

# SENATE BILL REPORT

## 2SHB 2320

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As Reported by Senate Committee On:  
Labor & Commerce, February 19, 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:** House Committee on Appropriations (originally sponsored by Representatives Davis, Eslick, Bergquist, Callan, Dent, Dye, Senn, Leavitt, Harris, Ryu, Walen, Peterson, Pollet and Ramel).

**Brief History:** Passed House: 2/9/24, 92-5.

**Committee Activity:** Labor & Commerce: 2/19/24 [DPA-WM, w/oRec].

### Brief Summary of Amended Bill

- Requires the Department of Health (DOH) to develop optional training for retail cannabis staff as well as a notice that cannabis retailers must conspicuously post at the point of sale for consumers, related to possible health risks and impacts of high-tetrahydrocannabinol (THC) cannabis and available resources.
- Provides Legislative intent to provide DOH funding to provide public health messaging and social media campaigns.
- Requires the University of Washington Addictions, Drug & Alcohol Institute to contract to develop and implement guidance and health interventions for health care providers, certain patients, and for other uses, with reports and subject to funding.

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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.*

**Majority Report:** Do pass as amended and be referred to Committee on Ways & Means.  
Signed by Senators Keiser, Chair; Conway, Vice Chair; Saldaña, Vice Chair; Hansen, MacEwen and Stanford.

**Minority Report:** That it be referred without recommendation.  
Signed by Senators King, Ranking Member; Braun and Schoesler.

**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; and
- 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 Amended Bill:** Legislative Intent. Legislative intent is provided regarding high-THC cannabis.

Public Health Messaging. The legislature intends to provide DOH with recurring funding beginning in fiscal year 2025, 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 and persons living with mental health challenges.

Optional Training for Staff of Cannabis Retailers. By July 1, 2025, the Department of Health (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, 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 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, 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 DOH.

Guidance and Health Interventions. Subject to amounts appropriated, the ADAI 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. ADAI 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.

A null and void clause is included in the act.

**EFFECT OF LABOR & COMMERCE COMMITTEE AMENDMENT(S):**

- Legislative intent is provided regarding funding 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.
- Provides that the University of Washington Addictions, Drug, and Alcohol Institute, rather than the Health Care Authority, must develop guidance and health interventions for health care providers and patients at risk for developing serious complications due to cannabis consumption seeking care in certain settings.

**Appropriation:** None.

**Fiscal Note:** Available.

**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 on Second Substitute House Bill:** No public hearing was held.

**Persons Testifying:** No one.

**Persons Signed In To Testify But Not Testifying:** No one.