# First Regular Session Seventy-second General Assembly STATE OF COLORADO

# **PREAMENDED**

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

LLS NO. 19-0366.01 Michael Dohr x4347

**SENATE BILL 19-218** 

#### SENATE SPONSORSHIP

Gonzales, Tate

# **HOUSE SPONSORSHIP**

Jaquez Lewis,

#### **Senate Committees**

Finance Appropriations

#### **House Committees**

Finance Appropriations

## A BILL FOR AN ACT

101	CONCERNING THE CONTINUATION OF THE MEDICAL MARIJUANA
102	PROGRAM, AND, IN CONNECTION THEREWITH, IMPLEMENTING
103	THE RECOMMENDATIONS CONTAINED IN THE 2018 SUNSET
104	REPORT BY THE DEPARTMENT OF REGULATORY AGENCIES AND
105	MAKING AN 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 <a href="http://leg.colorado.gov/">http://leg.colorado.gov/</a>.)

**Sunset Process - Senate Finance Committee.** In a bona fide physician-patient relationship for purposes of a medical marijuana

SENATE rd Reading Unamended April 23, 2019

SENATE Amended 2nd Reading April 19, 2019

Shading denotes HOUSE amendment. <u>Double underlining denotes SENATE amendment.</u>

Capital letters or bold & italic numbers indicate new material to be added to existing statute.

Dashes through the words indicate deletions from existing statute.

recommendation, the bill clarifies that if the patient is a child, as part of the relationship the physician must consult with the patient's parents. The bill clarifies that only a physician can make a medical marijuana recommendation. The bill clarifies that a parent can be a primary caregiver for a child with a disabling medical condition. The bill clarifies that a primary caregiver for a person with a debilitating or disabling medical condition receives the same confidentiality protections as other primary caregivers. The bill clarifies that if a person with a medical marijuana card is convicted of a drug crime, the card is subject to revocation. The bill extends the medical marijuana program until September 1, 2028, and requires a sunset review prior to the repeal. The bill makes other technical changes and repeals obsolete provisions.

1 Be it enacted by the General Assembly of the State of Colorado: 2 **SECTION 1.** In Colorado Revised Statutes, 25-1.5-106, amend 3 (2)(a.5)(II), (2)(c), (2)(d.5)(I), (3)(b)(II), (3.5)(d), (5)(a), (5)(c), (6)(a),4 (6)(c), (7)(d), (9)(c), (10), and (18)(a); repeal (3)(b)(III), (3.7), and 5 (3.8)(b); and add (2)(d.4), (3)(d), and (5)(e) as follows: 6 25-1.5-106. Medical marijuana program - powers and duties 7 of state health agency - rules - medical review board - medical 8 marijuana program cash fund - subaccount - created - definitions -9 repeal. (2) **Definitions.** In addition to the definitions set forth in section 10 14 (1) of article XVIII of the state constitution, as used in this section, 11 unless the context otherwise requires: 12 (a.5) "Bona fide physician-patient relationship", for purposes of 13 the medical marijuana program, means: 14 (II) The physician has consulted with the patient, AND IF THE 15 PATIENT IS A MINOR, WITH THE PATIENT'S PARENTS, with respect to the 16 patient's debilitating medical condition or disabling medical condition 17 AND HAS EXPLAINED THE POSSIBLE RISKS AND BENEFITS OF USE OF 18 MEDICAL MARIJUANA TO THE PATIENT, AND THE PATIENT'S PARENTS IF THE 19 PATIENT IS A MINOR, before the patient applies for a registry identification

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1	card; and
2	(c) "In good standing", with respect to a physician's OR MEDICAL
3	PROFESSIONAL'S license, means:
4	(I) The physician holds a doctor of medicine or doctor of
5	osteopathic medicine degree from an accredited medical school, OR THE
6	MEDICAL PROFESSIONAL HOLDS A DEGREE IN A MEDICAL FIELD WITHIN HIS
7	OR HER SCOPE OF PRACTICE;
8	(II) The physician holds a valid license to practice medicine, OR
9	THE MEDICAL PROFESSIONAL HOLDS A VALID LICENSE TO PRACTICE WITHIN
10	HIS OR HER SCOPE OF PRACTICE, in Colorado that does not contain a
11	restriction or condition that prohibits the recommendation of medical
12	marijuana or for a license issued prior to July 1, 2011, a valid,
13	unrestricted and unconditioned license; and
14	(III) The physician OR MEDICAL PROFESSIONAL has a valid and
15	unrestricted United States department of justice federal drug enforcement
16	administration controlled substances registration.
17	(d.4) "PHYSICIAN", WHEN MAKING MEDICAL MARIJUANA
18	RECOMMENDATIONS FOR A DISABLING MEDICAL CONDITION, INCLUDES A
19	MEDICAL PROFESSIONAL WITH PRESCRIPTIVE AUTHORITY ACTING WITHIN
20	THE SCOPE OF HIS OR HER PRACTICE.
21	(d.5) "Primary caregiver" means a natural person, other than the
22	patient or the patient's physician, who is eighteen years of age or older
23	and has significant responsibility for managing the well-being of a patient
24	who has a debilitating medical condition or disabling medical condition.
25	A primary caregiver may have one or more of the following relationships:
26	(I) A parent of a child as described by subsection (6)(e) of section
27	14 of article XVIII of the Colorado STATE constitution OR A PARENT OF

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1	A CHILD WITH A DISABLING MEDICAL CONDITION and anyone who assists
2	that parent with caregiver responsibilities, including cultivation and
3	transportation;
4	(3) <b>Rule-making.</b> (b) The state health agency may promulgate
5	rules regarding the following:
6	(II) The development of a form for a primary caregiver to use in
7	applying to the registry, which form shall require, at a minimum, that the
8	applicant provide his or her full name, home address, date of birth, and an
9	attestation that the applicant has a significant responsibility for managing
10	the well-being of the patient for whom he or she is designated as the
11	primary caregiver and that he or she understands and will abide by section
12	14 of article XVIII of the state constitution, this section, and the rules
13	promulgated by the state health agency pursuant to this section; AND
14	(III) The development of a form that constitutes "written
15	documentation", as defined and used in section 14 of article XVIII of the
16	state constitution, which form a physician shall use when making a
17	medical marijuana recommendation for a patient; and
18	(d) The state health agency shall promulgate rules
19	RELATED TO THE LENGTH OF TIME A REGISTRY IDENTIFICATION CARD
20	ISSUED TO A PATIENT WITH A DISABLING MEDICAL CONDITION IS VALID.
21	(3.5) Marijuana laboratory testing reference library. (d) The
22	state health agency shall make reference library materials, including the
23	methodologies, publicly available no later than December 31, 2015, and
24	may continuously update the reference library as new materials become
25	available.
26	(3.7) The state health agency shall convene a group of interested
27	parties including representatives from the state licensing authority,

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1	primary caregivers, patients, marijuana testing laboratory licensees, and
2	any other interested persons to explore laboratory testing options for
3	medical marijuana not produced by someone licensed pursuant to article
4	<del>11 of title 44.</del>
5	(3.8) (b) The state health agency shall convene a stakeholder
6	process to discuss proposed models for sampling and proficiency testing
7	The stakeholder process shall be completed by September 1, 2015.
8	(5) <b>Physicians.</b> A physician who certifies a debilitating medical
9	condition or disabling medical condition for an applicant to the medical
10	marijuana program shall comply with all of the following requirements
11	(a) The physician shall have HAS a valid and active license to
12	practice medicine, which license is in good standing, OR THE MEDICAL
13	PROFESSIONAL HOLDS A VALID LICENSE TO PRACTICE WITHIN HIS OR HER
14	SCOPE OF PRACTICE, WHICH LICENSE IS IN GOOD STANDING.
15	(c) The physician shall maintain a record-keeping system for all
16	patients for whom the physician has recommended the medical use of
17	marijuana, and, pursuant to an investigation initiated pursuant to section
18	12-36-118, <del>C.R.S.,</del> the physician shall produce such medical records to
19	the Colorado state board of medical examiners MEDICAL BOARD after
20	redacting any patient or primary caregiver identifying information.
21	(e) Only a physician can make a medical marijuana
22	RECOMMENDATION; EXCEPT WHEN MAKING A MEDICAL MARIJUANA
23	RECOMMENDATION FOR A PATIENT WITH A DISABLING MEDICAL
24	CONDITION, THE RECOMMENDATION MAY BE MADE BY A MEDICAL
25	PROFESSIONAL WITH PRESCRIPTIVE AUTHORITY ACTING WITHIN THE SCOPE
26	OF HIS OR HER PRACTICE.
27	(6) <b>Enforcement.</b> (a) If the state health agency has reasonable

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cause to believe that a physician has violated section 14 of article XVIII of the state constitution, paragraph (a), (b), or (c) of subsection SUBSECTION (5)(a), (5)(b), OR (5)(c) of this section, or the rules promulgated by the state health agency pursuant to subsection (2) SUBSECTION (3) of this section, the state health agency may refer the matter to the state board of medical examiners COLORADO MEDICAL BOARD created in section 12-36-103 C.R.S., for an investigation and determination.

(c) Upon a finding of unprofessional conduct pursuant to section 12-36-117 (1)(mm) C.R.S., by the state board of medical examiners COLORADO MEDICAL BOARD or a finding of a violation of paragraph (d) of subsection (5) SUBSECTION (5)(d) of this section by the state health agency, the state health agency shall restrict a physician's authority to recommend the use of medical marijuana, which restrictions may include the revocation or suspension of a physician's privilege to recommend medical marijuana. The restriction shall be in addition to any sanction imposed by the state board of medical examiners COLORADO MEDICAL BOARD.

(7) **Primary caregivers.** (d) A primary caregiver shall provide to a law enforcement agency, upon inquiry, the registry identification card number of each of his or her patients. The state health agency shall maintain a registry of this information and make it available twenty-four hours per day and seven days a week to law enforcement for verification purposes. Upon inquiry by a law enforcement officer as to an individual's status as a patient or primary caregiver, the state health agency shall check the registry. If the individual is not registered as a patient or primary caregiver, the state health agency may provide that response to

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1	law enforcement. If the person is a registered patient or primary caregiver
2	FOR A PATIENT WITH A DEBILITATING MEDICAL CONDITION OR A DISABLING
3	MEDICAL CONDITION, the state health agency may not release information
4	unless consistent with section 14 of article XVIII of the state constitution.
5	The state health agency may promulgate rules to provide for the efficient
6	administration of this <del>paragraph (d)</del> SUBSECTION (7)(d).
7	(9) Registry identification card required - denial - revocation
8	- renewal. (c) A patient or primary caregiver registry identification card
9	shall be IS valid for one year UNLESS THE STATE HEALTH AGENCY
10	CHANGES THE LENGTH OF VALIDITY PURSUANT TO ITS AUTHORITY IN
11	SUBSECTION (3)(d) OF THIS SECTION and shall MUST contain a unique
12	identification number. It shall be IS the responsibility of the patient or
13	primary caregiver to apply to renew his or her registry identification card
14	prior to the date on which the card expires. The state health agency shall
15	develop a form for a patient or primary caregiver to use in renewing his
16	or her registry identification card.
17	(10) Renewal of patient identification card upon criminal
18	conviction. Any patient who is convicted of a criminal offense under
19	article 18 of title 18 who is sentenced or ordered by a court to treatment
20	for a substance use disorder or sentenced to the division of youth services
21	is subject to immediate renewal REVOCATION of his or her patient registry
22	identification card, and the patient shall MAY apply for the renewal based
23	upon a recommendation from a physician with whom the patient has a
24	bona fide physician-patient relationship.
25	(18) (a) This section is repealed, effective September 1, <del>2019</del>
26	2028.
27	SECTION 2. In Colorado Revised Statutes, 25-1.5-110, amend

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1	(2) and (3) as follows:
2	25-1.5-110. Monitor health effects of marijuana - report. (2)
3	(a) The department shall appoint a panel of health care professionals with
4	expertise in, cannabinoid physiology to monitor the relevant information
5	BUT NOT LIMITED TO, NEUROSCIENCE, EPIDEMIOLOGY, TOXICOLOGY,
6	CANNABIS PHYSIOLOGY, AND CANNABIS QUALITY CONTROL TO FURTHER
7	DIRECT POLICY. Notwithstanding section 24-1-136 (11)(a)(I), the panel
8	shall provide a report by January 31, 2015, and every two years thereafter
9	to the state board of health, the department of revenue, and the general
10	assembly. The department shall make the report available on its website.
11	The panel shall establish criteria for studies to be reviewed, reviewing
12	studies and other data, and making recommendations, as appropriate, for
13	policies intended to protect consumers of marijuana or marijuana
14	products and the general public.
15	(b) IN ORDER TO ALLOW THE PUBLIC TO EVALUATE ANY CONFLICT
16	OF INTEREST AMONG THE PANEL, EACH PANELIST SHALL DISCLOSE ALL
17	FINANCIAL INTERESTS THE PANELIST HAS RELATED TO THE HEALTH CARE
18	INDUSTRY AND THE REGULATED MARIJUANA INDUSTRY. THE DISCLOSURES
19	MUST BE INCLUDED IN THE REPORT REQUIRED PURSUANT TO SUBSECTION
20	(2)(a) OF THIS SECTION.
21	(3) The department may collect Colorado-specific data that reports
22	adverse health events involving marijuana use from the all-payer claims
23	database, hospital discharge data, and behavioral risk factors COLLECT
24	COLORADO-SPECIFIC DATA THAT INVOLVES HEALTH OUTCOMES
25	ASSOCIATED WITH CANNABIS FROM, BUT NOT LIMITED TO, ALL-PAYER
26	CLAIMS DATA, HOSPITAL DISCHARGE DATA, AND AVAILABLE
27	PEER-REVIEWED RESEARCH STUDIES.

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1	<b>SECTION</b> <u>3.</u> In Colorado Revised Statutes, 24-34-104, repeal
2	(17)(a)(XIV); and <b>add</b> (29)(a)(V) as follows:
3	24-34-104. General assembly review of regulatory agencies
4	and functions for repeal, continuation, or reestablishment - legislative
5	<b>declaration - repeal.</b> (17) (a) The following agencies, functions, or both,
6	are scheduled for repeal on September 1, 2019:
7	(XIV) The medical marijuana program created in section
8	<del>25-1.5-106, C.R.S.;</del>
9	(29) (a) The following agencies, functions, or both, are scheduled
10	for repeal on September 1, 2028:
11	(V) THE MEDICAL MARIJUANA PROGRAM CREATED IN SECTION
12	25-1.5-106.
13	SECTION 4. In Colorado Revised Statutes, 25-1.5-106, amend
14	as amended by House Bill 19-1028 (2)(a.7) 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 - repeal.
18	(2) <b>Definitions.</b> In addition to the definitions set forth in section 14 (1)
19	of article XVIII of the state constitution, as used in this section, unless the
20	context otherwise requires:
21	(a.7) "Disabling medical condition" means:
22	(I) Post-traumatic stress disorder as diagnosed by a licensed
23	mental health provider or physician; and OR
24	(II) An autism spectrum disorder as diagnosed by a primary care
25	physician, physician with experience in autism spectrum disorder, or
26	licensed mental health provider acting within his or her scope of practice.
27	SECTION 5. Appropriation. (1) For the 2019-20 state fiscal

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1	year, \$114,007 is appropriated to the department of public health and
2	environment for use by the center for health and environmental
3	information. This appropriation is from the medical marijuana program
4	cash fund created in section 25-1.5-106 (16)(a), C.R.S. To implement this
5	act, the center may use this appropriation as follows:
6	(a) \$14,007 for personal services related to the medical marijuana
7	registry, which amount is based on an assumption that the department will
8	require an additional 0.2 FTE; and
9	(b) \$100,000 for operating expenses related to the medical
10	marijuana registry.
11	(2) For the 2019-20 state fiscal year, \$560,143 is appropriated to
12	the department of regulatory agencies. This appropriation is from the
13	division of professions and occupations cash fund created in section
14	24-34-105 (2)(b)(I), C.R.S. To implement this act, the department may
15	use this appropriation as follows:
16	(a) \$24,687 for use by the division of professions and occupations
17	for personal services, which amount is based on an assumption that the
18	division will require an additional 0.4 FTE; and
19	(b) \$535,456 for the purchase of legal services.
20	(2) For the 2019-20 state fiscal year, \$535,456 is appropriated to
21	the department of law. This appropriation is from reappropriated funds
22	received from the department of regulatory agencies under subsection
23	(2)(b) of this section and is based on an assumption that the department
24	of law will require an additional 2.9 FTE. To implement this act, the
25	department of law may use this appropriation to provide legal services for
26	the department of regulatory agencies.
27	SECTION 6. Act subject to petition - effective date. This act

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takes effect at 12:01 a.m. on the day following the expiration of the 1 2 ninety-day period after final adjournment of the general assembly (August 3 2, 2019, if adjournment sine die is on May 3, 2019); except that, if a 4 referendum petition is filed pursuant to section 1 (3) of article V of the 5 state constitution against this act or an item, section, or part of this act 6 within such period, then the act, item, section, or part will not take effect 7 unless approved by the people at the general election to be held in 8 November 2020 and, in such case, will take effect on the date of the official declaration of the vote thereon by the governor. 9

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