

CHAPTER 313

REVENUE - ACTIVITIES REGULATION

HOUSE BILL 21-1317

BY REPRESENTATIVE(S) Garnett and Caraveo, Geitner, Amabile, Benavidez, Bennett, Bird, Carver, Cutter, Duran, Esgar, Exum, Jackson, Jodeh, McCluskie, McCormick, McLachlan, Michaelson Jenet, Mullica, Pico, Ricks, Sirota, Snyder, Soper, Van Beber, Young, Boesenecker, Kipp, Larson, Will, Woog;
also SENATOR(S) Hansen and Lundeen, Priola, Bridges, Buckner, Coleman, Cooke, Coram, Danielson, Fenberg, Fields, Gardner, Ginal, Hisey, Kirkmeyer, Kolker, Lee, Liston, Pettersen, Scott, Simpson, Story, Woodward, Garcia.

AN ACT

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

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

SECTION 1. In Colorado Revised Statutes **add** 23-20-142 as follows:

23-20-142. High-potency THC marijuana and marijuana concentrate research. (1) (a) THE COLORADO SCHOOL OF PUBLIC HEALTH SHALL CONDUCT A SYSTEMATIC REVIEW OF ALL AVAILABLE SCIENTIFIC EVIDENCE-BASED RESEARCH REGARDING THE POSSIBLE PHYSICAL AND MENTAL HEALTH EFFECTS OF HIGH-POTENCY THC MARIJUANA AND MARIJUANA CONCENTRATES REGARDLESS OF THE LOCATION OF THE RESEARCH.

(b) THE RESEARCH MUST STUDY THE EFFECT OF HIGH-POTENCY THC MARIJUANA ON THE DEVELOPING BRAIN AND THE EFFECT OF MARIJUANA CONCENTRATES ON PHYSICAL AND MENTAL HEALTH. THE RESEARCH MUST SYSTEMATICALLY CURATE AND SYNTHESIZE EXISTING RESEARCH, IDENTIFY EVIDENCE GAPS, AND IDENTIFY NEW RESEARCH THAT IS NEEDED TO BETTER UNDERSTAND THE HEALTH IMPLICATIONS OF HIGH-POTENCY THC MARIJUANA PRODUCTS AND THE SPECIFIC THC POTENCY LEVELS AND AMOUNTS AT WHICH VARIOUS HEALTH CONCERNS ARISE. THE COLORADO SCHOOL OF PUBLIC HEALTH SHALL REPORT BY JANUARY 31, 2022, TO THE FINANCE COMMITTEE AND PUBLIC AND BEHAVIORAL HEALTH AND HUMAN SERVICES COMMITTEE OF THE HOUSE OF REPRESENTATIVES AND THE FINANCE COMMITTEE AND HEALTH AND HUMAN SERVICES COMMITTEE OF THE SENATE, OR THEIR SUCCESSOR COMMITTEES, WHETHER THEY HAVE IDENTIFIED ANY GAPS IN THE

Capital letters or bold & italic numbers indicate new material added to existing law; dashes through words or numbers indicate deletions from existing law and such material is not part of the act.

RESEARCH, AND, IF THERE ARE GAPS, WHAT THOSE GAPS ARE, WHAT STUDIES ARE NEEDED TO FILL THOSE GAPS, THE FUNDING NEEDED TO COMPLETE THOSE STUDIES, AND THE TIMELINE FOR COMPLETION OF THE NECESSARY STUDIES. NOTHING IN THIS SECTION SHALL PRECLUDE THE COLORADO SCHOOL OF PUBLIC HEALTH FROM MAKING RECOMMENDATIONS REGARDING APPROPRIATE REGULATORY MEASURES TO THE SCIENTIFIC REVIEW COUNCIL CREATED IN SUBSECTION (2)(b) OF THIS SECTION.

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

(2) (a) THE COLORADO SCHOOL OF PUBLIC HEALTH SHALL PRODUCE AN INITIAL REPORT OF ITS FINDINGS BY JULY 1, 2022, AND SHALL PROVIDE THAT REPORT TO THE SCIENTIFIC REVIEW COUNCIL CREATED IN SUBSECTION (2)(b) OF THIS SECTION AND THE FINANCE COMMITTEE AND PUBLIC AND BEHAVIORAL HEALTH AND HUMAN SERVICES COMMITTEE OF THE HOUSE OF REPRESENTATIVES AND THE FINANCE COMMITTEE AND HEALTH AND HUMAN SERVICES COMMITTEE OF THE SENATE, OR THEIR SUCCESSOR COMMITTEES. IF AT ANY POINT PRIOR TO THE COMPLETION OF THE FINAL REPORT THE COLORADO SCHOOL OF PUBLIC HEALTH BELIEVES THERE IS SUFFICIENT SCIENTIFIC EVIDENCE TO MAKE A RECOMMENDATION REGARDING APPROPRIATE REGULATORY MEASURES, THE COLORADO SCHOOL OF PUBLIC HEALTH SHALL PROVIDE THOSE RECOMMENDATIONS TO THE SCIENTIFIC REVIEW COUNCIL CREATED IN SUBSECTION (2)(b) OF THIS SECTION AND THE FINANCE COMMITTEE AND PUBLIC AND BEHAVIORAL HEALTH AND HUMAN SERVICES COMMITTEE OF THE HOUSE OF REPRESENTATIVES AND THE FINANCE COMMITTEE AND HEALTH AND HUMAN SERVICES COMMITTEE OF THE SENATE, OR THEIR SUCCESSOR COMMITTEES. IF AFTER SUBMITTING THE INITIAL REPORT THE COLORADO SCHOOL OF PUBLIC HEALTH BELIEVES ADDITIONAL RESEARCH AND REPORTING IS NECESSARY, THE COLORADO SCHOOL OF PUBLIC HEALTH MAY, SUBJECT TO AVAILABLE APPROPRIATIONS, CONDUCT ADDITIONAL RESEARCH AND ISSUE ADDITIONAL REPORTS AND RECOMMENDATIONS TO THE SCIENTIFIC REVIEW COUNCIL CREATED IN SUBSECTION (2)(b) OF THIS SECTION AND THE FINANCE COMMITTEE AND PUBLIC AND BEHAVIORAL HEALTH AND HUMAN SERVICES COMMITTEE OF THE HOUSE OF REPRESENTATIVES AND THE FINANCE COMMITTEE AND HEALTH AND HUMAN SERVICES COMMITTEE OF THE SENATE, OR THEIR SUCCESSOR COMMITTEES. IF AFTER JULY 1, 2022, ADDITIONAL RESEARCH IS CONDUCTED AND SUFFICIENT DATA FROM THAT RESEARCH SHOWS A PREVALENCE OF NEGATIVE PHYSICAL OR MENTAL HEALTH OUTCOMES FROM THE USE OF HIGH POTENCY THC MARIJUANA OR MARIJUANA PRODUCTS, THE COLORADO SCHOOL OF PUBLIC HEALTH SHALL SUBMIT A REPORT REGARDING THE FINDINGS TO THE SCIENTIFIC REVIEW COUNCIL CREATED IN SUBSECTION (2)(b) OF THIS SECTION AND THE FINANCE COMMITTEE AND PUBLIC AND BEHAVIORAL HEALTH AND HUMAN SERVICES COMMITTEE OF THE HOUSE OF REPRESENTATIVES AND THE FINANCE COMMITTEE AND HEALTH AND HUMAN SERVICES COMMITTEE OF THE SENATE, OR THEIR SUCCESSOR COMMITTEES. ANY RECOMMENDATIONS MUST NOT INCLUDE ADDITIONAL CRIMINAL PENALTIES RELATED TO MARIJUANA CONCENTRATE USE, POSSESSION, OR POSSESSION OF PARAPHERNALIA OR NEW CRIMES RELATED TO MARIJUANA CONCENTRATE USE, POSSESSION, OR POSSESSION OF PARAPHERNALIA.

(b) THE COLORADO SCHOOL OF PUBLIC HEALTH SHALL ESTABLISH A SCIENTIFIC REVIEW COUNCIL TO REVIEW THE INITIAL REPORT AND ANY SUBSEQUENT REPORTS PRODUCED PURSUANT TO SUBSECTION (2)(a) OF THIS SECTION AND MAKE RECOMMENDATIONS TO THE GENERAL ASSEMBLY REGARDING APPROPRIATE

EVIDENCE-BASED REGULATORY CHANGES AND THE FUNDING OF ADDITIONAL NECESSARY EVIDENCE-BASED RESEARCH. THE DEAN OF THE COLORADO SCHOOL OF PUBLIC HEALTH, IN CONJUNCTION WITH THE DEAN OF THE MEDICAL SCHOOL AT THE UNIVERSITY OF COLORADO AND THE DEAN OF THE SCHOOL OF PHARMACY AT THE UNIVERSITY OF COLORADO, SHALL APPOINT MEMBERS, WITH A GOAL OF AT LEAST TWENTY-FIVE PERCENT OF THE MEMBERS REPRESENTING COMMUNITIES OF COLOR, TO THE SCIENTIFIC REVIEW COUNCIL WHO DO NOT HAVE A PECUNIARY INTEREST OR ANYONE IN THEIR IMMEDIATE FAMILY WHO DOES NOT HAVE A PECUNIARY INTEREST, WHO REPRESENT AN UNBIASED GROUP OF PROFESSIONALS, AS FOLLOWS:

(I) AN EPIDEMIOLOGIST;

(II) A PHYSICIAN FAMILIAR WITH THE ADMINISTRATION OF MEDICAL MARIJUANA PURSUANT TO CURRENT STATE LAWS WITH EXPERIENCE RECOMMENDING MEDICAL MARIJUANA TO THOSE WHO ARE AGE ZERO TO SEVENTEEN;

(III) A MEDICAL TOXICOLOGIST;

(IV) A NEUROLOGIST;

(V) A PEDIATRICIAN;

(VI) A PSYCHIATRIST;

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

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

(IX) A LICENSED SUBSTANCE USE DISORDER SPECIALIST;

(X) A NEUROPSYCHOPHARMACOLOGIST; AND

(XI) A MEDICAL OR PUBLIC HEALTH EXPERT WHO SPECIALIZES IN RACIAL AND HEALTH DISPARITIES AND SYSTEMIC INEQUALITIES IN HEALTH CARE AND MEDICINE.

(c) THE SCIENTIFIC REVIEW COUNCIL SHALL POST PUBLIC NOTICE OF EACH COMMITTEE MEETING AT LEAST TWO WEEKS BEFORE THE MEETING AND THE MEETINGS MUST BE BROADCAST TO THE PUBLIC. NOTHING PRECLUDES THE PUBLIC FROM SUBMITTING WRITTEN COMMENTS TO THE COMMITTEE.

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

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

FROM THE GENERAL ASSEMBLY.

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

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

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

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

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

(b) (I) After a physician, who has a bona fide physician-patient relationship with the patient applying for the medical marijuana program, determines, for the purposes of making a recommendation, that the patient has a debilitating medical condition or disabling medical condition and that the patient may benefit from the use of medical marijuana, the physician shall certify to the state health agency that the patient has a debilitating medical condition or disabling medical condition and that the patient may benefit from the use of medical marijuana. If the physician certifies that the patient would benefit from the use of medical marijuana based on a chronic or debilitating disease or medical condition or disabling medical condition, the physician shall specify the chronic or debilitating disease or medical condition or disabling medical condition and, if known, the cause or source of the chronic or debilitating disease or medical condition or disabling medical condition. A PHYSICIAN'S AUTHORIZATION FOR MEDICAL MARIJUANA MUST BE IN COMPLIANCE WITH THE PROVISIONS OF THIS SECTION, ANY RULES PROMULGATED PURSUANT TO THIS SECTION, THE PHYSICIAN'S RESPECTIVE PRACTICE ACT, ARTICLE 220 OF TITLE 12 AND ANY RULES PROMULGATED PURSUANT TO THAT ARTICLE FOR A DENTIST, ARTICLE 240 OF TITLE 12 AND ANY RULES PROMULGATED PURSUANT TO THAT ARTICLE, AND ARTICLE 255 OF TITLE 12 AND ANY RULES PROMULGATED PURSUANT TO THAT ARTICLE FOR AN ADVANCED PRACTICE REGISTERED NURSE.

(II) THE CERTIFICATION MUST INCLUDE THE FOLLOWING:

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

(B) THE PATIENT'S NAME AND ADDRESS;

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

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

(E) THE RECOMMENDED PRODUCT, IF ANY;

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

(G) DIRECTIONS FOR USE; AND

(H) THE AUTHORIZING PHYSICIAN'S SIGNATURE.

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

(c) The physician shall maintain a record-keeping system, INCLUDING A COPY OF THE CERTIFICATION, AND for all patients for whom the physician has ~~recommended~~ AUTHORIZED the medical use of marijuana, and, pursuant to an investigation initiated pursuant to section 12-240-125, the physician shall produce such medical records to the Colorado medical board after redacting any patient or primary caregiver identifying information. THE PHYSICIAN SHALL MAINTAIN THE MEDICAL RECORDS OF THE PATIENT'S VISIT AND THE PHYSICIAN SHALL RESPOND TO A TREATING PHYSICIAN'S REQUEST FOR MEDICAL RECORDS TO TREAT THE PATIENT WITH THE CERTIFICATION WITH THE PATIENT'S PERMISSION.

(d) A physician shall not:

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

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

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

(f) A PHYSICIAN WHO MAKES MEDICAL MARIJUANA RECOMMENDATIONS SHALL TAKE A MEDICAL CONTINUING EDUCATION COURSE REGARDING MEDICAL MARIJUANA

THAT IS AT LEAST FIVE HOURS EVERY TWO YEARS.

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

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

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

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

(III) THE PHYSICIAN REFERRED TO IN SUBSECTION (5.5)(a)(II) OF THIS SECTION HAS PROVIDED 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

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

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

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

SECTION 3. In Colorado Revised Statutes, **add** 25-3-127 as follows:

25-3-127. Emergency room intake data marijuana use - annual report. THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT SHALL CREATE A DE-IDENTIFIED REPORT FROM HOSPITAL AND EMERGENCY ROOM DISCHARGE DATA OF PATIENTS, INCLUDING DEMOGRAPHIC INFORMATION REGARDING PATIENTS' AGE, RACE, ETHNICITY, GENDER, AND GEOGRAPHIC LOCATION, PRESENTING WITH CONDITIONS OR A DIAGNOSIS THAT REFLECT MARIJUANA USE, INCLUDING AND IDENTIFYING IF THE MARIJUANA USE WAS IN CONJUNCTION WITH ALCOHOL OR OTHER DRUGS, AND PROVIDE THAT REPORT AT THE DEPARTMENT'S PRESENTATIONS TO THE LEGISLATIVE COMMITTEES OF REFERENCE PURSUANT TO SECTION 2-7-203 IN 2022, AND ANNUALLY EACH YEAR THEREAFTER. THE REPORT CAN BE PRODUCED IN CONJUNCTION WITH THE REPORT REQUIRED PURSUANT TO SECTION 30-10-624 (2).

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

30-10-624. Required toxicology screening for a suicide, overdose death, or accidental death - annual report - working group. (1) (a) THE ASSOCIATION REPRESENTING CORONERS SHALL ESTABLISH A WORKING GROUP TO STUDY METHODS TO TEST FOR ALL SCHEDULED DRUGS AND THE PRESENCE AND QUANTITY OF THC, INCLUDING AND IDENTIFYING HOW LONG AGO THE THC WAS CONSUMED, IF THE PRESENCE OF THC WAS IN CONJUNCTION WITH ALCOHOL AND SCHEDULED DRUGS, AND ITS METABOLITE IN EACH CASE OF A NON-NATURAL DEATH, EXCLUDING HOMICIDE, OF A PERSON UNDER TWENTY-FIVE YEARS OF AGE. THE WORKING GROUP SHALL CONSULT WITH AN EPIDEMIOLOGIST, A MEDICAL TOXICOLOGIST, AN ADDICTION SPECIALIST, AND A MEDICAL EXAMINER OR FORENSIC PATHOLOGIST AND MAY CONSULT WITH THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT. THE METHODOLOGY SHALL INCLUDE MEANS TO IDENTIFY PRESCRIPTION DRUGS, AND OTHER FEDERALLY SCHEDULED SUBSTANCES THAT HAVE A SUBSTANTIAL POTENTIAL FOR OVERDOSE AND ADDICTION, BY USING EVIDENCE-BASED PRACTICES. THESE RECOMMENDATIONS SHALL BE COMPLETED BY JULY 1, 2022; EXCEPT THAT THE METHODOLOGY TO IDENTIFY PRESCRIPTION DRUGS, AND OTHER FEDERALLY SCHEDULED SUBSTANCES THAT HAVE A SUBSTANTIAL POTENTIAL FOR OVERDOSE AND ADDICTION, BY USING EVIDENCE-BASED PRACTICES SHALL BE COMPLETED BY NOVEMBER 1, 2022, AND REPORTED TO THE HOUSE OF REPRESENTATIVES HEALTH AND INSURANCE COMMITTEE AND THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE, OR THEIR SUCCESSOR COMMITTEES.

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

(c) THE CORONER SHALL SHARE THE INFORMATION COLLECTED PURSUANT TO SUBSECTION (1)(a) OF THIS SECTION WITH THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT FOR INCLUSION INTO THE VIOLENT DEATH REPORTING SYSTEM. HOWEVER, THE INFORMATION COLLECTED BY THE CORONER AND SHARED WITH THE DEPARTMENT IS NOT A PUBLIC RECORD UNDER THE "COLORADO OPEN RECORDS

ACT"; EXCEPT THAT THE INFORMATION SHALL BE MADE AVAILABLE TO A PARENT OR A DULY APPOINTED LEGAL REPRESENTATIVE OF THE DECEASED UPON REQUEST. THE DEPARTMENT SHALL MAKE THE DE-IDENTIFIED AGGREGATE OF THE INFORMATION PROVIDED PURSUANT TO THIS SUBSECTION (1)(c) AVAILABLE FOR RESEARCH PURPOSES.

(d) IN THE EVENT OF A DEATH IN A HOSPITAL, IF CLINICALLY INDICATED, THE HOSPITAL-TREATING CLINICIAN SHALL ORDER THE TOXICOLOGY SCREEN AS DESCRIBED IN SUBSECTION (1)(a) OF THIS SECTION AND DOCUMENT THE RESULTS OF THE TOXICOLOGY SCREEN TO THE HEALTH INFORMATION EXCHANGE IN THE MEDICAL RECORD.

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

SECTION 5. In Colorado Revised Statutes, 39-28.8-501, **add** (8) as follows:

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

(II) THE GENERAL ASSEMBLY SHALL APPROPRIATE ONE MILLION DOLLARS FROM THE FUND IN FISCAL YEAR 2022-23 TO THE COLORADO SCHOOL OF PUBLIC HEALTH TO CONDUCT THE RESEARCH REQUIRED BY SECTION 23-20-141. ANY MONEY APPROPRIATED PURSUANT TO THIS SUBSECTION (8)(a)(II) THAT REMAINS AT THE END OF THE FISCAL YEAR MAY BE RETAINED BY THE COLORADO SCHOOL OF PUBLIC HEALTH TO CONTINUE RESEARCH IN THE NEXT FISCAL YEAR.

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

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

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

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

(36.5) "MEDICAL MARIJUANA CONCENTRATE" MEANS A SUBSET OF MEDICAL

MARIJUANA THAT IS SEPARATED FROM THE MEDICAL MARIJUANA PLANT AND RESULTS IN MATTER WITH A HIGHER CONCENTRATION OF CANNABINOIDS THAN NATURALLY OCCUR IN THE PLANT. MEDICAL MARIJUANA CONCENTRATE CONTAINS CANNABINOIDS AND MAY CONTAIN TERPENES AND OTHER CHEMICALS THAT ARE NATURALLY OCCURRING IN MEDICAL MARIJUANA PLANTS THAT HAVE BEEN SEPARATED FROM MEDICAL MARIJUANA. MEDICAL MARIJUANA CONCENTRATE MAY ALSO INCLUDE RESIDUAL AMOUNTS OF THE TYPES OF SOLVENTS, AS PERMITTED BY THE MARIJUANA RULES. THE STATE LICENSING AUTHORITY MAY FURTHER DEFINE BY RULE SUBCATEGORIES OF MEDICAL MARIJUANA CONCENTRATE AND AUTHORIZE LIMITED INGREDIENTS BASED ON THE METHOD OF PRODUCTION OF MEDICAL MARIJUANA CONCENTRATE. UNLESS THE CONTEXT OTHERWISE REQUIRES, MEDICAL MARIJUANA CONCENTRATE IS INCLUDED WHEN THIS ARTICLE 10 REFERS TO MEDICAL MARIJUANA PRODUCT.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

follows:

44-10-601. Retail marijuana store license - rules - definitions. (3) (d) WHEN COMPLETING A SALE OF RETAIL MARIJUANA CONCENTRATE, THE RETAIL MARIJUANA STORE SHALL PROVIDE THE CUSTOMER WITH THE TANGIBLE EDUCATIONAL RESOURCE CREATED BY THE STATE LICENSING AUTHORITY THROUGH RULE-MAKING PURSUANT TO SECTION 44-10-202 (8) REGARDING THE USE OF MEDICAL MARIJUANA CONCENTRATE.

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

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

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

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

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

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

(B) RISKS AND PRECAUTIONS;

(C) OTHER STATUTORY AND REGULATORY LABELING REQUIREMENTS MANDATED ON MARIJUANA PRODUCTS; AND

(D) A NOTICE THAT DESCRIBES THE PENALTIES ASSOCIATED WITH MARIJUANA DIVERSION.

(b) THE UNIFORM CERTIFICATION AND EDUCATIONAL RESOURCE MUST BE COMPLETED BY JANUARY 1, 2022.

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

SECTION 11. In Colorado Revised Statutes, 39-28.8-501, **add** (9) as follows:

39-28.8-501. Marijuana tax cash fund - creation - distribution - legislative declaration - repeal. (9) (a) ON JULY 1, 2021, THE STATE TREASURER SHALL TRANSFER TWO MILLION DOLLARS FROM THE FUND TO THE ACCOUNT CREATED IN SECTION 42-2-132 (4)(b)(II)(A) FOR ENFORCEMENT PURSUANT TO SECTION 43-4-901, INCLUDING ENFORCEMENT OF DRIVING UNDER THE INFLUENCE OF DRUGS.

(b) THIS SUBSECTION (9) IS REPEALED, EFFECTIVE JULY 1, 2022.

SECTION 12. Appropriation. (1) For the 2021-22 state fiscal year, \$4,000,000 is appropriated to the department of higher education. This appropriation is from the marijuana tax cash fund created in section 39-28.8-501 (1), C.R.S. To implement this act, the department may use this appropriation for regents of the university of Colorado for use by the school of public health. Any money appropriated in this section but not expended prior to July 1, 2022, is further appropriated to the department for the 2022-23 fiscal year for the same purpose.

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

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

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

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

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

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

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

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

(a) \$159,461 for use by the specialized business group for marijuana enforcement, which amount is based on an assumption that the subdivision will

require an additional 1.5 FTE; and

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

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

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

SECTION 13. Effective date. This act takes effect upon passage; except that sections 2, 8, and 9 of this act take effect January 1, 2022.

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

Approved: June 24, 2021