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## Regulated Substances & Gaming Committee

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### HB 2320

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

**Sponsors:** Representatives Davis, Eslick, Bergquist, Callan, Dent, Dye, Senn, Leavitt, Harris, Ryu, Walen, Peterson, Pollet and Ramel.

#### Brief Summary of Bill

- Includes legislative intent related to high-THC cannabis policy and funding, and 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 the University of Washington Addictions, Drug & Alcohol Institute (ADAI) to develop and implement guidance and health interventions for health care providers and patients at risk for developing serious complications due to cannabis consumption, with reports to the Legislature, and subject to funding.

**Hearing Date:** 1/16/24

**Staff:** Peter Clodfelter (786-7127).

**Background:**

Cannabis Retail Sales.

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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.*

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

#### University of Washington Addictions, Drug & Alcohol Institute.

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 agreements with federally recognized Indian tribes concerning cannabis. Cannabis agreements may address any cannabis-related issue that involves both state and tribal interests or has an impact on tribal-state relations. Certain provisions must be included and other provisions may be included in cannabis agreements. 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, as well as funding intended to be provided to the Department of Health (DOH) 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 including persons under 25 years of age, persons reporting poor mental health, and persons living with mental health challenges.

#### Cannabis Retail Sales.

*Optional Training for Cannabis Retail Staff.* 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, 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. Violations are punishable as follows: (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.

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 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 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.

#### Tribal-State Cannabis Agreements.

In recognition of the sovereign authority of tribal governments, 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:** Preliminary fiscal note available.

**Effective Date:** The bill takes effect 90 days after adjournment of the session in which the bill is passed.