

# FINAL BILL REPORT

## 2SHB 2320

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**C 360 L 24**  
Synopsis as Enacted

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

**Sponsors:** House Committee on Appropriations (originally sponsored by Representatives Davis, Eslick, Bergquist, Callan, Dent, Dye, Senn, Leavitt, Harris, Ryu, Walen, Peterson, Pollet and Ramel).

**House Committee on Regulated Substances & Gaming**  
**House Committee on Appropriations**  
**Senate Committee on Labor & Commerce**  
**Senate Committee on Ways & Means**

**Background:**

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) 1 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) 7 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 in statute as follows:

- "Useable cannabis" is defined as dried cannabis flowers. The term "useable cannabis" does not include either cannabis-infused products or cannabis concentrates.
- "Cannabis-infused product" is defined as 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" is defined as products consisting wholly or in part of the resin

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extracted from any part of the plant *Cannabis* and having a THC concentration greater than 10 percent.

Pursuant to the 2021-23 Operating Budget, the Health Care Authority contracted with the University of Washington Addictions, Drug & Alcohol Institute 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.

**Summary:**

Legislative Intent.

Legislative intent is provided regarding high-THC cannabis policy and funding, including providing recurring funding to allow the 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.

Messages and media campaigns funded must include information about risks, comparative dosing of cannabis products, and resources for persons seeking support for quitting or decreasing their intake of THC. The content of messages and campaigns must be developed in partnership with persons targeted by the messages and campaigns and in consultation with professionals proficient in public health communication and in cannabis research.

Optional Training for Staff of Cannabis Retailers.

By July 1, 2025, the 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 optional training, the 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, behavioral health providers, and representatives of licensed cannabis businesses.

Conspicuous Point of Sale Notice.

By December 31, 2024, licensed cannabis retailers must post a conspicuous notice at the point of sale in retail outlets, to be developed by the DOH, including, at a minimum, the following information:

- the potential health risks and adverse health impacts that may be associated with the consumption of high-THC cannabis;
- 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
- where to find help in case of negative effects and resources for quitting or reducing cannabis consumption.

After developing the notice, the DOH must make it available to licensed cannabis retailers.

The notice a retailer posts must be the same or substantially the same as the notice developed by the DOH.

Health Care Authority Contract Related to Guidance and Health Interventions.

Subject to amounts appropriated, the Health Care Authority (HCA) must issue a request for proposal to 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:

- 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 scope of work must also include 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. The HCA must submit the following three reports to the Legislature:

- a preliminary report, by December 1, 2025, summarizing the progress toward developing and testing health interventions and recruiting patients and health care facilities to participate;
- a progress report, by July 1, 2027, on initial outcomes of the health interventions for participating patients and health care facilities; and
- a final report, by December 1, 2028, summarizing the results of the interventions and any recommendations for implementation of health interventions.

Data Collection and Report on Cannabis Product Sales.

Beginning December 1, 2024, the Liquor and Cannabis Board must collect data on the following information on cannabis products sold within Washington and report to the Legislature by November 14, 2025:

- the amount of products being sold in the three product categories of useable cannabis, cannabis concentrates, and cannabis-infused products;
- the average THC concentration in useable cannabis and cannabis concentrates, and the average milligrams of THC per unit in cannabis-infused products; and
- the range of THC concentration in useable cannabis and cannabis concentrates.

**Votes on Final Passage:**

House 92 5

Senate 47 1 (Senate amended)

House (House insisted on its position/asked Senate to recede)

Senate 46 0 (Senate receded)  
House 94 3 (House concurred)

**Effective:** June 6, 2024