

MARIJUANA

Research Notes are prepared by Legislative Council Staff's nonpartisan research and committee staff. Research notes provide a summary of the bill, background information on the bill, and information on committee hearings and amendments adopted on the bill as it moves through the legislative process. Legislative Council Staff prepares final research notes for bills passed by the General Assembly as well as select bills that were considered but not adopted, and may be accessed through the links below. Research notes are provided for informational purposes only and should not be relied upon as an official record of action by the General Assembly.

General

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Medical Marijuana

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Sunset Medical Marijuana Programs

SB 15-260 (Enacted)

Medical Marijuana Product Testing

Date: 5/28/2015

Version: Final



Legislative Council Staff

Research Note

Bill Number: HB15-1387

Short Title: *End Transfer Of Medical Marijuana To Retail Marijuana*

Prime Sponsors: Representative Pabon
Senator Steadman

Research Analyst: Katie Ruedebusch (x3001)

Current Status

This research note reflects the final version of the bill, which was signed by the Governor and became effective on June 5, 2015.

Summary

For operators of medical marijuana establishments who receive a new retail marijuana license, this bill prohibits the transfer of medical marijuana plants and inventory from a medical marijuana center or from a medical marijuana-infused products manufacturer to any retail marijuana establishment.

Background

After the passage of Amendment 64 allowing retail marijuana sales in Colorado, an operator of an existing licensed medical marijuana center, premises cultivation licence, or licensed medical marijuana-infused products business, could apply for a retail marijuana establishment licence. Due to concerns regarding lack of retail marijuana inventory, once an applicant's retail marijuana establishment licences became effective, the applicant was allowed a one-time transfer of medical marijuana inventory and plants from a medical marijuana center or from a medical marijuana-infused products manufacturer to any retail marijuana establishment. These transfers were exempt from the excise tax imposed on the first transfer of unprocessed retail marijuana.

This bill prohibits the transfer of medical marijuana plants and inventory from a medical marijuana center or from a medical marijuana-infused products manufacturer to any retail marijuana establishment. The only transfers that are now allowed are transfers of medical marijuana plants and

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inventory from a medical marijuana cultivation facility to a retail marijuana cultivation facility. In effect, the bill prohibits the transfer of medical marijuana inventory to retail marijuana inventory that could be subject to excise tax and therefore eliminates the need for an excise tax exemption on those transfers.

House Action

House Finance Committee (April 30, 2015). At the hearing, representatives of the Marijuana Industry Group, Southern Colorado Cannabis Council, and the Colorado Cannabis Chamber of Commerce, and several other marijuana businesses, testified in opposition to the bill. The committee adopted amendment L.008. The amendment changed the applicability of the bill from July 1, 2015, to July 1, 2016. Also, the amendment specified that transfers of medical marijuana plants from a medical marijuana cultivation facility to a retail marijuana cultivation facility are still allowed. The committee referred the bill, as amended, to the House Committee of the Whole.

House second reading (April 30, 2015). The committee adopted the Finance Committee report and amendment L.009, which directed that the new excise tax revenue be deposited in the Public School Capital Construction assistance fund with \$1 million marked for technology projects. The bill passed the House Committee of the Whole on second reading.

House third reading (May 1, 2015). The bill passed the House with no further amendments.

House concur with Senate amendments (May 6, 2015). The House voted to concur with Senate amendments and repassed the bill.

Senate Action

Senate Finance Committee (May 5, 2015). The committee referred the bill unamended to the Senate Committee of the Whole with the recommendation that it be placed on the consent calendar.

Senate second reading (May 5, 2015). The committee adopted amendment L.011, which removed the section of the bill requiring the new excise tax revenue to be dedicated towards technology improvements in schools. The bill passed the Senate Committee of the Whole on second reading.

Senate third reading (May 6, 2015). The bill passed the Senate with no further amendments.

Relevant Research

Colorado Department of Revenue, Marijuana Enforcement Division:
<https://www.colorado.gov/pacific/enforcement/marijuanaenforcement>

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Legislative Council Staff

Research Note

Bill Number: HB15-1379

Short Title: *Marijuana Permitted Economic Interest Registration*

Prime Sponsors: Representative Pabon
Senator Hill

Research Analyst: Luisa Altmann (x3518)

Current Status

This research note reflects the final version of the bill, which became effective on August 5, 2015.

Summary

The bill creates a permitted economic interest, which allows any United States resident to apply to obtain an ownership interest in a medical or retail marijuana business. The Department of Revenue is also granted authority to promulgate rules relating to permitted economic interests, including a requirement that a permitted economic interest applicant submit to and pass a criminal background check.

Background

Under current law, owners of medical and retail marijuana businesses must be Colorado residents for at least two years prior to applying for a medical or retail marijuana business license. This remains the case with this bill, but the bill allows non-Colorado residents to apply to invest in licensed marijuana businesses by applying for a permitted economic interest.

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House Action

House Business Affairs and Labor Committee (April 28, 2015). At the hearing, representatives from the Colorado Cannabis Chamber of Commerce, Mindful, 36 Solutions, and the Marijuana Industry Group testified in support of the bill. The committee adopted strike below amendments L.013 and L.015, which created permitted economic interests for medical and retail marijuana businesses, as in the original bill language, and required the Department of Revenue to promulgate rules relating to permitted economic interests by January 1, 2016. The committee referred the bill, as amended, to the House Finance Committee.

House Finance Committee (April 29, 2015). The committee referred the bill, unamended, to the House Appropriations Committee.

House Appropriations Committee (May 1, 2015). The committee adopted amendments L.017 and J.001, which transferred \$117,128 from the Marijuana Tax Cash Fund to the General Fund on July 1, 2015, and added an appropriation of \$127,563 to the Department of Revenue from the Marijuana Cash Fund and \$7,790 to the Department of Public Safety from the Department of Revenue for implementation. The committee referred the bill, as amended, to the House Committee of the Whole.

House Second Reading (May 1, 2015). The House Committee of the Whole adopted the House Business Affairs and Labor and Appropriations Committee reports and the bill.

House Third Reading (May 4, 2015). The House adopted amendment 1, which changed the date of the funds transfer from the Marijuana Tax Cash Fund to the General Fund from July 1 to August 15. The House adopted the bill as amended.

House Concurrence (May 6, 2015). The House concurred with the Senate amendments and repassed the bill.

Senate Action

Senate Finance Committee (May 5, 2015). At the hearing, a representative from Vicente Sederberg testified in support of the bill. The committee referred the bill, unamended, to the Senate Appropriations Committee.

Senate Appropriations Committee (May 5, 2015). The committee adopted amendment J.003, which increased the amount transferred from the Marijuana Tax Cash Fund to the General Fund to \$138,466, increased the amount appropriated to the Department of Revenue from the Marijuana Cash Fund to \$166,305, and increased the amount reappropriated to the Department of Public Safety from the Department of Revenue to \$15,999. The amendment also added a reappropriation of \$33,254 to the Department of Law from the Department of Revenue. The committee referred the bill to the Senate Committee of the Whole.

Senate Second Reading (May 5, 2015). The Senate Committee of the Whole adopted the

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Senate Appropriations Committee report and the bill.

Senate Third Reading (May 6, 2015). The Senate adopted the bill, unamended.

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Version: Final



Legislative Council Staff

Research Note

Bill Number: HB15-1283

Short Title: *Marijuana Reference Library And Lab Testing Access*

Prime Sponsors: Representative Lebsock
Senator Holbert

Research Analyst: Amanda King (x4332)

Current Status

This research note reflects the final version of the bill, which was signed by the Governor and became effective on June 5, 2015.

Summary

The bill requires the Department of Public Health and Environment (CDPHE) to develop and maintain a marijuana laboratory testing reference library. The reference library materials must be publicly available no later than December 31, 2015. Laboratories licensed by the Department of Revenue must provide materials for the reference library, but are not required to provide testing protocols. The reference library must contain a library of methodologies for marijuana testing in the areas of potency, homogeneity, contaminants, and solvents.

The bill contains a provision that allows the General Assembly to appropriate moneys from the Marijuana Tax Cash Fund for the purpose of creating the reference library. However, this section of the bill did not go into effect because it was contingent on House Bill 15-1367 not being enacted. House Bill 15-1367 was enacted and contained a similar provision allowing for an appropriation by the General Assembly to create the reference library.

The CDPHE must promulgate rules concerning process validation for edible marijuana products and other marijuana products in multi-serving packages.

Background

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The Colorado voters approved the legalized the use of medical marijuana in 2000 and adult use marijuana (commonly referred to as retail or recreational marijuana) in 2012 through amendments to the state constitution. The Colorado Retail Marijuana Code requires the CDPHE to establish rules related to the acceptable testing and research practices for retail marijuana products. The reference library established under House Bill 15-1283 will contain methodologies for marijuana testing.

House Action

House Health, Insurance, and Environment Committee (March 26, 2015). At the hearing, representatives of the CMT Laboratories, Colorado Cannabis Chamber of Commerce, Marijuana Industry Group, and Rm3 Labs testified in support of the bill. No one testified in opposition to the bill.

The committee adopted amendment L.001 and referred the bill, as amended, to the House Appropriations Committee.

Amendment L.001 requires the CDPHE to develop and maintain a marijuana laboratory testing reference library. The reference library materials must be publicly available no later than December 31, 2015. Laboratories licensed by the Department of Revenue must provide materials for the reference library, but are not required to provide testing protocols. The reference library must contain a library of methodologies for marijuana testing in the areas of potency, homogeneity, contaminants, and solvents. The CDPHE must promulgate rules concerning process validation for edible marijuana products and other marijuana products in multi-serving packages.

House Appropriations Committee (April 10, 2015). The House Appropriations Committee adopted amendment J.001 and referred the bill, as amended, the House Committee of the Whole. No one testified on the bill.

Amendment J.001 appropriates \$23,850 from the Marijuana Tax Cash Fund to the CDPHE to create the marijuana laboratory testing reference library, which is based on the assumption the CDPHE will require an additional 0.2 FTE.

House second reading (April 16, 2015). The House adopted the House Health, Insurance, and Environment Committee and House Appropriations Committee reports, and passed the bill, as amended, on second reading.

House Third reading (April 17, 2015). The House passed the bill on third reading with no amendments.

Senate Action

Senate Health and Human Services Committee (April 23, 2015). At the hearing, representatives of the Colorado Coalition for Patients and Caregivers and a member of the public testified in support of the bill. A representative of the Department of Revenue responded to questions from the committee. No one testified in opposition to the bill.

The committee referred the bill, unamended, to the Senate Appropriations Committee.

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Senate Appropriations Committee (April 28, 2015). The Senate Appropriations Committee referred the bill, unamended, to the Senate Committee of the Whole. No one testified on the bill.

Senate second reading (April 30, 2015). The Senate adopted amendment No. 1, which made the portion of the bill that allowed the General Assembly to appropriate moneys in the Marijuana Tax Cash Fund to create a marijuana laboratory reference library effective only if House Bill 15-1369 does not pass and become law. House Bill 15-1369 did pass and became law, and established that moneys in the Marijuana Tax Cash Fund can be used for the creation of a marijuana laboratory testing reference library.

The Senate passed the bill, as amended, on third reading.

Senate Third Reading (May 1, 2015). The Senate passed the bill on third reading with no amendments.

Relevant Research

Marijuana Regulation Issue Brief

(<https://www.colorado.gov/pacific/sites/default/files/15-04%20Issue%20Brief%20on%20Marijuana%20regulation.pdf>)

Date: June 18, 2015

Version: Final



Legislative Council Staff

Research Note

Bill Number: SB15-260

Short Title: *Medical Marijuana Product Testing*

Prime Sponsors: Senator Aguilar
Representative Ginal

Research Analyst: Julia Jackson (x4788)

Current Status

This research note reflects the final version of the bill, which becomes effective on July 1, 2016, assuming no referendum petition is filed.

Summary

This bill requires testing for medical marijuana, as is required for retail marijuana under the retail marijuana code. Medical marijuana sold at dispensaries must be tested for contaminants that may be harmful to health, and to ensure accurate labeling. The Department of Revenue (DOR) will license testing facilities according to standards set by the Department of Public Health and Environment (CDPHE). Testing facilities may be licensed to test both retail and medical marijuana, but a person who has a financial interest in a testing facility cannot also have an interest in any other type of marijuana facility.

Medical marijuana testing cannot begin until the marijuana testing reference library created by House Bill 15-1283 is established.

Background

The Medical Marijuana Medical Code was enacted in 2010 to provide a regulatory structure for medical marijuana centers, cultivation facilities, and medical marijuana-infused product manufacturers. The Marijuana Enforcement Division (MED) in the DOR is the licensing authority and primary regulator for medical marijuana businesses. The Retail Marijuana Code, which was enacted in 2013, requires that retail marijuana be tested. There are currently 19 licensed retail marijuana testing facilities in Colorado.

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Senate Action

Senate State, Veterans, and Military Affairs Committee (April 15, 2015). At the hearing, a number of medical marijuana patients and caregivers testified in support of the bill, as well as owners of testing facilities, marijuana industry groups, and representatives from DOR and CDPHE. Some of these supporters requested the bill be amended to allow individual patients and caregivers to test their products, and to make test results public.

The committee adopted amendment L.001, which changed the bill's effective date from August 5, 2015, to July 1, 2016. This change aligned the start of medical marijuana testing with the start of recreational marijuana testing.

The committee referred the bill, as amended, to the Senate Finance Committee.

Senate Finance Committee (April 23, 2015). One private citizen testified in support of the bill at this hearing. The committee referred the bill, unamended, to the Senate Appropriations Committee.

Senate Appropriations Committee (April 28, 2015). The committee adopted amendments L.002 and J.002, which transferred \$129,600 from the General Fund to the Marijuana Tax Cash Fund and appropriated these funds. The committee referred the bill, as amended, to the Senate Committee of the Whole and the consent calendar.

Senate second reading (April 29, 2015). The Senate adopted the State, Veterans, and Military Affairs and Appropriations committee reports and passed the bill, as amended, on second reading.

Senate third reading (April 30, 2015). The Senate passed the bill on third reading with no amendments.

House Action

House Agriculture, Livestock, and Natural Resources Committee (May 4, 2015). At the hearing, representatives of the marijuana industry, patients, and DOR testified in support of the bill. The committee referred the bill, unamended, to the House Finance Committee.

House Finance Committee (May 4, 2015). No one testified on the bill at this hearing. The committee referred the bill, unamended, to the House Committee of the Whole.

House second reading (May 4, 2015). The House passed the bill on second reading with no amendments.

House third reading (May 5, 2015). The House adopted amendment L.004, which struck the General Fund transfer and appropriations from the bill. The bill passed on third reading as amended.

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Relevant Research

Marijuana Regulation (LCS Issue Brief, 2015): <http://tinyurl.com/q5uoqey>

Retail Marijuana Laws (LCS Issue Brief, 2013): <http://tinyurl.com/pdyrwbh>

Colorado's Medical Marijuana Law (LCS Issue Brief, 2011): <http://tinyurl.com/ooapftv>

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Legislative Council Staff

Research Note

Bill Number: SB15-115

Short Title: *Sunset Medical Marijuana Programs*

Prime Sponsors: Senator Hill
Representative Pabon

Research Analyst: Kori Donaldson (x4976)

Current Status

This research note reflects the final version of the bill, which becomes effective on July 1, 2015.

Summary

The bill implements some of the recommendations included in the Department of Regulatory Affairs sunset report on the Colorado Medical Marijuana Code (medical code) and continues the medical code, and its associated regulatory functions, until 2019.

Background

The medical marijuana industry is regulated by the medical code and enforced by the Marijuana Enforcement Division (MED) within the Department of Revenue. The MED licenses medical marijuana centers, optional premises cultivation operations (grow facilities), and medical marijuana-infused product manufacturers, as well as the individuals who own or work for such businesses. In FY 2013-14, the MED licensed 493 medical marijuana centers, 729 grow facilities, 149 medical marijuana-infused product manufacturers, and 11,289 marijuana industry employees. The medical code does not regulate medical marijuana patients or their primary care givers, nor does it address the recreational use of marijuana.

Senate Action

Senate Finance Committee (February 3, 2015). At the hearing, representatives of several state departments testified in support of the bill and various prepared amendments that would serve

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to implement recommendations included in the sunset report, but not in the introduced version of the bill. Several individuals affiliated with the medical or recreational marijuana industry testified in support of the bill. Representatives of the Colorado Association of Chiefs of Police and the County Sheriffs of Colorado testified in opposition to the bill, but in favor of several prepared amendments.

The committee considered eight amendments. Of these, one amendment was withdrawn, two amendments failed, and five amendments passed. The committee adopted amendments L.002, L.010, L.011, L.012, and L.013. Amendment L.002 clarifies that the MED oversees the regulation of both the medical and the retail marijuana industry in the state, extends the current reporting requirements within the MED to the retail marijuana industry, and authorizes the MED to implement a system of seed-to-sale tracking for the medical marijuana industry. Amendment L.010 adds "testing results" to the list of information tracked by the MED. Amendment L.011 schedules a sunset review for the medical marijuana program within the Department of Public Health and Environment and sunsets the program on September 1, 2019. Amendment L.012 strikes provisions in current law limiting the sale of medical marijuana to between the hours of 8 a.m. and 7 p.m. Amendment L.013 allows visitors to medical marijuana facilities to be escorted by licensed individuals to limited access areas within these facilities.

The bill was referred, as amended, to the Senate Appropriations Committee.

Senate Appropriations Committee (February 13, 2015). The bill was referred to the Senate Committee of the Whole with no additional amendments.

Senate second reading (February 18, 2015). The Senate Committee of the Whole adopted the Senate Finance Committee reports. The committee also adopted amendments L.014, L.023, and L.024. Amendment L.014 strikes the language added by amendment L.013 and adds it elsewhere in the bill in order to ensure that visitors to medical marijuana facilities may be granted to limited access areas within these facilities so long as they are accompanied by licensed individuals. Amendment L.023 limits former employees of the MED from working for or representing the marijuana industry for a period of six months from the date of last employment with the MED. Amendment L.023 also makes it a class 1 misdemeanor to disclose certain confidential information reported to the MED. Amendment L.024 strikes the language added by amendment L.012 and maintains the provisions in current law determining the permissible hours of sale for medical marijuana with the following exception: a local licensing authority may establish additional hours of sale so long as the additional hours do not exceed those allowed for the sale of retail marijuana.

Senate third reading (February 19, 2015). The bill was adopted by the full Senate with no further amendments.

House Action

House Finance Committee (April 16, 2015). The committee adopted amendments L.026 and L.027. Amendment L.026 clarifies that the employment restriction added by Amendment L.023 only applies to MED employees with regulatory oversight responsibilities for marijuana businesses licensed by the state. Amendment L.027 strikes provisions in current law limiting the sale of medical marijuana to between the hours of 8 a.m. and 7 p.m., but keeps language added in amendment L.024 regarding the authority of local licensing authorities to establish medical marijuana sale hours. No

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witness testimony was heard on the bill. The bill was referred, as amended, to the House Appropriations Committee.

House Appropriations Committee (April 22, 2015). The bill was referred to the House Committee of the Whole with no additional amendments.

House second reading (April 23, 2015). The House Committee of the Whole adopted the House Finance Committee reports. Additionally, the Committee of the Whole report was amended to show that amendment L.025 passed. Amendment L.025 eliminates an allowance for a person to be licensed to cultivate, manufacture, distribute, or sell marijuana if he or she has been convicted of a state felony for use of possession of marijuana, if the use or possession of marijuana would not be an offense on the date he or she applied for a license.

House third reading (April 27, 2015). The bill was adopted by the full House.

Concurrence, Adherence, and Conference Committee Action

Senate consideration of House amendments to Senate bills (April 29, 2015). The Senate voted not to concur with House amendments to the bill and to form a conference committee.

First Conference Committee on SB 15-115 (May 5, 2015). The conference committee adopted draft conference committee report CLSB 115.002, which repeals provisions in current law limiting the sale of medical marijuana to between the hours of 8 a.m. and 7 p.m. (this effectively reinstates amendment L.012 without the subsequent changes made by amendments L.024 and L.027), and further clarifies the limitations established by amendments L.023 and L.026 regarding the future employment of MED employees with regulatory oversight responsibilities for marijuana businesses licensed by the state. It also eliminates the changes made by amendment L.025.

House adoption of the first report of the First Conference Committee on SB 15-115 (May 5, 2015). The full House voted to adopt the first report of the First Conference Committee on SB 15-115 and to repass the bill as amended.

Senate adoption of the first report of the First Conference Committee on SB 15-115 (May 5, 2015). The full Senate voted to adopt the first report of the First Conference Committee on SB 15-115 and to repass the bill as amended.

Relevant Research

2014 Sunset Review: Medical Code: <http://tinyurl.com/n7uspnu>



Legislative Council Staff

Research Note

Bill Number: SB15-014

Short Title: *Medical Marijuana*

Prime Sponsors: Senator Aguilar
Representative Singer

Research Analyst: Elizabeth Haskell (x6264)

Current Status

This research note reflects the final version of the bill, which was signed by the Governor and became effective on May 18, 2015; except that Section 25-1.5-106 (7) (a), (7) (c), (7) (e), (7) (f), (8.5), and (8.6) of Section 3 of the bill take effect January 1, 2017. Section 5 of the bill will not take effect since House Bill 15-1367 passed and became law.

Summary

The bill requires the Colorado Medical Board, in consultation with the Colorado Department of Public Health and Environment (CDPHE) and physicians specializing in medical marijuana, to establish guidelines for physicians making medical marijuana recommendations. The bill also requires CDPHE:

- to promulgate guidelines for primary caregivers to give informed consent to patients that the products they cultivate or produce may contain contaminants and that the THC levels are not verified; and
- to convene a group of interested parties to explore laboratory testing options for medical marijuana products not already regulated and tested.

The bill establishes that a primary caregiver may have one or more of the following relationships with a patient:

- a parent of a child who has been prescribed medical marijuana and anyone who assists that parent with caregiver responsibilities, including cultivation and transportation;
- an advising caregiver who advises a patient on medical marijuana product use and dose, and who does not possess, provide, cultivate, or transport marijuana on behalf of the patient;

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- a transporting caregiver who purchases and transports marijuana to a patient who is homebound; and
- a cultivating caregiver who grows marijuana for a patient.

The bill clarifies that a "significant responsibility for managing the well-being of a patient" in regard to being a caregiver includes cultivating or transporting marijuana and the act of advising a patient on which medical marijuana products to use and the dosage to use. Caregivers who cultivate or transport medical marijuana for a patient must register with the Colorado Department of Revenue (DOR) and provide the location of the operation, the registration identification number of the patient, and the number of plants that he or she is authorized to cultivate. The bill also encourages all medical marijuana patients cultivating more than six medical marijuana plants for their own medical use to register with DOR.

The bill establishes that a cultivating primary caregiver may only cultivate plants at the registered cultivation location and may cultivate, transport, or possess no more than 36 plants unless the primary caregiver has one or more patients who, based on medical necessity, have an extended plant count. Both patients and caregivers are prohibited from cultivating more than 99 plants unless properly authorized by law as a marijuana cultivation business permitted to cultivate more than 99 plants. The bill clarifies that caregivers are not restricted from cultivating up to six plants for personal use. Transporting caregivers are required to have a receipt from the medical marijuana center or primary caregiver when transporting medical marijuana that shows the quantity of medical marijuana purchased by or provided to the transporting caregiver.

In regard to enforcement remedies, the bill allows DOR and CDPHE to share minimum necessary information to confirm that a patient does not have more than one primary caregiver, or does not have both a designated caregiver and medical marijuana center cultivating medical marijuana on his or her behalf at any given time. The bill allows DOR to verify the location of extended plant counts for primary caregiver cultivation operations and homebound patient registration for transporting caregivers to a local government or law enforcement agency and permits a peace officer to report a primary caregiver who lacks proper registration documentation to DOR or to take appropriate law enforcement action. The bill clarifies that the changes to the law do not reduce or eliminate the existing power of a statutory municipality or county to regulate the growing of marijuana, commercially or otherwise.

Finally, the bill establishes that knowingly representing that hemp products constitute medical or retail marijuana is a deceptive trade practice, and permits school districts to adopt a policy that authorizes a student's parent or a medical professional who accompanies a student to school, on the school bus, or at any school-sponsored event to assist the student with the administration of medical marijuana.

Background

The Colorado Medical Practice Act states that it is unprofessional conduct for a physician to fail to comply with the prescribing guidelines for medical marijuana provided for in the Colorado Constitution or the rules governing medical marijuana promulgated by CDPHE. The Colorado

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Medical Board does not currently have any other published guidance addressing the prescribing of medical marijuana.

CDPHE maintains the registry of medical marijuana patients. Medical marijuana patients or their caregivers may grow up to six plants and possess up to two ounces of marijuana. These limits may be exceeded in cases where a patient has a medical need for more plants. Nearly 50 percent of patients on the registry have designated either a caregiver to provide them with medical marijuana or a medical marijuana center to grow marijuana plants on their behalf. A patient may only designate one caregiver or one medical marijuana center to provide marijuana at any given time.

Caregivers are limited to providing services to no more than five patients unless a waiver is granted by CDPHE. A primary caregiver cannot charge a patient more than the actual cost of cultivating or purchasing medical marijuana, but is allowed to charge for other types of services provided. Caregivers are required to register the location of their marijuana cultivation sites with the DOR, but are not otherwise licensed. There is no penalty for failure to register. According to the *2014 Sunset Review: Colorado Medical Marijuana Code* prepared by the Office of Policy, Research and Regulatory Reform, Colorado Department of Regulatory Agencies, approximately 5 percent of caregivers were registered with DOR in 2014.

Senate Action

Senate Health and Human Services Committee (February 26, 2015). At the hearing, representatives of the Governor's Office, the Colorado Chiefs of Police, the County Sheriffs of Colorado, Colorado Counties, Inc., the Colorado Municipal League, Pueblo County Board of County Commissioners, Colorado Bureau of Investigations, Colorado Cannabis Chamber of Commerce, CDPHE, DOR, and six members of the public testified in support of the bill. Representatives of the Cannabis Patient Alliance, the Cannabis Caregivers Alliance, Southern Colorado Cannabis Council, the National Basketball Association Players Association, the United States Marijuana Party, Colorado Coalition for Patients and Caregivers, and seven other members of the marijuana industry testified in opposition to the bill. A representative of the Drug Policy Alliance and six members of the public testified without expressing direct opposition or support for the bill. A representative of Denver Relief testified in a neutral position.

The committee adopted amendments L.002, L.003, and L.004. The committee referred the bill, as amended, to the Senate Appropriations Committee.

Amended L.002, which is a strike everything below the enacting clause amendment, establishes definitions for different classifications of primary caregivers and permits a parent primary caregiver to use the services or assistance of another caregiver for the purposes of advisement, cultivation, or transportation. The amendment clarifies the meaning of "significant responsibility for managing the well-being of a patient," and establishes that CDPHE will convene a group of interested parties to explore laboratory testing options for medical marijuana products not already regulated and tested.

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The amendment establishes that a cultivating primary caregiver may only cultivate plants at the registered cultivation location and may cultivate, transport, or possess no more than 36 plants unless the primary caregiver has one or more patients who, based on medical necessity, have an extended plant count. Both patients and caregivers are prohibited from cultivating more than 99 plants unless properly authorized by law as a marijuana cultivation business permitted to cultivate more than 99 plants. The amendment clarifies that caregivers are not restricted from cultivating up to six plants for personal use. Transporting caregivers are required to have a receipt from the medical marijuana center or primary caregiver when transporting medical marijuana that shows the quantity of medical marijuana purchased by or provided to the transporting caregiver. All medical marijuana patients cultivating more than six medical marijuana plants for their own medical use are encouraged to register with DOR.

In regard to enforcement remedies, the amendment allows DOR and CDPHE to share minimum necessary information to confirm that a patient does not have more than one primary caregiver, or does not have both a designated caregiver and medical marijuana center, cultivating medical marijuana on his or her behalf at any given time. The amendment allows DOR to verify the location of extended plant counts for primary caregiver cultivation operations and homebound patient registration for transporting caregivers to a local government or law enforcement agency and permits a peace officer to report a primary caregiver who lacks proper registration documentation to DOR or to take appropriate law enforcement action. The amendment clarifies that the changes to the law do not reduce or eliminate the existing power of a statutory municipality or county to regulate the growing of marijuana, commercially or otherwise.

Amendment L.003 eliminates the provision in amendment L.002 requiring a transporting caregiver to possess a copy of a patient's physician certification showing the amount of marijuana permitted for the patient. Amendment L.004 removes the requirement established in amendment L.002 that a patient who chooses to register with DOR must update registration information within ten days after any of the information changes.

Senate Appropriations Committee (April 10, 2015). The committee adopted a conceptual amendment and amendment J.001, and referred the bill to the Senate Committee of the Whole. The conceptual amendment removed the provision in the Senate Health and Human Services Committee report concerning funding for the implementation of legislation approved by the 2014 Marijuana Revenues Interim Committee. Amendment J.001 appropriated funding from the Marijuana Tax Cash Fund and Medical Marijuana Program Cash Fund for implementation of the bill to the Department of Public Safety, the Department of Public Health and Environment, and the Department of Revenue. There was no public testimony on the bill.

Senate second reading (April 14, 2015). The Senate Committee of the Whole adopted the Senate Health and Human Services Committee and the Senate Appropriations Committee reports, amendments No. 3 and No. 4, and passed the bill, as amended, on second reading.

Amendment No. 3 makes technical changes to the Senate Health and Human Services Committee report and eliminates the requirement that a primary caregiver must update registration information within ten days after any of the information changes. Amendment No. 4 amends the Senate Appropriations Committee report by adding a provision allowing money from the Marijuana

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Tax Cash Fund to be used for auditing state and local law enforcement agencies' proper use of medical marijuana information.

Senate third reading (April 15, 2015). The Senate passed the bill on third reading with no amendments.

House Action

House Agriculture, Livestock, and Natural Resources Committee (April 27, 2015). At the hearing, representatives of the Colorado Association of Chiefs of Police, Colorado Counties, Inc., CDPHE, DOR, Cannabis Patient Alliance, the Southern Colorado Growers Association, the Cannabis Caregivers Alliance, and eight members of the public testified in support of the bill. Representatives of the Phoenix Tears Foundation, Rocky Mountain Caregivers Cooperative, Southern Colorado Cannabis Council, Colorado Coalition for Patients and Caregivers, and two members of the public testified in opposition to the bill. Four members of the public testified without expressing direct opposition or support for the bill.

The committee adopted Amendments L.009, L.011, and L.012 and referred the bill, as amended, to the House Appropriations Committee. Amendment L.009 establishes that a person who knowingly represents that hemp products constitute medical or retail marijuana is guilty of a deceptive trade practice. Amendment L.011 establishes that an employee, contractor, or other support staff employed at a medical or retail marijuana facility may be a primary caregiver. Amendment L.012 establishes that a school district may adopt a policy that authorizes a student's parent or a medical professional who accompanies a student to school, on the school bus, or at any school-sponsored event to assist the student with the administration of medical marijuana.

House Appropriations Committee (May 1, 2015). The committee referred the bill to the House Committee of the Whole unamended. There was no public testimony on the bill.

House second reading (May 1, 2015). The House adopted House Agriculture, Livestock, and Natural Resources Committee report and amendment No. 2, and passed the bill on second reading. The amendment clarifies that Section 5 of the bill, which allows for moneys in the Marijuana Tax Cash Fund to be used for auditing state and local law enforcement agencies proper use of medical marijuana information, becomes effective only if House Bill 15-1367 does not pass and become law.

House third reading (May 04, 2015). The House passed the bill on third reading with no amendments.

Relevant Research

- Marijuana Regulation, Colorado Legislative Council Issue Brief 15-04, January 2015.
<http://tinyurl.com/pjh7rup>

Date: 11/25/2015

Version: Final

- 2014 Sunset Review: Colorado Medical Marijuana Code. <http://tinyurl.com/n7uspnu>