

1 **DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT**

2
3 **Health and Environmental Information and Statistics Division**

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5 **MEDICAL USE OF MARIJUANA**

6
7 **5 CCR 1006-2**

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9 **Regulation 7: Determination of fees to pay for administrative costs of the**
10 **medical use of marijuana program**

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12 A. Application fee. The department shall collect ~~ninety~~ THIRTY FIVE dollars from
13 each applicant at the time of application to pay for the direct and indirect
14 costs to administer the medical use of marijuana program, unless the
15 applicant meets the criteria set forth in section (b) of this Regulation (7)
16 establishing ~~indigency~~ INDIGENCE. Such fee shall not be refundable to
17 the applicant if the application is denied or revoked or if the patient no
18 longer has a debilitating medical condition. The amount of the fee shall be
19 evaluated annually by the department, and the department shall propose
20 modifications to the board, as appropriate. If the patient provides updated
21 information at any time during the effective period of the registry
22 identification card, the department shall not charge a fee to modify the
23 registry information concerning the patient.

24
25 B. ~~Indigency~~ INDIGENCE fee waiver. Any individual submitting an application for
26 the registry may request an ~~indigency~~ INDIGENCE fee waiver if he or she
27 SUBMITS AT THE TIME OF APPLICATION A COPY OF THE
28 APPLICANT'S STATE TAX RETURN CERTIFIED BY THE
29 DEPARTMENT OF REVENUE THAT CONFIRMS THAT THE
30 APPLICANT'S INCOME DOES NOT EXCEED ONE HUNDRED EIGHTY-
31 FIVE PERCENT OF THE FEDERAL POVERTY LINE, ADJUSTED FOR
32 FAMILY SIZE. ~~is eligible for and receives any of the following federal~~
33 ~~and/or state benefits at the time of application:~~

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35 ~~—— 1. Supplemental Security Income (SSI) benefits; or~~

36
37 ~~—— 2. Food Assistance.~~

38
39 C. ~~Procedures to request an indigency fee waiver. An applicant who meets the~~
40 ~~—— criteria for an indigency fee waiver may request on the application an~~
41 ~~—— indigency fee waiver and submit the registry application to the department~~
42 ~~—— without an application fee. Applicants must provide proof of current receipt~~
43 ~~—— of the federal or state benefits listed in paragraph b. of this regulation as~~
44 ~~—— determined by the department.~~

1 DC. Notification of indigent status. Individuals who meet the indigency
2 INDIGENCE standard after they have been approved for the medical
3 marijuana registry may complete a form, to be determined by the
4 department, notifying the department of their status and supplying A
5 COPY OF THE APPLICANT'S STATE TAX RETURN CERTIFIED BY
6 THE DEPARTMENT OF REVENUE THAT CONFIRMS THAT THE
7 APPLICANT'S INCOME DOES NOT EXCEED ONE HUNDRED EIGHTY-
8 FIVE PERCENT OF THE FEDERAL POVERTY LINE, ADJUSTED FOR
9 FAMILY SIZE. ~~proof of eligibility as determined by the department.~~ Upon
10 receipt and confirmation of the information, the department shall issue a
11 new medical marijuana registry card for the remaining term of the current
12 card noting said indigent status for tax exemption purposes.
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14 **Regulation 8: Physician requirements; reasonable cause for referrals of**
15 **physicians to the Colorado Medical Board; reasonable cause for**
16 **department adverse action concerning physicians; appeal rights**
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18 **A. Physician requirements.** A physician who certifies a debilitating medical
19 condition for an applicant to the medical marijuana program shall comply
20 with all of the following requirements:
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22 **1. Colorado license to practice medicine.** The physician shall have a
23 valid, unrestricted Colorado license to practice medicine, which
24 license is in good standing.
25

26 a. For the purposes of certifying a debilitating medical condition of
27 an applicant and recommending the use of medical
28 marijuana for the medical marijuana program, "in good
29 standing" means:
30

31 i. The physician holds a doctor of medicine or doctor of
32 osteopathic medicine degree from an accredited
33 medical school;

- 1 ii. The physician holds a valid license to practice medicine in
2 Colorado that DOES NOT CONTAIN A
3 RESTRICTION OR CONDITION THAT PROHIBITS
4 THE RECOMMENDATION OF MEDICAL
5 MARIJUANA OR FOR A LICENSE ISSUED PRIOR
6 TO JULY 1, 2011, A VALID, UNRESTRICTED AND
7 UNCONDITIONED LICENSE ~~is not restricted or~~
8 ~~conditioned, unless the physician has received written~~
9 ~~confirmation from the Colorado medical board that the~~
10 ~~physician's scope of practice does not preclude~~
11 ~~recommending medical marijuana; and~~
12
13 iii. The physician has a valid and unrestricted United States
14 Department of Justice federal drug enforcement
15 administration controlled substances registration.
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