

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

REREVISED

*This Version Includes All Amendments
Adopted in the Second House*

LLS NO. 21-0914.01 Michael Dohr x4347

HOUSE BILL 21-1317

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House Committees

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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.

SENATE
Amended 3rd Reading
June 3, 2021

SENATE
Amended 2nd Reading
June 2, 2021

HOUSE
3rd Reading Unamended
May 27, 2021

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. IF AFTER JULY 1, 2022, ADDITIONAL RESEARCH IS
5 CONDUCTED AND SUFFICIENT DATA FROM THAT RESEARCH SHOWS A
6 PREVALENCE OF NEGATIVE PHYSICAL OR MENTAL HEALTH OUTCOMES
7 FROM THE USE OF HIGH POTENCY THC MARIJUANA OR MARIJUANA
8 PRODUCTS, THE COLORADO SCHOOL OF PUBLIC HEALTH SHALL SUBMIT A
9 REPORT REGARDING THE FINDINGS TO THE SCIENTIFIC REVIEW COUNCIL
10 CREATED IN SUBSECTION (2)(b) OF THIS SECTION AND THE FINANCE
11 COMMITTEE AND PUBLIC AND BEHAVIORAL HEALTH AND HUMAN SERVICES
12 COMMITTEE OF THE HOUSE OF REPRESENTATIVES AND THE FINANCE
13 COMMITTEE AND HEALTH AND HUMAN SERVICES COMMITTEE OF THE
14 SENATE, OR THEIR SUCCESSOR COMMITTEES. ANY RECOMMENDATIONS
15 MUST NOT INCLUDE ADDITIONAL CRIMINAL PENALTIES RELATED TO
16 MARIJUANA CONCENTRATE USE, POSSESSION, OR POSSESSION OF
17 PARAPHERNALIA OR NEW CRIMES RELATED TO MARIJUANA CONCENTRATE
18 USE, POSSESSION, OR POSSESSION OF PARAPHERNALIA.

19 (b) THE COLORADO SCHOOL OF PUBLIC HEALTH SHALL ESTABLISH
20 A SCIENTIFIC REVIEW COUNCIL TO REVIEW THE INITIAL REPORT AND ANY
21 SUBSEQUENT REPORTS PRODUCED PURSUANT TO SUBSECTION (2)(a) OF
22 THIS SECTION AND MAKE RECOMMENDATIONS TO THE GENERAL ASSEMBLY
23 REGARDING APPROPRIATE EVIDENCE-BASED REGULATORY CHANGES AND
24 THE FUNDING OF ADDITIONAL NECESSARY EVIDENCE-BASED RESEARCH.
25 THE DEAN OF THE COLORADO SCHOOL OF PUBLIC HEALTH, IN
26 CONJUNCTION WITH THE DEAN OF THE MEDICAL SCHOOL AT THE
27 UNIVERSITY OF COLORADO AND THE DEAN OF THE SCHOOL OF PHARMACY

1 AT THE UNIVERSITY OF COLORADO, SHALL APPOINT MEMBERS, WITH A
2 GOAL OF AT LEAST TWENTY-FIVE PERCENT OF THE MEMBERS
3 REPRESENTING COMMUNITIES OF COLOR, TO THE SCIENTIFIC REVIEW
4 COUNCIL WHO DO NOT HAVE A PECUNIARY INTEREST OR ANYONE IN THEIR
5 IMMEDIATE FAMILY WHO DOES NOT HAVE A PECUNIARY INTEREST, WHO
6 REPRESENT AN UNBIASED GROUP OF PROFESSIONALS, AS FOLLOWS:


- 7 (I) AN EPIDEMIOLOGIST;
- 8 (II) A PHYSICIAN FAMILIAR WITH THE ADMINISTRATION OF
9 MEDICAL MARIJUANA PURSUANT TO CURRENT STATE LAWS WITH
10 EXPERIENCE RECOMMENDING MEDICAL MARIJUANA TO THOSE ARE AGE
11 ZERO TO SEVENTEEN;
- 12 (III) A MEDICAL TOXICOLOGIST;
- 13 (IV) A NEUROLOGIST;
- 14 (V) A PEDIATRICIAN;
- 15 (VI) A PSYCHIATRIST;
- 16 (VII) AN INTERNAL MEDICINE PHYSICIAN OR OTHER SPECIALIST IN
17 ADULT MEDICINE;
- 18 (VIII) A PREVENTIVE MEDICINE SPECIALIST OR PUBLIC HEALTH
19 PROFESSIONAL; ■
- 20 (IX) A LICENSED SUBSTANCE USE DISORDER SPECIALIST;
- 21 (X) A NEUROPSYCHOPHARMACOLOGIST; AND
- 22 (XI) A MEDICAL OR PUBLIC HEALTH EXPERT WHO SPECIALIZES IN
23 RACIAL AND HEALTH DISPARITIES AND SYSTEMIC INEQUALITIES IN HEALTH
24 CARE AND MEDICINE.

25 (c) THE SCIENTIFIC REVIEW COUNCIL SHALL POST PUBLIC NOTICE
26 OF EACH COMMITTEE MEETING AT LEAST TWO WEEKS BEFORE THE
27 MEETING AND THE MEETINGS MUST BE BROADCAST TO THE PUBLIC.

1 NOTHING PRECLUDES THE PUBLIC FROM SUBMITTING WRITTEN COMMENTS
2 TO THE COMMITTEE.

3 (3) BASED ON ITS RESEARCH AND FINDINGS, THE COLORADO
4 SCHOOL OF PUBLIC HEALTH SHALL PRODUCE A PUBLIC EDUCATION
5 CAMPAIGN FOR THE GENERAL PUBLIC REGARDING THE EFFECT OF
6 HIGH-POTENCY THC MARIJUANA ON THE DEVELOPING BRAIN AND ON
7 PHYSICAL AND MENTAL HEALTH. THE SCIENTIFIC REVIEW COUNCIL
8 CREATED IN SUBSECTION (2)(b) OF THIS SECTION SHALL APPROVE THE
9 PUBLIC EDUCATION CAMPAIGN.

10 (4) THE COLORADO SCHOOL OF PUBLIC HEALTH SHALL NOT SEEK,
11 ACCEPT, OR USE GIFTS, GRANTS, OR DONATIONS TO FUND THE PROVISIONS
12 OF THIS SECTION. THE PROVISIONS OF THIS SECTION SHALL BE COMPLETED
13 USING ONLY APPROPRIATIONS FROM THE GENERAL ASSEMBLY.

14 
15 **SECTION 2.** In Colorado Revised Statutes, 25-1.5-106, **amend**
16 (2)(a.5)(I), (5)(b), (5)(c), (5)(d)(III), (5)(d)(IV), and (6)(a); and **add**
17 (5)(d)(V), (5)(f), (5)(g), and (5.5) as follows:

18 **25-1.5-106. Medical marijuana program - powers and duties**
19 **of state health agency - rules - medical review board - medical**
20 **marijuana program cash fund - subaccount - created - "Ethan's**
21 **Law" - definitions - repeal. (2) Definitions.** In addition to the
22 definitions set forth in section 14 (1) of article XVIII of the state
23 constitution, as used in this section, unless the context otherwise requires:

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

26 (I) A physician and a patient have a treatment or counseling
27 relationship, in the course of which the physician has completed a THE

1 IN-PERSON full assessment of the patient's medical history, including AN
2 ASSESSMENT OF THE PATIENT'S MEDICAL AND MENTAL HEALTH HISTORY
3 TO DETERMINE WHETHER THE PATIENT HAS A MEDICAL OR MENTAL
4 HEALTH ISSUE THAT COULD BE EXACERBATED BY THE USE OF MEDICAL
5 MARIJUANA AND reviewing a previous diagnosis for a debilitating or
6 disabling medical condition, and current medical condition, including an
7 appropriate personal physical examination. IF THE RECOMMENDING
8 PHYSICIAN IS NOT THE PATIENT'S PRIMARY CARE PHYSICIAN, THE
9 RECOMMENDING PHYSICIAN SHALL REVIEW THE EXISTING RECORDS OF THE
10 DIAGNOSING PHYSICIAN OR A LICENSED MENTAL HEALTH PROVIDER. THIS
11 SUBSECTION (2)(a.5)(I) DOES NOT REQUIRE A MENTAL HEALTH
12 EXAMINATION PRIOR TO MAKING A RECOMMENDATION.

13 (5) **Physicians.** A physician who certifies a debilitating medical
14 condition or disabling medical condition for an applicant to the medical
15 marijuana program shall comply with all of the following requirements:

16 (b) (I) After a physician, who has a bona fide physician-patient
17 relationship with the patient applying for the medical marijuana program,
18 determines, for the purposes of making a recommendation, that the
19 patient has a debilitating medical condition or disabling medical condition
20 and that the patient may benefit from the use of medical marijuana, the
21 physician shall certify to the state health agency that the patient has a
22 debilitating medical condition or disabling medical condition and that the
23 patient may benefit from the use of medical marijuana. If the physician
24 certifies that the patient would benefit from the use of medical marijuana
25 based on a chronic or debilitating disease or medical condition or
26 disabling medical condition, the physician shall specify the chronic or
27 debilitating disease or medical condition or disabling medical condition

1 and, if known, the cause or source of the chronic or debilitating disease
2 or medical condition or disabling medical condition. A PHYSICIAN'S
3 AUTHORIZATION FOR MEDICAL MARIJUANA MUST BE IN COMPLIANCE WITH
4 THE PROVISIONS OF THIS SECTION, ANY RULES PROMULGATED PURSUANT
5 TO THIS SECTION, THE PHYSICIAN'S RESPECTIVE PRACTICE ACT, ARTICLE
6 220 OF TITLE 12 AND ANY RULES PROMULGATED PURSUANT TO THAT
7 ARTICLE FOR A DENTIST, ARTICLE 240 OF TITLE 12 AND ANY RULES
8 PROMULGATED PURSUANT TO THAT ARTICLE, AND ARTICLE 255 OF TITLE
9 12 AND ANY RULES PROMULGATED PURSUANT TO THAT ARTICLE FOR AN
10 ADVANCED PRACTICE REGISTERED NURSE.

11 (II) THE CERTIFICATION MUST INCLUDE THE FOLLOWING:

12 (A) THE DATE OF ISSUE AND THE EFFECTIVE DATE OF THE
13 RECOMMENDATION;

14 (B) THE PATIENT'S NAME AND ADDRESS;

15 (C) THE AUTHORIZING PHYSICIAN'S NAME, ADDRESS, AND FEDERAL
16 DRUG ENFORCEMENT AGENCY NUMBER;

17 (D) THE MAXIMUM THC POTENCY LEVEL OF MEDICAL MARIJUANA
18 BEING RECOMMENDED;

19 (E) THE RECOMMENDED PRODUCT, IF ANY;

20 (F) THE PATIENT'S DAILY AUTHORIZED QUANTITY, IF SUCH
21 QUANTITY EXCEEDS THE MAXIMUM STATUTORILY ALLOWED AMOUNT FOR
22 THE PATIENT'S AGE;

23 (G) DIRECTIONS FOR USE; AND

24 (H) THE AUTHORIZING PHYSICIAN'S SIGNATURE.

25 (III) THE AUTHORIZING PHYSICIAN SHALL PROVIDE THE PATIENT
26 WITH A COPY OF THE CERTIFICATION.

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

1 INCLUDING A COPY OF THE CERTIFICATION, AND for all patients for whom
2 the physician has ~~recommended~~ AUTHORIZED the medical use of
3 marijuana, and, pursuant to an investigation initiated pursuant to section
4 12-240-125, the physician shall produce such medical records to the
5 Colorado medical board after redacting any patient or primary caregiver
6 identifying information. THE PHYSICIAN SHALL MAINTAIN THE MEDICAL
7 RECORDS OF THE PATIENT'S VISIT AND THE PHYSICIAN SHALL RESPOND TO
8 A TREATING PHYSICIAN'S REQUEST FOR MEDICAL RECORDS TO TREAT THE
9 PATIENT WITH THE CERTIFICATION WITH THE PATIENT'S PERMISSION.

10 (d) A physician shall not:

11 (III) Examine a patient for purposes of diagnosing a debilitating
12 medical condition or a disabling medical condition at a location where
13 medical marijuana is sold or distributed; ~~or~~

14 (IV) Hold an economic interest in an enterprise that provides or
15 distributes medical marijuana if the physician certifies the debilitating
16 medical condition or disabling medical condition of a patient for
17 participation in the medical marijuana program; OR

18 (V) CHARGE A PATIENT AN ADDITIONAL FEE TO RECOMMEND AN
19 EXTENDED PLANT COUNT OR FOR A RECOMMENDATION THAT IS AN
20 EXCEPTION TO ANY REQUIREMENT IN THIS SECTION OR ARTICLE 10 OF
21 TITLE 44.

22 (f) A PHYSICIAN WHO [REDACTED] MAKES MEDICAL MARIJUANA
23 RECOMMENDATIONS SHALL TAKE A MEDICAL CONTINUING EDUCATION
24 COURSE REGARDING MEDICAL MARIJUANA THAT IS AT LEAST FIVE HOURS
25 EVERY TWO YEARS.

26 (g) THE DEPARTMENT SHALL REPORT ON OR BEFORE JANUARY 31
27 OF EACH YEAR THE NUMBER OF PHYSICIANS WHO MADE MEDICAL

1 MARIJUANA RECOMMENDATIONS IN THE PREVIOUS YEAR AND WITHOUT
2 IDENTIFYING THE PHYSICIAN THE NUMBER OF RECOMMENDATIONS EACH
3 PHYSICIAN MADE AND THE AGGREGATE NUMBER OF HOMEBOUND PATIENTS
4 AGES EIGHTEEN TO TWENTY IN THE REGISTRY.

5 (5.5) **Patients eighteen to twenty years of age.**

6 NOTWITHSTANDING ANY OTHER PROVISIONS OF THIS SECTION TO THE
7 CONTRARY, A PATIENT WITH A DEBILITATING OR DISABLING MEDICAL
8 CONDITION WHO IS EIGHTEEN TO TWENTY YEARS OF AGE IS NOT ELIGIBLE
9 FOR THE MEDICAL MARIJUANA PROGRAM UNLESS:

10 (a) TWO PHYSICIANS FROM SEPARATE MEDICAL PRACTICES HAVE
11 DIAGNOSED THE PATIENT AS HAVING A DEBILITATING OR DISABLING
12 MEDICAL CONDITION AFTER AN IN-PERSON CONSULTATION. IF ONE OF THE
13 RECOMMENDING PHYSICIANS IS NOT THE PATIENT'S PRIMARY CARE
14 PHYSICIAN, THE RECOMMENDING PHYSICIAN SHALL REVIEW THE RECORDS
15 OF A DIAGNOSING PHYSICIAN OR A LICENSED MENTAL HEALTH PROVIDER
16 ACTING WITHIN THE PHYSICIAN'S OR PROVIDER'S SCOPE OF PRACTICE. THE
17 REQUIREMENT THAT THE TWO PHYSICIANS BE FROM SEPARATE MEDICAL
18 PRACTICES DOES NOT APPLY IF THE PATIENT IS HOMEBOUND OR IF THE
19 PATIENT HAD A MEDICAL MARIJUANA REGISTRATION CARD BEFORE AGE
20 EIGHTEEN.

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

24 (c) THE PHYSICIAN REFERRED TO IN SUBSECTION (5.5)(b) OF THIS
25 SECTION HAS PROVIDED THE PATIENT WITH THE WRITTEN DOCUMENTATION
26 SPECIFYING THAT THE PATIENT HAS BEEN DIAGNOSED WITH A
27 DEBILITATING OR DISABLING MEDICAL CONDITION AND THE PHYSICIAN HAS

1 CONCLUDED THAT THE PATIENT MIGHT BENEFIT FROM THE MEDICAL USE
2 OF MARIJUANA; AND

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

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

10 (6) **Enforcement.** (a) If the state health agency has reasonable
11 cause to believe that a physician has violated section 14 of article XVIII
12 of the state constitution, subsection ~~(5)(a), (5)(b), or (5)(c)~~ (5) of this
13 section, or the rules promulgated by the state health agency pursuant to
14 subsection (3) of this section, the state health agency may refer the matter
15 to the Colorado medical board created in section 12-240-105 for an
16 investigation and determination.

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

19 **25-3-126. Emergency room intake data marijuana use -**
20 **annual report.** THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
21 SHALL CREATE A DE-IDENTIFIED REPORT FROM HOSPITAL AND EMERGENCY
22 ROOM DISCHARGE DATA OF PATIENTS, INCLUDING DEMOGRAPHIC
23 INFORMATION REGARDING PATIENTS' AGE, RACE, ETHNICITY, GENDER, AND
24 GEOGRAPHIC LOCATION, PRESENTING WITH CONDITIONS OR A DIAGNOSIS
25 THAT REFLECT MARIJUANA USE, INCLUDING AND IDENTIFYING IF THE
26 MARIJUANA USE WAS IN CONJUNCTION WITH ALCOHOL OR OTHER DRUGS,
27 AND PROVIDE THAT REPORT AT THE DEPARTMENT'S PRESENTATIONS TO

1 THE LEGISLATIVE COMMITTEES OF REFERENCE PURSUANT TO SECTION
2 2-7-203 IN 2022, AND ANNUALLY EACH YEAR THEREAFTER. THE REPORT
3 CAN BE PRODUCED IN CONJUNCTION WITH THE REPORT REQUIRED
4 PURSUANT TO SECTION 30-10-624 (2).

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

7 **30-10-624. Required toxicology screening for a suicide,**
8 **overdose death, or accidental death - annual report - working group.**

9 (1) (a) THE ASSOCIATION REPRESENTING CORONERS SHALL ESTABLISH A
10 WORKING GROUP TO STUDY METHODS TO TEST FOR ALL SCHEDULED DRUGS
11 AND THE PRESENCE AND QUANTITY OF THC, INCLUDING AND IDENTIFYING
12 HOW LONG AGO THE THC WAS CONSUMED, IF THE PRESENCE OF THC WAS
13 IN CONJUNCTION WITH ALCOHOL AND SCHEDULED DRUGS, AND ITS
14 METABOLITE IN EACH CASE OF A NON-NATURAL DEATH, EXCLUDING
15 HOMICIDE, OF A PERSON UNDER TWENTY-FIVE YEARS OF AGE. THE
16 WORKING GROUP SHALL CONSULT WITH AN EPIDEMIOLOGIST, A MEDICAL
17 TOXICOLOGIST, AN ADDICTION SPECIALIST, AND A MEDICAL EXAMINER OR
18 FORENSIC PATHOLOGIST AND MAY CONSULT WITH THE DEPARTMENT OF
19 PUBLIC HEALTH AND ENVIRONMENT. THE METHODOLOGY SHALL INCLUDE
20 MEANS TO IDENTIFY PRESCRIPTION DRUGS, AND OTHER FEDERALLY
21 SCHEDULED SUBSTANCES THAT HAVE A SUBSTANTIAL POTENTIAL FOR
22 OVERDOSE AND ADDICTION, BY USING EVIDENCE-BASED PRACTICES. THESE
23 RECOMMENDATIONS SHALL BE COMPLETED BY JULY 1, 2022; EXCEPT THAT
24 THE METHODOLOGY TO IDENTIFY PRESCRIPTION DRUGS, AND OTHER
25 FEDERALLY SCHEDULED SUBSTANCES THAT HAVE A SUBSTANTIAL
26 POTENTIAL FOR OVERDOSE AND ADDICTION, BY USING EVIDENCE-BASED
27 PRACTICES SHALL BE COMPLETED BY NOVEMBER 1, 2022, AND REPORTED

1 THE HOUSE OF REPRESENTATIVES HEALTH AND INSURANCE COMMITTEE
2 AND THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE, OR THEIR
3 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 SCHEDULED DRUGS, IN EACH CASE OF A
7 NON-NATURAL DEATH, EXCLUDING HOMICIDE, OF A COLORADO RESIDENT
8 UNDER 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 SHARE THE INFORMATION COLLECTED
16 PURSUANT TO SUBSECTION (1)(a) OF THIS SECTION WITH THE DEPARTMENT
17 OF PUBLIC HEALTH AND ENVIRONMENT FOR INCLUSION INTO THE VIOLENT
18 DEATH REPORTING SYSTEM. HOWEVER, THE INFORMATION COLLECTED BY
19 THE CORONER AND SHARED WITH THE DEPARTMENT IS NOT A PUBLIC
20 RECORD UNDER THE "COLORADO OPEN RECORDS ACT"; EXCEPT THAT THE
21 INFORMATION SHALL BE MADE AVAILABLE TO A PARENT OR A DULY
22 APPOINTED LEGAL REPRESENTATIVE OF THE DECEASED UPON REQUEST.
23 THE DEPARTMENT SHALL MAKE THE DE-IDENTIFIED AGGREGATE OF THE
24 INFORMATION PROVIDED PURSUANT TO THIS SUBSECTION (1)(c)
25 AVAILABLE FOR RESEARCH PURPOSES.

26 (d) IN THE EVENT OF A DEATH IN A HOSPITAL, IF CLINICALLY
27 INDICATED, THE HOSPITAL-TREATING CLINICIAN SHALL ORDER THE

1 TOXICOLOGY SCREEN AS DESCRIBED IN SUBSECTION (1)(a) OF THIS SECTION
2 AND DOCUMENT THE RESULTS OF THE TOXICOLOGY SCREEN TO THE
3 HEALTH INFORMATION EXCHANGE IN THE MEDICAL RECORD.

4 (2) THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
5 SHALL PRODUCE AN ANNUAL REPORT OF THE INFORMATION REPORTED IN
6 SUBSECTIONS (1)(b) AND (1)(c) OF THIS SECTION BEGINNING JANUARY 2,
7 2023, AND ANNUALLY EACH YEAR THEREAFTER. THE REPORT CAN BE
8 PRODUCED IN CONJUNCTION WITH THE REPORT REQUIRED PURSUANT TO
9 SECTION 25-3-126.

10 SECTION 5. In Colorado Revised Statutes, 39-28.8-501, add
11 (4.7) as follows:

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

21 (II) THE GENERAL ASSEMBLY SHALL APPROPRIATE ONE MILLION
22 DOLLARS FROM THE FUND IN FISCAL YEAR 2022-23 TO THE COLORADO
23 SCHOOL OF PUBLIC HEALTH TO CONDUCT THE RESEARCH REQUIRED BY
24 SECTION 23-20-141. ANY MONEY APPROPRIATED PURSUANT TO THIS
25 SUBSECTION (4.7)(a)(II) THAT REMAINS AT THE END OF THE FISCAL YEAR
26 MAY BE RETAINED BY THE COLORADO SCHOOL OF PUBLIC HEALTH TO
27 CONTINUE RESEARCH IN THE NEXT FISCAL YEAR.

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

7 (b) THIS SUBSECTION (4.7) IS REPEALED, EFFECTIVE JANUARY 1,
8 2025.

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

11 **44-10-103. Definitions.** As used in this article 10, unless the
12 context otherwise requires:

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

1 **PRODUCT.**

2 (59.5) "RETAIL MARIJUANA CONCENTRATE" MEANS A SUBSET OF
3 RETAIL MARIJUANA THAT IS SEPARATED FROM THE RETAIL MARIJUANA
4 PLANT AND RESULTS IN MATTER WITH A HIGHER CONCENTRATION OF
5 CANNABINOIDS THAN NATURALLY OCCUR IN THE PLANT. RETAIL
6 MARIJUANA CONCENTRATE CONTAINS CANNABINOIDS AND MAY CONTAIN
7 TERPENES AND OTHER CHEMICALS THAT ARE NATURALLY OCCURRING IN
8 RETAIL MARIJUANA PLANTS THAT HAVE BEEN SEPARATED FROM RETAIL
9 MARIJUANA. RETAIL MARIJUANA CONCENTRATE MAY ALSO INCLUDE
10 RESIDUAL AMOUNTS OF THE TYPES OF SOLVENTS, AS PERMITTED BY THE
11 MARIJUANA RULES. THE STATE LICENSING AUTHORITY MAY FURTHER
12 DEFINE BY RULE SUBCATEGORIES OF RETAIL MARIJUANA CONCENTRATE
13 AND AUTHORIZE LIMITED INGREDIENTS BASED ON THE METHOD OF
14 PRODUCTION OF RETAIL MARIJUANA CONCENTRATE. UNLESS THE CONTEXT
15 OTHERWISE REQUIRES, RETAIL MARIJUANA CONCENTRATE IS INCLUDED
16 WHEN THIS ARTICLE 10 REFERS TO RETAIL MARIJUANA PRODUCT.

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

20 **44-10-203. State licensing authority - rules. (2) Mandatory**
21 **rule-making.** Rules promulgated pursuant to section 44-10-202 (1)(c)
22 must include but need not be limited to the following subjects:

23 (dd) Requirements for medical marijuana and medical marijuana
24 products delivery as described in section 44-10-501 (11) and section
25 44-10-505 (5) and retail marijuana and retail marijuana products delivery
26 as described in section 44-10-601 (13) and section 44-10-605 (5),
27 including:

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

5 (ff) (VII) Rules to ensure compliance with section 42-4-1305.5;
6 and

7 [REDACTED]
8 (hh) THE CIRCUMSTANCES THAT CONSTITUTE A SIGNIFICANT
9 PHYSICAL OR GEOGRAPHIC HARDSHIP AS USED IN SECTION 44-10-501 (13);
10 [REDACTED]

11 ==
12 (ii) EFFECTIVE JANUARY 1, 2023, REQUIREMENTS FOR MEDICAL
13 AND RETAIL MARIJUANA CONCENTRATE TO PROMOTE CONSUMER HEALTH
14 AND AWARENESS, WHICH SHALL INCLUDE A RECOMMENDED SERVING SIZE,
15 VISUAL REPRESENTATION OF ONE RECOMMENDED SERVING, LABELING
16 REQUIREMENTS, AND MAY INCLUDE A MEASURING DEVICE THAT MAY BE
17 USED TO MEASURE ONE RECOMMENDED SERVING.

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

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

27 (V) Prohibiting opt-in marketing that does not permit an easy and

1 permanent opt-out feature; and

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

5 (VIII) REQUIREMENTS THAT ANY ADVERTISING OR MARKETING
6 SPECIFIC TO MEDICAL MARIJUANA CONCENTRATE OR RETAIL MARIJUANA
7 CONCENTRATE INCLUDE A NOTICE REGARDING THE POTENTIAL RISKS OF
8 MEDICAL MARIJUANA CONCENTRATE OR RETAIL MARIJUANA
9 CONCENTRATE OVERCONSUMPTION.

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

13 **44-10-501. Medical marijuana store license.** (1) (b) (I) The
14 medical marijuana store shall track all of its medical marijuana and
15 medical marijuana products from the point that they are transferred from
16 a medical marijuana cultivation facility or medical marijuana products
17 manufacturer to the point of sale. WHEN COMPLETING A PATIENT SALES
18 TRANSACTION, THE MEDICAL MARIJUANA STORE SHALL IMMEDIATELY
19 RECORD EACH SALES TRANSACTION IN THE SEED-TO-SALE INVENTORY
20 TRACKING SYSTEM IN ORDER TO ALLOW THE SEED-TO-SALE INVENTORY
21 TRACKING SYSTEM TO:

22 (A) CONTINUOUSLY MONITOR ENTRY OF PATIENT DATA TO
23 IDENTIFY DISCREPANCIES WITH DAILY AUTHORIZED QUANTITY LIMITS AND
24 THC POTENCY AUTHORIZATIONS;

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

27 (C) RESPOND WITH A USER ERROR MESSAGE IF A SALE TO A

1 PATIENT OR CAREGIVER WILL EXCEED THE PATIENT'S DAILY AUTHORIZED
2 QUANTITY LIMIT FOR THAT BUSINESS DAY OR THC POTENCY
3 AUTHORIZATION.

4 (II) IN THE EVENT OF A TEMPORARY OUTAGE OF THE SEED-TO-SALE
5 TRACKING SYSTEM, A MEDICAL MARIJUANA STORE MAY RELY UPON THE
6 PHYSICIAN'S CERTIFICATION REQUIRED BY SECTION 25-1.5-106, AND IS NOT
7 RESPONSIBLE FOR ANY UNINTENTIONAL SALE IN EXCESS OF THE
8 AUTHORIZED QUANTITY LIMIT THAT OCCURS DURING THE OUTAGE,
9 PROVIDED HOWEVER THAT THE MEDICAL MARIJUANA STORE UPLOADS ITS
10 SALES DATA INTO THE SEED-TO-SALE TRACKING SYSTEM AS SOON AS
11 REASONABLY PRACTICAL AFTER THE END OF THE OUTAGE.

12 (III) THE DATA COLLECTED PURSUANT TO THIS SUBSECTION (1)(b),
13 INCLUDING ANY PERSONAL IDENTIFYING PATIENT INFORMATION, IS
14 SUBJECT TO THE CONFIDENTIALITY REQUIREMENTS OF SECTION 44-10-204.

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17 (3) (g) WHEN COMPLETING A SALE OF MEDICAL MARIJUANA
18 CONCENTRATE, THE MEDICAL MARIJUANA STORE SHALL PROVIDE THE
19 PATIENT WITH THE TANGIBLE EDUCATIONAL RESOURCE CREATED BY THE
20 STATE LICENSING AUTHORITY PURSUANT TO SECTION 44-10-202 (8)
21 REGARDING THE USE OF MEDICAL MARIJUANA CONCENTRATE. ■

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

24 (I) That the purchaser has a valid registry identification card
25 issued pursuant to section 25-1.5-106 or a copy of a current and complete
26 new application for the medical marijuana registry administered by the
27 department of public health and environment that is documented by proof

1 as having been submitted to the department of public health and
2 environment within the preceding thirty-five days; and

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

5 (III) THAT THE PATIENT'S OR CAREGIVER'S PURCHASE WILL NOT
6 EXCEED THE PATIENT'S DAILY AUTHORIZED QUANTITY LIMIT OR THE
7 AMOUNT LISTED ON THE PATIENT'S CERTIFICATION, WHICHEVER IS
8 GREATER, AND THE PURCHASE ALIGNS WITH THE PURCHASE AUTHORITY
9 INFORMATION IN THE SEED-TO-SALE TRACKING SYSTEM.

10 (b) A purchaser may not provide a copy of a renewal application
11 in order to make a purchase at a medical marijuana store. A purchaser
12 may only make a purchase using a copy of ~~his or her~~ THE PURCHASER'S
13 application from 8 a.m. to 5 p.m., Monday through Friday. If the
14 purchaser presents a copy of ~~his or her~~ THE PURCHASER'S application at
15 the time of purchase, the employee must contact the department of public
16 health and environment to determine whether the purchaser's application
17 has been denied. The employee shall not complete the transaction if the
18 purchaser's application has been denied. If the purchaser's application has
19 been denied, the employee is authorized to confiscate the purchaser's copy
20 of the application and the documentation of proof of submittal, if
21 possible, and shall, within seventy-two hours after the confiscation, turn
22 it over to the department of public health and environment or a local law
23 enforcement agency. The failure to confiscate the copy of the application
24 and document of proof of submittal or to turn it over to the state health
25 department or a state or local law enforcement agency within seventy-two
26 hours after the confiscation is not a criminal offense.

27 (c) IF THE PATIENT SEEKS TO PURCHASE MORE THAN THE

1 STATUTORILY ALLOWED DAILY AUTHORIZED LIMIT OF CONCENTRATE FOR
2 THE PATIENT'S AGE GROUP, THE PATIENT SHALL PRESENT THE PATIENT'S
3 CERTIFICATION AT THE TIME OF PURCHASE AND THE MEDICAL MARIJUANA
4 STORE SHALL NOT EXCEED STATUTORILY ALLOWED QUANTITIES OR THE
5 QUANTITIES SPECIFIED IN THE CERTIFICATION.

6 (10)(a) Except as provided in subsection (10)(b) of this section,
7 a medical marijuana store shall not sell, individually or in any
8 combination, more than two ounces of medical marijuana flower, forty
9 EIGHT grams of medical marijuana concentrate, or medical marijuana
10 products containing a combined total of twenty thousand milligrams to a
11 patient in a single business day.

12 (b) (II) A medical marijuana store may sell ~~medical marijuana~~
13 ~~concentrate or~~ medical marijuana products in an amount that exceeds the
14 sales limitation pursuant to subsection (10)(a) of this section only to a
15 patient who has a physician exemption from the sales limitation and is
16 registered with the medical marijuana store. A physician making medical
17 marijuana recommendations for a debilitating medical condition or
18 disabling medical condition pursuant to article 1.5 of title 25 may exempt
19 a patient from the medical marijuana concentrate or medical marijuana
20 products sales limitation established in subsection (10)(a) of this section.
21 A physician providing an exemption shall document and maintain the
22 exemption in the physician's record-keeping system for the patient and
23 shall provide written documentation to the patient to allow a medical
24 marijuana store to verify the exemption. The written documentation of the
25 exemption provided to a patient must, at a minimum, include the patient's
26 name and registry number, the physician's name, valid license number,
27 physical business address, any electronic mailing address, and phone

1 number. The state health agency may require a physician providing an
2 exemption to the sales limitation to document the exemption in the
3 medical marijuana registry.

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

14 (B) NOTWITHSTANDING THE PROVISIONS OF SUBSECTION
15 (10)(b)(III)(A) OF THIS SECTION, IF THE PATIENT IS EIGHTEEN TO TWENTY
16 YEARS OF AGE A MEDICAL MARIJUANA STORE OR MEDICAL MARIJUANA
17 STORES SHALL NOT SELL ANY MORE THAN TWO GRAMS OF MEDICAL
18 MARIJUANA CONCENTRATE TO A PATIENT IN A SINGLE DAY; EXCEPT THAT
19 THIS SUBSECTION (10)(b) DOES NOT APPLY IF THE PATIENT IS HOMEBOUND,
20 IF THE PHYSICIAN'S CERTIFICATION SPECIFICALLY STATES THE PATIENT
21 NEEDS MORE THAN TWO GRAMS OF MEDICAL MARIJUANA CONCENTRATE,
22 OR IF IT WOULD BE A SIGNIFICANT PHYSICAL OR GEOGRAPHIC HARDSHIP
23 FOR THE PATIENT TO MAKE A DAILY PURCHASE, OR IF THE PATIENT HAD A
24 REGISTRY IDENTIFICATION CARD PRIOR TO EIGHTEEN YEARS OF AGE.

25 [REDACTED]

26 **SECTION 9.** In Colorado Revised Statutes, 44-10-601, **add**
27 (3)(d), [REDACTED] and (17) as follows:

1 **44-10-601. Retail marijuana store license - rules - definitions.**

2 ■

3 (3) (d) WHEN COMPLETING A SALE OF RETAIL MARIJUANA
4 CONCENTRATE, THE RETAIL MARIJUANA STORE SHALL PROVIDE THE
5 CUSTOMER WITH THE TANGIBLE EDUCATIONAL RESOURCE CREATED BY THE
6 STATE LICENSING AUTHORITY THROUGH RULE-MAKING PURSUANT TO
7 SECTION 44-10-202 (8) REGARDING THE USE OF MEDICAL MARIJUANA
8 CONCENTRATE. ■

9 ■

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

13 **SECTION 10. In Colorado Revised Statutes, 44-10-202, add (8)**
14 as follows:

15 **44-10-202. Powers and duties of state licensing authority -**
16 **stakeholder work group - rules - report - legislative declaration -**
17 **repeal.** (8) (a) THE STATE LICENSING AUTHORITY SHALL CONVENE A
18 STAKEHOLDER WORK GROUP TO DEVELOP:

19 (I) A UNIFORM CERTIFICATION FORM TO BE USED BY
20 RECOMMENDING PHYSICIANS WHEN AUTHORIZING THE PATIENT TO
21 PURCHASE MORE THAN THE STATUTORILY ALLOWED QUANTITIES, AS
22 REQUIRED BY SECTION 25-1.5-106 (5), WHICH MAY BE RELIED UPON BY
23 MEDICAL MARIJUANA STORES. THE FORM MUST CONTAIN A UNIFORM
24 WEIGHT AND UNIFORM POTENCY DESCRIPTION TO ENABLE A MEDICAL
25 MARIJUANA STORE TO FULFILL ITS OBLIGATIONS WITHOUT THE NEED TO
26 MAKE A FURTHER CALCULATION OR EXAMINE OTHER DOCUMENTS. THE
27 FORM SHALL NOT CONTAIN ANY INFORMATION CONCERNING THE PATIENT'S

1 MEDICAL CONDITION OR DIAGNOSIS; AND

2 (II) A TANGIBLE EDUCATIONAL RESOURCE REGARDING THE USE OF

3 REGULATED MARIJUANA CONCENTRATE. THE EDUCATIONAL RESOURCE

4 MUST PROVIDE INFORMATION AS DETERMINED BY RULE AND EDUCATION,

5 INCLUDING BUT NOT LIMITED TO:

6 (A) EXAMPLES OF VISUAL REPRESENTATION OF A SERVING SIZE

7 RECOMMENDED FOR EACH TYPE OF CONCENTRATE;

8 (B) RISKS AND PRECAUTIONS;

9 (C) OTHER STATUTORY AND REGULATORY LABELING

10 REQUIREMENTS MANDATED ON MARIJUANA PRODUCTS; AND

11 (D) A NOTICE THAT DESCRIBES THE PENALTIES ASSOCIATED WITH

12 MARIJUANA DIVERSION.

13 (b) THE UNIFORM CERTIFICATION AND EDUCATIONAL RESOURCE

14 MUST BE COMPLETED BY JANUARY 1, 2022.

15 (c) THIS SUBSECTION (8) IS REPEALED, EFFECTIVE JULY 1, 2022.

16 **SECTION 11.** In Colorado Revised Statutes, 39-28.8-501, add

17 (4.7) as follows:

18 **39-28.8-501. Marijuana tax cash fund - creation - distribution**

19 **- legislative declaration - repeal.** (4.7) (a) ON JULY 1, 2021, THE STATE

20 TREASURER SHALL TRANSFER TWO MILLION DOLLARS FROM THE FUND TO

21 THE ACCOUNT CREATED IN SECTION 42-2-132 (4)(b)(II)(A) FOR

22 ENFORCEMENT PURSUANT TO SECTION 43-4-901, INCLUDING

23 ENFORCEMENT OF DRIVING UNDER THE INFLUENCE OF DRUGS.

24 (b) THIS SUBSECTION (4.7) IS REPEALED, EFFECTIVE JULY 1, 2022.

25 **SECTION 12. Appropriation.** (1) For the 2021-22 state fiscal

26 year, \$4,000,000 is appropriated to the department of higher education.

27 This appropriation is from the marijuana tax cash fund created in section

1 39-28.8-501 (1), C.R.S. To implement this act, the department may use
2 this appropriation for regents of the university of Colorado for use by the
3 school of public health. Any money appropriated in this section but not
4 expended prior to July 1, 2022 is further appropriated to the department
5 for the 2022-23 fiscal year for the same purpose.

6 (2) For the 2021-22 state fiscal year, \$541,826 is appropriated to
7 the department of public health and environment for use by the center for
8 health and environmental information This appropriation consists of
9 \$265,656 from the general fund and \$276,170 from the medical marijuana
10 program cash fund created in section 25-1.5-106 (16)(a), C.R.S. To
11 implement this act, the center may use this appropriation as follows:

12 (a) \$110,935 from the medical marijuana program cash fund for
13 personal services related to the medical marijuana registry, which amount
14 is based on an assumption that the registry will require an additional 2.1
15 FTE;

16 (b) \$165,235 from the medical marijuana program cash fund for
17 operating expenses related to the medical marijuana registry;

18 (c) \$151,521 from the general fund for personal services related
19 to health statistics and vital records, which amount is based on an
20 assumption that the registry will require an additional 2.4 FTE; _____

21 (d) \$32,110 from the general fund for operating expenses related
22 to health statistics and vital records; and

23 (e) \$82,025 from the general fund for reimbursement to coroners.

24 (3) For the 2021-22 state fiscal year, \$50,000 is appropriated to
25 the department of public health and environment for use by disease
26 control and public health response. This appropriation is from the general
27 fund. To implement this act, the department may use this appropriation

1 for certification related to laboratory services.

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

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

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

10 (5) For the 2021-22 state fiscal year, \$95,706 is appropriated to
11 the department of law. This appropriation is from reappropriated funds
12 received from the department of revenue under subsection (4)(b) of this
13 section and is based on an assumption that the department of law will
14 require an additional 0.5 FTE. To implement this act, the department of
15 law may use this appropriation to provide legal services for the
16 department of revenue.

17 (6) For the 2021-22 state fiscal year, \$2,000,000 is appropriated
18 to the department of transportation. This appropriation is from the first
19 time drunk driving offender account created in section 42-2-132
20 (4)(b)(II)(A), C.R.S. To implement this act, the department may use this
21 appropriation for the first time drunk driving offender account.

22 **SECTION 13. Effective date.** This act takes effect upon passage;
23 except that sections 2, 8, and 9 of the bill take effect on January 1, 2022.

24 **SECTION 14. Safety clause.** The general assembly hereby finds,
25 determines, and declares that this act is necessary for the immediate
26 preservation of the public peace, health, or safety.