

Winter 2000

Iowa NORML is an affiliate of the National Organization for the Reform of Marijuana Laws

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Join us for the 10th Annual Hemp Activists Meeting March 24th & 25th at the Iowa State University Memorial Union on Lincoln Way in Ames. March 24th in the Oak Room on the Second Floor, and March 25th in the Gallery Room on the Second Floor. Use Parking Ramp next to the Memorial Union. For more info, contact: Becky Terrill, 1311 Delaware, #4, Ames, IA 50014, (515) 268-3105

IOWA NORML

It's been a while since I last wrote an Iowa NORML newsletter. Frankly, it's a lot of work putting out a newsletter and I've been busy with other projects. Last year, I got my MCSE (Microsoft Certified Systems Engineer) certification. This year, I'm taking an MCSE update for Windows 2000. I've also been learning CGI (Common Gateway Interfact), PERL (Practical Extraction and Reporting Language), and JavaScript to improve my web page skills. I'm the new webmaster for 1000 Friends of Iowa (www.kfoi.org). I'm also the webmaster for the International Hemp Association (www.commonlink.com/~olsen/IHA). Stop by and take a look sometime.

I did not entirely neglect the reform movement during this time. In December of 1999, I sent out 300 letters to people who had signed up at the Budhafest concerts in August of 1998 and August of 1999 ("High Times" magazine sent Steve Bloom to help up with the 1999 concert). I asked people to attend their precinct caucus in 2000 and to introduce medical marijuana resolutions. In June of 2000, I was elected to the state platform committee of the Iowa Demcractic Party and I had a chance to review the 5 congressional district platforms. Medical marijuana resolutions were included in 3 of the 5 districts, and a medical marijuana resolutions became part of the state platform without resistance. In 1998 there was resistance. I got a medical marijuana resolution into the 4th congressional district platform that year, but there was no support from the other congressional districts. That's when I got smart and started looking for help.

As a result of our efforts, medical marijuana was not only included in the platform, but three Iowa senators (all Democrats), Johnie Hammond from Ames, and Joe Bolkom and Robert Dvorsky from Iowa City re-introduced the medical marijuana bill that Elaine Szymoniak had introduced last year. Representative Ed Fallon (another Democrat) also agreed to introduce the bill in the Iowa House, but we decided to go with a different bill provided by the MPP (Marijuana Policy Project). As of this date, our bill (the MPP bill) has not yet been introduced. It may be too late to get it considered this year, but we can re-introduce it next year. I'm including the text of both bills in this newsletter.

We also have industrial hemp bills pending in both houses of the Iowa Legislature. I did not personally lobby for these bills, but I've been in contact with some people who have lobbied for them. These bills seem to have bipartisan support, as SF61 was approved by the Senate agriculture committee. The House version is HF202.

As you can see, progress is being made. The seeds we've sown are beginning to take root and grow. Many thanks to everyone who helped.

1 1 Section 1. Section 124.401, subsection 5, Code 2001, is
1 2 amended by adding the following new unnumbered paragraph:
1 3 NEW UNNUMBERED PARAGRAPH. It is lawful for a person to
1 4 knowingly or intentionally possess marijuana if the possession
1 5 is in accordance with the provisions of section 124.401G or
1 6 124.511.

1 7 Sec. 2. NEW SECTION. 124.401G MARIJUANA FOR THERAPEUTIC
1 8 PURPOSES.

1 9 Notwithstanding other provisions of law to the contrary,
1 10 the following provisions apply to possession of marijuana for
1 11 therapeutic purposes in accordance with this section or
1 12 section 124.511.

1 13 1. It is lawful for a person who is eighteen years of age
1 14 or older to knowingly or intentionally possess marijuana if
1 15 any of the following circumstances exist:22

1 16 a. The person possessing the marijuana was diagnosed by a
1 17 physician as having glaucoma before the person was alleged to
1 18 unlawfully possess the marijuana.

1 19 b. The person possessing the marijuana is being treated
1 20 with chemotherapy or radiation therapy and has suffered from
1 21 significant nausea or vomiting as a result of the treatment.

1 22 c. The person possessing the marijuana was diagnosed by a
1 23 physician as having multiple sclerosis, hyperparathyroidism,
1 24 nail patella syndrome, or acquired immune deficiency syndrome,
1 25 and having symptoms of pain or spasms due to the diagnosed
1 26 condition, before the person was alleged to unlawfully possess
1 27 the marijuana.

1 28 d. The person possessing the marijuana has obtained the
1 29 marijuana from a licensed physician or surgeon, osteopath,
1 30 osteopathic physician or surgeon, or pharmacist and the
1 31 marijuana is dispensed in accordance with section 147.107.

1 32 2. Possession of marijuana in accordance with this section
1 33 or section 124.511 is an affirmative defense to a prosecution
1 34 for possession of marijuana.

1 35 3. A person who possesses marijuana in accordance with
2 1 this section or section 124.511 is not subject to the
2 2 provisions of chapters 809 and 809A, relating to seizable and
2 3 forfeitable property, based upon that possession.

2 4 Sec. 3. Section 124.506, subsection 2, Code 2001, is
2 5 amended to read as follows:

2 6 2. Upon written application by the board, the court by
2 7 whom the forfeiture of controlled substances has been decreed
2 8 may order the delivery of any of them, except controlled
2 9 substances listed in schedule I, to the board for distribution
2 10 or destruction, as provided by this section or section
2 11 124.511.

2 12 Sec. 4. NEW SECTION. 124.511 MARIJUANA THERAPEUTIC

2 13 RESEARCH PROGRAM.

2 14 1. The general assembly finds that research has indicated
2 15 that the use of marijuana may alleviate nausea and other side
2 16 effects of chemotherapy and radiation therapy as well as some
2 17 symptoms of glaucoma and other conditions with symptoms of
2 18 pain, stress, spasms, nausea, or loss of appetite. The
2 19 general assembly finds that further research and strictly
2 20 controlled experimentation regarding the therapeutic uses of
2 21 marijuana is necessary and desirable. The purpose of this
2 22 section is to encourage this research and experimentation.

2 23 2. As used in this section, unless the context otherwise
2 24 requires, "program" means the marijuana therapeutic research
2 25 program established in this section.

2 26 3. A marijuana therapeutic research program is established
2 27 under the board. The board shall adopt rules for the proper
2 28 administration of the program. In adopting rules, the board
2 29 shall consider pertinent rules adopted by the United States
2 30 drug enforcement agency, United States food and drug
2 31 administration, national institute on drug abuse, and any
2 32 other applicable federal agency.

2 33 4. The board shall contract with the national institute on
2 34 drug abuse for the receipt of marijuana under pertinent rules
2 35 adopted by the national institute on drug abuse, the United
3 1 States food and drug administration, and the United States
3 2 drug enforcement administration. However, if within a
3 3 reasonable period of time, the board is unable to complete a
3 4 contract with the national institute on drug abuse, the board
3 5 shall apply to the court for delivery of marijuana under
3 6 section 124.506. The board may receive the confiscated
3 7 marijuana and shall distribute it in accordance with this
3 8 section. Any marijuana received under this subsection shall
3 9 be made free of impurities and analyzed for potency by the
3 10 board.

3 11 5. The board shall deliver marijuana received under
3 12 subsection 4 to appropriate licensed pharmacists designated by
3 13 the board. Any marijuana delivered to a pharmacist shall only
3 14 be distributed to a patient pursuant to a written prescription
3 15 of a licensed physician who is approved by the participation
3 16 review committee established by this section. A pharmacist
3 17 designated by the board is not liable, except for intentional
3 18 misconduct or gross negligence, in any civil action related to
3 19 marijuana distributed to a patient in accordance with this
3 20 section.

3 21 6. A participation review committee is established and
3 22 staffing for the committee shall be provided by the board.
3 23 The membership of the committee shall consist of three members
3 24 appointed as follows: a registered pharmacist appointed by
3 25 the board of pharmacy examiners, a licensed physician who is
3 26 board certified in ophthalmology or otorhinolaryngology
3 27 appointed by the board of medical examiners, and a licensed

3 28 physician who is board certified in internal medicine with a
3 29 subspecialty certification in medical oncology appointed by
3 30 the board of medical examiners. Committee members shall serve
3 31 at the pleasure of the appointing authority and are eligible
3 32 for payment of per diem and reimbursement of actual and
3 33 necessary expenses incurred while performing official duties.
3 34 The committee shall have authority to review and approve
3 35 physician applications to participate in the program. The
4 1 committee meetings to review applications shall be closed in
4 2 the same manner as a meeting to discuss the contents of a
4 3 licensing examination in accordance with section 21.5,
4 4 subsection 1, paragraph "d". Applicants must submit a twenty-
4 5 five dollar fee with the application.

4 6 7. A physician approved by the participation review
4 7 committee for participation in the program is authorized to
4 8 prescribe marijuana for a patient under any of the following
4 9 circumstances:

4 10 a. The patient is diagnosed as having glaucoma by the
4 11 physician.

4 12 b. The patient is being treated with chemotherapy or
4 13 radiation therapy and has suffered from significant nausea or
4 14 vomiting as a result of the treatment.

4 15 c. The patient is diagnosed by a physician as having
4 16 multiple sclerosis, hyperparathyroidism, nail patella
4 17 syndrome, acquired immune deficiency syndrome, or other
4 18 condition with symptoms of pain or spasms.

4 19 8. A physician approved by the participation review
4 20 committee for participation in the program is expressly
4 21 authorized to prescribe marijuana. A patient for whom
4 22 marijuana is prescribed by a physician approved to participate
4 23 in the program is expressly authorized to possess marijuana.
4 24 A registered pharmacist designated by the board under this
4 25 section is expressly authorized to possess and distribute
4 26 marijuana under this section.

4 27 9. Only the following persons shall have access to the
4 28 name and other identifying characteristics of a patient for
4 29 whom marijuana is prescribed under this section:

4 30 a. The board.

4 31 b. The attorney general or a designee of the attorney
4 32 general.

4 33 c. A person directly connected with the program who has a
4 34 legitimate need for the information.

4 35 d. A person for whom access has been specifically
5 1 authorized by that patient.

5 2 10. The board and the participation review committee shall
5 3 annually report findings and recommendations concerning the
5 4 program to the governor and the general assembly.

5 5 Sec. 5. Section 453B.6, Code 2001, is amended by adding
5 6 the following new unnumbered paragraph:

5 7 NEW UNNUMBERED PARAGRAPH. A person who is in possession of

5 8 marijuana for medical purposes in accordance with section
5 9 124.401G or 124.511 is in lawful possession of a taxable
5 10 substance and is not subject to the requirements of this
5 11 chapter.

5 12 EXPLANATION

5 13 This bill relates to the use of marijuana for therapeutic
5 14 purposes by expressly authorizing its use for certain medical
5 15 conditions and establishing a marijuana therapeutic research
5 16 program.

5 17 Code section 124.401, relating to prohibited acts involving
5 18 controlled substances, is amended to provide that it is lawful
5 19 to knowingly possess marijuana if the possession is in
5 20 accordance with the provisions of the bill.

5 21 New Code section 124.401G authorizes adult persons to
5 22 possess marijuana under any of the following circumstances:
5 23 the person was diagnosed as having glaucoma before being
5 24 charged with unlawful possession; the person is being treated
5 25 with chemotherapy or radiation therapy and has suffered from
5 26 significant nausea or vomiting due to that treatment; the
5 27 person was diagnosed as having any of the following illnesses:
5 28 multiple sclerosis, hyperparathyroidism, nail patella
5 29 syndrome, or acquired immune deficiency syndrome, and as
5 30 having pain or spasms due to the illness; or the person
5 31 obtained the marijuana in accordance with a legal
5 32 prescription. Possession in accordance with the bill's
5 33 requirements is an affirmative defense to prosecution for
5 34 possession of marijuana and such possession is not subject to
5 35 Code chapters 809 and 809A, relating to seizable and
6 1 forfeitable property.

6 2 Code section 124.506, relating to disposal of controlled
6 3 substances, is amended to allow the board of pharmacy
6 4 examiners to apply to the court to take possession of
6 5 confiscated controlled substances, except those listed in
6 6 schedule I. Upon taking possession, the board may either
6 7 destroy the drugs or utilize them in the marijuana therapeutic
6 8 research program.

6 9 The therapeutic research program is created in new Code
6 10 section 124.511. The bill includes legislative findings as to
6 11 the need for the program. The program is to be administered
6 12 by the board of pharmacy examiners. The board is to consult
6 13 with various federal bodies in implementing the program and to
6 14 enter into a contract to receive illegal drugs from the
6 15 national institute on drug abuse. If unable to contract
6 16 within a reasonable period, the board is to apply to the court
6 17 to receive confiscated drugs. The board is to establish a
6 18 participation review committee to review and approve physician
6 19 applications to participate in the program. Approved
6 20 physicians may legally prescribe the drug for the illnesses
6 21 and medical conditions specified in the bill. Physicians,
6 22 pharmacists, and patients participating in the program are

6 23 expressly authorized to prescribe, dispense, and possess
6 24 marijuana. The bill contains provisions to address
6 25 confidentiality. The board and the committee are to report
6 26 annually to the governor and general assembly.
6 27 Code section 453B.6, relating to tax stamps for controlled
6 28 substances, is amended to specify that possession in
6 29 accordance with the bill is lawful possession and a tax stamp
6 30 is not required.
6 31 LSB 2010SS 79
6 32 jp/gg/8

Senate File 113

Bill History prepared on MAR 09, 2001.

Introduced by

Bolkcom, Dvorsky and Hammond.

A bill for an act relating to the use of marijuana for therapeutic purposes and establishing a marijuana therapeutic research program.

Action

Feb. 05 01

Introduced, referred to Human Resources. S.J. 218.

Feb. 06 01

Subcommittee, Schuerer, Hammond and Veenstra. S.J. 255.

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**MPP's model state medical marijuana bill
based on Hawaii law enacted on June 14, 2000**

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TITLE: An Act to Protect Seriously Ill People from Prosecution and Prison for Using Medical Marijuana Under a Medical Doctor's Supervision

SECTION 1: Findings

- (a) Modern medical research has discovered a beneficial use for marijuana in treating or alleviating the pain or other symptoms associated with certain debilitating medical conditions, as found by the National Academy of Sciences' Institute of Medicine in March 1999.
- (b) The legislature admits that it would prefer for the federal government to permit marijuana to be prescribed by physicians and to be dispensed at pharmacies. However, the legislature finds that the federal government has shown no indication that it will change federal policy with regard to medical marijuana, as evidenced by the federal government's reluctance to allow even FDA-approved clinical trials to move forward.
- (c) According to the U.S. Sentencing Commission and the Federal Bureau of Investigation, more than 99 out of every 100 marijuana arrests are made under state law, rather than under federal law. Consequently, the legislature finds that changing state law will have the practical effect of protecting from arrest the vast majority of seriously ill people who have a medical need to use marijuana.
- (d) Although federal law expressly prohibits the use of marijuana, the legislature recognizes that the laws of Alaska, California, Colorado, Hawaii, Maine, Nevada, Oregon, and Washington permit the medical use and cultivation of marijuana. The legislature intends to join in this effort for the health and welfare of its citizens. However, the legislature does not intend to make marijuana legally available for other than medical purposes.
- (e) The legislature finds that the state is not required to enforce federal law or prosecute people for engaging in activities prohibited by federal law. Therefore, compliance with this act does not put the state in violation of federal law.
- (f) The legislature finds that state law should make a distinction between the medical and non-medical use of marijuana. Hence, the purpose of this act is to ensure that physicians are not penalized for discussing marijuana as a treatment option with their patients, and seriously ill people who engage in the medical use of marijuana upon their physicians' advice are not arrested and incarcerated for using marijuana for medical purposes.

SECTION 2: Definitions

- (a) “Adequate supply” means an amount of marijuana collectively possessed between the qualifying patient and the qualifying patient’s primary caregivers that is not more than is reasonably necessary to ensure the uninterrupted availability of marijuana for the purpose of alleviating the symptoms or effects of a qualifying patient’s debilitating medical condition; [ADDING THE FOLLOWING IS OPTIONAL ... provided that an “adequate supply” shall not exceed three mature marijuana plants, four immature marijuana plants, and one ounce of usable marijuana per each mature plant. “Usable marijuana” means the dried leaves and flowers of marijuana, and any mixture or preparation thereof, that are appropriate for the medical use of marijuana, and does not include the seeds, stalks, and roots of the plant.]
- (b) “Debilitating medical condition” means:
- (1) cancer, glaucoma, positive status for human immunodeficiency virus, acquired immune deficiency syndrome, or the treatment of these conditions;
 - (2) a chronic or debilitating disease or medical condition or its treatment that produces one or more of the following: cachexia or wasting syndrome; severe pain; severe nausea; seizures, including those characteristic of epilepsy; or severe and persistent muscle spasms, including those characteristic of multiple sclerosis or Crohn’s disease; or
 - (3) any other medical condition or its treatment approved by the department, as provided for as follows: Not later than 90 days after the effective date of this act, the department shall promulgate regulations governing the manner in which it will consider petitions from the public to add debilitating medical conditions to those included in this act. In considering such petitions, the department shall include public notice of, and an opportunity to comment in a public hearing upon, such petitions. The department shall, after hearing, approve or deny such petitions within 180 days of submission. The approval or denial of such a petition shall be considered a final agency action, subject to judicial review.
- (c) “Department” means state department of health.
- (d) “Marijuana” shall have the same meaning as “marijuana” and “marijuana concentrate” as provided in sections ____ and ____.
- (e) “Medical use” means the acquisition, possession, cultivation, use, transfer, or transportation of marijuana or paraphernalia relating to the administration of marijuana to alleviate the symptoms or effects of a qualifying patient’s debilitating medical condition. For the purposes of “medical use,” the term “transfer” is limited to the transfer of marijuana and paraphernalia between primary caregivers and qualifying patients.
- (f) “Physician” means a person who is licensed under section ____, and is licensed with authority to prescribe drugs under section ____.

- (g) “Primary caregiver” means a person who is at least 18 years old and who has agreed to undertake responsibility for managing the well-being of a person with respect to the medical use of marijuana.
- (h) “Qualifying patient” means a person who has been diagnosed by a physician as having a debilitating medical condition.
- (i) “Written certification” means the qualifying patient’s medical records or a statement signed by a physician, stating that in the physician’s professional opinion, after having completed a full assessment of the qualifying patient’s medical history and current medical condition made in the course of a bona fide physician-patient relationship, the qualifying patient has a debilitating medical condition and the potential benefits of the medical use of marijuana would likely outweigh the health risks for the qualifying patient.

SECTION 3: Exemption from criminal and civil penalties for the medical use of marijuana

- (a) A qualifying patient who has in his or her possession written certification shall not be subject to arrest, prosecution, or penalty in any manner for the medical use of marijuana, provided the quantity of marijuana does not exceed an adequate supply.
- (b) Subsection (a) shall not apply to a qualifying patient under the age of 18 years, unless:
 - (1) The qualifying patient’s physician has explained the potential risks and benefits of the medical use of marijuana to the qualifying patient and to a parent, guardian, or person having legal custody of the qualifying patient; and
 - (2) A parent, guardian, or person having legal custody consents in writing to:
 - (A) allow the qualifying patient’s medical use of marijuana;
 - (B) serve as the qualifying patient’s primary caregiver; and
 - (C) control the acquisition of the marijuana, the dosage, and the frequency of the medical use of marijuana by the qualifying patient.
- (c) When the acquisition, possession, cultivation, transportation, or administration of marijuana by a qualifying patient is not practicable, the legal protections established by this act for a qualifying patient shall extend to the qualifying patient’s primary caregivers, provided that the primary caregivers’ actions are necessary for the qualifying patient’s medical use of marijuana.
- (d) A physician shall not be subject to arrest or prosecution, penalized in any manner, or denied any right or privilege for providing written certification for the medical use of marijuana to qualifying patients.

- (e) Any property interest that is possessed, owned, or used in connection with the medical use of marijuana, or acts incidental to such use, shall not be harmed, neglected, injured, or destroyed while in the possession of state or local law enforcement officials, provided that law enforcement agencies seizing live plants as evidence shall not be responsible for the care and maintenance of marijuana plants. Any such property interest shall not be forfeited under any provision of state or local law providing for the forfeiture of property other than as a sentence imposed after conviction of a criminal offense or entry of a plea of guilty to a criminal offense. Marijuana, paraphernalia, or other property seized from a qualifying patient or primary caregivers in connection with the claimed medical use of marijuana shall be returned immediately upon the determination by a court or prosecutor that the qualifying patient or primary caregivers are entitled to the protections of this act, as may be evidenced by a decision not to prosecute, the dismissal of charges, or an acquittal.
- (f) No person shall be subject to arrest or prosecution for “constructive possession,” “conspiracy,” or any other offense for simply being in the presence or vicinity of the medical use of marijuana as permitted under this act.

SECTION 4: Prohibitions, restrictions, and limitations regarding the medical use of marijuana

- (a) The authorization for the medical use of marijuana in this act shall not apply to:
 - (1) The medical use of marijuana that endangers the health or well-being of another person, such as driving or operating heavy machinery while under the influence of marijuana;
 - (2) The smoking of marijuana:
 - (A) in a school bus, public bus, or other public vehicle;
 - (B) in the workplace of one’s employment;
 - (C) on any school grounds;
 - (D) in any correctional facility; or
 - (E) at any public park, public beach, public recreation center, or youth center; and
 - (3) The use of marijuana by a qualifying patient, primary caregiver, or any other person for purposes other than medical use permitted by this act.
- (b) Insurance companies shall not be required to cover the medical use of marijuana.
- (c) Notwithstanding any law to the contrary, fraudulent representation to a law enforcement official of any fact or circumstance relating to the medical use of marijuana to avoid arrest or prosecution shall be a petty misdemeanor and subject

to a fine of \$500. This penalty shall be in addition to any other penalties that may apply for the non-medical use of marijuana.

SECTION 5: Establishing a defense in court for patients and primary caregivers

A person and a person's primary caregivers may assert the medical use of marijuana as a defense to any prosecution involving marijuana, and such defense shall be presumed valid where the evidence shows that:

- (a) the person's medical records indicate, or a physician has stated that, in the physician's professional opinion, after having completed a full assessment of the person's medical history and current medical condition made in the course of a bona fide physician-patient relationship, the potential benefits of the medical use of marijuana would likely outweigh the health risks for the person; and
- (b) the person and the person's primary caregivers were collectively in possession of a quantity of marijuana that does not exceed an adequate supply.

[If the OPTIONAL definition of "adequate supply" is used in Section 2(a), then Section 5(b) should instead read "the person and the person's primary caregivers were collectively in possession of a quantity of marijuana that was not more than was reasonably necessary to ensure the uninterrupted availability of marijuana for the purpose of alleviating the symptoms or effects of the person's medical condition."]

SECTION 6: Severability of this act

If any provision of this act or the application thereof to any person or circumstance is held invalid, the invalidity does not affect other provisions or applications of the act which can be given effect without the invalid provision or application, and to this end the provisions of this act are severable.

SECTION 7: Implementation of this act

This act shall take effect upon its approval.

SECTION __: Registry identification cards issued by state health department

[OPTIONAL: This section can be removed without affecting any other section of the bill; a registry identification card section appeared in the Hawaii law.]

- (a) "Registry identification card" means a document issued by the department that identifies a person as a qualifying patient or primary caregiver.
- (b) A qualifying patient or primary caregiver shall qualify for the legal protections of Section 3 only if the qualifying patient or primary caregiver is in possession of a registry identification card.
- (c) Not later than 90 days after the effective date of this act, the department shall promulgate regulations governing the manner in which it will consider applications for registry identification cards, and for renewing registry identification cards, for qualifying patients and primary caregivers.
- (d) The department shall issue registry identification cards to qualifying patients, and to qualifying patients' primary caregivers, if any, who submit the following, in accordance with the department's regulations:
 - (1) written certification that the person is a qualifying patient;
 - (2) registration fee, not to exceed \$25 per qualifying patient;
 - (3) name, address, and date of birth of the qualifying patient;
 - (4) name, address, and telephone number of the qualifying patient's physician; and
 - (5) name, address, and date of birth of the qualifying patient's primary caregivers, if the qualifying patient has designated any primary caregivers at the time of application.
- (e) The department shall verify the information contained in an application submitted pursuant to this section, and shall approve or deny an application within 30 days of receipt of the application. The department may deny an application only if the applicant did not provide the information required pursuant to this section, or if the department determines that the information provided was falsified. Any person whose application has been denied may not reapply for six months from the date of the denial, unless so authorized by the department or a court of competent jurisdiction.
- (f) The department shall issue registry identification cards within five days of approving an application, which shall expire one year after the date of issuance. Registry identification cards shall contain:
 - (1) the name, address, and date of birth of the qualifying patient and primary caregivers, if any;
 - (2) the date of issuance and expiration date of the registry identification card; and

- (3) other information that the department may specify in its regulations.
- (g) A person who possesses a registry identification card shall notify the department of any change in the person’s name, address, qualifying patient’s physician, qualifying patient’s primary caregiver, or change in status of the qualifying patient’s debilitating medical condition within 10 days of such change, or the registry identification card shall be deemed null and void.
- (h) Possession of, or application for, a registry identification card shall not alone constitute probable cause to search the person or property of the person possessing or applying for the card, or otherwise subject the person or property of the person possessing the card to inspection by any governmental agency.
- (i) The department shall maintain a confidential list of the persons to whom the department has issued registry identification cards. Individual names on the list shall be confidential and not subject to disclosure, except to:
 - (1) authorized employees of the department as necessary to perform official duties of the department; or
 - (2) authorized employees of state or local law enforcement agencies, only for the purpose of verifying that a person who is engaged in the suspected or alleged medical use of marijuana is lawfully in possession of a registry identification card.

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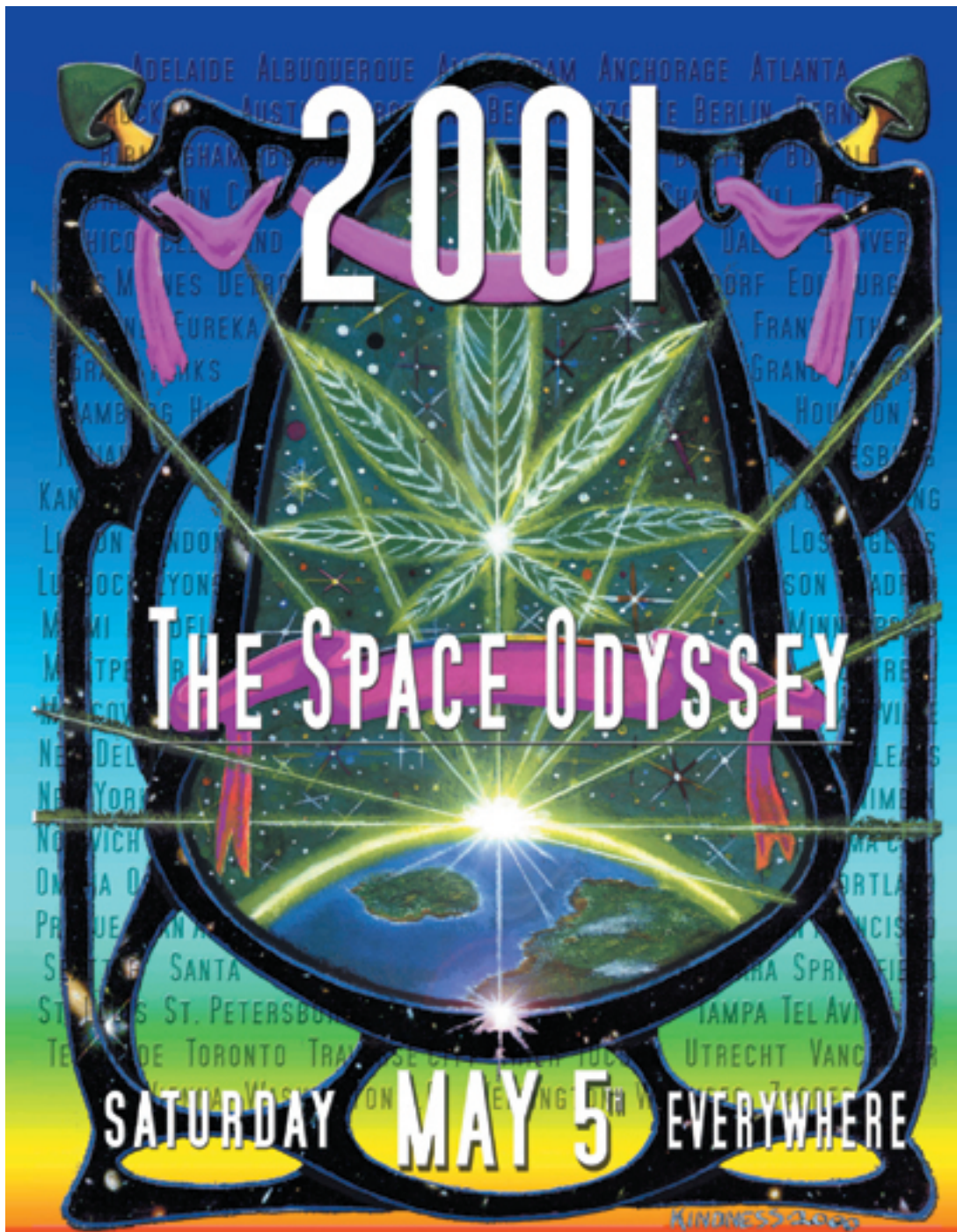
SECTION __: State-sanctioned non-profit distribution of medical marijuana

[OPTIONAL: This section can be removed without affecting any other section of the bill; this section does not appear in the Hawaii law.]

- (a) A “registered organization” is a non-profit corporation registered with the state under section _____ and organized for the purpose of lawfully selling, administering, delivering, dispensing, distributing, cultivating, or possessing marijuana, cultivation equipment, related supplies and educational materials, or marijuana seeds for medical use.
- (b) Prior to selling, administering, delivering, dispensing, distributing, cultivating, or possessing marijuana for medical use, a registered organization shall file a registration statement with the department, and thereafter shall file an annual registration statement with the department, in accordance with department regulations which shall provide for the form and content of the registration statement.
- (c) Not later than 90 days after the effective date of this act, the department shall promulgate regulations that include procedures for the oversight of registered organizations, specifications for the membership of the staff and the boards of directors of registered organizations, appropriate protections for people associated with registered organizations, a registration system for qualifying patients and

primary caregivers who use the services of registered organizations, record-keeping and reporting requirements for registered organizations, the potential transference or sale of seized cultivation equipment and related supplies from law enforcement agencies to registered organizations, and procedures for suspending or terminating the registration of registered organizations.

- (d) It shall be lawful to sell, administer, deliver, dispense, distribute, cultivate, or possess marijuana where it is:
- (1) by a registered organization to a qualifying patient or primary caregiver; or
 - (2) by any federal, state, or local law enforcement agency to a registered organization.
- (e) The registered organization is prohibited from:
- (1) obtaining marijuana from outside the state in violation of federal law;
 - (2) employing or utilizing the services of any person who has a criminal record involving a controlled substance offense; and
 - (3) selling, administering, delivering, dispensing, or distributing marijuana to qualifying patients or primary caregivers without first verifying the validity of the qualifying patient's written certification by:
 - (A) contacting the office of the qualifying patient's physician; and
 - (B) contacting the appropriate state medical board or association to determine that the physician is licensed to practice medicine under section ____.



**111+
MARCHES
RALLIES
&
FORUMS**

**AROUND
THE
GLOBE**

**PLEASE
CHECK
THE
WEBSITES
BELOW
FOR
THE
LOCATION
OF AN
EVENT
NEAR
YOU!**

Join us on Saturday May 5th 2001 at Noon
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Des Moines, Iowa

For more information, contact:
Carl Olsen, 515-288-5798
Terry Mitchell, 515-789-4442
Becky Terrill, 515-268-3105

<http://www.cures-not-wars.org/mmm/index.html>

<http://www.cures-not-wars.org/2001/index.html>

TENTH ANNUAL HEMP ACTIVISTS MEETING
MARCH 24TH & 25TH
10:00 A.M. TO 5:00 P.M.
IOWA STATE UNIVERSITY MEMORIAL UNION
LINCOLN WAY IN AMES

PARKING IS AVAILABLE IN THE RAMP
NEXT TO THE MEMORIAL UNION

MARCH 24TH - OAK ROOM, 2ND FLOOR
MARCH 25TH - GALLERY ROOM, 2ND FLOOR

FOR MORE INFORMATION, CONTACT
BECKY TERRILL AT (515) 268-3105
DERRICK GRIMMER AT (515) 292-7606

THIS EVENT IS BEING HOSTED BY
THE STUDENT CHAPTER OF ISU NORML

HOPE TO SEE YOU THERE!

various web sites:

<http://members.home.net/iowanorml/>

<http://www.commonlink.com/~olsen/>

<http://mojo.calyx.net/~olsen/>

<http://www.druglibrary.org/olsen/index.html>

<http://www.druglibrary.org/crl/>