#### CERTIFICATION OF ENROLLMENT

#### SECOND SUBSTITUTE HOUSE BILL 2320

Chapter 360, Laws of 2024

68th Legislature 2024 Regular Session

HIGH THC CANNABIS PRODUCTS

EFFECTIVE DATE: June 6, 2024

Passed by the House March 7, 2024 Yeas 94 Nays 3

#### LAURIE JINKINS

# Speaker of the House of Representatives

President of the Senate

Passed by the Senate March 7, 2024 Yeas 46 Nays 0

#### DENNY HECK

Approved March 29, 2024 11:00 AM

#### CERTIFICATE

I, Bernard Dean, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **SECOND SUBSTITUTE HOUSE BILL 2320** as passed by the House of Representatives and the Senate on the dates hereon set forth.

#### BERNARD DEAN

Chief Clerk

FILED

April 1, 2024

JAY INSLEE

Governor of the State of Washington

Secretary of State State of Washington

#### SECOND SUBSTITUTE HOUSE BILL 2320

#### AS AMENDED BY THE SENATE

Passed Legislature - 2024 Regular Session

## State of Washington 68th Legislature 2024 Regular Session

By House Appropriations (originally sponsored by Representatives Davis, Eslick, Bergquist, Callan, Dent, Dye, Senn, Leavitt, Harris, Ryu, Walen, Peterson, Pollet, and Ramel)

READ FIRST TIME 02/05/24.

AN ACT Relating to reducing the public health harms associated with high THC cannabis products by raising awareness, implementing and studying health interventions, and increasing the minimum legal age of sale of high THC cannabis products to prevent psychosis; amending RCW 69.50.357; adding a new section to chapter 71.24 RCW; creating new sections; and providing expiration dates.

### 7 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

8 NEW SECTION. The legislature finds that there is a Sec. 1. growing body of research evidencing that consuming cannabis with high 9 10 concentrations of THC may be harmful to some people, 11 younger persons and persons who have or are at risk for developing 12 certain mental health conditions or psychotic disorders. Products 13 like THC-infused vape oils, shatter, and dabs can contain close to 14 100 percent THC, and may carry risks not commonly associated with 15 consumption of useable cannabis flower or other cannabis products 16 with relatively lower THC concentrations. In the interest of public 17 health, the legislature intends to review studies and consider increasing the minimum legal age of sale of high 18 THC cannabis products to age 25, and the legislature intends to require caution 19 20 notices, developed by the department of health, to be posted at the 21 point of sale in cannabis retail outlets to raise awareness about

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- 1 possible health impacts and risks associated with high THC cannabis.
- 2 The legislature further intends to implement and study health
- 3 interventions, gather data, and ensure that new research, data, and
- 4 information concerning the impacts of high THC cannabis continues to
- 5 be incorporated into state policy.
- 6 NEW SECTION. Sec. 2. The legislature intends to provide the 7 department of health with recurring funding available each fiscal year, beginning in fiscal year 2025, to allow the department of 8 9 health to issue requests for proposals and contract for targeted 10 public health messages and social marketing campaigns directed toward 11 individuals most likely to suffer negative impacts of high THC products including persons under 25 years of age and persons living 12 with mental health challenges. Messages and media campaigns funded 13 must include information about risks, comparative dosing of cannabis 14 15 products, and resources for persons seeking support for quitting or decreasing their intake of tetrahydrocannabinol. The content of 16 17 public health messages and social marketing campaigns must be developed in partnership with persons targeted by the messages and 18 campaigns and in consultation with professionals proficient in public 19 20 health communication and in cannabis research.
- 21 <u>NEW SECTION.</u> **Sec. 3.** By July 1, 2025, the department of health must develop an optional training that cannabis retail staff may 22 23 complete to better understand the health and safety impacts of high 24 THC cannabis products. In developing the optional training, the department of health must consult with cannabis retail staff, 25 26 cannabis consumers, persons who have been harmed by high THC 27 health care providers, prevention professionals, researchers with relevant expertise, behavioral health providers, and 28 29 representatives of licensed cannabis businesses.
- 30 **Sec. 4.** RCW 69.50.357 and 2022 c 16 s 71 are each amended to 31 read as follows:
- 32 (1)(a) Retail outlets may not sell products or services other 33 than cannabis concentrates, useable cannabis, cannabis-infused 34 products, or paraphernalia intended for the storage or use of 35 cannabis concentrates, useable cannabis, or cannabis-infused 36 products.

(b) (i) Retail outlets may receive lockable boxes, intended for the secure storage of cannabis products and paraphernalia, and related literature as a donation from another person or entity, that is not a cannabis producer, processor, or retailer, for donation to their customers.

- (ii) Retail outlets may donate the lockable boxes and provide the related literature to any person eligible to purchase cannabis products under subsection (2) of this section. Retail outlets may not use the donation of lockable boxes or literature as an incentive or as a condition of a recipient's purchase of a cannabis product or paraphernalia.
- (iii) Retail outlets may also purchase and sell lockable boxes, provided that the sales price is not less than the cost of acquisition.
- (2) Licensed cannabis retailers may not employ persons under twenty-one years of age or allow persons under twenty-one years of age to enter or remain on the premises of a retail outlet. However, qualifying patients between eighteen and twenty-one years of age with a recognition card may enter and remain on the premises of a retail outlet holding a medical cannabis endorsement and may purchase products for their personal medical use. Qualifying patients who are under the age of eighteen with a recognition card and who accompany their designated providers may enter and remain on the premises of a retail outlet holding a medical cannabis endorsement, but may not purchase products for their personal medical use.
- (3) (a) Licensed cannabis retailers must ensure that all employees are trained on the rules adopted to implement this chapter, identification of persons under the age of twenty-one, and other requirements adopted by the board to ensure that persons under the age of twenty-one are not permitted to enter or remain on the premises of a retail outlet.
- (b) Licensed cannabis retailers with a medical cannabis endorsement must ensure that all employees are trained on the subjects required by (a) of this subsection as well as identification of authorizations and recognition cards. Employees must also be trained to permit qualifying patients who hold recognition cards and are between the ages of eighteen and twenty-one to enter the premises and purchase cannabis for their personal medical use and to permit qualifying patients who are under the age of eighteen with a

recognition card to enter the premises if accompanied by their designated providers.

- (4) Except for the purposes of disposal as authorized by the board, no licensed cannabis retailer or employee of a retail outlet may open or consume, or allow to be opened or consumed, any cannabis concentrates, useable cannabis, or cannabis-infused product on the outlet premises.
- (5) (a) By December 31, 2024, licensed cannabis retailers shall post a conspicuous notice at the point of sale in retail outlets with information about: (i) The potential health risks and adverse health impacts that may be associated with the consumption of high THC cannabis; (ii) the potentially much higher risks that may be present for younger persons under age 25 as well as for persons who have or are at risk for developing certain mental health conditions or psychotic disorders; and (iii) where to find help in case of negative effects and resources for quitting or reducing cannabis consumption. The notice must be the same or substantially the same as the notice developed by the department of health under this subsection (5).
- (b) The department of health shall develop the notice required under this section and make it available to licensed cannabis retailers. The notice must, at a minimum, identify the information specified in (a)(i) through (iii) of this subsection, and may include additional information.
- (6) The board must fine a licensee one thousand dollars for each violation of any subsection of this section. Fines collected under this section must be deposited into the dedicated cannabis account created under RCW 69.50.530.
- NEW SECTION. Sec. 5. A new section is added to chapter 71.24 29 RCW to read as follows:
  - (1) Subject to amounts appropriated for this specific purpose, the health care authority must issue a request for proposal and contract with an entity to develop, implement, test, and evaluate guidance and health interventions for health care providers and patients at risk for developing serious complications due to cannabis consumption who are seeking care in emergency departments, primary care settings, behavioral health settings, other health care facilities, and for use by state poison control and recovery hotlines to promote cannabis use reduction and cessation for the following populations:

1 (a) Youth and adults at high risk of adverse mental health 2 impacts from use of high THC cannabis;

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- (b) Youth and adults who have experienced a cannabis-induced first episode psychosis but do not have a diagnosis of a psychotic disorder; and
- 6 (c) Youth and adults who have a diagnosed psychotic disorder and 7 use cannabis.
- (2) The health care authority must submit a preliminary report to 8 the appropriate committees of the legislature summarizing the 9 progress toward developing and testing health interventions and 10 11 recruiting patients and health care facilities to participate by 12 December 1, 2025. The health care authority must provide a progress report on initial outcomes of the health interventions for 13 participating patients and health care facilities by July 1, 2027. 14 The health care authority must submit a final report to the 15 16 appropriate committees of the legislature summarizing the results of 17 the interventions and any recommendations for implementation of health interventions by December 1, 2028. 18
  - (3) A contract entered under the authorization in this section must include, in the scope of work, data gathering on adverse health impacts occurring in Washington associated with consumption of high THC cannabis, and data gathered must be included in the reports submitted to the legislature under this section.
    - (4) This section expires December 31, 2028.
- NEW SECTION. Sec. 6. (1) Beginning December 1, 2024, the liquor and cannabis board must collect data on the following information on cannabis products sold within Washington state:
- 28 (a) The amount of products being sold in the following 29 categories: Usable cannabis, cannabis concentrates, and cannabis-30 infused products;
  - (b) The average THC concentration in usable cannabis and cannabis concentrates, and the average milligrams of THC per unit in cannabisinfused products; and
- 34 (c) The range of THC concentration in usable cannabis and 35 cannabis concentrates.
- 36 (2) By November 14, 2025, the liquor and cannabis board must 37 submit a report to the relevant committees of the legislature on the 38 information collected under subsection (1) of this section.

- (3) For the purposes of this section, "product" has the meaning 1 provided in RCW 69.50.535. 2
- (4) This section expires December 31, 2026. 3

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NEW SECTION. Sec. 7. If specific funding for the purposes of 5 this act, referencing this act by bill or chapter number, is not provided by June 30, 2024, in the omnibus appropriations act, this 6 act is null and void. 7

> Passed by the House March 7, 2024. Passed by the Senate March 7, 2024. Approved by the Governor March 29, 2024. Filed in Office of Secretary of State April 1, 2024.

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