

## **FISCAL NOTE**

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□ TABOR Refund

□ Local Government

□ Statutory Public Entity

BIII Topic: SUNSET MEDICAL MARIJUANA PROGRAM

Summary of Fiscal Impact:

✓ State Revenue✓ State Expenditure□ State Transfer

**Sunset bill.** This bill continues the Medical Marijuana Program in the Department of Public Health and Environment, which is scheduled to repeal on September 1, 2019. State fiscal impacts under the bill include only the continuation of the program's current revenue and expenditures. The program is continued

through September 1, 2028.

Appropriation Summary:

No appropriation is required.

Fiscal Note Status:

The fiscal note reflects the introduced bill.

# Table 1 State Fiscal Impacts Under SB-218\*

New Impacts		FY 2019-20	FY 2020-21
Revenue		-	-
Expenditures		-	-
TABOR Refund		-	-
Continuing Program Impacts		FY 2019-20	FY 2020-21
Revenue	Cash Funds	-	\$2,331,720
Expenditures	Cash Funds	-	\$2,022,719
	FTE		18.6 FTE
	ГІС	<u>-</u>	10.011L

<sup>\*</sup> Table 1 shows the new impacts resulting from changes to the program under the bill, and the continuing impacts from extending the program beyond its current repeal date. Because the bill continues a program without making any changes, there are no new impacts. The continuing program impacts will end if the bill is not passed and the program is allowed to repeal.

#### **Summary of Legislation**

This bill extends the Medical Marijuana Program in the Department of Public Health and Environment (CDPHE) until September 1, 2028, and implements recommendations from the Department of Regulatory Agencies sunset review. The bill clarifies that only a physician can make a medical marijuana recommendation and if the patient is a minor, the physician must consult with the patient and the patient's parents. A parent can serve as a primary caregiver for a child with a disabling medical condition. Caregivers for patients with debilitating medical conditions are extended the same confidentiality protections as caregivers for patients with disabling medical conditions. Finally, the bill clarifies that medical marijuana registry cards are subject to revocation if a patient is convicted of a drug crime.

#### **Background**

Coloradans initiated and approved a constitutional amendment, Amendment 20, to legalize medical marijuana in 2000. Amendment 20 legalized the acquisition, use, possession, production, and transportation of medical marijuana for patients and caregivers by creating an affirmative defense to the state's criminal marijuana laws.

The CDPHE maintains the confidential medical marijuana patient registry. As of February 2019, the registry includes 86,832 patients and 1,904 caregivers. In order to make an application to be placed on the medical marijuana patient registry and to receive a registry identification card, a patient must reside in Colorado and possess written documentation from a licensed physician stating that the patient has been diagnosed with a debilitating medical condition and may benefit from the medical use of marijuana. Medical marijuana may be used to treat the following debilitating medical conditions: cancer; glaucoma; HIV/AIDS; and chronic or debilitating diseases or medical conditions such as cachexia, severe pain, severe nausea, seizures, and persistent muscle spasms. The CDPHE may also approve other medical conditions that may be treated with medical marijuana. The state General Assembly added Post-Traumatic Stress Disorder to the list of approved medical conditions in 2017 and Autism Spectrum Disorders in 2019.

### **Continuing Program Impacts**

Based on the department's FY 2019-20 budget request, the CDPHE is expected to have revenue of \$2.3 million and expenditures of \$2.0 million to administer the Medical Marijuana program. If this bill is enacted, current revenue and expenditures will continue for the program starting in FY 2020-21. This continuing revenue is subject to TABOR; however under the March 2019 Legislative Council Staff forecast, a TABOR surplus is not expected in FY 2019-20 or FY 2020-21. If this bill is <u>not</u> enacted, the program as it exists in statute will end on September 1, 2020, following a wind-down period. Because the program is constitutionally required, the program will continue under the constitutional provisions.

#### **Effective Date**

The bill takes effect August 2, 2019, if the General Assembly adjourns on May 3, 2019, as scheduled, and no referendum petition is filed.

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#### **State and Local Government Contacts**

Information Technology Law Public Health and Environment Regulatory Agencies Revenue