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**SUBSTITUTE HOUSE BILL 1499**

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**State of Washington**

**67th Legislature**

**2021 Regular Session**

**By** House Public Safety (originally sponsored by Representatives Davis, Harris-Talley, Ramel, Macri, Simmons, Peterson, Bateman, Fitzgibbon, Duerr, Ortiz-Self, Hackney, Slatter, Ryu, Berry, Sells, Thai, Chopp, Valdez, Pollet, Eslick, Ormsby, Morgan, Stonier, and Frame)

READ FIRST TIME 02/15/21.

1 AN ACT Relating to promoting recovery and improving public safety  
2 by providing behavioral health system responses to individuals with  
3 substance use disorder in lieu of criminalizing possession of  
4 personal use amounts of controlled substances, counterfeit  
5 substances, and legend drugs; amending RCW 69.50.4011, 69.50.4013,  
6 69.50.4014, 69.50.412, 69.41.030, and 69.50.608; reenacting and  
7 amending RCW 69.50.101 and 10.31.110; adding new sections to chapter  
8 41.05 RCW; adding a new section to chapter 71.24 RCW; adding a new  
9 section to chapter 43.101 RCW; adding a new section to chapter 69.50  
10 RCW; creating a new section; providing an effective date; and  
11 providing an expiration date.

12 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

13 **PART 1**  
14 **INTENT**

15 NEW SECTION. **Sec. 1.** (1) The legislature finds that substance  
16 use disorder is among the only health conditions for which a person  
17 can be arrested for displaying symptoms. People use drugs to escape  
18 the painful reality of their lives and circumstances, including  
19 trauma that has never had a chance to heal. Causing more hurt through  
20 the trauma of incarceration will not produce a willingness to change,

1 only more pain to numb. Arrest and incarceration do not treat the  
2 root causes of substance use disorder. Treating substance abuse  
3 disorder like a crime through arrests and incarceration further  
4 disrupts and destabilizes the lives of these individuals.  
5 Incarceration removes access to insurance and behavioral health  
6 services, places people with opioid use disorder at extraordinary  
7 risk of overdose upon release, and creates criminal records that  
8 erect long-term barriers to education, housing, and employment, all  
9 of which undermine efforts to achieve and maintain recovery. The  
10 diagnostic criteria for substance use disorder includes continued use  
11 despite negative consequences. Therefore, it is implausible that  
12 additional negative consequences will lead to a cessation of use.

13 (2) The legislature also finds that substance use disorder is a  
14 treatable brain disease from which people recover. Based on surveys  
15 conducted at syringe service programs, the vast majority of people  
16 who are using drugs want to reduce or stop their use. The barrier to  
17 these individuals engaging in treatment is not an absence of pain,  
18 but an absence of hope. When people in active substance use disorder  
19 are offered meaningful, person-centered support and interventions  
20 from a trusted source, such as a peer recovery coach, they are very  
21 likely to accept that support. If recovery support services, such as  
22 housing, education, employment pathways, community connection, and  
23 peer support are available during and after treatment, long-term,  
24 sustained recovery is not only possible, but probable.

25 (3) Therefore, the legislature intends to develop a robust system  
26 to provide rapid access to evidence-based and innovative substance  
27 use treatment and comprehensive recovery support services in lieu of  
28 criminal penalties for individuals in possession of drugs.

29 **PART 2**

30 **EXPANSION OF SUBSTANCE USE DISORDER TREATMENT AND RECOVERY SUPPORT**  
31 **SERVICES**

32 NEW SECTION. **Sec. 2.** A new section is added to chapter 41.05  
33 RCW to read as follows:

34 (1) The authority shall establish a substance use recovery  
35 services plan to implement measures to assist persons with substance  
36 use disorder in accessing treatment and recovery support services  
37 that are low-barrier, person-centered, informed by people with lived  
38 experience, and culturally and linguistically appropriate. The plan

1 must articulate the manner in which continual, rapid, and widespread  
2 access to a comprehensive continuum of care must be provided to all  
3 persons with substance use disorder regardless of the point at which  
4 they present within the continuum of care.

5 (2) The plan must consider the following: The manner in which  
6 persons with substance use disorder currently access and interact  
7 with the behavioral health system; the points of intersection that  
8 persons with substance use disorder have with the health care,  
9 criminal, legal, and child welfare systems, including emergency  
10 departments, syringe service programs, law enforcement, correctional  
11 facilities, and dependency court; and the various locations in which  
12 persons with untreated substance use disorder congregate including  
13 homeless encampments, motels, and casinos.

14 (3) The plan must:

15 (a) Anticipate the decriminalization of personal use amounts of  
16 controlled substances, counterfeit substances, and legend drugs known  
17 to be used by people for recreational or nonmedical and nonprescribed  
18 purposes as provided in section 5 of this act;

19 (b) Include potential new community-based care access points,  
20 including the safe station model in partnership with fire  
21 departments, and strategic grant making to community organizations to  
22 educate the public and systematically disrupt and dismantle stigma  
23 and prejudice against persons with substance use disorder by  
24 improving public understanding and promoting hope;

25 (c) Include creative mechanisms for real time, peer-driven,  
26 noncoercive outreach and engagement to individuals in active  
27 substance use disorder across all settings and develop measures to  
28 enhance the effectiveness of and opportunities for intervention  
29 across new and existing points of contact with this population; and

30 (d) Support diversion to community-based care for individuals who  
31 may face criminal consequences for other drug-related law violations,  
32 but for whom it is evident that a response that addresses and attends  
33 to the underlying needs and social determinants of health may be more  
34 effective.

35 (4) The plan and related rules adopted by the authority must  
36 include the following substance use treatment and recovery services,  
37 which must be available in or accessible by all jurisdictions: Field-  
38 based outreach and engagement; peer recovery support services;  
39 intensive case management; substance use disorder treatment,  
40 including evidence-based treatment, promising practices, and

1 innovative approaches; and recovery support services including  
2 housing, job training, and placement services. These services must be  
3 equitably distributed across urban and rural settings and, if  
4 possible, made available on demand through 24 hour, seven days a week  
5 peer recovery coach response, behavioral health triage centers, or  
6 other innovative rapid response models. These services must, at a  
7 minimum, incorporate the following principles: Low barrier to entry  
8 and reentry; improve the health and safety of the individual; reduce  
9 the harm of substance use and related activity for the public;  
10 integrated and coordinated services; incorporate structural  
11 competency and antiracism; noncoercive methods of retaining people in  
12 treatment and recovery services, including contingency management;  
13 consideration of the unique needs of rural communities; and services  
14 that increase social determinants of health.

15 (5) In developing the plan, the authority shall strive to adopt  
16 and implement the recommendations of the substance use recovery  
17 services advisory committee established in section 3 of this act.  
18 Where adoption and implementation of recommendations are infeasible,  
19 the authority shall notify the advisory committee and request  
20 refinement or modification of recommendations for implementation.

21 (6) The authority must submit the substance use recovery services  
22 plan to the governor and the legislature by December 1, 2021. After  
23 submitting the plan, the authority shall adopt rules and enter into  
24 contracts with providers to implement the plan by December 1, 2022.  
25 In addition to seeking public comment under chapter 34.05 RCW, the  
26 authority must adopt rules in accordance with the recommendations of  
27 the substance use recovery services advisory committee as provided in  
28 subsection (5) of this section. The rules must be informed by  
29 existing diversion models that the authority administers in multiple  
30 jurisdictions in the state.

31 (7) The authority must submit a readiness report to the governor  
32 and the legislature by November 1, 2022, that indicates progress on  
33 the substance use disorder continuum of care, including availability  
34 of outreach, treatment, and recovery support services, as well as  
35 system preparedness for the decriminalization policies in sections 6  
36 through 11 of this act to take effect.

37 (8) In consultation with the substance use recovery services  
38 advisory committee, the authority must submit a report on the  
39 implementation of the substance use recovery services plan to the

1 appropriate committees of the legislature and governor by December  
2 1st of each year, beginning in 2022.

3 (9) For the purposes of this section, "recovery support services"  
4 means a collection of nontreatment resources that sustain long-term  
5 recovery from substance use disorder, including recovery housing,  
6 employment and education supports, peer recovery coaching, family  
7 education, technological recovery supports, transportation and child  
8 care assistance to facilitate treatment participation and early  
9 recovery, and social connectedness.

10 NEW SECTION. **Sec. 3.** A new section is added to chapter 41.05  
11 RCW to read as follows:

12 (1) The authority shall establish the substance use recovery  
13 services advisory committee to advise the authority in the  
14 development and implementation of the substance use recovery services  
15 plan under section 2 of this act.

16 (2) The authority must, in consultation with the University of  
17 Washington department of psychiatry and behavioral sciences and an  
18 organization that represents the interests of people who have been  
19 directly impacted by substance use and the criminal legal system,  
20 appoint members to the advisory committee who have relevant  
21 background related to the needs of persons with substance use  
22 disorder. The membership of the advisory committee must include, but  
23 is not limited to, experts in the etiology and stabilization of  
24 substance use disorders, including expertise in medication-assisted  
25 treatment and other innovative medication therapies; experts in  
26 mental health and trauma and their comorbidity with substance use  
27 disorders; people who are currently using controlled substances  
28 outside the legal authority of prescription or valid practitioner  
29 order; experts in the relationship between social determinant of  
30 health, including housing and substance use disorder; experts in drug  
31 user health and harm reduction; representatives of city and county  
32 governments; a representative of urban police chiefs; a  
33 representative of rural county sheriffs; a representative of the  
34 interests of rural communities; a representative of fire chiefs;  
35 experts in peer support services; experts in substance use disorder  
36 recovery support services; experts in diversion from the criminal  
37 legal system to community-based care for people with complex  
38 behavioral health needs; experts in reducing racial disparity in  
39 exposure to the criminal legal system; an academic researcher with an

1 expertise in drug policy and program evaluation; a substance use  
2 disorder professional; a representative of public defenders; a  
3 representative of prosecutors; a representative of the criminal  
4 justice training commission; a nongovernmental immigration attorney  
5 with expertise in the immigration consequences of drug possession and  
6 use crimes and findings of substance use disorder; recovery housing  
7 providers; low-barrier housing providers; representatives of racial  
8 justice organizations, including organizations promoting antiracism  
9 and equity in health care; a representative of a local health  
10 jurisdiction with expertise in overdose prevention and harm  
11 reduction; representatives of the interests of tribes; at least three  
12 adults in recovery from substance use disorder, including individuals  
13 with previous contact with the criminal legal system due to substance  
14 use; at least three youth in recovery from substance use disorder,  
15 including youth with previous criminal legal system contact due to  
16 substance use; and at least three family members of persons with  
17 substance use disorder. The advisory committee shall be reflective of  
18 the community of individuals living with substance use disorder,  
19 including people who are Black, indigenous, and people of color, and  
20 individuals who can represent the unique needs of rural communities.

21 (3) The advisory committee must make recommendations and provide  
22 perspectives to the authority regarding:

23 (a) Current regional capacity for existing public and private  
24 programs providing substance use disorder assessments, each of the  
25 American society of addiction medicine levels of care, and recovery  
26 support services;

27 (b) Barriers to accessing the existing health system for those  
28 populations chronically exposed to criminal legal system responses  
29 relating to complex behavioral health conditions and the consequences  
30 of trauma, and possible innovations that could reduce those barriers  
31 and improve the quality and accessibility of care for those  
32 populations;

33 (c) Evidence-based, research-based, and promising treatment and  
34 recovery services appropriate for target populations, to include, but  
35 not be limited to, field-based outreach and engagement, case  
36 management, mental and physical health care, contingency management,  
37 medication-assisted treatment and other innovative medication  
38 therapies, peer support services, family education, housing, job  
39 training and employment programs, and treatments that have not  
40 traditionally been covered by insurance;

1 (d) Workforce needs for the behavioral health services sector,  
2 including wage and retention challenges;

3 (e) Options for leveraging existing integrated managed care,  
4 medicaid waiver, American Indian or Alaska Native fee-for-service  
5 behavioral health benefits, and private insurance service capacity  
6 for substance use disorders, including but not limited to  
7 coordination with managed care organizations, behavioral health  
8 administrative services organizations, the Washington health benefit  
9 exchange, accountable communities of health, and the office of the  
10 insurance commissioner;

11 (f) Framework and design assistance for jurisdictions to assist  
12 in compliance with the requirements of RCW 10.31.110 for diversion of  
13 individuals with complex behavioral health conditions to community-  
14 based care whenever possible and appropriate, and identifying  
15 resource gaps that impede jurisdictions in fully realizing the  
16 potential impact of this approach;

17 (g) The design of a referral mechanism for referring people with  
18 substance use disorder or problematic behaviors resulting from drug  
19 use into the supportive services described in this section, including  
20 intercepting individuals who likely would otherwise be referred into  
21 the criminal legal system, with the express intention of ensuring  
22 that decriminalization of possession of personal use amounts does not  
23 inadvertently contribute to increased racial disparity among those  
24 who continue to be exposed to the criminal legal system due to income  
25 instability and involvement in the illicit economy to meet basic  
26 needs;

27 (h) The design of ongoing qualitative and quantitative research  
28 about the types of services desired by people with substance use  
29 disorders and barriers they experience in accessing existing and  
30 recommended services; and

31 (i) Proposing a funding framework in which, over time, resources  
32 are shifted from punishment sectors to community-based care  
33 interventions such that community-based care becomes the primary  
34 strategy for addressing and resolving public order issues related to  
35 behavioral health conditions.

36 (4) The advisory committee must convene as necessary for the  
37 development of the substance use recovery services plan and the  
38 development and adoption of rules for implementing the plan, and must  
39 convene to monitor implementation of the plan and advise the  
40 authority.

1 (5) This section expires December 31, 2026.

2 NEW SECTION. **Sec. 4.** A new section is added to chapter 41.05  
3 RCW to read as follows:

4 The implementation of the statewide substance use recovery  
5 services plan established under section 2 of this act must be funded  
6 in the following manner:

7 (1) Responsibility for payment of substance use disorder  
8 treatment services including outpatient treatment, withdrawal  
9 management, residential treatment, medications for opioid use  
10 disorder, and crisis stabilization services are as follows: (a)  
11 Payment for covered services for individuals enrolled in medicaid  
12 managed care plans is the responsibility of the managed care plan to  
13 whom the enrollee is assigned; (b) payment for individuals enrolled  
14 in the medicaid fee-for-service program is the responsibility of the  
15 health care authority; (c) payment for covered services for  
16 individuals enrolled in private health care plans is the  
17 responsibility of the private health care plan; and (d) payment for  
18 all other individuals as well as services not covered by medicaid or  
19 private plans is the responsibility of the behavioral health  
20 administrative services organization; and

21 (2) Outreach and engagement services and recovery support  
22 services that are not reimbursable through insurance will be funded  
23 through a combination of: Appropriations from the recovery pathways  
24 account under chapter . . ., Laws of 2021 (House Bill No. . . .);  
25 targeted investments from the federal substance abuse block grant, if  
26 permissible under the grant; funds recovered by the state through  
27 lawsuits against opioid manufacturers, if permissible; and  
28 appropriations from the state general fund based on a calculation of  
29 the savings captured from reduced expenses for the department of  
30 corrections resulting from this act.

31 **PART 3**

32 **ELIMINATION OF CRIMINAL PENALTIES FOR POSSESSION OF PERSONAL USE**

33 **AMOUNTS**

34 **OF CONTROLLED SUBSTANCES, COUNTERFEIT SUBSTANCES, AND LEGEND DRUGS**

35 NEW SECTION. **Sec. 5.** A new section is added to chapter 71.24  
36 RCW to read as follows:



1 (1) By April 1, 2023, the director, in consultation with the  
2 department and the pharmacy quality assurance commission, shall adopt  
3 rules establishing maximum personal use amounts of controlled  
4 substances, counterfeit substances, and legend drugs known to be used  
5 by people for recreational or nonmedical and nonprescribed purposes.

6 (2) When the committee learns of a recreational or nonmedical and  
7 nonprescribed use of a controlled substance, counterfeit substance,  
8 or legend drug for which a maximum personal use amount has not been  
9 established, the director must adopt a maximum personal use amount  
10 for that substance within one year of learning of its recreational or  
11 nonmedical and nonprescribed use.

12 (3) In adopting the rules under this section, the director must  
13 convene and consult with a work group, which must include, at a  
14 minimum: Persons who currently use controlled substances outside the  
15 legal authority of a prescription or valid practitioner order;  
16 persons in recovery from substance use disorder who previously used  
17 substances outside the legal authority of a prescription or valid  
18 practitioner order; representatives from law enforcement; a  
19 representative of public defenders; a representative of prosecutors;  
20 and experts relevant to setting threshold amounts of controlled  
21 substances.

22 (4) For the purposes of this section, the term "personal use  
23 amount" has the same meaning as in RCW 69.50.101.

24 **Sec. 6.** RCW 69.50.101 and 2020 c 133 s 2 and 2020 c 80 s 43 are  
25 each reenacted and amended to read as follows:

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

28 (a) "Administer" means to apply a controlled substance, whether  
29 by injection, inhalation, ingestion, or any other means, directly to  
30 the body of a patient or research subject by:

31 (1) a practitioner authorized to prescribe (or, by the  
32 practitioner's authorized agent); or

33 (2) the patient or research subject at the direction and in the  
34 presence of the practitioner.

35 (b) "Agent" means an authorized person who acts on behalf of or  
36 at the direction of a manufacturer, distributor, or dispenser. It  
37 does not include a common or contract carrier, public  
38 warehouseperson, or employee of the carrier or warehouseperson.

39 (c) "Board" means the Washington state liquor and cannabis board.

1 (d) "CBD concentration" has the meaning provided in RCW  
2 69.51A.010.

3 (e) "CBD product" means any product containing or consisting of  
4 cannabidiol.

5 (f) "Commission" means the pharmacy quality assurance commission.

6 (g) "Controlled substance" means a drug, substance, or immediate  
7 precursor included in Schedules I through V as set forth in federal  
8 or state laws, or federal or commission rules, but does not include  
9 hemp or industrial hemp as defined in RCW 15.140.020.

10 (h) (1) "Controlled substance analog" means a substance the  
11 chemical structure of which is substantially similar to the chemical  
12 structure of a controlled substance in Schedule I or II and:

13 (i) that has a stimulant, depressant, or hallucinogenic effect on  
14 the central nervous system substantially similar to the stimulant,  
15 depressant, or hallucinogenic effect on the central nervous system of  
16 a controlled substance included in Schedule I or II; or

17 (ii) with respect to a particular individual, that the individual  
18 represents or intends to have a stimulant, depressant, or  
19 hallucinogenic effect on the central nervous system substantially  
20 similar to the stimulant, depressant, or hallucinogenic effect on the  
21 central nervous system of a controlled substance included in Schedule  
22 I or II.

23 (2) The term does not include:

24 (i) a controlled substance;

25 (ii) a substance for which there is an approved new drug  
26 application;

27 (iii) a substance with respect to which an exemption is in effect  
28 for investigational use by a particular person under Section 505 of  
29 the federal food, drug, and cosmetic act, 21 U.S.C. Sec. 355, or  
30 chapter 69.77 RCW to the extent conduct with respect to the substance  
31 is pursuant to the exemption; or

32 (iv) any substance to the extent not intended for human  
33 consumption before an exemption takes effect with respect to the  
34 substance.

35 (i) "Deliver" or "delivery" means the actual or constructive  
36 transfer from one person to another of a substance, whether or not  
37 there is an agency relationship.

38 (j) "Department" means the department of health.

39 (k) "Designated provider" has the meaning provided in RCW  
40 69.51A.010.

1 (l) "Dispense" means the interpretation of a prescription or  
2 order for a controlled substance and, pursuant to that prescription  
3 or order, the proper selection, measuring, compounding, labeling, or  
4 packaging necessary to prepare that prescription or order for  
5 delivery.

6 (m) "Dispenser" means a practitioner who dispenses.

7 (n) "Distribute" means to deliver other than by administering or  
8 dispensing a controlled substance.

9 (o) "Distributor" means a person who distributes.

10 (p) "Drug" means (1) a controlled substance recognized as a drug  
11 in the official United States pharmacopoeia/national formulary or the  
12 official homeopathic pharmacopoeia of the United States, or any  
13 supplement to them; (2) controlled substances intended for use in the  
14 diagnosis, cure, mitigation, treatment, or prevention of disease in  
15 individuals or animals; (3) controlled substances (other than food)  
16 intended to affect the structure or any function of the body of  
17 individuals or animals; and (4) controlled substances intended for  
18 use as a component of any article specified in (1), (2), or (3) of  
19 this subsection. The term does not include devices or their  
20 components, parts, or accessories.

21 (q) "Drug enforcement administration" means the drug enforcement  
22 administration in the United States Department of Justice, or its  
23 successor agency.

24 (r) "Electronic communication of prescription information" means  
25 the transmission of a prescription or refill authorization for a drug  
26 of a practitioner using computer systems. The term does not include a  
27 prescription or refill authorization verbally transmitted by  
28 telephone nor a facsimile manually signed by the practitioner.

29 (s) "Immature plant or clone" means a plant or clone that has no  
30 flowers, is less than twelve inches in height, and is less than  
31 twelve inches in diameter.

32 (t) "Immediate precursor" means a substance:

33 (1) that the commission has found to be and by rule designates as  
34 being the principal compound commonly used, or produced primarily for  
35 use, in the manufacture of a controlled substance;

36 (2) that is an immediate chemical intermediary used or likely to  
37 be used in the manufacture of a controlled substance; and

38 (3) the control of which is necessary to prevent, curtail, or  
39 limit the manufacture of the controlled substance.

1 (u) "Isomer" means an optical isomer, but in subsection (gg)(5)  
2 of this section, RCW 69.50.204(a) (12) and (34), and 69.50.206(b)(4),  
3 the term includes any geometrical isomer; in RCW 69.50.204(a) (8) and  
4 (42), and 69.50.210(c) the term includes any positional isomer; and  
5 in RCW 69.50.204(a)(35), 69.50.204(c), and 69.50.208(a) the term  
6 includes any positional or geometric isomer.

7 (v) "Lot" means a definite quantity of marijuana, marijuana  
8 concentrates, useable marijuana, or marijuana-infused product  
9 identified by a lot number, every portion or package of which is  
10 uniform within recognized tolerances for the factors that appear in  
11 the labeling.

12 (w) "Lot number" must identify the licensee by business or trade  
13 name and Washington state unified business identifier number, and the  
14 date of harvest or processing for each lot of marijuana, marijuana  
15 concentrates, useable marijuana, or marijuana-infused product.

16 (x) "Manufacture" means the production, preparation, propagation,  
17 compounding, conversion, or processing of a controlled substance,  
18 either directly or indirectly or by extraction from substances of  
19 natural origin, or independently by means of chemical synthesis, or  
20 by a combination of extraction and chemical synthesis, and includes  
21 any packaging or repackaging of the substance or labeling or  
22 relabeling of its container. The term does not include the  
23 preparation, compounding, packaging, repackaging, labeling, or  
24 relabeling of a controlled substance:

25 (1) by a practitioner as an incident to the practitioner's  
26 administering or dispensing of a controlled substance in the course  
27 of the practitioner's professional practice; or

28 (2) by a practitioner, or by the practitioner's authorized agent  
29 under the practitioner's supervision, for the purpose of, or as an  
30 incident to, research, teaching, or chemical analysis and not for  
31 sale.

32 (y) "Marijuana" or "marihuana" means all parts of the plant  
33 *Cannabis*, whether growing or not, with a THC concentration greater  
34 than 0.3 percent on a dry weight basis; the seeds thereof; the resin  
35 extracted from any part of the plant; and every compound,  
36 manufacture, salt, derivative, mixture, or preparation of the plant,  
37 its seeds or resin. The term does not include:

38 (1) The mature stalks of the plant, fiber produced from the  
39 stalks, oil or cake made from the seeds of the plant, any other  
40 compound, manufacture, salt, derivative, mixture, or preparation of

1 the mature stalks (except the resin extracted therefrom), fiber, oil,  
2 or cake, or the sterilized seed of the plant which is incapable of  
3 germination; or

4 (2) Hemp or industrial hemp as defined in RCW 15.140.020, seeds  
5 used for licensed hemp production under chapter 15.140 RCW.

6 (z) "Marijuana concentrates" means products consisting wholly or  
7 in part of the resin extracted from any part of the plant *Cannabis*  
8 and having a THC concentration greater than ten percent.

9 (aa) "Marijuana processor" means a person licensed by the board  
10 to process marijuana into marijuana concentrates, useable marijuana,  
11 and marijuana-infused products, package and label marijuana  
12 concentrates, useable marijuana, and marijuana-infused products for  
13 sale in retail outlets, and sell marijuana concentrates, useable  
14 marijuana, and marijuana-infused products at wholesale to marijuana  
15 retailers.

16 (bb) "Marijuana producer" means a person licensed by the board to  
17 produce and sell marijuana at wholesale to marijuana processors and  
18 other marijuana producers.

19 (cc) "Marijuana products" means useable marijuana, marijuana  
20 concentrates, and marijuana-infused products as defined in this  
21 section.

22 (dd) "Marijuana researcher" means a person licensed by the board  
23 to produce, process, and possess marijuana for the purposes of  
24 conducting research on marijuana and marijuana-derived drug products.

25 (ee) "Marijuana retailer" means a person licensed by the board to  
26 sell marijuana concentrates, useable marijuana, and marijuana-infused  
27 products in a retail outlet.

28 (ff) "Marijuana-infused products" means products that contain  
29 marijuana or marijuana extracts, are intended for human use, are  
30 derived from marijuana as defined in subsection (y) of this section,  
31 and have a THC concentration no greater than ten percent. The term  
32 "marijuana-infused products" does not include either useable  
33 marijuana or marijuana concentrates.

34 (gg) "Narcotic drug" means any of the following, whether produced  
35 directly or indirectly by extraction from substances of vegetable  
36 origin, or independently by means of chemical synthesis, or by a  
37 combination of extraction and chemical synthesis:

38 (1) Opium, opium derivative, and any derivative of opium or opium  
39 derivative, including their salts, isomers, and salts of isomers,  
40 whenever the existence of the salts, isomers, and salts of isomers is

1 possible within the specific chemical designation. The term does not  
2 include the isoquinoline alkaloids of opium.

3 (2) Synthetic opiate and any derivative of synthetic opiate,  
4 including their isomers, esters, ethers, salts, and salts of isomers,  
5 esters, and ethers, whenever the existence of the isomers, esters,  
6 ethers, and salts is possible within the specific chemical  
7 designation.

8 (3) Poppy straw and concentrate of poppy straw.

9 (4) Coca leaves, except coca leaves and extracts of coca leaves  
10 from which cocaine, ecgonine, and derivatives or ecgonine or their  
11 salts have been removed.

12 (5) Cocaine, or any salt, isomer, or salt of isomer thereof.

13 (6) Cocaine base.

14 (7) Ecgonine, or any derivative, salt, isomer, or salt of isomer  
15 thereof.

16 (8) Any compound, mixture, or preparation containing any quantity  
17 of any substance referred to in (1) through (7) of this subsection.

18 (hh) "Opiate" means any substance having an addiction-forming or  
19 addiction-sustaining liability similar to morphine or being capable  
20 of conversion into a drug having addiction-forming or addiction-  
21 sustaining liability. The term includes opium, substances derived  
22 from opium (opium derivatives), and synthetic opiates. The term does  
23 not include, unless specifically designated as controlled under RCW  
24 69.50.201, the dextrorotatory isomer of 3-methoxy-n-methylmorphinan  
25 and its salts (dextromethorphan). The term includes the racemic and  
26 levorotatory forms of dextromethorphan.

27 (ii) "Opium poppy" means the plant of the species *Papaver*  
28 *somniferum* L., except its seeds.

29 (jj) "Person" means individual, corporation, business trust,  
30 estate, trust, partnership, association, joint venture, government,  
31 governmental subdivision or agency, or any other legal or commercial  
32 entity.

33 (kk) "Personal use amount" means the maximum amount of a  
34 particular controlled substance, legend drug, or counterfeit  
35 substance that the authority has determined to be consistent with  
36 personal, nonprescribed use patterns of people with substance use  
37 disorder, as provided under section 5 of this act.

38 (ll) "Plant" has the meaning provided in RCW 69.51A.010.

39 ~~((ll))~~ (mm) "Poppy straw" means all parts, except the seeds, of  
40 the opium poppy, after mowing.

1       (~~(mm)~~) (nn) "Practitioner" means:

2       (1) A physician under chapter 18.71 RCW; a physician assistant  
3 under chapter 18.71A RCW; an osteopathic physician and surgeon under  
4 chapter 18.57 RCW; an optometrist licensed under chapter 18.53 RCW  
5 who is certified by the optometry board under RCW 18.53.010 subject  
6 to any limitations in RCW 18.53.010; a dentist under chapter 18.32  
7 RCW; a podiatric physician and surgeon under chapter 18.22 RCW; a  
8 veterinarian under chapter 18.92 RCW; a registered nurse, advanced  
9 registered nurse practitioner, or licensed practical nurse under  
10 chapter 18.79 RCW; a naturopathic physician under chapter 18.36A RCW  
11 who is licensed under RCW 18.36A.030 subject to any limitations in  
12 RCW 18.36A.040; a pharmacist under chapter 18.64 RCW or a scientific  
13 investigator under this chapter, licensed, registered or otherwise  
14 permitted insofar as is consistent with those licensing laws to  
15 distribute, dispense, conduct research with respect to or administer  
16 a controlled substance in the course of their professional practice  
17 or research in this state.

18       (2) A pharmacy, hospital or other institution licensed,  
19 registered, or otherwise permitted to distribute, dispense, conduct  
20 research with respect to or to administer a controlled substance in  
21 the course of professional practice or research in this state.

22       (3) A physician licensed to practice medicine and surgery, a  
23 physician licensed to practice osteopathic medicine and surgery, a  
24 dentist licensed to practice dentistry, a podiatric physician and  
25 surgeon licensed to practice podiatric medicine and surgery, a  
26 licensed physician assistant or a licensed osteopathic physician  
27 assistant specifically approved to prescribe controlled substances by  
28 his or her state's medical commission or equivalent and his or her  
29 supervising physician, an advanced registered nurse practitioner  
30 licensed to prescribe controlled substances, or a veterinarian  
31 licensed to practice veterinary medicine in any state of the United  
32 States.

33       (~~(nn)~~) (oo) "Prescription" means an order for controlled  
34 substances issued by a practitioner duly authorized by law or rule in  
35 the state of Washington to prescribe controlled substances within the  
36 scope of his or her professional practice for a legitimate medical  
37 purpose.

38       (~~(oo)~~) (pp) "Production" includes the manufacturing, planting,  
39 cultivating, growing, or harvesting of a controlled substance.

1       (~~(pp)~~) (qq) "Qualifying patient" has the meaning provided in  
2 RCW 69.51A.010.

3       (~~(qq)~~) (rr) "Recognition card" has the meaning provided in RCW  
4 69.51A.010.

5       (~~(rr)~~) (ss) "Retail outlet" means a location licensed by the  
6 board for the retail sale of marijuana concentrates, useable  
7 marijuana, and marijuana-infused products.

8       (~~(ss)~~) (tt) "Secretary" means the secretary of health or the  
9 secretary's designee.

10       (~~(tt)~~) (uu) "State," unless the context otherwise requires,  
11 means a state of the United States, the District of Columbia, the  
12 Commonwealth of Puerto Rico, or a territory or insular possession  
13 subject to the jurisdiction of the United States.

14       (~~(uu)~~) (vv) "THC concentration" means percent of delta-9  
15 tetrahydrocannabinol content per dry weight of any part of the plant  
16 *Cannabis*, or per volume or weight of marijuana product, or the  
17 combined percent of delta-9 tetrahydrocannabinol and  
18 tetrahydrocannabinolic acid in any part of the plant *Cannabis*  
19 regardless of moisture content.

20       (~~(vv)~~) (ww) "Ultimate user" means an individual who lawfully  
21 possesses a controlled substance for the individual's own use or for  
22 the use of a member of the individual's household or for  
23 administering to an animal owned by the individual or by a member of  
24 the individual's household.

25       (~~(ww)~~) (xx) "Useable marijuana" means dried marijuana flowers.  
26 The term "useable marijuana" does not include either marijuana-  
27 infused products or marijuana concentrates.

28       (~~(xx)~~) (yy) "Youth access" means the level of interest persons  
29 under the age of twenty-one may have in a vapor product, as well as  
30 the degree to which the product is available or appealing to such  
31 persons, and the likelihood of initiation, use, or addiction by  
32 adolescents and young adults.

33       **Sec. 7.** RCW 69.50.4011 and 2003 c 53 s 332 are each amended to  
34 read as follows:

35       (1) Except as authorized by this chapter, it is unlawful for any  
36 person to create(~~(r)~~) or deliver a counterfeit substance, or possess  
37 a counterfeit substance in excess of the applicable personal use  
38 amount.

39       (2) Any person who violates this section with respect to:



1 (a) A counterfeit substance classified in Schedule I or II which  
2 is a narcotic drug, or flunitrazepam classified in Schedule IV, is  
3 guilty of a class B felony and upon conviction may be imprisoned for  
4 not more than ten years, fined not more than twenty-five thousand  
5 dollars, or both;

6 (b) A counterfeit substance which is methamphetamine, is guilty  
7 of a class B felony and upon conviction may be imprisoned for not  
8 more than ten years, fined not more than twenty-five thousand  
9 dollars, or both;

10 (c) Any other counterfeit substance classified in Schedule I, II,  
11 or III, is guilty of a class C felony punishable according to chapter  
12 9A.20 RCW;

13 (d) A counterfeit substance classified in Schedule IV, except  
14 flunitrazepam, is guilty of a class C felony punishable according to  
15 chapter 9A.20 RCW;

16 (e) A counterfeit substance classified in Schedule V, is guilty  
17 of a class C felony punishable according to chapter 9A.20 RCW.

18 **Sec. 8.** RCW 69.50.4013 and 2017 c 317 s 15 are each amended to  
19 read as follows:

20 (1) It is unlawful for any person to possess a controlled  
21 substance in excess of the applicable personal use amount, unless the  
22 substance was obtained directly from, or pursuant to, a valid  
23 prescription or order of a practitioner while acting in the course of  
24 his or her professional practice, or except as otherwise authorized  
25 by this chapter.

26 (2) Except as provided in RCW 69.50.4014, any person who violates  
27 this section is guilty of a class C felony punishable under chapter  
28 9A.20 RCW.

29 (3)(a) The possession, by a person twenty-one years of age or  
30 older, of useable marijuana, marijuana concentrates, or marijuana-  
31 infused products in amounts that do not exceed those set forth in RCW  
32 69.50.360(3) is not a violation of this section, this chapter, or any  
33 other provision of Washington state law.

34 (b) The possession of marijuana, useable marijuana, marijuana  
35 concentrates, and marijuana-infused products being physically  
36 transported or delivered within the state, in amounts not exceeding  
37 those that may be established under RCW 69.50.385(3), by a licensed  
38 employee of a common carrier when performing the duties authorized in  
39 accordance with RCW 69.50.382 and 69.50.385, is not a violation of

1 this section, this chapter, or any other provision of Washington  
2 state law.

3 (4) (a) The delivery by a person twenty-one years of age or older  
4 to one or more persons twenty-one years of age or older, during a  
5 single twenty-four hour period, for noncommercial purposes and not  
6 conditioned upon or done in connection with the provision or receipt  
7 of financial consideration, of any of the following marijuana  
8 products, is not a violation of this section, this chapter, or any  
9 other provisions of Washington state law:

- 10 (i) One-half ounce of useable marijuana;
- 11 (ii) Eight ounces of marijuana-infused product in solid form;
- 12 (iii) Thirty-six ounces of marijuana-infused product in liquid  
13 form; or
- 14 (iv) Three and one-half grams of marijuana concentrates.

15 (b) The act of delivering marijuana or a marijuana product as  
16 authorized under this subsection (4) must meet one of the following  
17 requirements:

- 18 (i) The delivery must be done in a location outside of the view  
19 of general public and in a nonpublic place; or
- 20 (ii) The marijuana or marijuana product must be in the original  
21 packaging as purchased from the marijuana retailer.

22 (5) No person under twenty-one years of age may possess,  
23 manufacture, sell, or distribute marijuana, marijuana-infused  
24 products, or marijuana concentrates, regardless of THC concentration.  
25 This does not include qualifying patients with a valid authorization.

26 (6) The possession by a qualifying patient or designated provider  
27 of marijuana concentrates, useable marijuana, marijuana-infused  
28 products, or plants in accordance with chapter 69.51A RCW is not a  
29 violation of this section, this chapter, or any other provision of  
30 Washington state law.

31 **Sec. 9.** RCW 69.50.4014 and 2015 2nd sp.s. c 4 s 505 are each  
32 amended to read as follows:

33 Except as provided in RCW 69.50.401(2)(c) (~~or as otherwise~~  
34 ~~authorized by this chapter~~), any person found guilty of possession  
35 of forty grams or less of marijuana is guilty of a misdemeanor,  
36 unless the amount of marijuana does not exceed the applicable  
37 personal use amount or is otherwise authorized by this chapter.

1       **Sec. 10.** RCW 69.50.412 and 2019 c 64 s 22 are each amended to  
2 read as follows:

3       (1) It is unlawful for any person to use drug paraphernalia to  
4 plant, propagate, cultivate, grow, harvest, manufacture, compound,  
5 convert, produce, process, prepare, test, analyze, pack, repack,  
6 store, contain, conceal, inject, ingest, inhale, or otherwise  
7 introduce into the human body a controlled substance other than  
8 marijuana, unless the drug paraphernalia is used to prepare, test,  
9 analyze, pack, repack, store, contain, conceal, inject, ingest,  
10 inhale, or otherwise introduce into the human body a personal use  
11 amount of a controlled substance other than marijuana. Any person who  
12 violates this subsection is guilty of a misdemeanor.

13       (2) It is unlawful for any person to deliver, possess with intent  
14 to deliver, or manufacture with intent to deliver drug paraphernalia,  
15 knowing, or under circumstances where one reasonably should know,  
16 that it will be used to plant, propagate, cultivate, grow, harvest,  
17 manufacture, compound, convert, produce, process, prepare, test,  
18 analyze, pack, repack, store, contain, conceal, inject, ingest,  
19 inhale, or otherwise introduce into the human body a controlled  
20 substance other than marijuana. This subsection does not apply to a  
21 social service agency or health care agency possessing or  
22 distributing drug paraphernalia for the purposes of distributing the  
23 paraphernalia to others for personal use. Any person who violates  
24 this subsection is guilty of a misdemeanor.

25       (3) Any person eighteen years of age or over who violates  
26 subsection (2) of this section by delivering drug paraphernalia to a  
27 person under eighteen years of age who is at least three years his or  
28 her junior is guilty of a gross misdemeanor.

29       (4) It is unlawful for any person to place in any newspaper,  
30 magazine, handbill, or other publication any advertisement, knowing,  
31 or under circumstances where one reasonably should know, that the  
32 purpose of the advertisement, in whole or in part, is to promote the  
33 sale of objects designed or intended for use as drug paraphernalia.  
34 Any person who violates this subsection is guilty of a misdemeanor.

35       (5) It is lawful for any person over the age of eighteen to  
36 possess sterile hypodermic syringes and needles for the purpose of  
37 reducing blood-borne diseases.

38       **Sec. 11.** RCW 69.41.030 and 2020 c 80 s 41 are each amended to  
39 read as follows:

1 (1) It shall be unlawful for any person to sell(~~(r)~~) or deliver  
2 any legend drug, or possess any legend drug in excess of an  
3 applicable personal use amount, except upon the order or prescription  
4 of a physician under chapter 18.71 RCW, an osteopathic physician and  
5 surgeon under chapter 18.57 RCW, an optometrist licensed under  
6 chapter 18.53 RCW who is certified by the optometry board under RCW  
7 18.53.010, a dentist under chapter 18.32 RCW, a podiatric physician  
8 and surgeon under chapter 18.22 RCW, a veterinarian under chapter  
9 18.92 RCW, a commissioned medical or dental officer in the United  
10 States armed forces or public health service in the discharge of his  
11 or her official duties, a duly licensed physician or dentist employed  
12 by the veterans administration in the discharge of his or her  
13 official duties, a registered nurse or advanced registered nurse  
14 practitioner under chapter 18.79 RCW when authorized by the nursing  
15 care quality assurance commission, a pharmacist licensed under  
16 chapter 18.64 RCW to the extent permitted by drug therapy guidelines  
17 or protocols established under RCW 18.64.011 and authorized by the  
18 commission and approved by a practitioner authorized to prescribe  
19 drugs, a physician assistant under chapter 18.71A RCW when authorized  
20 by the Washington medical commission, or any of the following  
21 professionals in any province of Canada that shares a common border  
22 with the state of Washington or in any state of the United States: A  
23 physician licensed to practice medicine and surgery or a physician  
24 licensed to practice osteopathic medicine and surgery, a dentist  
25 licensed to practice dentistry, a podiatric physician and surgeon  
26 licensed to practice podiatric medicine and surgery, a licensed  
27 advanced registered nurse practitioner, a licensed physician  
28 assistant, or a veterinarian licensed to practice veterinary  
29 medicine: PROVIDED, HOWEVER, That the above provisions shall not  
30 apply to sale, delivery, or possession by drug wholesalers or drug  
31 manufacturers, or their agents or employees, or to any practitioner  
32 acting within the scope of his or her license, or to a common or  
33 contract carrier or warehouse operator, or any employee thereof,  
34 whose possession of any legend drug is in the usual course of  
35 business or employment: PROVIDED FURTHER, That nothing in this  
36 chapter or chapter 18.64 RCW shall prevent a family planning clinic  
37 that is under contract with the health care authority from selling,  
38 delivering, possessing, and dispensing commercially prepackaged oral  
39 contraceptives prescribed by authorized, licensed health care  
40 practitioners: PROVIDED FURTHER, That nothing in this chapter

1 prohibits possession or delivery of legend drugs by an authorized  
2 collector or other person participating in the operation of a drug  
3 take-back program authorized in chapter 69.48 RCW.

4 (2) (a) A violation of this section involving the sale, delivery,  
5 or possession with intent to sell or deliver is a class B felony  
6 punishable according to chapter 9A.20 RCW.

7 (b) A violation of this section involving possession is a  
8 misdemeanor.

9 (3) For the purpose of this section, "personal use amount" has  
10 the meaning provided in RCW 69.50.101.

11 **Sec. 12.** RCW 10.31.110 and 2019 c 326 s 3 and 2019 c 325 s 5004  
12 are each reenacted and amended to read as follows:

13 (1) When a police officer has reasonable cause to believe that  
14 the individual has committed acts constituting a crime, and the  
15 individual is known by history or consultation with the behavioral  
16 health administrative services organization, managed care  
17 organization, ~~((behavioral health administrative services~~  
18 ~~organization,))~~ crisis hotline, ~~((or))~~ local crisis services  
19 providers, or community health providers, to suffer from a mental  
20 disorder, including substance use disorder, in addition to existing  
21 authority under state law, as an alternative to arrest, the arresting  
22 officer is authorized and encouraged to:

23 (a) Take the individual to a crisis stabilization unit as defined  
24 in RCW 71.05.020. Individuals delivered to a crisis stabilization  
25 unit pursuant to this section may be held by the facility for a  
26 period of up to twelve hours. The individual must be examined by a  
27 mental health professional within three hours of arrival;

28 (b) Take the individual to a triage facility as defined in RCW  
29 71.05.020. An individual delivered to a triage facility which has  
30 elected to operate as an involuntary facility may be held up to a  
31 period of twelve hours. The individual must be examined by a mental  
32 health professional within three hours of arrival;

33 (c) Refer the individual to a ~~((mental health professional))~~  
34 designated crisis responder for evaluation for initial detention and  
35 proceeding under chapter 71.05 RCW; ~~((or))~~

36 (d) Refer the individual to youth, adult, or geriatric mobile  
37 crisis response services as appropriate;

1 (e) Refer the individual to an available on-demand provider  
2 responsible to receive referrals in lieu of legal system involvement;  
3 or

4 (f) Release the individual upon agreement to voluntary  
5 participation in outpatient treatment.

6 (2) If the individual is released to the community, the  
7 ~~((mental))~~ behavioral health or community health provider shall make  
8 reasonable efforts to inform the arresting officer of the planned  
9 release prior to release if the arresting officer has specifically  
10 requested notification and provided contact information to the  
11 provider.

12 (3) In deciding whether to refer the individual to treatment and  
13 supportive services under this section, the police officer must be  
14 guided by local law enforcement diversion guidelines for behavioral  
15 health developed and mutually agreed upon with the prosecuting  
16 authority with an opportunity for consultation and comment by the  
17 defense bar and disability community. These guidelines must address,  
18 at a minimum, the length, seriousness, and recency of the known  
19 criminal history of the individual, the ~~((mental))~~ behavioral health  
20 history of the individual, if available, the opinions of a mental  
21 health or substance use disorder professional, if available, and the  
22 circumstances surrounding the commission of the alleged offense. The  
23 guidelines must include a process for clearing outstanding warrants  
24 or referring the individual for assistance in clearing outstanding  
25 warrants, if any, and issuing a new court date, if appropriate,  
26 without booking or incarcerating the individual or disqualifying him  
27 or her from referral to treatment under this section, and define the  
28 circumstances under which such action is permissible.

29 (4) Any agreement to participate in treatment and supportive  
30 services shall not require individuals to stipulate to any of the  
31 alleged facts regarding the criminal activity as a prerequisite to  
32 participation in a ~~((mental))~~ behavioral health treatment  
33 alternative. The agreement is inadmissible in any criminal or civil  
34 proceeding. The agreement does not create immunity from prosecution  
35 for the alleged criminal activity.

36 (5) If ~~((an individual violates such agreement and the mental))~~  
37 the behavioral health treatment alternative is no longer appropriate:

38 (a) The ~~((mental))~~ behavioral health provider shall inform the  
39 referring law enforcement agency ~~((of the violation))~~; and

1 (b) The original charges may be filed or referred to the  
2 prosecutor, as appropriate, and the matter may proceed accordingly.

3 (6) The police officer is immune from liability for any good  
4 faith conduct under this section.

5 NEW SECTION. **Sec. 13.** A new section is added to chapter 43.101  
6 RCW to read as follows:

7 (1) Beginning July 1, 2022, all law enforcement personnel  
8 required to complete basic law enforcement training under RCW  
9 43.101.200 must receive training on law enforcement interaction with  
10 persons with substance use disorders, including referral to treatment  
11 and recovery services, as part of the basic law enforcement training.  
12 The training must be developed by the commission in consultation with  
13 appropriate substance use disorder recovery advocacy organizations  
14 and with appropriate community, local, and state organizations and  
15 agencies that have expertise in the area of working with persons with  
16 substance use disorders, including law enforcement diversion of such  
17 individuals to community-based care. In developing the training, the  
18 commission must also examine existing courses certified by the  
19 commission that relate to persons with a substance use disorder, and  
20 should draw on existing training partnerships with the Washington  
21 association of sheriffs and police chiefs.

22 (2) The training must consist of classroom instruction or  
23 internet instruction and shall replicate likely field situations to  
24 the maximum extent possible. The training should include, at a  
25 minimum, core instruction in all of the following:

26 (a) Proper procedures for referring persons to treatment and  
27 supportive services in accordance with section 2 of this act;

28 (b) The cause and nature of substance use disorders, including  
29 the role of trauma;

30 (c) Barriers to treatment engagement experienced by many with  
31 such disorders who have contact with the legal system;

32 (d) How to identify indicators of substance use disorder and how  
33 to respond appropriately in a variety of common situations;

34 (e) Conflict resolution and de-escalation techniques for  
35 potentially dangerous situations involving persons with a substance  
36 use disorder;

37 (f) Appropriate language usage when interacting with persons with  
38 a substance use disorder;

1 (g) Alternatives to lethal force when interacting with  
2 potentially dangerous persons with a substance use disorder;

3 (h) The principles of recovery and the multiple pathways to  
4 recovery; and

5 (i) Community and state resources available to serve persons with  
6 substance use disorders and how these resources can be best used by  
7 law enforcement to support persons with a substance use disorder in  
8 their communities.

9 (3) In addition to incorporation into the basic law enforcement  
10 training under RCW 43.101.200, training must be made available to law  
11 enforcement agencies, through electronic means, for use at their  
12 convenience and determined by the internal training needs and  
13 resources of each agency.

14 **Sec. 14.** RCW 69.50.608 and 1989 c 271 s 601 are each amended to  
15 read as follows:

16 The state of Washington fully occupies and preempts the entire  
17 field of setting penalties for violations of the controlled  
18 substances act and of establishing policies pertaining to personal  
19 use amounts as provided under section 5 of this act. Cities, towns,  
20 and counties or other municipalities may enact only those laws and  
21 ordinances relating to controlled substances that are consistent with  
22 this chapter. Such local ordinances shall have the same penalties as  
23 provided for by state law. Local laws and ordinances that are  
24 inconsistent with the requirements of state law shall not be enacted  
25 and are preempted and repealed, regardless of the nature of the code,  
26 charter, or home rule status of the city, town, county, or  
27 municipality. Nothing in this section shall be construed to inhibit  
28 local jurisdictions from creating additional channels for diversion  
29 to community-based care of individuals who commit law violations  
30 related to complex behavioral health needs, above those required by  
31 state law including in RCW 10.31.110.

32 NEW SECTION. **Sec. 15.** A new section is added to chapter 69.50  
33 RCW to read as follows:

34 Nothing in this act prohibits a public or private employer from  
35 establishing or enforcing employment or workplace policies pertaining  
36 to use, possession, manufacture, distribution, or dispensation of  
37 controlled substances, counterfeit substances, or legend drugs,  
38 regardless of whether the amount used, possessed, manufactured,



1 distributed, or dispensed constitutes a personal use amount. This  
2 includes, for example, hiring practices, drug testing, and  
3 termination and other disciplinary actions for violations.

4 **PART 4**  
5 **CONSTRUCTION**

6 NEW SECTION. **Sec. 16.** If any provision of this act or its  
7 application to any person or circumstance is held invalid, the  
8 remainder of the act or the application of the provision to other  
9 persons or circumstances is not affected.

10 NEW SECTION. **Sec. 17.** Sections 6 through 12, 14, and 15 of this  
11 act take effect July 1, 2023.

--- END ---