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**SUBSTITUTE SENATE BILL 6220**

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**State of Washington**

**68th Legislature**

**2024 Regular Session**

**By** Senate Labor & Commerce (originally sponsored by Senators Salomon, Shewmake, Short, and Wagoner)

READ FIRST TIME 01/31/24.

1 AN ACT Relating to reducing the public health harms associated  
2 with high THC cannabis products by raising awareness, implementing  
3 and studying health interventions, and increasing the minimum legal  
4 age of sale of high THC cannabis products to prevent psychosis;  
5 amending RCW 69.50.357; adding a new section to chapter 28B.20 RCW;  
6 creating new sections; prescribing penalties; and providing an  
7 expiration date.

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

9 NEW SECTION. **Sec. 1.** (1) The legislature finds that whereas the  
10 THC concentration of cannabis-infused edible products is limited to  
11 10 percent by state law and the THC concentration of cannabis flower  
12 is biologically limited, there is currently no limit on the potency  
13 of cannabis concentrates such as THC-infused vape oils, shatter, and  
14 dabs. High THC products are readily available with a THC  
15 concentration of nearly 100 percent. These high THC products bear  
16 little resemblance to the cannabis plant voters thought they were  
17 legalizing in 2012. Dr. Beatriz Carlini from the University of  
18 Washington's addictions, drug, and alcohol institute has described  
19 these highly concentrated products as "as close to the cannabis plant  
20 as strawberries are to frosted strawberry pop tarts." Prior to  
21 Washington legalizing cannabis sales, many of these extremely high

1 potency products did not exist or were not widely available. By 2019,  
2 sales of high THC products had grown to nearly 40 percent of total  
3 sales of cannabis products.

4 (2) The legislature further finds that Washington state's most  
5 prominent cannabis researchers at the University of Washington and  
6 Washington State University released a consensus statement about the  
7 public health risks posed by high THC products. That statement  
8 summarizes the best available science: "Use of cannabis with high THC  
9 concentration increases the chances of developing cannabis use  
10 disorder or addiction to cannabis, particularly among adolescents.  
11 High-potency cannabis use can have lifelong mental health  
12 consequences, which often manifest in adolescence or early adulthood.  
13 Daily cannabis use, particularly of high-potency products, increases  
14 the risk of developing a psychotic disorder, like schizophrenia, and  
15 is related to an earlier onset of symptoms compared to people who do  
16 not use cannabis." In 2022, the addictions, drug, and alcohol  
17 institute at the University of Washington completed a legislatively  
18 funded report that made science-backed policy recommendations to stem  
19 the tide of public health harms associated with high THC products.  
20 Several of those recommendations are incorporated herein.

21 (3) The legislature finds that continued legislative inaction to  
22 curb the public health harms of high THC products will have serious  
23 consequences for all Washingtonians. Of individuals presenting to  
24 emergency departments with cannabis-induced first episode psychosis,  
25 50 percent will receive a diagnosis of schizophrenia within eight  
26 years. Researchers have identified cannabis use disorder as a "major  
27 modifiable risk factor for schizophrenia" and noted "an increasing  
28 proportion of cases of schizophrenia may be avertible by preventing  
29 cannabis use disorder and this increase is likely linked to the  
30 increase in THC concentration." Researchers estimate that up to 30  
31 percent of cases of schizophrenia in young men ages 21 to 30 could be  
32 averted by preventing cannabis use disorder. Schizophrenia is a  
33 serious mental illness for which there is no cure. The costs borne by  
34 state and local governments related to persons with schizophrenia, in  
35 terms of law enforcement and fire response, civil commitment,  
36 incarceration, competency evaluation and restoration, court costs,  
37 public defense services, psychiatric hospitalization, emergency  
38 department utilization, and housing and homelessness services far  
39 exceed the tax revenue generated from the sale of high THC products.

1 (4) Therefore, it is the intent of the legislature to enact  
2 evidence-based public policy solutions to address the public health  
3 harms associated with high THC products.

4 NEW SECTION. **Sec. 2.** The legislature intends to provide the  
5 department of health with recurring funding available each fiscal  
6 year, beginning in fiscal year 2025, to allow the department of  
7 health to issue requests for proposals and contract for targeted  
8 public health messages and social marketing campaigns directed toward  
9 individuals most likely to suffer negative impacts of high THC  
10 products including persons under 25 years of age, persons reporting  
11 poor mental health, and persons living with mental health challenges.  
12 Messages and media campaigns funded must include information about  
13 risks, comparative dosing of cannabis products, and resources for  
14 persons seeking support for quitting or decreasing their intake of  
15 tetrahydrocannabinol. The content of public health messages and  
16 social marketing campaigns must be developed in partnership with  
17 persons targeted by the messages and campaigns and in consultation  
18 with professionals proficient in public health communication and in  
19 cannabis research.

20 NEW SECTION. **Sec. 3.** By July 1, 2025, the department of health  
21 must develop an optional training that cannabis retail staff may  
22 complete to better understand the health and safety impacts of high  
23 THC cannabis products. In developing the optional training, the  
24 department of health must consult with cannabis retail staff,  
25 cannabis consumers, persons who have been harmed by high THC  
26 products, health care providers, prevention professionals,  
27 researchers with relevant expertise, and behavioral health providers.

28 **Sec. 4.** RCW 69.50.357 and 2022 c 16 s 71 are each amended to  
29 read as follows:

30 (1)(a) Retail outlets may not sell products or services other  
31 than cannabis concentrates, useable cannabis, cannabis-infused  
32 products, or paraphernalia intended for the storage or use of  
33 cannabis concentrates, useable cannabis, or cannabis-infused  
34 products.

35 (b)(i) Retail outlets may receive lockable boxes, intended for  
36 the secure storage of cannabis products and paraphernalia, and  
37 related literature as a donation from another person or entity, that

1 is not a cannabis producer, processor, or retailer, for donation to  
2 their customers.

3 (ii) Retail outlets may donate the lockable boxes and provide the  
4 related literature to any person eligible to purchase cannabis  
5 products under subsection (2) of this section. Retail outlets may not  
6 use the donation of lockable boxes or literature as an incentive or  
7 as a condition of a recipient's purchase of a cannabis product or  
8 paraphernalia.

9 (iii) Retail outlets may also purchase and sell lockable boxes,  
10 provided that the sales price is not less than the cost of  
11 acquisition.

12 (c) (i) By July 1, 2026, the board must define "cannabis products  
13 with high THC concentrations."

14 (ii) Beginning July 1, 2027, retail outlets may not sell a  
15 cannabis product with high THC concentrations to a person who is  
16 under age 25 who is not a qualifying patient or designated provider.

17 (iii) Violations of (c) (ii) of this subsection are subject to the  
18 following penalties:

19 (A) A five-day suspension or \$500 penalty for a first violation;

20 (B) A seven-day suspension for a second violation during a two-  
21 year period;

22 (C) A 30-day suspension for a third violation in a two-year  
23 period; and

24 (D) Cancellation of license for a fourth violation in a two-year  
25 period.

26 (2) Licensed cannabis retailers may not employ persons under  
27 (~~twenty-one~~) 21 years of age or allow persons under (~~twenty-one~~)  
28 21 years of age to enter or remain on the premises of a retail  
29 outlet. However, qualifying patients between (~~eighteen~~) 18 and  
30 (~~twenty-one~~) 21 years of age with a recognition card may enter and  
31 remain on the premises of a retail outlet holding a medical cannabis  
32 endorsement and may purchase products for their personal medical use.  
33 Qualifying patients who are under the age of (~~eighteen~~) 18 with a  
34 recognition card and who accompany their designated providers may  
35 enter and remain on the premises of a retail outlet holding a medical  
36 cannabis endorsement, but may not purchase products for their  
37 personal medical use.

38 (3) (a) Licensed cannabis retailers must ensure that all employees  
39 are trained on the rules adopted to implement this chapter,  
40 identification of persons under the age of (~~twenty-one~~) 21, and

1 other requirements adopted by the board to ensure that persons under  
2 the age of (~~twenty-one~~) 21 are not permitted to enter or remain on  
3 the premises of a retail outlet.

4 (b) Licensed cannabis retailers with a medical cannabis  
5 endorsement must ensure that all employees are trained on the  
6 subjects required by (a) of this subsection as well as identification  
7 of authorizations and recognition cards. Employees must also be  
8 trained to permit qualifying patients who hold recognition cards and  
9 are between the ages of (~~eighteen~~) 18 and (~~twenty-one~~) 21 to  
10 enter the premises and purchase cannabis for their personal medical  
11 use and to permit qualifying patients who are under the age of  
12 (~~eighteen~~) 18 with a recognition card to enter the premises if  
13 accompanied by their designated providers.

14 (4) Except for the purposes of disposal as authorized by the  
15 board, no licensed cannabis retailer or employee of a retail outlet  
16 may open or consume, or allow to be opened or consumed, any cannabis  
17 concentrates, useable cannabis, or cannabis-infused product on the  
18 outlet premises.

19 (5) (~~The~~) Except as provided in subsection (1)(c) of this  
20 section, the board must fine a licensee (~~one thousand dollars~~)  
21 \$1,000 for each violation of any subsection of this section. Fines  
22 collected under this section must be deposited into the dedicated  
23 cannabis account created under RCW 69.50.530.

24 NEW SECTION. Sec. 5. A new section is added to chapter 28B.20  
25 RCW to read as follows:

26 (1) Subject to amounts appropriated for this specific purpose,  
27 the University of Washington addictions, drug, and alcohol institute  
28 must develop, implement, test, and evaluate guidance and health  
29 interventions for health care providers and patients at risk for  
30 developing serious complications due to cannabis consumption that are  
31 seeking care in emergency departments, primary care settings,  
32 behavioral health settings, other health care facilities, and for use  
33 by state poison control and recovery hotlines to promote cannabis use  
34 reduction and cessation for the following populations:

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

37 (b) Youth and adults who have experienced a cannabis-induced  
38 first episode psychosis but do not have a diagnosis of a psychotic  
39 disorder; and

1 (c) Youth and adults who have a diagnosed psychotic disorder and  
2 use cannabis.

3 (2) The University of Washington addictions, drug, and alcohol  
4 institute must submit a preliminary report to the appropriate  
5 committees of the legislature summarizing the progress toward  
6 developing and testing health interventions and recruiting patients  
7 and health care facilities to participate by December 1, 2025. The  
8 institute must provide a progress report on initial outcomes of the  
9 health interventions for participating patients and health care  
10 facilities by July 1, 2027. The institute must submit a final report  
11 to the appropriate committees of the legislature summarizing the  
12 results of the interventions and any recommendations for  
13 implementation of health interventions by December 1, 2028.

14 (3) This section expires December 31, 2028.

15 NEW SECTION. **Sec. 6.** In recognition of the sovereign authority  
16 of tribal governments, the governor may seek government-to-government  
17 consultations with federally recognized Indian tribes regarding  
18 raising the minimum legal age of sale of cannabis products identified  
19 in RCW 69.50.357(1)(c), in compacts entered into under RCW 43.06.490.  
20 The office of the governor shall report to the appropriate committees  
21 of the legislature regarding the status of such consultations by  
22 December 1, 2025.

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