A BILL FOR AN ACT

CONCERNING THE REGULATION OF MARIJUANA FOR SAFE CONSUMPTION.

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at http://leg.colorado.gov.)

The bill requires the Colorado school of public health to do a systematic review of the scientific research related to the physical and mental health effects of high-potency THC marijuana and concentrates. The bill creates a scientific review council (council) to review the report and make recommendations to the general assembly. Based on the research and findings, the Colorado school of public health shall produce
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
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 patient needs more than 8 grams or 2 grams respectively.

Beginning January 1, 2023, the bill requires medical marijuana concentrate and retail marijuana concentrate to be sold in a package containing one gram separated into no less than 10 equal portioned amounts. The bill limits the amount of retail marijuana concentrate that a patient can purchase in one day to 8 grams.

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

2 SECTION 1. In Colorado Revised Statutes add 23-20-141 as follows:

3 23-20-141. 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 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 research, and, if there are gaps, what those gaps are and when research to fill those gaps can be completed.

(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.

(b) the colorado school of public health shall establish
A scientific review council to review the report 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 to the scientific review council who do not have a conflict of interest or anyone in their immediate family who does not have a conflict of interest as follows:

(I) An epidemiologist;

(II) A clinician familiar with the prescription, dosage, and administration of medical marijuana under current state laws;

(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; and

(IX) A substance abuse specialist.

(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 MENTAL HEALTH. THE SCIENTIFIC REVIEW COUNCIL CREATED IN SUBSECTION (2)(b) OF THIS SECTION SHALL APPROVE THE PUBLIC EDUCATION CAMPAIGN.

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

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), 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 records of the diagnosing physician or a licensed mental health provider acting within the physician's or provider's scope of practice;

(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. The physician may only authorize medical marijuana within the scope of the physician's practice or specialty.

(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 THC potency level of medical marijuana being recommended;

(E) The dosage form;

(F) The patient's daily authorized quantity;

(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 disability.
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 REGULARLY MAKES MEDICAL MARIJUANA RECOMMENDATIONS SHALL TAKE A MEDICAL CONTINUING EDUCATION COURSE REGARDING MEDICAL MARIJUANA THAT IS AT LEAST FIVE HOURS EVERY TWO YEARS OR EIGHT HOURS EVERY THREE YEARS.

(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:


(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.

(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) 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 25-3-126 as follows:

**25-3-126. 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 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. (1) (a) The coroner shall order a toxicology screen to test for the presence and quantity of THC, including and identifying if the presence of THC was in conjunction with alcohol or other drugs, and its metabolite in each case of a non-natural death of a person under twenty-five years of age.

(b) The coroner shall report the de-identified results of the toxicology screen required by subsection (1)(a) of this section to the Colorado violent death reporting system.

(c) Nothing in this section prevents a coroner from ordering a toxicology screen in any other case.

(2) The department of public health and environment shall produce an annual report of the information reported in subsection (1)(b) of this section beginning January 2, 2022, 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 (4.7) as follows:


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- legislative declaration - repeal. (4.7) (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 (4.7)(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 (4.7)(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 (4.7)(a) THAT REMAINS AT THE END OF THE FISCAL YEAR SHALL BE RETURNED TO THE GENERAL FUND.

(b) THIS SUBSECTION (4.7) 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:
"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.

"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.

SECTION 7. In Colorado Revised Statutes, 44-10-203, amend (2)(ff)(VII) and (3)(a)(V); and add (2)(hh), (2)(ii), (2)(jj), (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:

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

and

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

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

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

(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), and (10)(b)(II); and add (3)(g), (3)(h), and (13) 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.

(3) (g) WHEN COMPLETING A SALE, A MEDICAL MARIJUANA STORE
SHALL PROVIDE THE PATIENT WITH A NOTICE REGARDING THE CRIMINAL
PENALTIES ASSOCIATED WITH MARIJUANA DIVERSION DEVELOPED
PURSUANT TO SECTION 44-10-203 (2)(hh).

(h) When completing a sale of medical marijuana concentrate, the medical marijuana store shall provide the patient with the pamphlet developed pursuant to section 23-20-141 (4) 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 with 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 the purchaser's application from 8 a.m. to 5 p.m., Monday through Friday. If the purchaser presents a copy of 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) The patient shall present the patient's certification at
the time of purchase and the medical marijuana store shall not
exceed quantities specified in the certification.

(10) (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; except that the
limitations in subsection (13) of this section apply regardless of
the amount in the physician exemption. 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.

(13) (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 (13)(a) 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, OR IF IT WOULD BE A SIGNIFICANT PHYSICAL OR GEOGRAPHIC HARDSHIP FOR THE PATIENT TO MAKE A DAILY PURCHASE.

(b) NOTWITHSTANDING THE PROVISIONS OF SUBSECTION (13)(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 (13)(b) DOES NOT APPLY IF THE PATIENT IS HOMEBOUND OR IF THE PHYSICIAN'S CERTIFICATION SPECIFICALLY STATES THE PATIENT NEEDS MORE THAN TWO GRAMS OF MEDICAL MARIJUANA CONCENTRATE.

(c) BEGINNING NO LATER THAN JANUARY 1, 2023, A MEDICAL MARIJUANA STORE SHALL SELL MEDICAL MARIJUANA CONCENTRATE IN PACKAGING THAT SEPARATES EACH GRAM OF MEDICAL MARIJUANA CONCENTRATE INTO NO LESS THAN TEN EQUAL SEPARATE PORTIONED
AMOUNTS; EXCEPT THAT THIS SUBSECTION (13)(c) DOES NOT APPLY TO MEDICAL MARIJUANA CONCENTRATES IN LIQUID FORM.

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

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

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

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

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

(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. 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.