

# SENATE BILL REPORT

## SB 6220

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As of January 22, 2024

**Title:** 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.

**Brief Description:** Concerning high THC cannabis products.

**Sponsors:** Senators Salomon, Shewmake, Short and Wagoner.

**Brief History:**

**Committee Activity:** Labor & Commerce: 1/22/24.

### Brief Summary of Bill

- Provides legislative intent related to high-THC cannabis policy and funding.
- Requires the Department of Health to develop optional training for retail cannabis staff about health and safety impacts of high THC cannabis products.
- Increases the minimum legal age of sale of cannabis products with a THC concentration greater than 35 percent, to be age 25, with an exception for qualifying patients and designated providers.
- Requires, subject to funding, the University of Washington Addictions, Drug & Alcohol Institute to develop and implement guidance and health interventions for health care providers and patients at risk for developing serious complications due to cannabis consumption and to provide reports to the Legislature.

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SENATE COMMITTEE ON LABOR & COMMERCE

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*This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.*

**Staff:** Susan Jones (786-7404)

**Background:** Cannabis Retail Sales. Cannabis retailers may sell certain quantities of cannabis products to adults age 21 and over and to qualifying patients who are at least age 18 if they are entered in the Medical Cannabis Authorization Database (Database) and hold a valid recognition card. Cannabis retailers may sell to a purchaser any combination of the following types and amounts of cannabis products: (1) one ounce of useable cannabis; (2) 16 ounces of cannabis-infused product in solid form; (3) 72 ounces of cannabis-infused product in liquid form; and (4) seven grams of cannabis concentrate. Qualifying patients and designated providers in the Database with a valid recognition card may purchase three times those limits from a cannabis retailer.

The cannabis product types are defined as follows:

- useable cannabis means dried cannabis flowers but does not include either cannabis-infused products or cannabis concentrates.
- cannabis-infused product means products that contain cannabis or cannabis extracts, are intended for human use, are derived from cannabis, and have a tetrahydrocannabinol (THC) concentration no greater than 10 percent.
- cannabis-infused product does not include either useable cannabis or cannabis concentrates.
- cannabis concentrate means as products consisting wholly or in part of the resin extracted from any part of the plant, Cannabis, and having a THC concentration greater than 10 percent.

University of Washington Addictions, Drug & Alcohol Institute Report to the Legislature.

The University of Washington Addictions, Drug & Alcohol Institute (ADAI) is a multidisciplinary research institute in the University of Washington School of Medicine's Department of Psychiatry & Behavioral Sciences. Pursuant to the 2021-23 Operating Budget, the Health Care Authority contracted with the ADAI to develop policy solutions in response to public health challenges of high-THC potency cannabis. A final report was submitted to the Legislature in 2022 making recommendations for policy changes to reduce negative impacts of high-THC cannabis.

Tribal-State Cannabis Agreements. The Governor may enter into agreements with federally recognized Indian tribes, which may address any cannabis-related issue that involves both state and tribal interests or has an impact on tribal-state relations. There are 29 federally recognized Indian tribes in Washington and most of these tribes have a cannabis agreement with the state addressing production, processing, and retail sales of cannabis by the tribe.

**Summary of Bill:** Legislative Intent. Legislative intent is provided regarding high-THC cannabis policy and funding intended to be provided to the Department of Health (DOH) to allow DOH to issue requests for proposals and contract for targeted public health messages and social marketing campaigns directed toward individuals most likely to suffer negative impacts of high THC products including persons under 25 years of age, persons reporting

poor mental health, and persons living with mental health challenges.

Development of Department of Health Optional Training for Cannabis Retail Staff. By July 1, 2025, DOH must develop an optional training that cannabis retail staff may complete to better understand the health and safety impacts of high-THC cannabis products. In developing the training, DOH must consult with cannabis retail staff, cannabis consumers, persons who have been harmed by high-THC products, health care providers, prevention professionals, researchers with relevant expertise, and behavioral health providers.

Additional Age Restriction for Sales of Certain Cannabis Products. Licensed cannabis retail outlets may not sell a cannabis product with a THC concentration greater than 35 percent to a person who is under age 25 who is not a qualifying patient or designated provider. Penalties for violations are: (1) a five-day suspension or \$500 penalty for a first violation; (2) a seven-day suspension for a second violation during a two-year period; (3) a 30-day suspension for a third violation in a two-year period; and (4) cancellation of license for a fourth violation in a two-year period.

University of Washington Addictions, Drug & Alcohol Institute Duties and Reports. Subject to amounts appropriated, the ADAI must 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 certain health care facilities, and for use by state poison control and recovery hotlines to promote cannabis use reduction and cessation for:

- youth and adults at high risk of adverse mental health impacts from use of high-THC cannabis;
- youth and adults who have experienced a cannabis-induced first episode psychosis but do not have a diagnosis of a psychotic disorder; and
- youth and adults who have a diagnosed psychotic disorder and use cannabis.

The ADAI must submit preliminary and progress reports to the Legislature and a final report, by December 1, 2028, summarizing the results of the interventions and any recommendations for implementation of health interventions.

Tribal-State Cannabis Agreements. The Governor may seek government-to-government consultations with federally recognized Indian tribes regarding raising the minimum legal age of sale of cannabis products with greater than 35 percent THC, in tribal-state cannabis agreements. The Office of the Governor must report to the Legislature regarding the status of consultations by December 1, 2025.

**Appropriation:** None.

**Fiscal Note:** Requested on January 15, 2024.

**Creates Committee/Commission/Task Force that includes Legislative members:** No.

**Effective Date:** Ninety days after adjournment of session in which bill is passed.

**Staff Summary of Public Testimony:** PRO: This is a second crack at the concern about youth using high potency cannabis and having mental health or schizophrenia psychosis triggers. Cannabis products used to have a much lower THC concentration. Now you can buy 100 percent THC products. There have been previous bills trying to lower the THC products to about 10 percent. There was stakeholdering of these issues with this somewhat agreed to bill with best practices. This bill would ban sales of products with 35 percent or more to person under 25. It does not make a statement that all cannabis is bad for people.

This bill is but just trying to protect children. Parts of brains skills for planning and decision making continue to develop into our late 20's. We support reducing access to these products for young adults. Studies show that the frequent use of these products in undeveloped brains (under age 25) may trigger outcomes like addiction, cannabis hyperemesis syndrome, anxiety, depression, and long-term and mental health issues. While researching these issues with 3,700 cannabis consumers, we learned that 32 percent of reported anxiety, psychosis, vomiting, hallucinations, flashbacks, 20 percent felt so bad they went to the ER. High THC products are harmful and should not be consumed by people under 25. We need health programs, targeted education, and clinical guidelines to help prevent psychosis.

Over a decade has passed since legalization of cannabis. Since that time, the industry has developed high potency cannabis. We don't even know what are in these products, sometimes they have heavy metals from being cooked down. This can be very dangerous. The bill is a commonsense approach.

CON: We are opposed to the ban on sales to persons under 25. Prohibition pushes people to the illegal market. Cannabis is being treated differently than other areas. Alcohol, tobacco and gambling can cause more harm for young adults. The focus needs to be on stopping youth use before the age of 21. Substance abuse prior to 21 has a higher risk. We should not single out cannabis products.

We support the other sections on youth prevention. We have to teach the children about the dangers. We would like to see more education and public outreach for youth or adults and these should be funded. We need funding for medical research on the impacts of cannabis

The bill relies on testing that is inadequate. California just put out a study that testing methods for cannabis was off by ten points. Hash consumption has been around for a long time. The methods have changed. The bill is under developed and is a messaging bill.

**Persons Testifying:** PRO: Senator Jesse Salomon, Prime Sponsor; Denise Walker; Beatriz Carlini, University of Washington; Mary Lou Dickerson; Megan Moore, Washington State Public Health Association; LINDA THOMPSON, Washington Association for Substance misuse and Violence Prevention (WASAVP); Beth Ebel, Washington Chapter of the

American Academy of Pediatrics.

CON: Ezra Eickmeyer; Lukas Hunter, Harmony Farms; Micah Sherman, Washington Sun and Craft Growers Association; Caitlein Ryan, THE CANNABIS ALLIANCE; Joshua Rutherford; Vicki Christophersen, Washington CannaBusiness Association; Bailey Hirschburg, Washington chapter- Nat. Org. For the Reform of Marijuana Laws (WA NORML).

**Persons Signed In To Testify But Not Testifying:** PRO: Sarah Ross-Viles, Public Health - Seattle & King County.