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2 Councilmember David Grosso



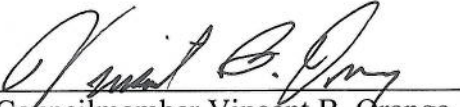
Councilmember Tommy Wells

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6 Councilmember Mary M. Cheh



Council member Marion Barry

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10 Councilmember Vincent B. Orange, Sr.

13 A BILL

15 IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

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18 To amend, on an emergency basis, the Legalization of Marijuana for Medical Treatment
19 Initiative of 1998 to expand the definition of a qualifying medical condition to allow
20 physicians to determine whether a patient would benefit from medical marijuana
21 treatment and to increase the number of living plants medical marijuana cultivation
22 centers can possess at any time.

24 BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this
25 act may be cited as the “Medical Marijuana Expansion Emergency Amendment Act of 2014”.

26 Sec. 2. The Legalization of Marijuana for Medical Treatment Initiative of 1998, effective
27 February 25, 2010 (D.C. Law 13-315; D.C. Official Code § 7-1671.01 *et seq.*), is amended as
28 follows:

29 (a) Section 2(17) (D.C. Official Code § 7-1671.01(17)) is amended to read as follows:

1 “(17) “Qualifying medical condition” means any condition for which treatment
2 with medical marijuana would be beneficial, as determined by the patient’s physician.”

3 (b) Section 7(e)(2) (D.C. Official Code § 7-1671.06(e)(2)) is amended by striking the
4 number “95” and inserting the number “500” in its place.

5 Sec. 3. Fiscal impact statement.

6 The Council adopts the fiscal impact statement of the Chief Financial Officer as the fiscal
7 impact statement required by section 602(c)(3) of the District of Columbia Home Rule Act,
8 approved December 24, 1973 (87 Stat. 813; D.C. Official Code §1-206.02(c)(3)).

9 Sec. 4. Effective date.

10 This act shall take effect following approval by the Mayor (or in the event of veto by the
11 Mayor, action by the Council to override the veto), and shall remain in effect for no longer than
12 90 days, as provided for emergency acts of the Council of the District of Columbia in section
13 412(a) of the District of Columbia Home Rule Act, approved December 24, 1973 (87 Stat. 788;
14 D.C. Official Code § 1-204.12(a)).

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Government of the District of Columbia
Office of the Chief Financial Officer



Jeff DeWitt
Chief Financial Officer

MEMORANDUM

TO: The Honorable Phil Mendelson
Chairman, Council of the District of Columbia

FROM: Jeff DeWitt
Chief Financial Officer 

DATE: June 30, 2014

SUBJECT: Fiscal Impact Statement - Medical Marijuana Expansion Amendment Act of 2014

REFERENCE: Bill 20-766, Draft Committee Print shared with the Office of Revenue Analysis on June 24, 2014

Conclusion

Funds are sufficient in the proposed FY 2015 through FY 2018 budget and financial plan to implement the bill.

Background

The bill allows¹ physicians to prescribe medical marijuana whenever they think it is an appropriate treatment for a patient. Currently, physicians can only prescribe medical marijuana if a patient has one of 11 conditions or is undergoing one of three treatments listed in District law² or the D.C. Municipal Regulations³. The bill also increases the number of live marijuana plants a cultivation center can have from 95 to 500.

The Department of Health (DOH) regulates medical marijuana use in the District. It registers patients using medical marijuana and in some cases their caregivers, and inspects cultivation centers and dispensaries and approves them to operate in the District. In turn, each of these groups pay annual fees to DOH.⁴ DOH expects to have at 1,000 patients registered by the end of this year, up from 10 last year. Three cultivation centers and three dispensaries are currently registered with DOH.

¹ By amending the Legalization of Marijuana for Medical Treatment Initiative of 1999, effective February 25, 2010 (D.C. Law 13-315; D.C. Official Code §7-1671.01(17)).

² D.C. Official Code §7-1671.01

³ Title 22-C, Chapter 2.

⁴ Patients and caregivers pay \$25 to \$100. Cultivation centers pay \$5,000 and dispensaries pay \$10,000.

The Honorable Phil Mendelson

FIS: B20-766, "Medical Marijuana Expansion Amendment Act of 2014," Draft Committee Print shared with the Office of Revenue Analysis on June 24, 2014

Advocates predict that without any restrictions on physicians' prescriptions for medical marijuana, the number of medical marijuana users in the District could rise to between 10,000 and 15,000 people.⁵ Indeed, if the number of medical marijuana patients in the District were proportional to low-end estimates of those in California⁶ (which also puts no restrictions on doctors' prescription-writing), there would be nearly 10,000 medical marijuana patients in the District. Maryland and Massachusetts are the only other states with similarly non-restrictive laws but their patient registries are not yet open.⁷

Financial Plan Impact

Funds are sufficient in the proposed FY 2015 through FY 2018 budget and financial plan to implement the bill. The bill will have a net cost of \$42,000 in FY 2015 and \$24,000 in FY 2016. DOH will pay these costs with vacancy savings. In FY 2017 and FY 2018, the bill will bring in net revenue of \$161,000 and \$353,000, respectively.

ORA's cost and revenue estimates are based on its prediction that the number of registered medical marijuana patients in the District will rise to 2,000 in FY 2015 and then to 10,800 by FY 2018, with corresponding increases in caregivers, dispensaries, and cultivation centers. This will increase DOH's fee revenues but will also require DOH to hire two new registration processors in FY 2015 and a new cultivation center inspector in FY 2016.

The table below shows ORA's cost and revenue projections for the bill. Note that the revenue numbers only include fees from new patients, caregivers, cultivation centers, and dispensaries that register with DOH in FY 2015 or later. The revenues will be deposited into DOH's Pharmacy Protection account and the staffers will also be paid by funds in this special purpose account.

Fiscal Impact of Implementing the Medical Marijuana Expansion Amendment Act of 2014, FY 2015 - FY 2018					
	FY 2015	FY 2016	FY 2017	FY 2018	4-Year Total
Costs					
DOH Personnel ¹	(\$129,000)	(\$235,000)	(\$246,000)	(\$258,000)	(\$868,000)
Total Costs	(\$129,000)	(\$235,000)	(\$246,000)	(\$258,000)	(\$868,000)
Revenue²					
New Patient Fees	\$55,000	\$165,000	\$341,000	\$539,000	\$1,100,000
New Caregiver Fees	\$2,000	\$6,000	\$11,000	\$17,000	\$36,000
New Cultivation Center Fees	\$10,000	\$20,000	\$35,000	\$35,000	\$100,000
New Dispensary Fees	\$20,000	\$20,000	\$20,000	\$20,000	\$80,000
Total New Revenue	\$87,000	\$211,000	\$407,000	\$611,000	\$1,316,000

⁵ According to Patricia D'Antonio, the program manager of DOH's pharmaceutical control division.

⁶ As estimated by the Marijuana Policy Project. See <http://www.mpp.org/states/medical-marijuana-patient.html>.

⁷ According to the Marijuana Policy Project.

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Net Fiscal Impact	(\$42,000)	(\$24,000)	\$161,000	\$353,000	\$448,000
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Table Notes

¹ DOH will hire two Grade 9 employees in FY 2015 to process patient and caregiver applications and one Grade 12 employee in FY 2016 to inspect cultivation centers and dispensaries. Currently DOH has 3-4 application processors and 1 inspector.

² Patient and caregiver fees average \$55 per person per year. Cultivation centers pay DOH \$5,000 per year. Dispensaries pay DOH \$10,000 per year.

ORA's cost and revenue projections are based on its estimates below.

Projected Number of Patients, Caregivers, Dispensaries, and Cultivation Centers Paying DOH Medical Marijuana Fees, FY 2015 - FY 2018				
	FY 2015	FY 2016	FY 2017	FY 2018
Patients ¹	2,000	4,000	7,200	10,800
Caregivers ²	60	121	218	326
Dispensaries ³	5	5	5	5
Cultivation Centers ⁴	5	7	10	10

Table Notes

¹ Assumes DOH ends FY 2014 with 1,000 patients, and numbers double in FY 2015 and FY 2016, increase by 80 percent in FY 2017 and increase by 50 percent in FY 2018.

² Calculation uses current caregiver to patient ratio, but assumes growth is somewhat stunted due to restrictions on who can be a registered caregiver.

³ Currently there are three dispensaries in operation and two more are eligible to register with DOH. Law caps total number at five.

⁴ Currently there are three cultivation centers in operation and three more are eligible to register with DOH. Law caps total number at ten.