

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

PREAMENDED

*This Unofficial Version Includes Committee
Amendments Not Yet Adopted on Second Reading*

LLS NO. 21-0914.01 Michael Dohr x4347

HOUSE BILL 21-1317

HOUSE SPONSORSHIP

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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.

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.

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

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

1 COMMITTEES.

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

15 (I) AN EPIDEMIOLOGIST;

16 (II) A CLINICIAN FAMILIAR WITH THE [REDACTED] ADMINISTRATION OF
17 MEDICAL MARIJUANA UNDER CURRENT STATE LAWS;

18 (III) A MEDICAL TOXICOLOGIST;

19 (IV) A NEUROLOGIST;

20 (V) A PEDIATRICIAN;

21 (VI) A PSYCHIATRIST;

22 (VII) AN INTERNAL MEDICINE PHYSICIAN OR OTHER SPECIALIST IN
23 ADULT MEDICINE;

24 (VIII) A PREVENTIVE MEDICINE SPECIALIST OR PUBLIC HEALTH
25 PROFESSIONAL; AND

26 (IX) A LICENSED SUBSTANCE USE DISORDER SPECIALIST.

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

1 OF EACH COMMITTEE MEETING AT LEAST TWO WEEKS BEFORE THE
2 MEETING. THE COMMITTEE SHALL ALLOW THE PUBLIC TO SUBMIT WRITTEN
3 COMMENTS AT EACH MEETING.

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

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

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

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

23 (I) A physician and a patient have a treatment or counseling
24 relationship, in the course of which the physician has completed a THE
25 IN-PERSON full assessment of the patient's medical history, including AN
26 ASSESSMENT OF THE PATIENT'S MEDICAL AND MENTAL HEALTH HISTORY
27 TO DETERMINE WHETHER THE PATIENT HAS A MEDICAL OR MENTAL

1 HEALTH ISSUE THAT COULD BE EXACERBATED BY THE USE OF MEDICAL
2 MARIJUANA AND reviewing a previous diagnosis for a debilitating or
3 disabling medical condition, and current medical condition, including an
4 appropriate personal physical examination. IF THE RECOMMENDING
5 PHYSICIAN IS NOT THE PATIENT'S PRIMARY CARE PHYSICIAN, THE
6 RECOMMENDING PHYSICIAN SHALL REVIEW THE EXISTING RECORDS OF THE
7 DIAGNOSING PHYSICIAN OR A LICENSED MENTAL HEALTH PROVIDER. THIS
8 SUBSECTION (2)(a.5)(I) DOES NOT REQUIRE A MENTAL HEALTH
9 EXAMINATION PRIOR TO MAKING A RECOMMENDATION.

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

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

1 PROVISIONS OF THIS SECTION, ANY RULES PROMULGATED PURSUANT TO
2 THIS SECTION, ARTICLE 220 OF TITLE 12 AND ANY RULES PROMULGATED
3 PURSUANT TO THAT ARTICLE FOR A DENTIST, ARTICLE 240 OF TITLE 12 AND
4 ANY RULES PROMULGATED PURSUANT TO THAT ARTICLE, AND ARTICLE 255
5 OF TITLE 12 AND ANY RULES PROMULGATED PURSUANT TO THAT ARTICLE
6 FOR AN ADVANCED PRACTICE REGISTERED NURSE.

7 (II) THE CERTIFICATION MUST INCLUDE THE FOLLOWING:

8 (A) THE DATE OF ISSUE AND THE EFFECTIVE DATE OF THE
9 RECOMMENDATION;

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

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

13 (D) THE MAXIMUM THC POTENCY LEVEL OF MEDICAL MARIJUANA
14 BEING RECOMMENDED;

15 (E) THE RECOMMENDED PRODUCT, IF ANY;

16 (F) THE PATIENT'S DAILY AUTHORIZED QUANTITY;

17 (G) DIRECTIONS FOR USE; AND

18 (H) THE AUTHORIZING PHYSICIAN'S SIGNATURE.

19 (III) THE AUTHORIZING PHYSICIAN SHALL PROVIDE THE PATIENT
20 WITH A COPY OF THE CERTIFICATION.

21 (c) The physician shall maintain a record-keeping system,
22 INCLUDING A COPY OF THE CERTIFICATION, AND for all patients for whom
23 the physician has ~~recommended~~ AUTHORIZED the medical use of
24 marijuana, and, pursuant to an investigation initiated pursuant to section
25 12-240-125, the physician shall produce such medical records to the
26 Colorado medical board after redacting any patient or primary caregiver
27 identifying information. THE PHYSICIAN SHALL MAINTAIN THE MEDICAL

1 RECORDS OF THE PATIENT'S VISIT AND THE PHYSICIAN SHALL RESPOND TO
2 A TREATING PHYSICIAN'S REQUEST FOR MEDICAL RECORDS TO TREAT THE
3 PATIENT WITH THE CERTIFICATION WITH THE PATIENT'S PERMISSION.

4 (d) A physician shall not:

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

8 (IV) Hold an economic interest in an enterprise that provides or
9 distributes medical marijuana if the physician certifies the debilitating
10 medical condition or disabling medical condition of a patient for
11 participation in the medical marijuana program; OR

12 (V) CHARGE A PATIENT AN ADDITIONAL FEE TO RECOMMEND AN
13 EXTENDED PLANT COUNT OR FOR A RECOMMENDATION THAT IS AN
14 EXCEPTION TO ANY REQUIREMENT IN THIS SECTION OR ARTICLE 10 OF
15 TITLE 44.

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

20 (g) THE DEPARTMENT SHALL REPORT ON OR BEFORE JANUARY 31
21 OF EACH YEAR THE NUMBER OF PHYSICIANS WHO MADE MEDICAL
22 MARIJUANA RECOMMENDATIONS IN THE PREVIOUS YEAR AND WITHOUT
23 IDENTIFYING THE PHYSICIAN THE NUMBER OF RECOMMENDATIONS EACH
24 PHYSICIAN MADE AND THE AGGREGATE NUMBER OF HOMEBOUND PATIENTS
25 AGES EIGHTEEN TO TWENTY IN THE REGISTRY.

26 (5.5) **Patients eighteen to twenty years of age.**

27 [REDACTED] NOTWITHSTANDING ANY OTHER PROVISIONS OF THIS SECTION TO THE

1 CONTRARY, A PATIENT WITH A DEBILITATING OR DISABLING MEDICAL
2 CONDITION WHO IS EIGHTEEN TO TWENTY YEARS OF AGE IS NOT ELIGIBLE
3 FOR THE MEDICAL MARIJUANA PROGRAM UNLESS:

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

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

18 (c) THE PHYSICIAN REFERRED TO IN SUBSECTION (5.5)(b) OF THIS
19 SECTION HAS PROVIDED THE PATIENT WITH THE WRITTEN DOCUMENTATION
20 SPECIFYING THAT THE PATIENT HAS BEEN DIAGNOSED WITH A
21 DEBILITATING OR DISABLING MEDICAL CONDITION AND THE PHYSICIAN HAS
22 CONCLUDED THAT THE PATIENT MIGHT BENEFIT FROM THE MEDICAL USE
23 OF MARIJUANA; AND

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

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

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

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

13 **25-3-126. Emergency room intake data marijuana use -**
14 **annual report.** THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
15 SHALL CREATE A DE-IDENTIFIED REPORT FROM HOSPITAL AND EMERGENCY
16 ROOM DISCHARGE DATA OF PATIENTS PRESENTING WITH CONDITIONS OR
17 A DIAGNOSIS THAT REFLECT MARIJUANA USE, INCLUDING AND IDENTIFYING
18 IF THE MARIJUANA USE WAS IN CONJUNCTION WITH ALCOHOL OR OTHER
19 DRUGS, AND PROVIDE THAT REPORT AT THE DEPARTMENT'S
20 PRESENTATIONS TO THE LEGISLATIVE COMMITTEES OF REFERENCE
21 PURSUANT TO SECTION 2-7-203 IN 2022, AND ANNUALLY EACH YEAR
22 THEREAFTER. THE REPORT CAN BE PRODUCED IN CONJUNCTION WITH THE
23 REPORT REQUIRED PURSUANT TO SECTION 30-10-624 (2).

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

26 **30-10-624. Required toxicology screening for a suicide,**
27 **overdose death, or accidental death - annual report.** (1) (a) THE

1 CORONER SHALL ORDER A TOXICOLOGY SCREEN TO TEST FOR THE
2 PRESENCE AND QUANTITY OF THC, INCLUDING AND IDENTIFYING IF THE
3 PRESENCE OF THC WAS IN CONJUNCTION WITH ALCOHOL OR OTHER
4 DRUGS, AND ITS METABOLITE IN EACH CASE OF A NON-NATURAL DEATH OF
5 A PERSON UNDER TWENTY-FIVE YEARS OF AGE.

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

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

11 (2) THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
12 SHALL PRODUCE AN ANNUAL REPORT OF THE INFORMATION REPORTED IN
13 SUBSECTION (1)(b) OF THIS SECTION BEGINNING JANUARY 2, 2022, AND
14 ANNUALLY EACH YEAR THEREAFTER. THE REPORT CAN BE PRODUCED IN
15 CONJUNCTION WITH THE REPORT REQUIRED PURSUANT TO SECTION
16 25-3-126.

17 **SECTION 5.** In Colorado Revised Statutes, 39-28.8-501, **add**
18 (4.7) as follows:

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

1 (II) THE GENERAL ASSEMBLY SHALL APPROPRIATE ONE MILLION
2 DOLLARS FROM THE FUND IN FISCAL YEAR 2022-23 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)(II) THAT REMAINS AT THE END OF THE FISCAL YEAR
6 MAY BE RETAINED BY THE COLORADO SCHOOL OF PUBLIC HEALTH TO
7 CONTINUE RESEARCH IN THE NEXT FISCAL YEAR.

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

14 (b) THIS SUBSECTION (4.7) IS REPEALED, EFFECTIVE JANUARY 1,
15 2025.

16 **SECTION 6.** In Colorado Revised Statutes, 44-10-103, **add**
17 (36.5) and (59.5) as follows:

18 **44-10-103. Definitions.** As used in this article 10, unless the
19 context otherwise requires:

20 (36.5) "MEDICAL MARIJUANA CONCENTRATE" MEANS A SUBSET OF
21 MEDICAL MARIJUANA THAT IS SEPARATED FROM THE MEDICAL MARIJUANA
22 PLANT AND RESULTS IN MATTER WITH A HIGHER CONCENTRATION OF
23 CANNABINOIDS THAN NATURALLY OCCUR IN THE PLANT. MEDICAL
24 MARIJUANA CONCENTRATE CONTAINS CANNABINOIDS AND MAY CONTAIN
25 TERPENES AND OTHER CHEMICALS THAT ARE NATURALLY OCCURRING IN
26 MEDICAL MARIJUANA PLANTS THAT HAVE BEEN SEPARATED FROM
27 MEDICAL MARIJUANA. **MEDICAL MARIJUANA CONCENTRATE MAY ALSO**

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

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. RETAIL MARIJUANA CONCENTRATE MAY ALSO INCLUDE
17 RESIDUAL AMOUNTS OF THE TYPES OF SOLVENTS, AS PERMITTED BY THE
18 MARIJUANA RULES. THE STATE LICENSING AUTHORITY MAY FURTHER
19 DEFINE BY RULE SUBCATEGORIES OF RETAIL MARIJUANA CONCENTRATE
20 AND AUTHORIZE LIMITED INGREDIENTS BASED ON THE METHOD OF
21 PRODUCTION OF RETAIL MARIJUANA CONCENTRATE. UNLESS THE CONTEXT
22 OTHERWISE REQUIRES, RETAIL MARIJUANA CONCENTRATE IS INCLUDED
23 WHEN THIS ARTICLE 10 REFERS TO RETAIL MARIJUANA PRODUCT.

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

27 **44-10-203. State licensing authority - rules. (2) Mandatory**

1 **rule-making.** Rules promulgated pursuant to section 44-10-202 (1)(c)
2 must include but need not be limited to the following subjects:

3 (dd) Requirements for medical marijuana and medical marijuana
4 products delivery as described in section 44-10-501 (11) and section
5 44-10-505 (5) and retail marijuana and retail marijuana products delivery
6 as described in section 44-10-601 (13) and section 44-10-605 (5),
7 including:

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

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

14
15 (hh) THE CIRCUMSTANCES THAT CONSTITUTE A SIGNIFICANT
16 PHYSICAL OR GEOGRAPHIC HARDSHIP AS USED IN SECTION 44-10-501 (13);

17
18 (ii) EFFECTIVE JANUARY 1, 2023, A UNIFORM CERTIFICATION FORM
19 TO BE USED BY RECOMMENDING PHYSICIANS WHEN AUTHORIZING THE
20 PATIENT TO PURCHASE MORE THAN THE STATUTORILY ALLOWED
21 QUANTITIES, AS REQUIRED BY SECTION 25-1.5-106 (5), WHICH MAY BE
22 RELIED UPON BY MEDICAL MARIJUANA STORES. THE FORM MUST CONTAIN
23 A UNIFORM WEIGHT AND UNIFORM POTENCY DESCRIPTION TO ENABLE A
24 MEDICAL MARIJUANA STORE TO FULFILL ITS OBLIGATIONS WITHOUT THE
25 NEED TO MAKE A FURTHER CALCULATION OR EXAMINE OTHER
26 DOCUMENTS. THE FORM SHALL NOT CONTAIN ANY INFORMATION
27 CONCERNING THE PATIENT'S MEDICAL CONDITION OR DIAGNOSIS.

1 (jj) A TANGIBLE EDUCATIONAL RESOURCE REGARDING THE USE OF
2 REGULATED MARIJUANA CONCENTRATE. THE EDUCATIONAL RESOURCE
3 MUST PROVIDE INFORMATION AS DETERMINED BY RULE AND EDUCATION
4 INCLUDING BUT NOT LIMITED TO:

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

7 (II) RISKS AND PRECAUTIONS;

8 (III) OTHER STATUTORY AND REGULATORY LABELING
9 REQUIREMENTS MANDATED ON MARIJUANA PRODUCTS; AND

10 (IV) A NOTICE THAT DESCRIBES THE PENALTIES ASSOCIATED WITH
11 MARIJUANA DIVERSION.

12 (kk) 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 INDIVIDUAL IDENTIFIED SERVINGS, LABELING REQUIREMENTS, AND MAY
16 INCLUDE A MEASURING DEVICE THAT IS A COMPONENT OF THE PACKAGE
17 AND OTHER REQUIREMENTS.

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), and (10)(b)(II); and **add** (3)(g) and (13) as follows:

12 **44-10-501. Medical marijuana store license.** (1) (b) (I) The
13 medical marijuana store shall track all of its medical marijuana and
14 medical marijuana products from the point that they are transferred from
15 a medical marijuana cultivation facility or medical marijuana products
16 manufacturer to the point of sale. WHEN COMPLETING A PATIENT SALES
17 TRANSACTION, THE MEDICAL MARIJUANA STORE SHALL IMMEDIATELY
18 RECORD EACH SALES TRANSACTION IN THE SEED-TO-SALE INVENTORY
19 TRACKING SYSTEM IN ORDER TO ALLOW THE SEED-TO-SALE INVENTORY
20 TRACKING SYSTEM TO:

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

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

26 (C) RESPOND WITH A USER ERROR MESSAGE IF A SALE TO A
27 PATIENT OR CAREGIVER WILL EXCEED THE PATIENT'S DAILY AUTHORIZED

1 QUANTITY LIMIT FOR THAT BUSINESS DAY OR THC POTENCY
2 AUTHORIZATION.

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

11 [REDACTED] [REDACTED]
12 (3) (g) WHEN COMPLETING A SALE OF MEDICAL MARIJUANA
13 CONCENTRATE, THE MEDICAL MARIJUANA STORE SHALL PROVIDE THE
14 PATIENT WITH THE TANGIBLE EDUCATIONAL RESOURCE CREATED BY THE
15 STATE LICENSING AUTHORITY THROUGH RULE-MAKING PURSUANT TO
16 SECTION 44-10-203 (2)(jj) REGARDING THE USE OF MEDICAL MARIJUANA
17 CONCENTRATE. [REDACTED]

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

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

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

1 (III) THAT THE PATIENT'S OR CAREGIVER'S PURCHASE WILL NOT
2 EXCEED THE PATIENT'S DAILY AUTHORIZED QUANTITY LIMIT WITH THE
3 SEED-TO-SALE TRACKING SYSTEM.

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

21 (c) THE PATIENT SHALL PRESENT THE PATIENT'S CERTIFICATION AT
22 THE TIME OF PURCHASE AND THE MEDICAL MARIJUANA STORE SHALL NOT
23 EXCEED STATUTORILY ALLOWED QUANTITIES OR THE QUANTITIES
24 SPECIFIED IN THE CERTIFICATION.

25 (10) (b) (II) A medical marijuana store may sell medical
26 marijuana concentrate or medical marijuana products in an amount that
27 exceeds the sales limitation pursuant to subsection (10)(a) of this section

1 only to a patient who has a physician exemption from the sales limitation
2 and is registered with the medical marijuana store; EXCEPT THAT THE
3 LIMITATIONS IN SUBSECTION (13) OF THIS SECTION APPLY REGARDLESS OF
4 THE AMOUNT IN THE PHYSICIAN EXEMPTION. A physician making medical
5 marijuana recommendations for a debilitating medical condition or
6 disabling medical condition pursuant to article 1.5 of title 25 may exempt
7 a patient from the medical marijuana concentrate or medical marijuana
8 products sales limitation established in subsection (10)(a) of this section.
9 A physician providing an exemption shall document and maintain the
10 exemption in the physician's record-keeping system for the patient and
11 shall provide written documentation to the patient to allow a medical
12 marijuana store to verify the exemption. The written documentation of the
13 exemption provided to a patient must, at a minimum, include the patient's
14 name and registry number, the physician's name, valid license number,
15 physical business address, any electronic mailing address, and phone
16 number. The state health agency may require a physician providing an
17 exemption to the sales limitation to document the exemption in the
18 medical marijuana registry.

19 (13) (a) A MEDICAL MARIJUANA STORE OR MEDICAL MARIJUANA
20 STORES SHALL NOT SELL ANY MORE THAN EIGHT GRAMS OF MEDICAL
21 MARIJUANA CONCENTRATE TO A PATIENT IN A SINGLE DAY; EXCEPT THAT
22 THIS SUBSECTION (13)(a) DOES NOT APPLY IF THE PATIENT IS HOMEBOUND,
23 IF THE PHYSICIAN'S CERTIFICATION SPECIFICALLY STATES THAT THE
24 PATIENT NEEDS MORE THAN EIGHT GRAMS OF MEDICAL MARIJUANA
25 CONCENTRATE, [REDACTED] IF IT WOULD BE A SIGNIFICANT PHYSICAL OR
26 GEOGRAPHIC HARDSHIP FOR THE PATIENT TO MAKE A DAILY PURCHASE, OR
27 IF THE PATIENT HAD A REGISTRY IDENTIFICATION CARD PRIOR TO EIGHTEEN

1 YEARS OF AGE.

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

13

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

16 **44-10-601. Retail marijuana store license - rules - definitions.**

17

18 (3) (d) WHEN COMPLETING A SALE OF RETAIL MARIJUANA
19 CONCENTRATE, THE RETAIL MARIJUANA STORE SHALL PROVIDE THE
20 CUSTOMER WITH THE TANGIBLE EDUCATIONAL RESOURCE CREATED BY THE
21 STATE LICENSING AUTHORITY THROUGH RULE-MAKING PURSUANT TO
22 SECTION 44-10-203 (2)(jj) REGARDING THE USE OF MEDICAL MARIJUANA
23 CONCENTRATE.

24

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

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

9 (2) For the 2021-22 state fiscal year, \$460,227 is appropriated to
10 the department of public health and environment for use by the center for
11 health and environmental information This appropriation consists of
12 \$173,250 from the general fund and \$286,977 from the medical marijuana
13 program cash fund created in section 25-1.5-106 (16)(a), C.R.S. To
14 implement this act, the center may use this appropriation as follows:

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

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

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

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

26 (3) For the 2021-22 state fiscal year, \$255,167 is appropriated to
27 the department of revenue. This appropriation is from the marijuana cash

1 fund created in section 44-10-801 (1)(a), C.R.S. To implement this act,
2 the department may use this appropriation as follows:

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

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

7 (4) For the 2021-22 state fiscal year, \$95,706 is appropriated to
8 the department of law. This appropriation is from reappropriated funds
9 received from the department of revenue under subsection (3)(b) of this
10 section and is based on an assumption that the department of law will
11 require an additional 0.5 FTE. To implement this act, the department of
12 law may use this appropriation to provide legal services for the
13 department of revenue.

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