

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

**INTRODUCED**

LLS NO. 21-0914.01 Michael Dohr x4347

**HOUSE BILL 21-1317**

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**HOUSE SPONSORSHIP**

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**House Committees**

Public & Behavioral Health & Human Services

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**A BILL FOR AN ACT**

101 **CONCERNING THE REGULATION OF MARIJUANA FOR SAFE**  
102 **CONSUMPTION.**

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**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 research and findings, the Colorado school of public health shall produce

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.

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.

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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 PHYSICAL AND  
4 MENTAL HEALTH EFFECTS OF HIGH-POTENCY THC MARIJUANA AND  
5 MARIJUANA CONCENTRATES REGARDLESS OF THE LOCATION OF THE  
6 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 AND WHEN  
22 RESEARCH TO FILL THOSE GAPS CAN BE COMPLETED.

23 (c) THE RESEARCH MUST BE CONDUCTED INDEPENDENTLY  
24 WITHOUT ANY PREDETERMINED OUTCOMES OR UNDUE INFLUENCE FROM  
25 ANY PARTY.

26 (2) (a) THE COLORADO SCHOOL OF PUBLIC HEALTH SHALL  
27 PRODUCE AN INITIAL REPORT OF ITS FINDINGS BY JULY 1, 2022, AND SHALL

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

27 (b) THE COLORADO SCHOOL OF PUBLIC HEALTH SHALL ESTABLISH

1 A SCIENTIFIC REVIEW COUNCIL TO REVIEW THE REPORT PRODUCED  
2 PURSUANT TO SUBSECTION (2)(a) OF THIS SECTION AND MAKE  
3 RECOMMENDATIONS TO THE GENERAL ASSEMBLY REGARDING  
4 APPROPRIATE EVIDENCE-BASED REGULATORY CHANGES AND THE FUNDING  
5 OF ADDITIONAL NECESSARY EVIDENCE-BASED RESEARCH. THE DEAN OF  
6 THE COLORADO SCHOOL OF PUBLIC HEALTH, IN CONJUNCTION WITH THE  
7 DEAN OF THE MEDICAL SCHOOL AT THE UNIVERSITY OF COLORADO AND  
8 THE DEAN OF THE SCHOOL OF PHARMACY AT THE UNIVERSITY OF  
9 COLORADO, SHALL APPOINT MEMBERS TO THE SCIENTIFIC REVIEW COUNCIL  
10 WHO DO NOT HAVE A CONFLICT OF INTEREST OR ANYONE IN THEIR  
11 IMMEDIATE FAMILY WHO DOES NOT HAVE A CONFLICT OF INTEREST AS  
12 FOLLOWS:

- 13 (I) AN EPIDEMIOLOGIST;
- 14 (II) A CLINICIAN FAMILIAR WITH THE PRESCRIPTION, DOSAGE, AND  
15 ADMINISTRATION OF MEDICAL MARIJUANA UNDER CURRENT STATE LAWS;
- 16 (III) A MEDICAL TOXICOLOGIST;
- 17 (IV) A NEUROLOGIST;
- 18 (V) A PEDIATRICIAN;
- 19 (VI) A PSYCHIATRIST;
- 20 (VII) AN INTERNAL MEDICINE PHYSICIAN OR OTHER SPECIALIST IN  
21 ADULT MEDICINE;
- 22 (VIII) A PREVENTIVE MEDICINE SPECIALIST OR PUBLIC HEALTH  
23 PROFESSIONAL; AND
- 24 (IX) A SUBSTANCE ABUSE SPECIALIST.

25 (3) BASED ON ITS RESEARCH AND FINDINGS, THE COLORADO  
26 SCHOOL OF PUBLIC HEALTH SHALL PRODUCE A PUBLIC EDUCATION  
27 CAMPAIGN FOR THE GENERAL PUBLIC REGARDING THE EFFECT OF

1 HIGH-POTENCY THC MARIJUANA ON THE DEVELOPING BRAIN AND MENTAL  
2 HEALTH. THE SCIENTIFIC REVIEW COUNCIL CREATED IN SUBSECTION (2)(b)  
3 OF THIS SECTION SHALL APPROVE THE PUBLIC EDUCATION CAMPAIGN.

4 (4) THE SCIENTIFIC REVIEW COUNCIL SHALL CREATE A PAMPHLET  
5 THAT DESCRIBES THE POSSIBLE RISKS ASSOCIATED WITH MEDICAL  
6 MARIJUANA CONCENTRATE AND RETAIL MARIJUANA CONCENTRATE AND  
7 THE USAGE OF MEDICAL MARIJUANA CONCENTRATE AND RETAIL  
8 MARIJUANA CONCENTRATE.

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

12 **25-1.5-106. Medical marijuana program - powers and duties**  
13 **of state health agency - rules - medical review board - medical**  
14 **marijuana program cash fund - subaccount - created - "Ethan's**  
15 **Law" - definitions - repeal. (2) Definitions.** In addition to the  
16 definitions set forth in section 14 (1) of article XVIII of the state  
17 constitution, as used in this section, unless the context otherwise requires:

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

20 (I) A physician and a patient have a treatment or counseling  
21 relationship, in the course of which the physician has completed a THE  
22 IN-PERSON full assessment of the patient's medical history, including AN  
23 ASSESSMENT OF THE PATIENT'S MEDICAL AND MENTAL HEALTH HISTORY  
24 TO DETERMINE WHETHER THE PATIENT HAS A MEDICAL OR MENTAL  
25 HEALTH ISSUE THAT COULD BE EXACERBATED BY THE USE OF MEDICAL  
26 MARIJUANA AND reviewing a previous diagnosis for a debilitating or  
27 disabling medical condition, and current medical condition, including an

1 appropriate personal physical examination. IF THE RECOMMENDING  
2 PHYSICIAN IS NOT THE PATIENT'S PRIMARY CARE PHYSICIAN, THE  
3 RECOMMENDING PHYSICIAN SHALL REVIEW THE RECORDS OF THE  
4 DIAGNOSING PHYSICIAN OR A LICENSED MENTAL HEALTH PROVIDER  
5 ACTING WITHIN THE PHYSICIAN'S OR PROVIDER'S SCOPE OF PRACTICE;

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

9 (b) (I) After a physician, who has a bona fide physician-patient  
10 relationship with the patient applying for the medical marijuana program,  
11 determines, for the purposes of making a recommendation, that the  
12 patient has a debilitating medical condition or disabling medical condition  
13 and that the patient may benefit from the use of medical marijuana, the  
14 physician shall certify to the state health agency that the patient has a  
15 debilitating medical condition or disabling medical condition and that the  
16 patient may benefit from the use of medical marijuana. If the physician  
17 certifies that the patient would benefit from the use of medical marijuana  
18 based on a chronic or debilitating disease or medical condition or  
19 disabling medical condition, the physician shall specify the chronic or  
20 debilitating disease or medical condition or disabling medical condition  
21 and, if known, the cause or source of the chronic or debilitating disease  
22 or medical condition or disabling medical condition. THE PHYSICIAN MAY  
23 ONLY AUTHORIZE MEDICAL MARIJUANA WITHIN THE SCOPE OF THE  
24 PHYSICIAN'S PRACTICE OR SPECIALTY.

25 (II) THE CERTIFICATION MUST INCLUDE THE FOLLOWING:

26 (A) THE DATE OF ISSUE AND THE EFFECTIVE DATE OF THE  
27 RECOMMENDATION;



- 1 (B) THE PATIENT'S NAME AND ADDRESS;
- 2 (C) THE AUTHORIZING PHYSICIAN'S NAME, ADDRESS, AND FEDERAL
- 3 DRUG ENFORCEMENT AGENCY NUMBER;
- 4 (D) THE THC POTENCY LEVEL OF MEDICAL MARIJUANA BEING
- 5 RECOMMENDED;
- 6 (E) THE DOSAGE FORM;
- 7 (F) THE PATIENT'S DAILY AUTHORIZED QUANTITY;
- 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 REGULARLY 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 (5.5) **Patients eighteen to twenty years of age.**

12 (a) NOTWITHSTANDING ANY OTHER PROVISIONS OF THIS SECTION TO THE  
13 CONTRARY, A PATIENT WITH A DEBILITATING OR DISABLING MEDICAL  
14 CONDITION WHO IS EIGHTEEN TO TWENTY YEARS OF AGE IS NOT ELIGIBLE  
15 FOR THE MEDICAL MARIJUANA PROGRAM UNLESS:

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

27 (II) ONE OF THE PHYSICIANS REFERRED TO IN SUBSECTION

1 (5.5)(a)(I) OF THIS SECTION HAS EXPLAINED THE POSSIBLE RISKS AND  
2 BENEFITS OF THE MEDICAL USE OF MARIJUANA TO THE PATIENT;

3 (III) THE PHYSICIAN REFERRED TO IN SUBSECTION (5.5)(a)(II) OF  
4 THIS SECTION HAS PROVIDED THE PATIENT WITH THE WRITTEN  
5 DOCUMENTATION SPECIFYING THAT THE PATIENT HAS BEEN DIAGNOSED  
6 WITH A DEBILITATING OR DISABLING MEDICAL CONDITION AND THE  
7 PHYSICIAN HAS CONCLUDED THAT THE PATIENT MIGHT BENEFIT FROM THE  
8 MEDICAL USE OF MARIJUANA; AND

9 (IV) THE PATIENT ATTENDS FOLLOW-UP APPOINTMENTS EVERY SIX  
10 MONTHS AFTER THE INITIAL APPOINTMENT WITH ONE OF THE PHYSICIANS  
11 REFERRED TO IN SUBSECTION (5.5)(a)(I) OF THIS SECTION.

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

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

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

1 PRESENTATIONS TO THE LEGISLATIVE COMMITTEES OF REFERENCE  
2 PURSUANT TO SECTION 2-7-203 IN 2022, AND ANNUALLY EACH YEAR  
3 THEREAFTER. THE REPORT CAN BE PRODUCED IN CONJUNCTION WITH THE  
4 REPORT REQUIRED 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.** (1) (a) THE  
9 CORONER SHALL ORDER A TOXICOLOGY SCREEN TO TEST FOR THE  
10 PRESENCE AND QUANTITY OF THC, INCLUDING AND IDENTIFYING IF THE  
11 PRESENCE OF THC WAS IN CONJUNCTION WITH ALCOHOL OR OTHER  
12 DRUGS, AND ITS METABOLITE IN EACH CASE OF A NON-NATURAL DEATH OF  
13 A PERSON UNDER TWENTY-FIVE YEARS OF AGE.

14 (b) THE CORONER SHALL REPORT THE DE-IDENTIFIED RESULTS OF  
15 THE TOXICOLOGY SCREEN REQUIRED BY SUBSECTION (1)(a) OF THIS  
16 SECTION TO THE COLORADO VIOLENT DEATH REPORTING SYSTEM.

17 (c) NOTHING IN THIS SECTION PREVENTS A CORONER FROM  
18 ORDERING A TOXICOLOGY SCREEN IN ANY OTHER CASE.

19 (2) THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT  
20 SHALL PRODUCE AN ANNUAL REPORT OF THE INFORMATION REPORTED IN  
21 SUBSECTION (1)(b) OF THIS SECTION BEGINNING JANUARY 2, 2022, AND  
22 ANNUALLY EACH YEAR THEREAFTER. THE REPORT CAN BE PRODUCED IN  
23 CONJUNCTION WITH THE REPORT REQUIRED PURSUANT TO SECTION  
24 25-3-126.

25 **SECTION 5.** In Colorado Revised Statutes, 39-28.8-501, **add**  
26 (4.7) as follows:

27 **39-28.8-501. Marijuana tax cash fund - creation - distribution**

1     **- legislative declaration - repeal.** (4.7) (a) (I) THE GENERAL ASSEMBLY  
2     SHALL APPROPRIATE ONE MILLION DOLLARS FROM THE FUND IN FISCAL  
3     YEAR 2021-22 TO THE COLORADO SCHOOL OF PUBLIC HEALTH TO  
4     CONDUCT THE RESEARCH REQUIRED BY SECTION 23-20-141. ANY MONEY  
5     APPROPRIATED PURSUANT TO THIS SUBSECTION (4.7)(a)(I) THAT REMAINS  
6     AT THE END OF THE FISCAL YEAR MAY BE RETAINED BY THE COLORADO  
7     SCHOOL OF PUBLIC HEALTH TO CONTINUE RESEARCH IN THE NEXT FISCAL  
8     YEAR.

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

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

22             (b) THIS SUBSECTION (4.7) IS REPEALED, EFFECTIVE JANUARY 1,  
23     2025.

24             **SECTION 6.** In Colorado Revised Statutes, 44-10-103, **add**  
25     (36.5) and (59.5) as follows:

26             **44-10-103. Definitions.** As used in this article 10, unless the  
27     context otherwise requires:

1           (36.5) "MEDICAL MARIJUANA CONCENTRATE" MEANS A SUBSET OF  
2 MEDICAL MARIJUANA THAT IS SEPARATED FROM THE MEDICAL MARIJUANA  
3 PLANT AND RESULTS IN MATTER WITH A HIGHER CONCENTRATION OF  
4 CANNABINOIDS THAN NATURALLY OCCUR IN THE PLANT. MEDICAL  
5 MARIJUANA CONCENTRATE CONTAINS CANNABINOIDS AND MAY CONTAIN  
6 TERPENES AND OTHER CHEMICALS THAT ARE NATURALLY OCCURRING IN  
7 MEDICAL MARIJUANA PLANTS THAT HAVE BEEN SEPARATED FROM  
8 MEDICAL MARIJUANA.

9           (59.5) "RETAIL MARIJUANA CONCENTRATE" MEANS A SUBSET OF  
10 RETAIL MARIJUANA THAT IS SEPARATED FROM THE RETAIL MARIJUANA  
11 PLANT AND RESULTS IN MATTER WITH A HIGHER CONCENTRATION OF  
12 CANNABINOIDS THAN NATURALLY OCCUR IN THE PLANT. RETAIL  
13 MARIJUANA CONCENTRATE CONTAINS CANNABINOIDS AND MAY CONTAIN  
14 TERPENES AND OTHER CHEMICALS THAT ARE NATURALLY OCCURRING IN  
15 RETAIL MARIJUANA PLANTS THAT HAVE BEEN SEPARATED FROM RETAIL  
16 MARIJUANA.

17           **SECTION 7.** In Colorado Revised Statutes, 44-10-203, **amend**  
18 (2)(ff)(VII) and (3)(a)(V); and **add** (2)(hh), (2)(ii), (2)(jj), (3)(a)(VII), and  
19 (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           (ff) (VII) Rules to ensure compliance with section 42-4-1305.5;

24 **and**

25           (hh) A NOTICE THAT DESCRIBES THE PENALTIES ASSOCIATED WITH  
26 MARIJUANA DIVERSION;

27           (ii) THE CIRCUMSTANCES THAT CONSTITUTE A SIGNIFICANT

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

3 (jj) A UNIFORM CERTIFICATION FORM TO BE USED BY  
4 RECOMMENDING PHYSICIANS AS REQUIRED BY SECTION 25-1.5-106 (5)  
5 WHICH MAY BE RELIED UPON BY MEDICAL MARIJUANA STORES.

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

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

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

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

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

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

27 **44-10-501. Medical marijuana store license.** (1) (b) (I) The

1 medical marijuana store shall track all of its medical marijuana and  
2 medical marijuana products from the point that they are transferred from  
3 a medical marijuana cultivation facility or medical marijuana products  
4 manufacturer to the point of sale. WHEN COMPLETING A PATIENT SALES  
5 TRANSACTION, THE MEDICAL MARIJUANA STORE SHALL IMMEDIATELY  
6 RECORD EACH SALES TRANSACTION IN THE SEED-TO-SALE INVENTORY  
7 TRACKING SYSTEM IN ORDER TO ALLOW THE SEED-TO-SALE INVENTORY  
8 TRACKING SYSTEM TO:

9 (A) CONTINUOUSLY MONITOR ENTRY OF PATIENT DATA TO  
10 IDENTIFY DISCREPANCIES WITH DAILY AUTHORIZED QUANTITY LIMITS AND  
11 THC POTENCY AUTHORIZATIONS;

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

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

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

26 (3) (g) WHEN COMPLETING A SALE, A MEDICAL MARIJUANA STORE  
27 SHALL PROVIDE THE PATIENT WITH A NOTICE REGARDING THE CRIMINAL



1 PENALTIES ASSOCIATED WITH MARIJUANA DIVERSION DEVELOPED  
2 PURSUANT TO SECTION 44-10-203 (2)(hh).

3 (h) WHEN COMPLETING A SALE OF MEDICAL MARIJUANA  
4 CONCENTRATE, THE MEDICAL MARIJUANA STORE SHALL PROVIDE THE  
5 PATIENT WITH THE PAMPHLET DEVELOPED PURSUANT TO SECTION  
6 23-20-141 (4) REGARDING THE USE OF MEDICAL MARIJUANA  
7 CONCENTRATE.

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

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

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

18 (III) THAT THE PATIENT'S OR CAREGIVER'S PURCHASE WILL NOT  
19 EXCEED THE PATIENT'S DAILY AUTHORIZED QUANTITY LIMIT WITH THE  
20 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) THE PATIENT SHALL PRESENT THE PATIENT'S CERTIFICATION AT  
12 THE TIME OF PURCHASE AND THE MEDICAL MARIJUANA STORE SHALL NOT  
13 EXCEED QUANTITIES SPECIFIED IN THE CERTIFICATION.

14 (10) (b) (II) A medical marijuana store may sell medical  
15 marijuana concentrate or medical marijuana products in an amount that  
16 exceeds the sales limitation pursuant to subsection (10)(a) of this section  
17 only to a patient who has a physician exemption from the sales limitation  
18 and is registered with the medical marijuana store; EXCEPT THAT THE  
19 LIMITATIONS IN SUBSECTION (13) OF THIS SECTION APPLY REGARDLESS OF  
20 THE AMOUNT IN THE PHYSICIAN EXEMPTION. A physician making medical  
21 marijuana recommendations for a debilitating medical condition or  
22 disabling medical condition pursuant to article 1.5 of title 25 may exempt  
23 a patient from the medical marijuana concentrate or medical marijuana  
24 products sales limitation established in subsection (10)(a) of this section.  
25 A physician providing an exemption shall document and maintain the  
26 exemption in the physician's record-keeping system for the patient and  
27 shall provide written documentation to the patient to allow a medical

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

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

16 (b) NOTWITHSTANDING THE PROVISIONS OF SUBSECTION (13)(a) OF  
17 THIS SECTION, IF THE PATIENT IS EIGHTEEN TO TWENTY YEARS OF AGE A  
18 MEDICAL MARIJUANA STORE OR MEDICAL MARIJUANA STORES SHALL NOT  
19 SELL ANY MORE THAN TWO GRAMS OF MEDICAL MARIJUANA CONCENTRATE  
20 TO A PATIENT IN A SINGLE DAY; EXCEPT THAT THIS SUBSECTION (13)(b)  
21 DOES NOT APPLY IF THE PATIENT IS HOMEBOUND OR IF THE PHYSICIAN'S  
22 CERTIFICATION SPECIFICALLY STATES THE PATIENT NEEDS MORE THAN  
23 TWO GRAMS OF MEDICAL MARIJUANA CONCENTRATE.

24 (c) BEGINNING NO LATER THAN JANUARY 1, 2023, A MEDICAL  
25 MARIJUANA STORE SHALL SELL MEDICAL MARIJUANA CONCENTRATE IN  
26 PACKAGING THAT SEPARATES EACH GRAM OF MEDICAL MARIJUANA  
27 CONCENTRATE INTO NO LESS THAN TEN EQUAL SEPARATE PORTIONED

1 AMOUNTS; EXCEPT THAT THIS SUBSECTION (13)(c) DOES NOT APPLY TO  
2 MEDICAL MARIJUANA CONCENTRATES IN LIQUID FORM.

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

5 **44-10-601. Retail marijuana store license - rules - definitions.**

6 (3) (d) WHEN COMPLETING A SALE, A RETAIL MARIJUANA STORE SHALL  
7 PROVIDE THE CUSTOMER WITH A NOTICE REGARDING THE CRIMINAL  
8 PENALTIES ASSOCIATED WITH MARIJUANA DIVERSION DEVELOPED  
9 PURSUANT TO SECTION 44-10-203 (2)(hh).

10 (e) WHEN COMPLETING A SALE OF RETAIL MARIJUANA  
11 CONCENTRATE, THE RETAIL MARIJUANA STORE SHALL PROVIDE THE  
12 CUSTOMER WITH THE PAMPHLET DEVELOPED PURSUANT TO SECTION  
13 23-20-141 (4), REGARDING THE USE OF RETAIL MARIJUANA CONCENTRATE.

14 (f) BEGINNING NO LATER THAN JANUARY 1, 2023, A RETAIL  
15 MARIJUANA STORE SHALL SELL RETAIL MARIJUANA CONCENTRATE IN  
16 PACKAGING THAT SEPARATES EACH GRAM OF RETAIL MARIJUANA  
17 CONCENTRATE INTO NO LESS THAN TEN EQUAL SEPARATE PORTIONED  
18 AMOUNTS; EXCEPT THAT THIS SUBSECTION (3)(f) DOES NOT APPLY TO  
19 MEDICAL MARIJUANA CONCENTRATES IN LIQUID FORM.

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

23 **SECTION 10. Safety clause.** The general assembly hereby finds,  
24 determines, and declares that this act is necessary for the immediate  
25 preservation of the public peace, health, or safety.