



ATTORNEYS AT LAW

TO: File
FROM: Christopher Price
DATE: July, 2010
RE: Colorado House Bill 10-1284

I. Introduction.

In May 2010, the Colorado General Assembly adopted House Bill 10-1284 concerning the regulation of medical marijuana which was first legalized in this state under Amendment 20 to the Colorado Constitution. In addition to further clarifying the terms used in Amendment 20, House Bill 10-1284 legalizes and creates a framework for the distribution, sale, cultivation and manufacture of medical marijuana and medical marijuana-infused products. The purpose of this memorandum is to summarize House Bill 10-1284, provide a review of the legalization of marijuana under Amendment 20, and finally, to take an indepth look at the provisions of House Bill 10-1284¹.

II. Summary of House Bill 10-1284.

a. Major Provisions.

House Bill 10-1284 concerning the regulation of medical marijuana does the following:

- Adopts the "Medical Marijuana Code," C.R.S. §§ 12-43.3-101 et seq. that creates a state and local licensing model for two types of medical marijuana business operations:
 - o The medical marijuana center; and
 - o The medical marijuana-infused products manufacturer.
- Creates a third license for optional premises cultivation operations that can only be acquired by either a licensed medical marijuana center or a licensed medical marijuana-infused products manufacturer.
- Authorizes local governments to ban the operation of medical marijuana business from operating in their communities.

¹ This memorandum does not include a specific reference to each provision in House Bill 10-1284. For more information, please refer to the bill. It can be located at:
http://www.leg.state.co.us/CLICS/CLICS2010A/csl.nsf/fsbillcont3/0C6B6577EC6DB1E8872576A80029D7E2?Open&file=1284_enr.pdf

- Places a one year moratorium on the opening of new medical marijuana businesses starting July 1, 2010 and ending July 1, 2011.
- Requires medical marijuana center to grow 70% of the marijuana they use in their operation.
- Authorizes medical marijuana centers to sell medical marijuana to other medical marijuana centers.
- Requires all medical marijuana sold in medical marijuana centers and used in medical marijuana-infused products manufacturing to be grown in the State of Colorado.
- Only permits Colorado residents to obtain licenses.
- Requires license applicants to disclose all persons who have a financial interest in obtaining the license. There is no exception from this reporting requirement.
- Requires all owners, officers, manager, contractors, employees and other support staff working for a medical marijuana center or a medical marijuana-infused products manufacturer to obtain state identification cards.
- Limits a primary caregiver to serving five patients absent extraordinary circumstances.
- Names the Colorado Department of Revenue as the state's licensing authority and authorizes the Department to adopt emergency regulations to implement House Bill 10-1284.

b. Important Dates.

- o December 15, 2009 The date by which an individual must have established Colorado residency in order to obtain a medical marijuana business license.
- o June 30, 2010 The last date in 2010 by which new medical marijuana businesses can become "established" under state law. To be established, a business must have an existing state or local business/tax license or have submitted an application for such license that is eventually granted.
- o July 1, 2010 The starting date of the state's moratorium. No new medical marijuana businesses may be established after that date until July 1, 2011.
- o August 1, 2010 The date by which established medical marijuana businesses must submit a form and pay a fee to the state. This does not create a state or local medical marijuana license. Those in-process applicants have thirty (30) days following issuance of a local license to comply with this requirement.
- o September 1, 2010 The date by which all established medical marijuana businesses must certify to the state that they are cultivating at least 70% of the marijuana that they sell at retail.

- o September 1, 2010 The date by which the Department of Revenue and the Colorado Department of Public Health and Environment must conduct a public hearing to receive input on any interim emergency rules adopted pursuant to House Bill 10-1284.
- o July 1, 2011 The end date of the state's moratorium. The date by which all medical marijuana businesses must be licensed under the Medical Marijuana Code to properly conduct business.

III. Overview of Amendment 20 to the Colorado Constitution.

In the 2000 November election, Colorado voters passed Amendment 20 to the Colorado Constitution. Amendment 20 legalizes the medical use of marijuana by provision an exception and an affirmative defense to the state's criminal laws for patients and their primary caregivers. Colo. Const. Art. XVIII, § 14. Under Amendment 20, a "patient" is a person who suffers from a debilitating medical condition. Amendment 20 defines "primary caregiver" as:

a person other than the patient and the patient's physician who is eighteen years of age or older and has a significant responsibility for managing the well-being of a patient who has a debilitating medical condition. Colo. Const. Art. XVIII, § 14(1)(f).

Upon adoption, Amendment 20 required the state to name a public agency as the entity responsible for implementing Amendment 20's provisions. In 2001, the General Assembly named the Colorado Department of Public Health and Environment ("CDPHE") as that governmental entity. See C.R.S. § 25-1.5-106. One of the programs the CDPHE was tasked with creating was the patient registry program. Under this program, a patient submits a state application to the CDPHE with a doctor's recommendation for the use of medical marijuana in order to obtain a patient registry card. A patient in possession of a patient registry card is entitled to the exception from criminal prosecution under Amendment 20. On the CDPHE application for a registry card, the patient is afforded the opportunity to name a primary caregiver. Under Amendment 20, primary caregivers are also entitled to an exception from criminal prosecution when in possession of a registry card. However, the CDPHE has not directly issued registry cards to primary caregivers since 2004. An individual in possession of patient registry cards that name that individual as a primary caregiver is entitled to the exception from prosecution afforded patients under Amendment 20. Thus, so long as patients or primary caregivers have actual or photocopies of CDPHE registry cards with their names listed thereon, they are entitled to an exception from criminal prosecution for the medical use of marijuana.

Amendment 20 defines "medical use" to include the "acquisition, possession, production, use, or transportation of marijuana or paraphernalia related to the administration of such marijuana. . . ." Colo. Const. Art. XVIII, § 14(1)(b). The term medical use does not include cultivating, growing, dispensing, selling or purchasing marijuana.

In July 2009, the CDPHE adopted a rule to define the phrase used in Amendment 20's definition of a primary caregiver, "significant responsibility for managing the well being of a patient," to mean:

assisting a patient with daily activities, including but not limited to transportation or housekeeping or meal preparation or shipping or making

any necessary arrangement for access to medical care or services or **provision of medical marijuana.**

Under this definition, a primary caregiver could significantly manage the well-being of a patient solely by providing him or her with medical marijuana. Although this rule was not adopted by the CDPHE until 2009, as early as 2006, commercial operations known as medical marijuana dispensaries were being established by primary caregivers under this premise. Thus, so long as a patient registry card named the owner of a medical marijuana dispensary as that patient's primary giver, the dispensary owner was entitled to the same protections afforded the patient under Amendment 20.

Those protections have limitations. Under Amendment 20, a patient and his or her primary caregiver may not possess more than two (2) ounces of medical marijuana in a usable form and not more than six (6) marijuana plants in varying stages of development at any one time. Colo. Const. Art. XVIII, § 14(4)(a). This limit as applied to a primary caregiver is cumulative as based on the number of patients for whom that primary caregiver is responsible. For example, if a primary caregiver has 10 patients, none of whom grow their own marijuana, then the primary caregiver is entitled to possess up to sixty (60) plants.

IV. Substantive Review of House Bill 10-1284.

a. House Bill 10-1284 is the General Assembly's response to the growth of medical marijuana dispensaries in the state.

In July 2009, there were approximately 13,000 CDPHE registered patients. As of April 2010, it has been rumored that there are now more than 80,000 individuals who have submitted applications for a CDPHE registry card. Thus, in less than one year, the state has seen a 600% increase in patient registration.

Due to the substantial increase in patient demand, a significant number of medical marijuana dispensaries began operating throughout the state in 2009. Most municipalities and the state were unprepared for this growth. Because the state did not have licensing requirements for primary caregivers and/or medical marijuana dispensaries, some local governments created their own regulatory systems. All of those systems were based, at a minimum, on the idea that the person operating the medical marijuana dispensary was a primary caregiver as defined in Amendment 20. House Bill 10-1284 discontinues this model by, at a minimum, prohibiting a primary caregiver from operating a medical marijuana dispensary.

b. House Bill 10-1284's new primary caregiver requirements and limitations.

Section 2 of House Bill 10-1284 amends C.R.S. § 25-1.5-106 to clarify the patient to primary caregiver relationship described in Amendment 20. As amended, under the new language, a primary caregiver must be a natural person who will be limited to providing services to a maximum of five (5) patients at any one time absent exceptional circumstances. C.R.S. § 25-1.5-106 (6). Previously, there was no limit under state law on the number of patients that a primary caregiver could serve. Next, the act of supplying marijuana or marijuana paraphernalia alone will no longer allow a primary caregiver to claim that he or she has "significant responsibility for managing the well-being of a patient." C.R.S. § 25-1.5-106 (3)(b)(I). Currently, some medical marijuana dispensaries are providing additional services to their patients. Under the provisions in House Bill 10-1284, all primary caregivers will be required to provide their

patients with a service(s) in addition to providing them with medical marijuana to qualify for the protections described in Amendment 20.

Other provisions in House Bill 10-1284 prohibit patients from naming more than one primary caregiver at a given time. C.R.S. § 25-1.5-106(6)(b). In addition, a patient will be prohibited from naming a primary caregiver if he or she is named as a primary caregiver on another patient's registry card. C.R.S. § 25-1.5-106(6)(c).

Under House Bill 10-1284, primary caregivers are prohibited from joining together to cultivate medical marijuana. C.R.S. § 25-1.5-106(5)(b). In addition, primary caregivers may not charge more than the "cost of cultivating or purchasing the medical marijuana, but may charge for caregiver services." C.R.S. § 25-1.5-106(6)(d). Due to House Bill 10-1284's provisions clarifying the role of the primary caregiver and his or her relationship with patients, it is likely that existing medical marijuana dispensaries will no longer be able to operate as primary caregivers. Those medical marijuana dispensaries will have to obtain state licenses under the model provided in House Bill 10-1284.

c. House Bill 10-1284 adopts the Medical Marijuana Code.

Section 1 of House Bill 10-1284 adopts the Medical Marijuana Code in a new Article 43.3 of Title 12, Colorado Revised Statutes (the "Code"). Rather than legitimizing the primary caregiver model of operation for medical marijuana dispensaries, the Code legalizes a vertically integrated (seed to retail sale) business model for the distribution, sale, manufacture and cultivation of medical marijuana and medical marijuana-infused products. In so doing, the General Assembly has created a new business licensing model that requires some municipal action in response.

i. Local governments may ban medical marijuana businesses.

Under the Code, local governments may ban medical marijuana businesses from operating in their jurisdictions. C.R.S. § 12-43.3-106. This provision is known as the local opt out provision. There are two methods by which a local government may exercise this opt out provision:

- By a vote of a majority of registered electors of the local government at a regular or special election; or
- By a vote of a majority of the members of the governing board of the local government.

ii. State and local government licensing.

Both a state and local government license are required for the operation of a medical marijuana business. If a municipality does not choose to ban medical marijuana businesses under the local opt out provisions of the Code by July 1, 2011, and does not adopt an ordinance containing licensing requirements for medical marijuana businesses, then the Code's licensing and regulatory requirements will act as the minimum licensing requirements within the municipality. C.R.S. § 12-43.3-301(2)(a)

◆ **Local licensing authority**

Under the Code, a local government is empowered to license medical marijuana businesses through a local licensing authority. The Code defines local licensing authority as "an authority designated by municipal or county charter, municipal ordinance or county resolution." C.R.S. § 12-43.3-104(5). Under this provision, unless a municipal government is otherwise limited by its charter, the municipality is empowered to designate its local licensing authority.

The local licensing authority is responsible for issuing and approving medical marijuana business licenses authorized in the Code. Although the Code provides a local licensing authority with the option of holding a public hearing on every application for a license, such hearing is not required. C.R.S. § 12-43.3-302(1). Thus, local consideration of an application for a medical marijuana business license can be a purely administrative process. If a municipality opts to require a public hearing on each application for a medical marijuana business license, that municipality must adhere to the Code's hearing requirements. C.R.S. § 12-43.3-302. These requirements include posting notice of the public hearing on the property of the proposed medical marijuana business and publicizing notice of the public hearing in a newspaper of general circulation in the county in which the medical marijuana business will be located at least ten (10) days prior to the hearing. In addition, the local licensing authority must provide an applicant with the results of its investigation at least five (5) days prior to holding the public hearing. C.R.S. § 12-43.3-303

A local licensing authority must issue a decision on the application in writing within thirty (30) days of completing its investigation or conclusion of the public hearing. C.R.S. § 12-43.3-303. The written decision must be sent to the applicant by certified mail. Upon approval of a local license, the local licensing authority must notify the state licensing authority of that approval. A local licensing authority may request that the state conduct a concurrent review of any license application. This procedure is recommended because the state may deny issuing its license even if the local government has already approved. During the concurrent review, the state may advise the municipality of "items that it finds that could result in the denial of the license application." C.R.S. § 12-43.3-302(5)(b). A local licensing authority must approve and issue a license before the state license can be issued.

If a local licensing authority seeks to suspend a license issued under the Code, it must conduct a hearing pursuant to the procedures outlined in Part 6 of the Code.

◆ **State licensing authority**

Under the Code, the Colorado Department of Revenue ("DOR") is named as the state's medical marijuana licensing authority. C.R.S. § 12-43.3-201. Before the DOR will issue a medical marijuana business license, the license applicant must obtain and file a five thousand dollar (\$5,000.00) surety bond with the DOR for the payment of the state's sales and use taxes. C.R.S. § 12-43.3-304. Failure to obtain this bond is grounds to deny a license. There are no provisions in the Code describing the specific licensing procedures for DOR consideration of license applications. Those procedures will be developed through the DOR rulemaking which is scheduled to occur this summer.

Under Section 202 of the Code, the DOR is authorized to adopt emergency rules for enforcement and implementation of the Code that include:

- 1) Instructions for local licensing authorities and law enforcement officers;
- 2) Development of individual identification cards for owners, officers, managers, contractors, employees and others employed by medical marijuana businesses licensed by the DOR;
- 3) Minimum security requirements for operation of medical marijuana businesses;
- 4) Regulations for the storage, warehousing and transportation of medical marijuana;
- 5) Medical marijuana product labeling standards;
- 6) Record keeping and reporting requirements;
- 7) Reporting requirements for medical marijuana businesses;

The DOR is required to hold a joint public hearing with the CDPHE by September 1, 2010 to receive public input on emergency rules adopted pursuant to the Code. C.R.S. § 12-43.3-202(1)(b)(II)(A).

◆ **Licenses offered**

The Code authorizes state and local licensing authorities to issue three types of medical marijuana business licenses for a period not to exceed two (2) years:

- 1) A medical marijuana center license;

A medical marijuana center is a retail location where patients will be able to obtain their medical marijuana and/or medical marijuana-infused products. Under House Bill 10-1284, if using a medical marijuana center to obtain his or her marijuana, a patient is limited to obtaining that medical marijuana from a single medical marijuana center. The patient will name his or her primary center in the application for a medical marijuana registry card. C.R.S. § 12-43.3-402.

- 2) A medical marijuana-infused products manufacturer license; and

A medical marijuana-Infused products manufacturer produces products infused with medical marijuana that are intended to be consumed in manner other than by smoking. Examples of infused products include edible products, ointments and tinctures. None of the products produced by a manufacturer will be considered a food or drug under Colorado's Food and Drug Act, C.R.S. §§ 25-5-401 *et seq.* All products must include a label stating that the product includes marijuana, that it has been produced without regulatory oversight and that there may be risks associated with consumption of the product. Medical marijuana from five (5) centers may be incorporated into a single infused product. C.R.S. § 12-43.3-404.

- 3) An optional premises cultivation operation license.

An optional premises cultivation operation is the location where a medical marijuana center or a medical marijuana-infused product manufacturer grows marijuana. C.R.S. § 12-43.3-403.

Although the Code describes these licenses as separate and distinct, only a licensed medical marijuana center or medical marijuana-infused products manufacturer may obtain an optional premises cultivation license. Under the Code, a medical marijuana center must obtain an optional premises cultivation license because it is required to cultivate at least seventy

percent (70%) of its "on-hand inventory." C.R.S. §§ 12-43.3-402(3) & 402(4). So fill in the remaining thirty percent of its on-hand inventory needs, a center may purchase that amount from another licensed medical marijuana center. However, no medical marijuana center is allowed to sell more than thirty percent (30%) of its on-hand inventory to another medical marijuana center.

A medical marijuana-infused products manufacturer is not required to cultivate medical marijuana used in its products and is thus not required to obtain an optional premises license unless and until it seeks to cultivate marijuana. A medical marijuana marijuana-infused products manufacturer may not sell any of the medical marijuana that it cultivates. It may only use that medical marijuana in its products.

Some in the municipal government community have opined that the optional premises cultivation license is jurisdictionally restrained to the location of the medical marijuana center or medical marijuana-infused product manufacturer. So long as a licensee cultivates its marijuana at its optional premises cultivation operation, there is no restriction or requirement in the Code or elsewhere in House Bill 10-1284, that the licensee operates those premises within a single jurisdiction. The Colorado Municipal League expects that this issue will be resolved through DOR rulemaking and/or in the 2011 legislative session. The League expects the state to require each medical marijuana center to obtain an optional premises cultivation operation license within each jurisdiction that the licensee operates a medical marijuana center.

◆ **Limitations on licensees**

Section 307 of the Code prohibits a significant number of persons from serving as licensees including:

- 1) Persons not of good moral character. This provision is expanded to include corporations whose officers, directors or stockholders are not of good moral character and any person who employs, is assisted by or is financed by a person who is not of good moral character;
- 2) A licensed physician that makes recommendations concerning the use of medical marijuana to patients under Amendment 20;
- 3) A person under twenty-one years of age;
- 4) A person who has discharged a sentence for a felony conviction within the past five years;
- 5) A person who has been convicted of felony drug possession, distribution or use;
- 6) A person who employs a person at a medical marijuana business who has failed a criminal background check;
- 7) A person whom the CDPHE has prohibited from acting as a primary caregiver;
- 8) Any law enforcement personnel including prosecutors;
- 9) Any employee of a state or local licensing authority; and
- 10) Any individual who was not a resident of Colorado as of December 15, 2009.

When investigating the criminal background of an applicant, the DOR is required to consider the any evidence of the applicant's rehabilitation that has occurred between the date of the applicant's last criminal offense and the date of application. In support of the application, the applicant may submit character references, educational achievements and other information in support. C.R.S. § 12-43.3-307(2)(a).

◆ **Application requirements**

An license applicant must submit the name and address of every person who is an owner, officer, director or manager of the applicant. C.R.S. § 12-43.3-305(1). The applicant must also include the name and address of every person who has provided financing for operation of the licensed premises. Each of those individuals must submit to and pass a criminal history background investigation. The applicant must also submit a copy of his or her fingerprints to the DOR for the purposes of conducting a criminal history background investigation. Those fingerprints will be kept on file with the license application.

Local governments may require applicants to submit a license application fee with the local license application. In addition, applicants must provide the plan for the interior layout for licensed premises showing where marijuana will be stored, grown or manufactured.

◆ **Some local licensing and zoning law control**

Under the Code, municipalities are authorized to adopt more stringent licensing standards pursuant to their zoning and general welfare powers. C.R.S. § 12-43.3-301(2)(b). These standards include, but are not limited to, distance limitations between licensed premises and reasonable restrictions on the size of licensed premises.

The Code prohibits the "building in which medical marijuana is to be sold" (i.e. medical marijuana centers) from being located within 1000 feet of any schools, alcohol and drug treatment facilities and child care facilities. C.R.S. § 12-43.3-308(1)(d). However, the Code permits a municipality to adopt a shorter distance limitation (e.g. 500 feet) and/or limit the types of schools or facilities to which that distance limitation applies. If a municipality adopts a less stringent distance limitation, upon the approval of a local license, the local licensing authority must identify whether a school, alcohol and drug treatment facility or child care facility is within 1000 feet of the licensed premises.

In addition, the Code defers to local sign laws and regulations. All licensee's are prohibited from displaying signs not in conformity with local sign code provisions. C.R.S. § 12-43.3-901(4)(a).

◆ **Limited access areas and employee identification requirements**

The Code restricts who is authorized to enter portions of a licensed medical marijuana business. C.R.S. § 12-43.3-105. All licensed operations will be required to clearly designate the limited access areas within the licensed premises. Limited access areas are those areas where medical marijuana is "grown, cultivated, stored, weighed, displayed, packaged, sold, or possessed for sale by the licensee." Only the following individuals may access those areas:

- 1) Patients and primary caregivers with CDPHE registry cards and appropriate state identification cards, e.g. driver's license;
- 2) The licensee's employees, owners, managers, directors, contractors and support staff with appropriate DOR identification cards;
- 3) DOR investigators;
- 4) Local law enforcement officers; and
- 5) Local licensing authority investigators.

Under the Code, each person employed by the licensee must obtain a DOR identification card and submit to and pass a background investigation. C.R.S. § 12-43.3-310(4). A licensee may not employ any person until such time as that person passes the criminal background investigation. Failure to follow this requirement will result in an immediate suspension of a medical marijuana license. All employees must display their DOR identifications while in limited access areas. C.R.S. § 12-43.3-901(3)(a).

A licensee must notify the DOR in writing within ten (10) days of when an owner, officer or employee is no longer associated with the licensee. C.R.S. § 12-43.3-310(3). That individual must surrender the identification card to the DOR prior to the notification date.

◆ **Prohibited acts**

Under section 901 of the Code, the following are prohibited:

- 1) No person may consume medical marijuana in a medical marijuana center;
- 2) No licensee shall allow consumption of medical marijuana upon its licensed premises.
- 3) No medical marijuana business may operate without obtaining the required state and local licenses.
- 4) No medical marijuana center may possess more than two ounces of a usable form of medical marijuana or six (6) plants for each patient who has named the center as their primary center unless authorization to exceed these amounts has been obtained.
- 5) No licensee shall fail to report a change of managers.
- 6) No licensee shall sell medical marijuana except from the specific location designated in the license.
- 7) No licensee may sell or distribute marijuana except between the hours of 8:00 a.m. and 7:00 p.m., Monday through Sunday.
- 8) No licensee may sell medical marijuana below its cost or otherwise violate the state's anti-competitive laws.
- 9) No licensee may acquire medical marijuana from or sell medical marijuana to an unlicensed person.

◆ **Disciplinary actions**

Under Part 6 of the Code, local licensing authorities are authorized to suspend or revoke a license and fine licensees for violating any provisions of the Code or the local licensing requirements. After proper notice and an opportunity for a hearing, the licensing authority may suspend a license for a maximum of six (6) months except in the case of a summary suspension. A summary suspension is authorized when the licensing authority finds that the licensee has committed a deliberate or willful violation or that the public health, safety and welfare require imperative action. All summary suspensions must proceed promptly to a suspension and/or revocation hearing as provided in C.R.S. § 24-4-104(4). Local licensing authorities must report to the DOR all actions that it takes that result in fines, suspensions, or revocations concerning a medical marijuana business license.

- iii. Local governments are authorized to extend moratoria until after the effective of any rules adopted by the Department of Revenue.

In response to the growth of medical marijuana dispensaries, many municipalities adopted temporary moratoria on the acceptance and processing of business licenses and permits in order to allow sufficient time to consider appropriate local regulation of those business operations consistent with state law. The Code authorizes those municipalities to extend their moratoria until the effective date of the rules adopted by the DOR pursuant thereto. C.R.S. § 12-43.3-202(1)(b)(I).

d. *Other Issues in House Bill 10-1284.*

- Home delivery. Medical marijuana centers and primary caregivers are prohibited from delivering medical marijuana to a patient's home. A patient may obtain a waiver from the CDPHE that allows the patient's primary caregiver to make a delivery from the center to the patient's home. See C.R.S. § 12-43.3-901(4)(k) and C.R.S. § 25-1.5-106(3)(a)(VII).
- Smoking clubs. The bill prohibits the formation of a business that permits patients to smoke or consume medical marijuana on-site. C.R.S. § 25-1.5-106(8)(c).
- State Sunshine Law. A state or local license application for an optional premises cultivation operation, a state or local optional premises cultivation license and the location for any optional premises cultivation operation is NOT a "public record" under the Colorado Open Records Act. C.R.S. § 24-72-202(6)(b)(XIII).
- Law enforcement access to records. The CDPHE must provide twenty-four hour per day access to its patient and primary caregiver registry information to law enforcement personnel to the extent that the release of such information is consistent with the provisions in Amendment 20. If a patient or primary caregiver has not registered with the CDPHE then the agency is authorized to respond accordingly to law enforcement inquiries. C.R.S. § 25-1.5-106(5)(d).
- Possession and use limitations. Under House Bill 10-1284, no person may possess medical marijuana on the grounds of school or in a school bus or engage in the use of medical marijuana in any vehicle, in a correctional facility, while subject to incarceration, in a place open to the public or in plain view, or if the person does not suffer from a debilitating medical condition. C.R.S. § 25-1.5-106(8).

V. Conclusion.

There is much discussion throughout the state concerning House Bill 10-1284 and the expected rules and regulations that will be adopted by the DOR and the CDPHE for its implementation. Because this is a new business model in the state, those discussions and the law concerning the regulation of medical marijuana will take time to fully develop. In the interim, our office is available to assist in developing appropriate local regulation of medical marijuana businesses in your community. Please let us know how we can assist.