

**First Regular Session
Seventy-third General Assembly
STATE OF COLORADO**

ENGROSSED

*This Version Includes All Amendments Adopted
on Second Reading in the House of Introduction*

LLS NO. 21-0914.01 Michael Dohr x4347

HOUSE BILL 21-1317

HOUSE SPONSORSHIP

Garnett and Caraveo, Geitner

SENATE SPONSORSHIP

Hansen and Lundeen, Priola

House Committees

Public & Behavioral Health & Human Services
Finance
Appropriations

Senate Committees

A BILL FOR AN ACT

101 **CONCERNING THE REGULATION OF MARIJUANA FOR SAFE**
102 **CONSUMPTION, AND, IN CONNECTION THEREWITH, MAKING AN**
103 **APPROPRIATION.**

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at <http://leg.colorado.gov>.)

The bill requires the Colorado school of public health to do a systematic review of the scientific research related to the physical and mental health effects of high-potency THC marijuana and concentrates. The bill creates a scientific review council (council) to review the report and make recommendations to the general assembly. Based on the

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
*Capital letters or bold & italic numbers indicate new material to be added to existing statute.
Dashes through the words indicate deletions from existing statute.*

HOUSE
Amended 2nd Reading
May 26, 2021

research and findings, the Colorado school of public health shall produce a public education campaign for the general public, to be approved by the council, regarding the effect of high-potency THC marijuana on the developing brain and mental health.

Current law requires a doctor to conduct a full assessment of the patient's medical history when making a medical marijuana recommendation. The bill requires that assessment to include the patient's mental health history. If the recommending physician is not the patient's primary care physician, the bill directs the recommending physician to review the records of a diagnosing physician or licensed mental health provider. When a practitioner makes a medical marijuana authorization, the practitioner must certify that authorization to the department of public health and environment. The bill requires the certification to include:

- The date of issue and the effective date of the recommendation;
- The patient's name and address;
- The recommending physician's name, address, and federal drug enforcement agency number;
- The THC potency level of medical marijuana being recommended;
- The dosage form;
- The daily authorized quantity;
- Directions for use; and
- The recommending physician's signature.

The bill prohibits a physician for charging an additional fee for recommending an extended plant count or making a recommendation related to an exception to a medical marijuana requirement.

The bill imposes the following requirements on medical marijuana patients ages 18 to 20 years old:

- Two physicians from different medical practices have to diagnose the patient as having a debilitating or disabling medical condition after an in-person consultation;
- One of the physicians must explain the possible risks and benefits of the medical use of marijuana to the patient;
- One physician must provide the patient with the written documentation specifying that the patient has been diagnosed with a debilitating or disabling medical condition and the physician has concluded that the patient might benefit from the medical use of marijuana; and
- The patient attends follow-up appointments every 6 months after the initial visit with one of the physicians.

The bill requires the department of public health and environment (department) to create a report from emergency room and hospital discharge data of patients who presented with conditions or a diagnosis that reflect marijuana use and provide that report at the department's

annual "State Measurement for Accountable, Responsive, and Transparent (SMART) Government Act" hearing.

The bill requires the coroner in each case of a suicide, overdose death, or accidental death to order a toxicology screen. The coroner shall report the results of the toxicology screen to the Colorado violent death reporting system. The department then produces an annual report of the data beginning January 2, 2022, and annually each year thereafter.

The bill prohibits medical marijuana advertising that is specifically directed to those ages 18 to 20 years old and requires medical and retail marijuana concentrate advertising to include a warning regarding the risks of medical marijuana concentrate overconsumption.

A medical and retail marijuana store shall provide a notice at the time of sale regarding the criminal penalties associated with marijuana diversion. A medical marijuana store and retail marijuana store shall provide a patient with a pamphlet regarding the risks of overconsumption of medical marijuana concentrate when selling concentrate.

The bill requires medical marijuana stores to immediately record transactions in the seed-to-sale inventory tracking system to allow the system to:

- Continuously monitor entry of patient data to identify discrepancies with daily purchase limits and potency authorizations;
- Access and retrieve real-time sales data based on patient identification number; and
- Respond with a user error message if a sale to a patient or caregiver will exceed the patient's allowed purchase limit for that business day or potency authorization.

The bill limits the amount of medical marijuana concentrate that a patient can purchase in one day to 8 grams, unless the patient is 18 to 20 years old then the limit is 2 grams, except in the case of a homebound patient or if the patient's certification states that the patients needs more than 8 grams or 2 grams respectively.

Beginning January 1, 2023, the bill requires medical marijuana concentrate and retail marijuana concentrate to be sold in a package containing one gram separated into no less than 10 equal portioned amounts. The bill limits the amount of retail marijuana concentrate that a patient can purchase in one day to 8 grams.

1 *Be it enacted by the General Assembly of the State of Colorado:*

2 **SECTION 1.** In Colorado Revised Statutes **add** 23-20-141 as
3 follows:

4 **23-20-141. High-potency THC marijuana and marijuana**

1 **concentrate research.** (1) (a) THE COLORADO SCHOOL OF PUBLIC
2 HEALTH SHALL CONDUCT A SYSTEMATIC REVIEW OF ALL AVAILABLE
3 SCIENTIFIC EVIDENCE-BASED RESEARCH REGARDING THE POSSIBLE
4 PHYSICAL AND MENTAL HEALTH EFFECTS OF HIGH-POTENCY THC
5 MARIJUANA AND MARIJUANA CONCENTRATES REGARDLESS OF THE
6 LOCATION OF THE RESEARCH.

7 (b) THE RESEARCH MUST STUDY THE EFFECT OF HIGH-POTENCY
8 THC MARIJUANA ON THE DEVELOPING BRAIN AND THE EFFECT OF
9 MARIJUANA CONCENTRATES ON PHYSICAL AND MENTAL HEALTH. THE
10 RESEARCH MUST SYSTEMATICALLY CURATE AND SYNTHESIZE EXISTING
11 RESEARCH, IDENTIFY EVIDENCE GAPS, AND IDENTIFY NEW RESEARCH THAT
12 IS NEEDED TO BETTER UNDERSTAND THE HEALTH IMPLICATIONS OF
13 HIGH-POTENCY THC MARIJUANA PRODUCTS AND THE SPECIFIC THC
14 POTENCY LEVELS AND AMOUNTS AT WHICH VARIOUS HEALTH CONCERNS
15 ARISE. THE COLORADO SCHOOL OF PUBLIC HEALTH SHALL REPORT BY
16 JANUARY 31, 2022, TO THE FINANCE COMMITTEE AND PUBLIC AND
17 BEHAVIORAL HEALTH AND HUMAN SERVICES COMMITTEE OF THE HOUSE OF
18 REPRESENTATIVES AND THE FINANCE COMMITTEE AND HEALTH AND
19 HUMAN SERVICES COMMITTEE OF THE SENATE, OR THEIR SUCCESSOR
20 COMMITTEES, WHETHER THEY HAVE IDENTIFIED ANY GAPS IN THE
21 RESEARCH, AND, IF THERE ARE GAPS, WHAT THOSE GAPS ARE, WHAT
22 STUDIES ARE NEEDED TO FILL THOSE GAPS, THE FUNDING NEEDED TO
23 COMPLETE THOSE STUDIES, AND THE TIMELINE FOR COMPLETION OF THE
24 NECESSARY STUDIES. NOTHING IN THIS SECTION SHALL PRECLUDE THE
25 COLORADO SCHOOL OF PUBLIC HEALTH FROM MAKING RECOMMENDATIONS
26 REGARDING APPROPRIATE REGULATORY MEASURES TO THE SCIENTIFIC
27 REVIEW COUNCIL CREATED IN SUBSECTION (2)(b) OF THIS SECTION.

1 (c) THE RESEARCH MUST BE CONDUCTED INDEPENDENTLY
2 WITHOUT ANY PREDETERMINED OUTCOMES OR UNDUE INFLUENCE FROM
3 ANY PARTY.

4 (2) (a) THE COLORADO SCHOOL OF PUBLIC HEALTH SHALL
5 PRODUCE AN INITIAL REPORT OF ITS FINDINGS BY JULY 1, 2022, AND SHALL
6 PROVIDE THAT REPORT TO THE SCIENTIFIC REVIEW COUNCIL CREATED IN
7 SUBSECTION (2)(b) OF THIS SECTION AND THE FINANCE COMMITTEE AND
8 PUBLIC AND BEHAVIORAL HEALTH AND HUMAN SERVICES COMMITTEE OF
9 THE HOUSE OF REPRESENTATIVES AND THE FINANCE COMMITTEE AND
10 HEALTH AND HUMAN SERVICES COMMITTEE OF THE SENATE, OR THEIR
11 SUCCESSOR COMMITTEES. IF AT ANY POINT PRIOR TO THE COMPLETION OF
12 THE FINAL REPORT THE COLORADO SCHOOL OF PUBLIC HEALTH BELIEVES
13 THERE IS SUFFICIENT SCIENTIFIC EVIDENCE TO MAKE A RECOMMENDATION
14 REGARDING APPROPRIATE REGULATORY MEASURES, THE COLORADO
15 SCHOOL OF PUBLIC HEALTH SHALL PROVIDE THOSE RECOMMENDATIONS TO
16 THE SCIENTIFIC REVIEW COUNCIL CREATED IN SUBSECTION (2)(b) OF THIS
17 SECTION AND THE FINANCE COMMITTEE AND PUBLIC AND BEHAVIORAL
18 HEALTH AND HUMAN SERVICES COMMITTEE OF THE HOUSE OF
19 REPRESENTATIVES AND THE FINANCE COMMITTEE AND HEALTH AND
20 HUMAN SERVICES COMMITTEE OF THE SENATE, OR THEIR SUCCESSOR
21 COMMITTEES. IF AFTER SUBMITTING THE INITIAL REPORT THE COLORADO
22 SCHOOL OF PUBLIC HEALTH BELIEVES ADDITIONAL RESEARCH AND
23 REPORTING IS NECESSARY, THE COLORADO SCHOOL OF PUBLIC HEALTH
24 MAY, SUBJECT TO AVAILABLE APPROPRIATIONS, CONDUCT ADDITIONAL
25 RESEARCH AND ISSUE ADDITIONAL REPORTS AND RECOMMENDATIONS TO
26 THE SCIENTIFIC REVIEW COUNCIL CREATED IN SUBSECTION (2)(b) OF THIS
27 SECTION AND THE FINANCE COMMITTEE AND PUBLIC AND BEHAVIORAL

1 HEALTH AND HUMAN SERVICES COMMITTEE OF THE HOUSE OF
2 REPRESENTATIVES AND THE FINANCE COMMITTEE AND HEALTH AND
3 HUMAN SERVICES COMMITTEE OF THE SENATE, OR THEIR SUCCESSOR
4 COMMITTEES. ANY RECOMMENDATIONS MUST NOT INCLUDE ADDITIONAL
5 CRIMINAL PENALTIES RELATED TO MARIJUANA CONCENTRATE USE,
6 POSSESSION, OR POSSESSION OF PARAPHERNALIA OR NEW CRIMES RELATED
7 TO MARIJUANA CONCENTRATE USE, POSSESSION, OR POSSESSION OF
8 PARAPHERNALIA.

9 (b) THE COLORADO SCHOOL OF PUBLIC HEALTH SHALL ESTABLISH
10 A SCIENTIFIC REVIEW COUNCIL TO REVIEW THE REPORT PRODUCED
11 PURSUANT TO SUBSECTION (2)(a) OF THIS SECTION AND MAKE
12 RECOMMENDATIONS TO THE GENERAL ASSEMBLY REGARDING
13 APPROPRIATE EVIDENCE-BASED REGULATORY CHANGES AND THE FUNDING
14 OF ADDITIONAL NECESSARY EVIDENCE-BASED RESEARCH. THE DEAN OF
15 THE COLORADO SCHOOL OF PUBLIC HEALTH, IN CONJUNCTION WITH THE
16 DEAN OF THE MEDICAL SCHOOL AT THE UNIVERSITY OF COLORADO AND
17 THE DEAN OF THE SCHOOL OF PHARMACY AT THE UNIVERSITY OF
18 COLORADO, SHALL APPOINT MEMBERS, WITH A GOAL OF AT LEAST
19 TWENTY-FIVE PERCENT OF THE MEMBERS REPRESENTING COMMUNITIES OF
20 COLOR, TO THE SCIENTIFIC REVIEW COUNCIL WHO DO NOT HAVE A
21 PECUNIARY INTEREST OR ANYONE IN THEIR IMMEDIATE FAMILY WHO DOES
22 NOT HAVE A PECUNIARY INTEREST, WHO REPRESENT AN UNBIASED GROUP
23 OF PROFESSIONALS, AS FOLLOWS:

24 (I) AN EPIDEMIOLOGIST;

25 (II) A PHYSICIAN FAMILIAR WITH THE ADMINISTRATION OF
26 MEDICAL MARIJUANA PURSUANT TO CURRENT STATE LAWS WITH
27 EXPERIENCE RECOMMENDING MEDICAL MARIJUANA TO THOSE ARE AGE

- 1 ZERO TO SEVENTEEN;
- 2 (III) A MEDICAL TOXICOLOGIST;
- 3 (IV) A NEUROLOGIST;
- 4 (V) A PEDIATRICIAN;
- 5 (VI) A PSYCHIATRIST;
- 6 (VII) AN INTERNAL MEDICINE PHYSICIAN OR OTHER SPECIALIST IN
- 7 ADULT MEDICINE;
- 8 (VIII) A PREVENTIVE MEDICINE SPECIALIST OR PUBLIC HEALTH
- 9 PROFESSIONAL; ■
- 10 (IX) A LICENSED SUBSTANCE USE DISORDER SPECIALIST;
- 11 (X) A NEUROPSYCHOPHARMACOLOGIST; AND
- 12 (XI) A MEDICAL OR PUBLIC HEALTH EXPERT WHO SPECIALIZES IN
- 13 RACIAL AND HEALTH DISPARITIES AND SYSTEMIC INEQUALITIES IN HEALTH
- 14 CARE AND MEDICINE.

15 (c) THE SCIENTIFIC REVIEW COUNCIL SHALL POST PUBLIC NOTICE

16 OF EACH COMMITTEE MEETING AT LEAST TWO WEEKS BEFORE THE

17 MEETING AND THE MEETINGS MUST BE BROADCAST TO THE PUBLIC.

18 NOTHING PRECLUDES THE PUBLIC FROM SUBMITTING WRITTEN COMMENTS

19 TO THE COMMITTEE.

20 (3) BASED ON ITS RESEARCH AND FINDINGS, THE COLORADO

21 SCHOOL OF PUBLIC HEALTH SHALL PRODUCE A PUBLIC EDUCATION

22 CAMPAIGN FOR THE GENERAL PUBLIC REGARDING THE EFFECT OF

23 HIGH-POTENCY THC MARIJUANA ON THE DEVELOPING BRAIN AND ON

24 PHYSICAL AND MENTAL HEALTH. THE SCIENTIFIC REVIEW COUNCIL

25 CREATED IN SUBSECTION (2)(b) OF THIS SECTION SHALL APPROVE THE

26 PUBLIC EDUCATION CAMPAIGN.

27 ■

1 **SECTION 2.** In Colorado Revised Statutes, 25-1.5-106, **amend**
2 (2)(a.5)(I), (5)(b), (5)(c), (5)(d)(III), (5)(d)(IV), and (6)(a); and **add**
3 (5)(d)(V), (5)(f), (5)(g), and (5.5) as follows:

4 **25-1.5-106. Medical marijuana program - powers and duties**
5 **of state health agency - rules - medical review board - medical**
6 **marijuana program cash fund - subaccount - created - "Ethan's**
7 **Law" - definitions - repeal. (2) Definitions.** In addition to the

8 definitions set forth in section 14 (1) of article XVIII of the state
9 constitution, as used in this section, unless the context otherwise requires:

10 (a.5) "Bona fide physician-patient relationship", for purposes of
11 the medical marijuana program, means:

12 (I) A physician and a patient have a treatment or counseling
13 relationship, in the course of which the physician has completed a THE
14 IN-PERSON full assessment of the patient's medical history, including AN
15 ASSESSMENT OF THE PATIENT'S MEDICAL AND MENTAL HEALTH HISTORY
16 TO DETERMINE WHETHER THE PATIENT HAS A MEDICAL OR MENTAL
17 HEALTH ISSUE THAT COULD BE EXACERBATED BY THE USE OF MEDICAL
18 MARIJUANA AND reviewing a previous diagnosis for a debilitating or
19 disabling medical condition, and current medical condition, including an
20 appropriate personal physical examination. IF THE RECOMMENDING
21 PHYSICIAN IS NOT THE PATIENT'S PRIMARY CARE PHYSICIAN, THE
22 RECOMMENDING PHYSICIAN SHALL REVIEW THE EXISTING RECORDS OF THE
23 DIAGNOSING PHYSICIAN OR A LICENSED MENTAL HEALTH PROVIDER. THIS
24 SUBSECTION (2)(a.5)(I) DOES NOT REQUIRE A MENTAL HEALTH
25 EXAMINATION PRIOR TO MAKING A RECOMMENDATION.

26 (5) **Physicians.** A physician who certifies a debilitating medical
27 condition or disabling medical condition for an applicant to the medical

1 marijuana program shall comply with all of the following requirements:

2 (b) (I) After a physician, who has a bona fide physician-patient
3 relationship with the patient applying for the medical marijuana program,
4 determines, for the purposes of making a recommendation, that the
5 patient has a debilitating medical condition or disabling medical condition
6 and that the patient may benefit from the use of medical marijuana, the
7 physician shall certify to the state health agency that the patient has a
8 debilitating medical condition or disabling medical condition and that the
9 patient may benefit from the use of medical marijuana. If the physician
10 certifies that the patient would benefit from the use of medical marijuana
11 based on a chronic or debilitating disease or medical condition or
12 disabling medical condition, the physician shall specify the chronic or
13 debilitating disease or medical condition or disabling medical condition
14 and, if known, the cause or source of the chronic or debilitating disease
15 or medical condition or disabling medical condition. THE PHYSICIAN MAY
16 ONLY AUTHORIZE MEDICAL MARIJUANA IN COMPLIANCE WITH THE
17 PROVISIONS OF THIS SECTION, ANY RULES PROMULGATED PURSUANT TO
18 THIS SECTION, ARTICLE 220 OF TITLE 12 AND ANY RULES PROMULGATED
19 PURSUANT TO THAT ARTICLE FOR A DENTIST, ARTICLE 240 OF TITLE 12 AND
20 ANY RULES PROMULGATED PURSUANT TO THAT ARTICLE, AND ARTICLE 255
21 OF TITLE 12 AND ANY RULES PROMULGATED PURSUANT TO THAT ARTICLE
22 FOR AN ADVANCED PRACTICE REGISTERED NURSE.

- 23 (II) THE CERTIFICATION MUST INCLUDE THE FOLLOWING:
- 24 (A) THE DATE OF ISSUE AND THE EFFECTIVE DATE OF THE
25 RECOMMENDATION;
- 26 (B) THE PATIENT'S NAME AND ADDRESS;
- 27 (C) THE AUTHORIZING PHYSICIAN'S NAME, ADDRESS, AND FEDERAL

1 DRUG ENFORCEMENT AGENCY NUMBER;

2 (D) THE MAXIMUM THC POTENCY LEVEL OF MEDICAL MARIJUANA

3 BEING RECOMMENDED;

4 (E) THE RECOMMENDED PRODUCT, IF ANY;

5 (F) THE PATIENT'S DAILY AUTHORIZED QUANTITY, IF SUCH

6 QUANTITY EXCEEDS THE MAXIMUM STATUTORILY ALLOWED AMOUNT FOR

7 THE PATIENT'S AGE;

8 (G) DIRECTIONS FOR USE; AND

9 (H) THE AUTHORIZING PHYSICIAN'S SIGNATURE.

10 (III) THE AUTHORIZING PHYSICIAN SHALL PROVIDE THE PATIENT

11 WITH A COPY OF THE CERTIFICATION.

12 (c) The physician shall maintain a record-keeping system,

13 INCLUDING A COPY OF THE CERTIFICATION, AND for all patients for whom

14 the physician has ~~recommended~~ AUTHORIZED the medical use of

15 marijuana, and, pursuant to an investigation initiated pursuant to section

16 12-240-125, the physician shall produce such medical records to the

17 Colorado medical board after redacting any patient or primary caregiver

18 identifying information. THE PHYSICIAN SHALL MAINTAIN THE MEDICAL

19 RECORDS OF THE PATIENT'S VISIT AND THE PHYSICIAN SHALL RESPOND TO

20 A TREATING PHYSICIAN'S REQUEST FOR MEDICAL RECORDS TO TREAT THE

21 PATIENT WITH THE CERTIFICATION WITH THE PATIENT'S PERMISSION.

22 (d) A physician shall not:

23 (III) Examine a patient for purposes of diagnosing a debilitating

24 medical condition or a disabling medical condition at a location where

25 medical marijuana is sold or distributed; ~~or~~

26 (IV) Hold an economic interest in an enterprise that provides or

27 distributes medical marijuana if the physician certifies the debilitating

1 medical condition or disabling medical condition of a patient for
2 participation in the medical marijuana program; OR

3 (V) CHARGE A PATIENT AN ADDITIONAL FEE TO RECOMMEND AN
4 EXTENDED PLANT COUNT OR FOR A RECOMMENDATION THAT IS AN
5 EXCEPTION TO ANY REQUIREMENT IN THIS SECTION OR ARTICLE 10 OF
6 TITLE 44.

7 (f) A PHYSICIAN WHO [REDACTED] MAKES MEDICAL MARIJUANA
8 RECOMMENDATIONS SHALL TAKE A MEDICAL CONTINUING EDUCATION
9 COURSE REGARDING MEDICAL MARIJUANA THAT IS AT LEAST FIVE HOURS
10 EVERY TWO YEARS OR EIGHT HOURS EVERY THREE YEARS.

11 (g) THE DEPARTMENT SHALL REPORT ON OR BEFORE JANUARY 31
12 OF EACH YEAR THE NUMBER OF PHYSICIANS WHO MADE MEDICAL
13 MARIJUANA RECOMMENDATIONS IN THE PREVIOUS YEAR AND WITHOUT
14 IDENTIFYING THE PHYSICIAN THE NUMBER OF RECOMMENDATIONS EACH
15 PHYSICIAN MADE AND THE AGGREGATE NUMBER OF HOMEBOUND PATIENTS
16 AGES EIGHTEEN TO TWENTY IN THE REGISTRY.

17 (5.5) **Patients eighteen to twenty years of age.**
18 [REDACTED] NOTWITHSTANDING ANY OTHER PROVISIONS OF THIS SECTION TO THE
19 CONTRARY, A PATIENT WITH A DEBILITATING OR DISABLING MEDICAL
20 CONDITION WHO IS EIGHTEEN TO TWENTY YEARS OF AGE IS NOT ELIGIBLE
21 FOR THE MEDICAL MARIJUANA PROGRAM UNLESS:

22 (a) TWO PHYSICIANS FROM SEPARATE MEDICAL PRACTICES HAVE
23 DIAGNOSED THE PATIENT AS HAVING A DEBILITATING OR DISABLING
24 MEDICAL CONDITION AFTER AN IN-PERSON CONSULTATION. IF ONE OF THE
25 RECOMMENDING PHYSICIANS IS NOT THE PATIENT'S PRIMARY CARE
26 PHYSICIAN, THE RECOMMENDING PHYSICIAN SHALL REVIEW THE RECORDS
27 OF A DIAGNOSING PHYSICIAN OR A LICENSED MENTAL HEALTH PROVIDER

1 ACTING WITHIN THE PHYSICIAN'S OR PROVIDER'S SCOPE OF PRACTICE. THE
2 REQUIREMENT THAT THE TWO PHYSICIANS BE FROM SEPARATE MEDICAL
3 PRACTICES DOES NOT APPLY IF THE PATIENT IS HOMEBOUND OR IF THE
4 PATIENT HAD A MEDICAL MARIJUANA REGISTRATION CARD BEFORE AGE
5 EIGHTEEN.

6 (b) ONE OF THE PHYSICIANS REFERRED TO IN SUBSECTION (5.5)(a)
7 OF THIS SECTION HAS EXPLAINED THE POSSIBLE RISKS AND BENEFITS OF
8 THE MEDICAL USE OF MARIJUANA TO THE PATIENT;

9 (c) THE PHYSICIAN REFERRED TO IN SUBSECTION (5.5)(b) OF THIS
10 SECTION HAS PROVIDED THE PATIENT WITH THE WRITTEN DOCUMENTATION
11 SPECIFYING THAT THE PATIENT HAS BEEN DIAGNOSED WITH A
12 DEBILITATING OR DISABLING MEDICAL CONDITION AND THE PHYSICIAN HAS
13 CONCLUDED THAT THE PATIENT MIGHT BENEFIT FROM THE MEDICAL USE
14 OF MARIJUANA; AND

15 (d) THE PATIENT ATTENDS FOLLOW-UP APPOINTMENTS EVERY SIX
16 MONTHS AFTER THE INITIAL APPOINTMENT WITH ONE OF THE PHYSICIANS
17 REFERRED TO IN SUBSECTION (5.5)(a) OF THIS SECTION; EXCEPT THAT THIS
18 SUBSECTION (5.5)(d) DOES NOT APPLY TO A HOMEBOUND PATIENT.

19 (b) THIS SUBSECTION (5.5) DOES NOT APPLY TO A PATIENT
20 EIGHTEEN TO TWENTY YEARS OF AGE IF THE PATIENT HAD A REGISTRY
21 IDENTIFICATION CARD PRIOR TO EIGHTEEN YEARS OF AGE.

22 (6) **Enforcement.** (a) If the state health agency has reasonable
23 cause to believe that a physician has violated section 14 of article XVIII
24 of the state constitution, subsection ~~(5)(a), (5)(b), or (5)(c)~~ (5) of this
25 section, or the rules promulgated by the state health agency pursuant to
26 subsection (3) of this section, the state health agency may refer the matter
27 to the Colorado medical board created in section 12-240-105 for an

1 investigation and determination.

2 **SECTION 3.** In Colorado Revised Statutes, **add** 25-3-126 as
3 follows:

4 **25-3-126. Emergency room intake data marijuana use -**
5 **annual report.** THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
6 SHALL CREATE A DE-IDENTIFIED REPORT FROM HOSPITAL AND EMERGENCY
7 ROOM DISCHARGE DATA OF PATIENTS, INCLUDING DEMOGRAPHIC
8 INFORMATION REGARDING PATIENTS' AGE, RACE, ETHNICITY, GENDER, AND
9 GEOGRAPHIC LOCATION, PRESENTING WITH CONDITIONS OR A DIAGNOSIS
10 THAT REFLECT MARIJUANA USE, INCLUDING AND IDENTIFYING IF THE
11 MARIJUANA USE WAS IN CONJUNCTION WITH ALCOHOL OR OTHER DRUGS,
12 AND PROVIDE THAT REPORT AT THE DEPARTMENT'S PRESENTATIONS TO
13 THE LEGISLATIVE COMMITTEES OF REFERENCE PURSUANT TO SECTION
14 2-7-203 IN 2022, AND ANNUALLY EACH YEAR THEREAFTER. THE REPORT
15 CAN BE PRODUCED IN CONJUNCTION WITH THE REPORT REQUIRED
16 PURSUANT TO SECTION 30-10-624 (2).

17 **SECTION 4.** In Colorado Revised Statutes, **add** 30-10-624 as
18 follows:

19 **30-10-624. Required toxicology screening for a suicide,**
20 **overdose death, or accidental death - annual report - working group.**

21 (1) (a) THE ASSOCIATION REPRESENTING CORONERS SHALL ESTABLISH A
22 WORKING GROUP TO STUDY METHODS TO TEST FOR THE PRESENCE AND
23 QUANTITY OF THC, INCLUDING AND IDENTIFYING IF THE PRESENCE OF
24 THC WAS IN CONJUNCTION WITH ALCOHOL OR OTHER DRUGS, AND ITS
25 METABOLITE IN EACH CASE OF A NON-NATURAL DEATH, EXCLUDING
26 HOMICIDE, OF A PERSON UNDER TWENTY-FIVE YEARS OF AGE. THESE
27 RECOMMENDATIONS SHALL BE COMPLETED BY JULY 1, 2022, AND

1 REPORTED THE HOUSE OF REPRESENTATIVES HEALTH AND INSURANCE
2 COMMITTEE AND THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE,
3 OR THEIR SUCCESSOR COMMITTEES.

4 (b) BEGINNING JANUARY 1 2022, THE CORONER SHALL COMPLETE
5 A FULL TOXICOLOGY SCREEN, INCLUDING TESTING FOR THE PRESENCE OF
6 THC, ALCOHOL, AND OTHER DRUGS, IN EACH CASE OF A NON-NATURAL
7 DEATH, EXCLUDING HOMICIDE, OF A COLORADO RESIDENT UNDER
8 TWENTY-FIVE YEARS OF AGE. UPON REQUEST OF A COUNTY, THE
9 DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT SHALL REIMBURSE
10 A CORONER FOR THE COSTS ASSOCIATED WITH COMPLETING A TOXICOLOGY
11 SCREEN. IN ADDITION, AT THE REQUEST OF A COUNTY, THE DEPARTMENT
12 OF PUBLIC HEALTH AND ENVIRONMENT OR THE LOCAL HEALTH
13 DEPARTMENT MAY PROVIDE TRAINING AND SUPPLIES FOR TOXICOLOGY
14 DRAWS.

15 (c) THE CORONER SHALL COMPLY WITH THE REQUEST FOR DATA
16 CONCERNING THE DE-IDENTIFIED RESULTS OF THE TOXICOLOGY SCREEN
17 REQUIRED BY SUBSECTION (1)(b) OF THIS SECTION TO THE COLORADO
18 VIOLENT DEATH REPORTING SYSTEM.

19 (d) IN THE EVENT OF A DEATH IN A HOSPITAL, THE HOSPITAL SHALL
20 ORDER THE TOXICOLOGY SCREEN AS DESCRIBED IN SUBSECTION (1)(a) OF
21 THIS SECTION AND PROVIDE THE RESULTS OF THE TOXICOLOGY SCREEN TO
22 THE HEALTH INFORMATION EXCHANGE

23 (2) THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
24 SHALL PRODUCE AN ANNUAL REPORT OF THE INFORMATION REPORTED IN
25 SUBSECTIONS (1)(b) AND (1)(c) OF THIS SECTION BEGINNING JANUARY 2,
26 2023, AND ANNUALLY EACH YEAR THEREAFTER. THE REPORT CAN BE
27 PRODUCED IN CONJUNCTION WITH THE REPORT REQUIRED PURSUANT TO

1 SECTION 25-3-126.

2 SECTION 5. In Colorado Revised Statutes, 39-28.8-501, add
3 (4.7) as follows:

4 **39-28.8-501. Marijuana tax cash fund - creation - distribution**
5 **- legislative declaration - repeal.** (4.7) (a) (I) THE GENERAL ASSEMBLY
6 SHALL APPROPRIATE ONE MILLION DOLLARS FROM THE FUND IN FISCAL
7 YEAR 2021-22 TO THE COLORADO SCHOOL OF PUBLIC HEALTH TO
8 CONDUCT THE RESEARCH REQUIRED BY SECTION 23-20-141. ANY MONEY
9 APPROPRIATED PURSUANT TO THIS SUBSECTION (4.7)(a)(I) THAT REMAINS
10 AT THE END OF THE FISCAL YEAR MAY BE RETAINED BY THE COLORADO
11 SCHOOL OF PUBLIC HEALTH TO CONTINUE RESEARCH IN THE NEXT FISCAL
12 YEAR.

13 (II) THE GENERAL ASSEMBLY SHALL APPROPRIATE ONE MILLION
14 DOLLARS FROM THE FUND IN FISCAL YEAR 2022-23 TO THE COLORADO
15 SCHOOL OF PUBLIC HEALTH TO CONDUCT THE RESEARCH REQUIRED BY
16 SECTION 23-20-141. ANY MONEY APPROPRIATED PURSUANT TO THIS
17 SUBSECTION (4.7)(a)(II) THAT REMAINS AT THE END OF THE FISCAL YEAR
18 MAY BE RETAINED BY THE COLORADO SCHOOL OF PUBLIC HEALTH TO
19 CONTINUE RESEARCH IN THE NEXT FISCAL YEAR.

20 (III) THE GENERAL ASSEMBLY SHALL APPROPRIATE ONE MILLION
21 DOLLARS FROM THE FUND IN FISCAL YEAR 2023-24 TO THE COLORADO
22 SCHOOL OF PUBLIC HEALTH TO CONDUCT THE RESEARCH REQUIRED BY
23 SECTION 23-20-141. ANY MONEY APPROPRIATED PURSUANT TO THIS
24 SUBSECTION (4.7)(a) THAT REMAINS AT THE END OF THE FISCAL YEAR
25 SHALL BE RETURNED TO THE GENERAL FUND.

26 (b) THIS SUBSECTION (4.7) IS REPEALED, EFFECTIVE JANUARY 1,
27 2025.

1 **SECTION 6.** In Colorado Revised Statutes, 44-10-103, **add**
2 (36.5) and (59.5) as follows:

3 **44-10-103. Definitions.** As used in this article 10, unless the
4 context otherwise requires:

5 (36.5) "MEDICAL MARIJUANA CONCENTRATE" MEANS A SUBSET OF
6 MEDICAL MARIJUANA THAT IS SEPARATED FROM THE MEDICAL MARIJUANA
7 PLANT AND RESULTS IN MATTER WITH A HIGHER CONCENTRATION OF
8 CANNABINOIDS THAN NATURALLY OCCUR IN THE PLANT. MEDICAL
9 MARIJUANA CONCENTRATE CONTAINS CANNABINOIDS AND MAY CONTAIN
10 TERPENES AND OTHER CHEMICALS THAT ARE NATURALLY OCCURRING IN
11 MEDICAL MARIJUANA PLANTS THAT HAVE BEEN SEPARATED FROM
12 MEDICAL MARIJUANA. MEDICAL MARIJUANA CONCENTRATE MAY ALSO
13 INCLUDE RESIDUAL AMOUNTS OF THE TYPES OF SOLVENTS, AS PERMITTED
14 BY THE MARIJUANA RULES. THE STATE LICENSING AUTHORITY MAY
15 FURTHER DEFINE BY RULE SUBCATEGORIES OF MEDICAL MARIJUANA
16 CONCENTRATE AND AUTHORIZE LIMITED INGREDIENTS BASED ON THE
17 METHOD OF PRODUCTION OF MEDICAL MARIJUANA CONCENTRATE. UNLESS
18 THE CONTEXT OTHERWISE REQUIRES, MEDICAL MARIJUANA CONCENTRATE
19 IS INCLUDED WHEN THIS ARTICLE 10 REFERS TO MEDICAL MARIJUANA
20 PRODUCT.

21 (59.5) "RETAIL MARIJUANA CONCENTRATE" MEANS A SUBSET OF
22 RETAIL MARIJUANA THAT IS SEPARATED FROM THE RETAIL MARIJUANA
23 PLANT AND RESULTS IN MATTER WITH A HIGHER CONCENTRATION OF
24 CANNABINOIDS THAN NATURALLY OCCUR IN THE PLANT. RETAIL
25 MARIJUANA CONCENTRATE CONTAINS CANNABINOIDS AND MAY CONTAIN
26 TERPENES AND OTHER CHEMICALS THAT ARE NATURALLY OCCURRING IN
27 RETAIL MARIJUANA PLANTS THAT HAVE BEEN SEPARATED FROM RETAIL

1 MARIJUANA. RETAIL MARIJUANA CONCENTRATE MAY ALSO INCLUDE
2 RESIDUAL AMOUNTS OF THE TYPES OF SOLVENTS, AS PERMITTED BY THE
3 MARIJUANA RULES. THE STATE LICENSING AUTHORITY MAY FURTHER
4 DEFINE BY RULE SUBCATEGORIES OF RETAIL MARIJUANA CONCENTRATE
5 AND AUTHORIZE LIMITED INGREDIENTS BASED ON THE METHOD OF
6 PRODUCTION OF RETAIL MARIJUANA CONCENTRATE. UNLESS THE CONTEXT
7 OTHERWISE REQUIRES, RETAIL MARIJUANA CONCENTRATE IS INCLUDED
8 WHEN THIS ARTICLE 10 REFERS TO RETAIL MARIJUANA PRODUCT.

9 **SECTION 7.** In Colorado Revised Statutes, 44-10-203, **amend**
10 (2)(dd)(IX), (2)(ff)(VII), and (3)(a)(V); and **add** (2)(hh), (2)(ii), (2)(jj),
11 (2)(kk), (3)(a)(VII), and (3)(a)(VIII) as follows:

12 **44-10-203. State licensing authority - rules. (2) Mandatory**
13 **rule-making.** Rules promulgated pursuant to section 44-10-202 (1)(c)
14 must include but need not be limited to the following subjects:

15 (dd) Requirements for medical marijuana and medical marijuana
16 products delivery as described in section 44-10-501 (11) and section
17 44-10-505 (5) and retail marijuana and retail marijuana products delivery
18 as described in section 44-10-601 (13) and section 44-10-605 (5),
19 including:

20 (IX) Inventory tracking system requirements, WHICH INCLUDE THE
21 ABILITY TO DETERMINE THE AMOUNT OF MEDICAL MARIJUANA A PATIENT
22 HAS PURCHASED THAT DAY IN REAL TIME BY SEARCHING A PATIENT
23 REGISTRATION NUMBER;

24 (ff) (VII) Rules to ensure compliance with section 42-4-1305.5;

25 **and**

26 (hh) THE CIRCUMSTANCES THAT CONSTITUTE A SIGNIFICANT
27

1 PHYSICAL OR GEOGRAPHIC HARDSHIP AS USED IN SECTION 44-10-501 (13);

2

3 (ii) EFFECTIVE JANUARY 1, 2023, A UNIFORM CERTIFICATION FORM
4 TO BE USED BY RECOMMENDING PHYSICIANS WHEN AUTHORIZING THE
5 PATIENT TO PURCHASE MORE THAN THE STATUTORILY ALLOWED
6 QUANTITIES, AS REQUIRED BY SECTION 25-1.5-106 (5), WHICH MAY BE
7 RELIED UPON BY MEDICAL MARIJUANA STORES. THE FORM MUST CONTAIN
8 A UNIFORM WEIGHT AND UNIFORM POTENCY DESCRIPTION TO ENABLE A
9 MEDICAL MARIJUANA STORE TO FULFILL ITS OBLIGATIONS WITHOUT THE
10 NEED TO MAKE A FURTHER CALCULATION OR EXAMINE OTHER
11 DOCUMENTS. THE FORM SHALL NOT CONTAIN ANY INFORMATION
12 CONCERNING THE PATIENT'S MEDICAL CONDITION OR DIAGNOSIS.

13 (jj) A TANGIBLE EDUCATIONAL RESOURCE REGARDING THE USE OF
14 REGULATED MARIJUANA CONCENTRATE. THE EDUCATIONAL RESOURCE
15 MUST PROVIDE INFORMATION AS DETERMINED BY RULE AND EDUCATION
16 INCLUDING BUT NOT LIMITED TO:

17 (I) EXAMPLES OF VISUAL REPRESENTATION OF A SERVING SIZE
18 RECOMMENDED FOR EACH TYPE OF CONCENTRATE;

19 (II) RISKS AND PRECAUTIONS;

20 (III) OTHER STATUTORY AND REGULATORY LABELING
21 REQUIREMENTS MANDATED ON MARIJUANA PRODUCTS; AND

22 (IV) A NOTICE THAT DESCRIBES THE PENALTIES ASSOCIATED WITH
23 MARIJUANA DIVERSION.

24 (kk) EFFECTIVE JANUARY 1, 2023, REQUIREMENTS FOR MEDICAL
25 AND RETAIL MARIJUANA CONCENTRATE TO PROMOTE CONSUMER HEALTH
26 AND AWARENESS, WHICH SHALL INCLUDE A RECOMMENDED SERVING SIZE,
27 VISUAL REPRESENTATION OF ONE RECOMMENDED SERVING, LABELING

1 REQUIREMENTS, AND MAY INCLUDE A MEASURING DEVICE THAT MAY BE
2 USED TO MEASURE ONE RECOMMENDED SERVING.

3 (3) In promulgating rules pursuant to this section, the state
4 licensing authority may seek the assistance of the department of public
5 health and environment when necessary before promulgating rules on the
6 following subjects:

7 (a) Signage, marketing, and advertising, including but not limited
8 to a prohibition on mass-market campaigns that have a high likelihood of
9 reaching persons under eighteen years of age for medical marijuana and
10 have a high likelihood of reaching persons under twenty-one years of age
11 for retail marijuana and other such rules that may include:

12 (V) Prohibiting opt-in marketing that does not permit an easy and
13 permanent opt-out feature; ~~and~~

14 (VII) PROHIBITING ADVERTISING AND MARKETING BY A MEDICAL
15 MARIJUANA BUSINESS THAT IS SPECIFICALLY DIRECTED AT PERSONS WHO
16 ARE UNDER TWENTY-ONE YEARS OF AGE; AND

17 (VIII) REQUIREMENTS THAT ANY ADVERTISING OR MARKETING
18 SPECIFIC TO MEDICAL MARIJUANA CONCENTRATE OR RETAIL MARIJUANA
19 CONCENTRATE INCLUDE A NOTICE REGARDING THE POTENTIAL RISKS OF
20 MEDICAL MARIJUANA CONCENTRATE OR RETAIL MARIJUANA
21 CONCENTRATE OVERCONSUMPTION.

22 **SECTION 8.** In Colorado Revised Statutes, 44-10-501, **amend**
23 (1)(b), (4), and (10)(b)(II); and **add** (3)(g) and (13) as follows:

24 **44-10-501. Medical marijuana store license.** (1) (b) (I) The
25 medical marijuana store shall track all of its medical marijuana and
26 medical marijuana products from the point that they are transferred from
27 a medical marijuana cultivation facility or medical marijuana products

1 manufacturer to the point of sale. WHEN COMPLETING A PATIENT SALES
2 TRANSACTION, THE MEDICAL MARIJUANA STORE SHALL IMMEDIATELY
3 RECORD EACH SALES TRANSACTION IN THE SEED-TO-SALE INVENTORY
4 TRACKING SYSTEM IN ORDER TO ALLOW THE SEED-TO-SALE INVENTORY
5 TRACKING SYSTEM TO:

6 (A) CONTINUOUSLY MONITOR ENTRY OF PATIENT DATA TO
7 IDENTIFY DISCREPANCIES WITH DAILY AUTHORIZED QUANTITY LIMITS AND
8 THC POTENCY AUTHORIZATIONS;

9 (B) ACCESS AND RETRIEVE REAL-TIME SALES DATA BASED ON
10 PATIENT IDENTIFICATION NUMBER; AND

11 (C) RESPOND WITH A USER ERROR MESSAGE IF A SALE TO A
12 PATIENT OR CAREGIVER WILL EXCEED THE PATIENT'S DAILY AUTHORIZED
13 QUANTITY LIMIT FOR THAT BUSINESS DAY OR THC POTENCY
14 AUTHORIZATION.

15 (II) IN THE EVENT OF A TEMPORARY OUTAGE OF THE SEED-TO-SALE
16 TRACKING SYSTEM, A MEDICAL MARIJUANA STORE MAY RELY UPON THE
17 PHYSICIAN'S CERTIFICATION REQUIRED BY SECTION 25-1.5-106, AND IS NOT
18 RESPONSIBLE FOR ANY UNINTENTIONAL SALE IN EXCESS OF THE
19 AUTHORIZED QUANTITY LIMIT THAT OCCURS DURING THE OUTAGE,
20 PROVIDED HOWEVER THAT THE MEDICAL MARIJUANA STORE UPLOADS ITS
21 SALES DATA INTO THE SEED-TO-SALE TRACKING SYSTEM AS SOON AS
22 REASONABLY PRACTICAL AFTER THE END OF THE OUTAGE.

23 (III) THE DATA COLLECTED PURSUANT TO THIS SUBSECTION (1)(b)
24 IS CONFIDENTIAL AND SHALL NOT BE SHARED WITH ANYONE EXCEPT WHEN
25 IT IS NECESSARY TO COMPLETE A SALE.

26

27 (3) (g) WHEN COMPLETING A SALE OF MEDICAL MARIJUANA

1 CONCENTRATE, THE MEDICAL MARIJUANA STORE SHALL PROVIDE THE
2 PATIENT WITH THE TANGIBLE EDUCATIONAL RESOURCE CREATED BY THE
3 STATE LICENSING AUTHORITY THROUGH RULE-MAKING PURSUANT TO
4 SECTION 44-10-203 (2)(jj) REGARDING THE USE OF MEDICAL MARIJUANA
5 CONCENTRATE. ■■■

6 (4) (a) Prior to initiating a sale, the employee of the medical
7 marijuana store making the sale shall verify:

8 (I) That the purchaser has a valid registry identification card
9 issued pursuant to section 25-1.5-106 or a copy of a current and complete
10 new application for the medical marijuana registry administered by the
11 department of public health and environment that is documented by proof
12 as having been submitted to the department of public health and
13 environment within the preceding thirty-five days; and

14 (II) A valid picture identification card that matches the name on
15 the registry identification card; AND

16 (III) THAT THE PATIENT'S OR CAREGIVER'S PURCHASE WILL NOT
17 EXCEED THE PATIENT'S DAILY AUTHORIZED QUANTITY LIMIT OR THE
18 AMOUNT LISTED ON THE PATIENT'S CERTIFICATION, WHICHEVER IS
19 GREATER, AND THE PURCHASE ALIGNS WITH THE PURCHASE AUTHORITY
20 INFORMATION IN THE SEED-TO-SALE TRACKING SYSTEM.

21 (b) A purchaser may not provide a copy of a renewal application
22 in order to make a purchase at a medical marijuana store. A purchaser
23 may only make a purchase using a copy of ~~his or her~~ THE PURCHASER'S
24 application from 8 a.m. to 5 p.m., Monday through Friday. If the
25 purchaser presents a copy of ~~his or her~~ THE PURCHASER'S application at
26 the time of purchase, the employee must contact the department of public
27 health and environment to determine whether the purchaser's application

1 has been denied. The employee shall not complete the transaction if the
2 purchaser's application has been denied. If the purchaser's application has
3 been denied, the employee is authorized to confiscate the purchaser's copy
4 of the application and the documentation of proof of submittal, if
5 possible, and shall, within seventy-two hours after the confiscation, turn
6 it over to the department of public health and environment or a local law
7 enforcement agency. The failure to confiscate the copy of the application
8 and document of proof of submittal or to turn it over to the state health
9 department or a state or local law enforcement agency within seventy-two
10 hours after the confiscation is not a criminal offense.

11 (c) IF THE PATIENT SEEKS TO PURCHASE MORE THAN THE
12 STATUTORILY ALLOWED DAILY AUTHORIZED LIMIT OF CONCENTRATE FOR
13 THE PATIENT'S AGE GROUP, THE PATIENT SHALL PRESENT THE PATIENT'S
14 CERTIFICATION AT THE TIME OF PURCHASE AND THE MEDICAL MARIJUANA
15 STORE SHALL NOT EXCEED STATUTORILY ALLOWED QUANTITIES OR THE
16 QUANTITIES SPECIFIED IN THE CERTIFICATION.

17 (10) (b) (II) A medical marijuana store may sell medical
18 marijuana concentrate or medical marijuana products in an amount that
19 exceeds the sales limitation pursuant to subsection (10)(a) of this section
20 only to a patient who has a physician exemption from the sales limitation
21 and is registered with the medical marijuana store. A physician making
22 medical marijuana recommendations for a debilitating medical condition
23 or disabling medical condition pursuant to article 1.5 of title 25 may
24 exempt a patient from the medical marijuana concentrate or medical
25 marijuana products sales limitation established in subsection (10)(a) of
26 this section. A physician providing an exemption shall document and
27 maintain the exemption in the physician's record-keeping system for the

1 patient and shall provide written documentation to the patient to allow a
2 medical marijuana store to verify the exemption. The written
3 documentation of the exemption provided to a patient must, at a
4 minimum, include the patient's name and registry number, the physician's
5 name, valid license number, physical business address, any electronic
6 mailing address, and phone number. The state health agency may require
7 a physician providing an exemption to the sales limitation to document
8 the exemption in the medical marijuana registry.

9 (13) (a) A MEDICAL MARIJUANA STORE OR MEDICAL MARIJUANA
10 STORES SHALL NOT SELL ANY MORE THAN EIGHT GRAMS OF MEDICAL
11 MARIJUANA CONCENTRATE TO A PATIENT IN A SINGLE DAY; EXCEPT THAT
12 THIS SUBSECTION (13)(a) DOES NOT APPLY IF THE PATIENT IS HOMEBOUND,
13 IF THE PHYSICIAN'S CERTIFICATION SPECIFICALLY STATES THAT THE
14 PATIENT NEEDS MORE THAN EIGHT GRAMS OF MEDICAL MARIJUANA
15 CONCENTRATE, [REDACTED] IF IT WOULD BE A SIGNIFICANT PHYSICAL OR
16 GEOGRAPHIC HARDSHIP FOR THE PATIENT TO MAKE A DAILY PURCHASE, OR
17 IF THE PATIENT HAD A REGISTRY IDENTIFICATION CARD PRIOR TO EIGHTEEN
18 YEARS OF AGE.

19 (b) NOTWITHSTANDING THE PROVISIONS OF SUBSECTION (13)(a) OF
20 THIS SECTION, IF THE PATIENT IS EIGHTEEN TO TWENTY YEARS OF AGE A
21 MEDICAL MARIJUANA STORE OR MEDICAL MARIJUANA STORES SHALL NOT
22 SELL ANY MORE THAN TWO GRAMS OF MEDICAL MARIJUANA CONCENTRATE
23 TO A PATIENT IN A SINGLE DAY; EXCEPT THAT THIS SUBSECTION (13)(b)
24 DOES NOT APPLY IF THE PATIENT IS HOMEBOUND, IF THE PHYSICIAN'S
25 CERTIFICATION SPECIFICALLY STATES THE PATIENT NEEDS MORE THAN
26 TWO GRAMS OF MEDICAL MARIJUANA CONCENTRATE, OR IF IT WOULD BE
27 A SIGNIFICANT PHYSICAL OR GEOGRAPHIC HARDSHIP FOR THE PATIENT TO

1 MAKE A DAILY PURCHASE, OR IF THE PATIENT HAD A REGISTRY
2 IDENTIFICATION CARD PRIOR TO EIGHTEEN YEARS OF AGE.

3

4 **SECTION 9.** In Colorado Revised Statutes, 44-10-601, add
5 (3)(d), (3)(e), and (17) as follows:

6 **44-10-601. Retail marijuana store license - rules - definitions.**

7

8 (3) (d) WHEN COMPLETING A SALE OF RETAIL MARIJUANA
9 CONCENTRATE, THE RETAIL MARIJUANA STORE SHALL PROVIDE THE
10 CUSTOMER WITH THE TANGIBLE EDUCATIONAL RESOURCE CREATED BY THE
11 STATE LICENSING AUTHORITY THROUGH RULE-MAKING PURSUANT TO
12 SECTION 44-10-203 (2)(jj) REGARDING THE USE OF MEDICAL MARIJUANA
13 CONCENTRATE.

14

15 (17) A RETAIL MARIJUANA STORE OR RETAIL MARIJUANA STORES
16 SHALL NOT SELL ANY MORE THAN EIGHT GRAMS OF RETAIL MARIJUANA
17 CONCENTRATE TO A PERSON IN A SINGLE DAY.

18 **SECTION 10. Appropriation.** (1) For the 2021-22 state fiscal
19 year, \$4,000,000 is appropriated to the department of higher education.
20 This appropriation is from the marijuana tax cash fund created in section
21 39-28.8-501 (1), C.R.S. To implement this act, the department may use
22 this appropriation for regents of the university of Colorado for use by the
23 school of public health. Any money appropriated in this section but not
24 expended prior to July 1, 2022 is further appropriated to the department
25 for the 2022-23 fiscal year for the same purpose.

26 (2) For the 2021-22 state fiscal year, \$460,227 is appropriated to
27 the department of public health and environment for use by the center for

1 health and environmental information This appropriation consists of
2 \$173,250 from the general fund and \$286,977 from the medical marijuana
3 program cash fund created in section 25-1.5-106 (16)(a), C.R.S. To
4 implement this act, the center may use this appropriation as follows:

5 (a) \$102,417 from the medical marijuana program cash fund for
6 personal services related to the medical marijuana registry, which amount
7 is based on an assumption that the registry will require an additional 1.6
8 FTE;

9 (b) \$184,560 from the medical marijuana program cash fund for
10 operating expenses related to the medical marijuana registry;

11 (c) \$118,150 from the general fund for personal services related
12 to health statistics and vital records, which amount is based on an
13 assumption that the registry will require an additional 1.8 FTE; and

14 (d) \$55,100 from the general fund for operating expenses related
15 to health statistics and vital records.

16 (3) For the 2021-22 state fiscal year, \$255,167 is appropriated to
17 the department of revenue. This appropriation is from the marijuana cash
18 fund created in section 44-10-801 (1)(a), C.R.S. To implement this act,
19 the department may use this appropriation as follows:

20 (a) \$159,461 for use by the specialized business group for
21 marijuana enforcement, which amount is based on an assumption that the
22 subdivision will require an additional 1.5 FTE; and

23 (b) \$95,706 for the purchase of legal services.

24 (4) For the 2021-22 state fiscal year, \$95,706 is appropriated to
25 the department of law. This appropriation is from reappropriated funds
26 received from the department of revenue under subsection (3)(b) of this
27 section and is based on an assumption that the department of law will

1 require an additional 0.5 FTE. To implement this act, the department of
2 law may use this appropriation to provide legal services for the
3 department of revenue.

4 **SECTION 11. Safety clause.** The general assembly hereby finds,
5 determines, and declares that this act is necessary for the immediate
6 preservation of the public peace, health, or safety.