not worth the risk to our communities, neighborhoods, and children.

INITIATIVE-692 IS NOT WORTH THE RISK OF POTENTIAL ABUSE

For more information, call (360) 458-5701.

Rebuttal of Statement For

No one is against helping people who are suffering. But there are already medically approved drugs.

The "safeguards" in Initiative-692 sound good, but they are dangerously inadequate. Initiative-692 legalizes an addictive drug without medical evidence or adequate controls. Not even a doctor's prescription is needed as with other medicines.

The relationship between drugs and crime - especially by youths - is irrefutable. Initiative-692 would make current laws on marijuana practically unenforceable.

Join law enforcement in opposing Initiative-692.

Voters Pamphlet Statement Prepared by:

LARRY SHEAHAN, State Representative; GLENN DUNNAM, Chief of Police; NORM MALENG, King County Prosecuting Attorney.

Advisory Committee: DAN SWECKER, State Senator; GARY EDWARDS, Thurston County Sheriff; WILLIAM PENN, M.D., Family Practice; GARY ALEXANDER, State Representative; KIRK WESTENFELDER, R.Ph., Kirk's Medical Services.



INITIATIVE MEASURE 692 (continued from page 9)

The effect of Initiative Measure 692, if approved into law (continued):

medical condition, that the potential benefits of the medical use of marijuana would likely outweigh the health risks for that patient. Qualifying patients and their primary caregivers would be authorized to acquire and possess marijuana if they possessed no more than a sixty day supply for the patient's personal, medical use and if they could present valid documentation of authorization by a physician. Parents or guardians could possess marijuana solely for the medical use of qualifying patients under eighteen years of age.

The measure would not authorize the acquisition, possession, or use of marijuana for any other purpose. Possession, sale, or use of marijuana for non-medical purposes would remain a crime. It would be a felony to fraudulently produce or to alter any documents relating to the medical use of marijuana. It would be a misdemeanor to use or display medical marijuana in public view. Health insurance providers would not be required to pay claims for the medical use of marijuana. No physician would be required to authorize the use of medical marijuana. The measure would not require the accommodation of any medical use of marijuana in any place of employment, school bus or school grounds, or youth center. No person would be authorized to engage in the medical use of marijuana in such a way as to endanger the health or well-being of any person through the use of a motorized vehicle on a street, road, or highway. The state could not be held liable for any damaging effects from permitted marijuana use.



INITIATIVE MEASURE 694 (continued from page 11)

The effect of Initiative Measure 694, if approved into law (continued):

mother only if no other procedure, including the induction of labor or cesarean section, would suffice to prevent the death of the mother. The measure would not apply to "abortions" as redefined. The measure would provide that in the event of conflict between it and any other law, the provisions of this measure would govern.



REFERENDUM BILL 49 (continued from page 13)

The effect of Referendum Bill 49, if approved into law (continued):

would be increased from 5% to 43.605% through June 30, 1999, and then to 51.203%. The motor vehicle excise tax revenue allocated and distributed to other funds would be increased or decreased by varying amounts. The measure would require transfers from the general fund into two of these funds, the county criminal justice assistance account and the municipal criminal justice assistance account. Beginning with Fiscal Year 2000, the limits on distributions into these accounts would be removed. Part of the reallocated motor vehicle excise tax revenue would be distributed to economically distressed counties through a new account in the treasury.

The measure provides for the issuance and sale of up to \$1.9 billion of general obligation bonds to pay for the location, design, right of way, and construction of state and local highway improvements. No bonds could be offered for sale without additional legislative action. The measure provides that the bonds shall pledge the full faith and credit of the state for payment of the principal and interest when due. The proceeds from the sale of the bonds would be deposited in the motor vehicle fund, and the principal and interest on the bonds would be first payable from revenues from the motor vehicle fuel and special fuel excise taxes.

The measure would modify Initiative 601 (RCW 43.135.035) to provide that the transfer of moneys from the general fund to other funds or accounts as authorized in this measure would not reduce the state expenditure limit. The measure would also modify Initiative 601 (RCW 43.135.060) to allow the state to reimburse local governments for the costs of new programs or increased service levels through increases in state distributions of revenue to local governments.

The measure would authorize certain cities owning and operating municipal public transportation systems to use local public transportation sales tax revenues to match their local motor vehicle excise tax revenues. This authorization would be implemented over a four year period beginning July 1, 1999. After July 1, 2002, 100% of the revenues generated from the local motor vehicle excise tax could be matched by local public transportation sales tax revenues.



INITIATIVE MEASURE 200 (continued from page 15)

The effect of Initiative Measure 200, if approved into law :

Initiative Measure No. 200 would add new provisions to state law. It would prohibit state and local agencies from discriminating against, or granting preferential treatment to, any individual or group on the basis of race, sex, color, ethnicity, or national origin in the operation of public employment, public education, or public contracting. The measure does not define the term "preferential treatment," and does not specify how continued implementation or enforcement of existing laws would be affected if this measure were approved. The effect of the proposed measure would thus depend on how its provisions are interpreted and applied.

The measure would not affect any otherwise lawful classification that (a) is based on sex and is necessary for sexual privacy or medical or psychological treatment; or (b) is necessary for undercover law enforcement or for film, video, audio, or theatrical casting; or (c) provides separate athletic teams for each sex. The measure would not prohibit actions that must be taken to establish or maintain eligibility for federal programs, if ineligibility would result in a loss of federal funds to the state.

This measure would apply to state government, to all state agencies, and publicly supported colleges and universities, and to all counties, cities, school districts, special districts, and political subdivisions of the state. Remedies for violations would be the same as are available for violations of the existing law against discrimination.



**COMPLETE TEXT OF
Initiative Measure 688**

AN ACT Relating to the state minimum wage; and amending RCW 49.46.020.

BE IT ENACTED BY THE PEOPLE OF THE STATE OF WASHINGTON:

Sec. 1. RCW 49.46.020 and 1993 c 309 s 1 are each amended to read as follows:

(1) Until January 1, 1999, every employer shall pay to each of his or her employees who has reached the age of eighteen years wages at a rate of not less than four dollars and ninety cents per hour.

(2) Beginning January 1, 1999, and until January 1, 2000, every employer shall pay to each of his or her employees who has reached the age of eighteen years wages at a rate of not less than five dollars and seventy cents per hour.

(3) Beginning January 1, 2000, and until January 1, 2001, every employer shall pay to each of his or her employees who has reached the age of eighteen years wages at a rate of not less than six dollars and fifty cents per hour.

(4)(a) Beginning on January 1, 2001, and each following January 1st as set forth under (b) of this subsection, every employer shall pay to each of his or her employees who has reached the age of eighteen years wages at a rate of not less than the amount established under (b) of this subsection.

(b) On September 30, 2000, and on each following September 30th, the department of labor and industries shall calculate an adjusted minimum wage rate to maintain employee purchasing power by increasing the current year's minimum wage rate by the rate of inflation. The adjusted minimum wage rate shall be calculated to the nearest cent using the consumer price index for urban wage earners and clerical workers, CPI-W, or a successor index, for the twelve months prior to each September 1st as calculated by the United States department of labor. Each adjusted minimum wage rate calculated under this subsection (4)(b) takes effect on the following January 1st.

(5) The director shall by regulation establish the minimum wage for employees under the age of eighteen years.

PLEASE NOTE

In the preceding and following measures all words in double parentheses with a line through them are in State law and will be taken out if the measure is adopted. Underlined words do not appear in State law but will be put in if the measure is adopted.

To obtain a copy of the text of the proposed measures in larger print, call the Secretary of State's toll-free hotline—1-800-448-4881.



**COMPLETE TEXT OF
Initiative Measure 692**

AN ACT Relating to the medical use of marijuana; adding a new chapter to Title 69 RCW; and prescribing penalties.

BE IT ENACTED BY THE PEOPLE OF THE STATE OF WASHINGTON:

NEW SECTION. Sec. 1. TITLE.

This chapter may be known and cited as the Washington state medical use of marijuana act.

NEW SECTION. Sec. 2. PURPOSE AND INTENT.

The People of Washington state find that some patients with terminal or debilitating illnesses, under their physician's care, may benefit from the medical use of marijuana. Some of the illnesses for which marijuana appears to be beneficial include chemotherapy-related nausea and vomiting in cancer patients; AIDS wasting syndrome; severe muscle spasms associated with multiple sclerosis and other spasticity disorders; epilepsy; acute or chronic glaucoma; and some forms of intractable pain.

The People find that humanitarian compassion necessitates that the decision to authorize the medical use of marijuana by patients with terminal or debilitating illnesses is a personal, individual decision, based upon their physician's professional medical judgment and discretion.

Therefore, The people of the state of Washington intend that:

Qualifying patients with terminal or debilitating illnesses who, in the judgment of their physicians, would benefit from the medical use of marijuana, shall not be found guilty of a crime under state law for their possession and limited use of marijuana;

Persons who act as primary caregivers to such patients shall also not be found guilty of a crime under state law for assisting with the medical use of marijuana; and

Physicians also be excepted from liability and prosecution for the authorization of marijuana use to qualifying patients for whom, in the physician's professional judgment, medical marijuana may prove beneficial.

NEW SECTION. Sec. 3. NON-MEDICAL PURPOSES PROHIBITED.

Nothing in this chapter shall be construed to supersede Washington state law prohibiting the acquisition, possession, manufacture, sale, or use of marijuana for non-medical purposes.

NEW SECTION. Sec. 4. PROTECTING PHYSICIANS AUTHORIZING THE USE OF MEDICAL MARIJUANA.



COMPLETE TEXT OF Initiative Measure 692 (continued)

A physician licensed under chapter 18.71 RCW or chapter 18.57 RCW shall be excepted from the state's criminal laws and shall not be penalized in any manner, or denied any right or privilege, for:

1. Advising a qualifying patient about the risks and benefits of medical use of marijuana or that the qualifying patient may benefit from the medical use of marijuana where such use is within a professional standard of care or in the individual physician's medical judgment; or

2. Providing a qualifying patient with valid documentation, based upon the physician's assessment of the qualifying patient's medical history and current medical condition, that the potential benefits of the medical use of marijuana would likely outweigh the health risks for the particular qualifying patient.

NEW SECTION. Sec. 5. PROTECTING QUALIFYING PATIENTS AND PRIMARY CAREGIVERS.

1. If charged with a violation of state law relating to marijuana, any qualifying patient who is engaged in the medical use of marijuana, or any designated primary caregiver who assists a qualifying patient in the medical use of marijuana, will be deemed to have established an affirmative defense to such charges by proof of his or her compliance with the requirements provided in this chapter. Any person meeting the requirements appropriate to his or her status under this chapter shall be considered to have engaged in activities permitted by this chapter and shall not be penalized in any manner, or denied any right or privilege, for such actions.

2. The qualifying patient, if eighteen years of age or older, shall:

(a) Meet all criteria for status as a qualifying patient;

(b) Possess no more marijuana than is necessary for the patient's personal, medical use, not exceeding the amount necessary for a sixty day supply; and

(c) Present his or her valid documentation to any law enforcement official who questions the patient regarding his or her medical use of marijuana.

3. The qualifying patient, if under eighteen years of age, shall comply with subsection (2) (a) and (c) of this section. However, any possession under subsection (2) (b) of this act, as well as any production, acquisition, and decision as to dosage and frequency of use, shall be the responsibility of the parent or legal guardian of the qualifying patient.

4. The designated primary caregiver shall:

(a) Meet all criteria for status as a primary caregiver to a qualifying patient;

(b) Possess, in combination with and as an agent for the

qualifying patient, no more marijuana than is necessary for the patient's personal, medical use, not exceeding the amount necessary for a sixty day supply;

(c) Present a copy of the qualifying patient's valid documentation required by this chapter, as well as evidence of designation to act as primary caregiver by the patient, to any law enforcement official requesting such information;

(d) Be prohibited from consuming marijuana obtained for the personal, medical use of the patient for whom the individual is acting as primary caregiver; and

(e) Be the primary caregiver to only one patient at any one time.

NEW SECTION. Sec. 6. DEFINITIONS.

The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

1. "Medical use of marijuana" means the production, possession, or administration of marijuana, as defined in RCW 69.50.101(q), for the exclusive benefit of a qualifying patient in the treatment of his or her terminal or debilitating illness.

2. "Primary caregiver" means a person who:

(a) Is eighteen years of age or older;

(b) Is responsible for the housing, health, or care of the patient;

(c) Has been designated in writing by a patient to perform the duties of primary caregiver under this chapter.

3. "Qualifying Patient" means a person who:

(a) Is a patient of a physician licensed under chapter 18.71 or 18.57 RCW;

(b) Has been diagnosed by that physician as having a terminal or debilitating medical condition;

(c) Is a resident of the state of Washington at the time of such diagnosis;

(d) Has been advised by that physician about the risks and benefits of the medical use of marijuana; and

(e) Has been advised by that physician that they may benefit from the medical use of marijuana.

4. "Terminal or Debilitating Medical Condition" means:

(a) Cancer, human immunodeficiency virus (HIV), multiple sclerosis, epilepsy or other seizure disorder, or spasticity disorders; or

(b) Intractable pain, limited for the purpose of this chapter to mean pain unrelieved by standard medical treatments and medications; or

(c) Glaucoma, either acute or chronic, limited for the purpose of this chapter to mean increased intraocular pressure unrelieved by standard treatments and medications; or

(d) Any other medical condition duly approved by the Washington state medical quality assurance board as directed in this chapter.

5. "Valid Documentation" means:

(a) A statement signed by a qualifying patient's physician, or a copy of the qualifying patient's pertinent



COMPLETE TEXT OF Initiative Measure 692 (continued)

medical records, which states that, in the physician's professional opinion, the potential benefits of the medical use of marijuana would likely outweigh the health risks for a particular qualifying patient; and

(b) Proof of Identity such as a Washington state driver's license or identicaid, as defined in RCW 46.20.035.

NEW SECTION. Sec. 7. ADDITIONAL PROTECTIONS.

1. The lawful possession or manufacture of medical marijuana as authorized by this chapter shall not result in the forfeiture or seizure of any property.

2. No person shall be prosecuted for constructive possession, conspiracy, or any other criminal offense solely for being in the presence or vicinity of medical marijuana or its use as authorized by this chapter.

3. The state shall not be held liable for any deleterious outcomes from the medical use of marijuana by any qualifying patient.

NEW SECTION. Sec. 8. RESTRICTIONS, AND LIMITATIONS REGARDING THE MEDICAL USE OF MARIJUANA.

1. It shall be a misdemeanor to use or display medical marijuana in a manner or place which is open to the view of the general public.

2. Nothing in this chapter requires any health insurance provider to be liable for any claim for reimbursement for the medical use of marijuana.

3. Nothing in this chapter requires any physician to authorize the use of medical marijuana for a patient.

4. Nothing in this chapter requires any accommodation of any medical use of marijuana in any place of employment, in any school bus or on any school grounds, or in any youth center.

5. It is a class C felony to fraudulently produce any record purporting to be, or tamper with the content of any record for the purpose of having it accepted as, valid documentation under section 6 (5) (a) of this act.

6. No person shall be entitled to claim the affirmative defense provided in Section 5 of this act for engaging in the medical use of marijuana in a way that endangers the health or well-being of any person through the use of a motorized vehicle on a street, road, or highway.

NEW SECTION. Sec. 9. ADDITION OF MEDICAL CONDITIONS.

The Washington state medical quality assurance board, or other appropriate agency as designated by the governor, shall accept for consideration petitions submitted by

physicians or patients to add terminal or debilitating conditions to those included in this chapter. In considering such petitions, the Washington state medical quality assurance board shall include public notice of, and an opportunity to comment in a public hearing upon, such petitions. The Washington state medical quality assurance board shall, after hearing, approve or deny such petitions within one hundred eighty days of submission. The approval or denial of such a petition shall be considered a final agency action, subject to judicial review.

NEW SECTION. Sec. 10. SEVERABILITY.

If any provision of this act or its application to any person or circumstance is held invalid, the remainder of the act or the application of the provision to other persons or circumstances is not affected.

NEW SECTION. Sec. 11. CAPTIONS NOT LAW.

Captions used in this chapter are not any part of the law.

NEW SECTION. Sec. 12.

Sections 1 through 11 of this act constitute a new chapter in Title 69 RCW.



COMPLETE TEXT OF Initiative Measure 694

AN ACT Relating to limiting partial-birth infanticide; adding a new chapter to Title 9A RCW; and prescribing penalties.

BE IT ENACTED BY THE PEOPLE OF THE STATE OF WASHINGTON:

NEW SECTION. Sec. 1. The sovereign people hereby find that, in accordance with current scientific evidence, medical terminology and practice, and decisions of the United States supreme court in *Roe v. Wade* and other cases:

(1) Pregnancy begins with conception and ends when the process of birth begins.

(2) The process of birth begins when a living child begins to exit the uterus or womb by any means and ends when the child is fully delivered or expelled from the vagina or birth canal by any means.

(3) Birth is an irreversible process that, once begun, will inevitably result in the complete delivery or expulsion of an infant child.

(4) Even a living fetus that is prematurely and artificially extracted from the uterus or womb into the vagina or birth canal will be born alive if not killed during the process of birth.

(5) Scientifically, medically, and legally, a child in the process of birth is no longer a fetus, but an infant.