

# Oklahoma Telehealth Summit

## Opioid & Medical Marijuana Implementation/Policy

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# Today's Goals

- Opioid Prescribing Restrictions 2018 – overview and 2019 Session developments
- Policy of Medical Marijuana and Other States perspectives on implementation
- 2019 Legislative Session Changes to law
  - Medical Marijuana program itself
  - Employer- employee relationship

# Okla. Statutes Title 59 Sec. 478.1 Patient Physician Relationship (1 of 3)

A. Unless otherwise prohibited by law, a valid physician-patient relationship may be established by an allopathic or osteopathic physician with a patient located in this state through telemedicine, provided that the physician:

1. Holds a license to practice medicine in this state;
2. Confirms with the patient the patient's identity and physical location; and
3. Provides the patient with the treating physician's identity and professional credentials.

## Okla. Statutes Title 59 Sec. 478.1 Patient Physician Relationship (2 of 3)

B. Telemedicine and store and forward technology encounters shall comply with the Health Insurance Portability and Accountability Act of 1996 and ensure that all patient communications and records are secure and confidential.

C. Telemedicine encounters and encounters involving store and forward technologies in this state **shall not be used to establish a valid physician-patient relationship for the purpose of prescribing opiates, synthetic opiates, semisynthetic opiates, benzodiazepine or carisprodol**, but may be used to prescribe opioid antagonists or partial agonists pursuant to Sections 1-2506.1 and 1-2506.2 of Title 63 of the Oklahoma Statutes.

## Okla. Statutes Title 59 Sec. 478.1 Patient Physician Relationship (3 of 3)

D. A physician-patient relationship shall not be created solely based on the receipt of patient health information by a physician.

The duties and obligations created by a physician-patient relationship shall not apply until the physician affirmatively:

1. Undertakes to diagnose and treat the patient; or
2. Participates in the diagnosis and treatment of the patient.

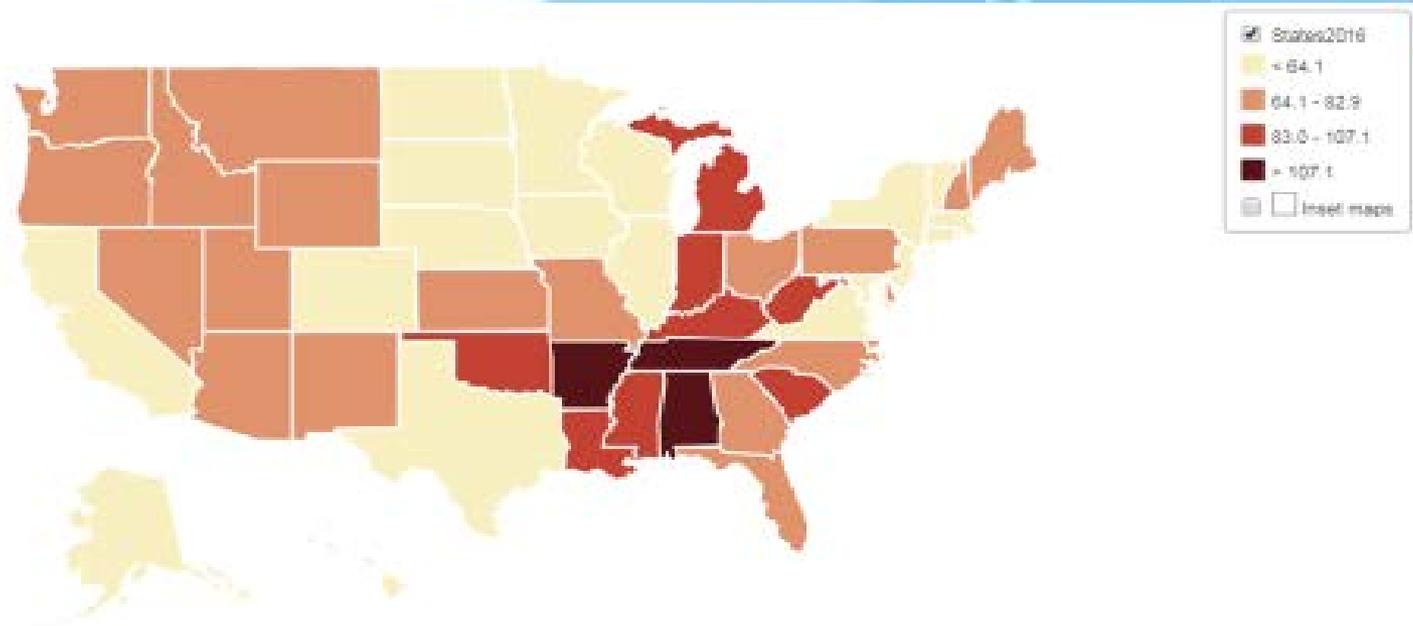
# Opioid Crises



Opioids = Prescription Drugs

- During 2007-2008, Oklahoma ranked first among all states for the number of people using pain relievers for non-medical uses especially among persons age 12 and older.
- In 2009, 1,533 individuals went to drug rehabilitation for opiates other than heroin. 51.8% were male and 48.2% were female.

# Opioid Prescription Rates by State (per 100 persons)



Source: CDC, National Center for Injury Prevention and Control,  
Division of Unintentional Injury Prevention, 2016

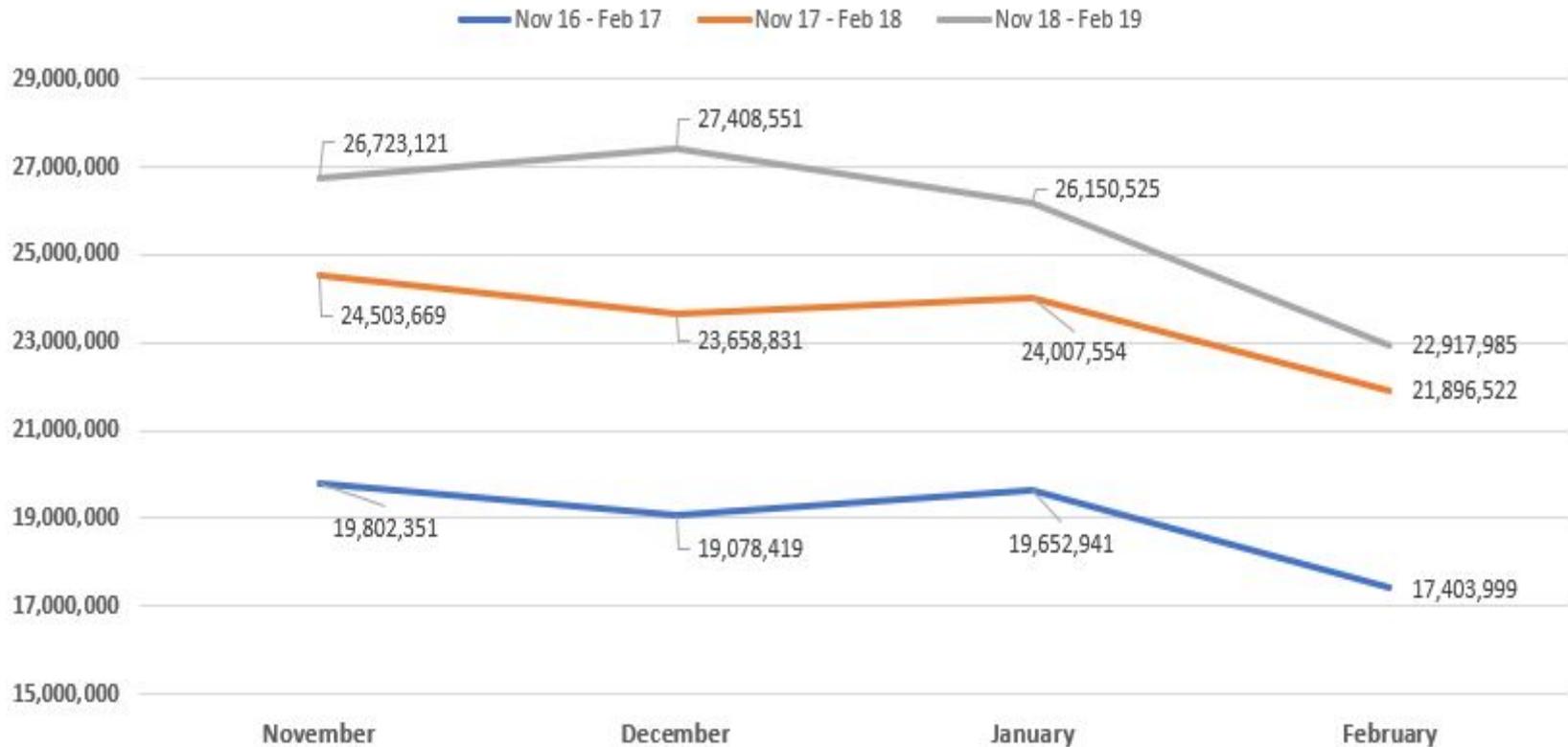
# The Oklahoma Commission on Opioid Abuse

- Formed in April 2017, the Oklahoma Commission on Opioid Abuse has brought all stakeholders to the table, including doctors, law enforcement officials, treatment and addiction specialists, local business leaders and members of the state legislature to study the state's epidemic and formulate a response
- During the 2018 legislative session, the commission saw seven pieces of recommended legislation signed into law.
- The nine-member commission is chaired by OK Attorney General Hunter.

# Opioid Diversion Reforms

- SB 1446 in April 2018 passed to limit the prescribing of opioids to one initial prescription for 7 days worth of opioids. Applied to Schedule II (and all opioids due to confusing language).
  - Schedule II = Dilaudid, Demerol, oxycodone (OxyContin, Percocet), fentanyl, morphine, opium, and codeine.
  - November 1 2018 effective date but was enforced earlier

## OPIOID PILL QUANTITIES



19% decrease in # of pills prescribed since SB 1446 became effective 11/1/2018.

# 2019 Legislative Opioid Reforms

- The 2019 opioid bill (SB 848) modifies SB 1446 from the 2018 legislative session which established a limited initial prescription of seven days for opioid drugs. Effective May 21, 2019
- SB 848 applies only to patients that are filling prescriptions outside of a facility setting, it does not apply when a patient is inpatient.
- OBNDD rule allowed for the prescribing of an opioid via a second seven-day prescription at the same time as the first, with an express “do not fill until” date, only after a major surgical procedure or for a patient with a homebound ailment.

# 2019 Legislative Opioid Reforms

- SB 848 codifies the OBNDD emergency rule from 2018 and cleans up other opioid provisions.
- See OHA website for SB 848 bill summary under Advocacy
- See “Opioid Best Practices” Document on the OK Board of Medical Licensure linked at <http://www.okmedicalboard.org/#news-201>

# Opioid Prescribing Best Practices Document

## COMPLIANCE AND BEST PRACTICE FOR AN ACT REGULATING THE USE OF OPIOID DRUGS OKLAHOMA SENATE BILLS 1446 & 848

**Continuing Medical Education:** Prescribers are required to complete CME in pain management every year. MDs, DOs, PAs, Optometrists and Veterinarians, one (1) hour; Podiatrists and Advanced Practice Registered Nurses, two (2) hours; Dentists, three (3) hours.

**OBND:** May provide licensing boards with unsolicited referrals of prescribers if a patient receives one (1) or more prescriptions in quantities or frequency inconsistent with accepted standards of safe practice. [63 O.S. §2-309D\(M\)](#)

**Prescription Monitoring Program – PMP:** Failure to check PMP is grounds for disciplinary action by the respective licensing board of each Prescriber. PMP must be checked at the initial prescription and then at least every 180 days. [63 O.S. §2-309D\(G\)](#)

**Acute Pain Prescription Limits:** For acute pain, prescriber shall not issue an initial prescription for an opioid drug in a quantity exceeding seven (7) day supply. Prescription shall be for the lowest effective dose of immediate-release opioid drug and must state “acute pain” on the face of the prescription. [63 O.S. §2-309I\(A\)](#). Following the initial seven (7) days, after consultation\* (in person or by telephone), a subsequent 7-day prescription may be issued if prescriber determines the prescription is necessary and appropriate, documents the rationale for prescribing, and determines and documents the prescription does not present undue risk of abuse, addiction or diversion. A second 7-day prescription of an immediate-release opioid drug in a quantity not to exceed seven (7) days may be issued on the same day as the initial prescription if: (i) The subsequent prescription is due to a major surgical procedure and/or “confined to home” status as defined in 42 U.S.C. 1395n(a); (ii) The practitioner provides the subsequent prescription on the same day as the initial prescription; (iii) The practitioner provides written instruction on the subsequent prescription indicating the earliest date on which the prescription may be filled (i.e. “do not fill until” date); and (iv) The subsequent prescription is dispensed no more than five (5) days after the “do not fill until” date indicated on the prescription. [63 O.S. §2-309\(I\)\(B\)\(5\)](#); \*For best practice, the 7-day consultation should be performed by the physician; however, it does not appear to be required. If a medication needs to be changed due to allergy, ineffective dose or other medical condition, document thoroughly in the record the need and rationale for change.

**Chronic Pain Prescriptions:** If continuing treatment for three months or more, practitioner shall: (1) review every three (3) months the course of treatment, any new information regarding etiology of pain and progress toward treatment objectives; (2) assess patient prior to every renewal to determine if patient is experiencing dependency and document assessment; (3) periodically make reasonable efforts, unless clinically contraindicated to stop, decrease dosage, or try other treatment modalities; (4) review PMP; (5) monitor compliance with patient provider agreement, and state “chronic pain” on the face of the prescription. After one year of compliance with the patient provider

[http://www.okmedicalboard.org/download/884/Opioid\\_Best\\_Practices.pdf](http://www.okmedicalboard.org/download/884/Opioid_Best_Practices.pdf)

# Opioid Litigation by AG Hunter

- March 2019 Purdue Pharma agreed to pay \$270 million to the State of Oklahoma in the first state settlement of litigation stemming from the opioid epidemic. There are more than 1,600 other cases pending across the United States. As more of these cases head towards possible settlement agreements, public health experts weigh in on the best use of these funds to respond to the ongoing crisis.
- Basis of litigation: public nuisance aggressive marketing to physicians
- Trial to began May 28<sup>th</sup> Cleveland County – **First to go to trial in the United States.**

# Verdict

- Judge Thad Balkman of Oklahoma’s Cleveland County District Court “ruled against Johnson & Johnson...and ordered it to pay the state \$572 million in the first trial of an opioid manufacturer for the destruction wrought by prescription painkillers.” Oklahoma argued that the company, “which contracted with poppy growers in Tasmania, supplied 60 percent of the opiate ingredients that drug companies used for opioids like oxycodone,...and aggressively marketed opioids to doctors and patients as safe and effective.” The ruling “may indicate what lies ahead in 2,000 more lawsuits.”
- J&J has denied wrongdoing, saying its marketing claims had scientific support and that its painkillers, Duragesic [fentanyl] and Nucynta [tapentadol], accounted for a tiny fraction of opioids prescribed in Oklahoma

## AGs Hunter, Stein, Lead 39 State Coalition in Letter to Congressional Leadership Urging Removal of Federal Barriers to Treat Opioid Use Disorder

- Replace the cumbersome, out-of-date, privacy rules contained in 42 CFR Part 2 with the effective and more familiar privacy rules contained in the Health Insurance Portability and Accountability Act (HIPAA);
- Pass HR 2482, the Mainstreaming Addiction Treatment Act, which would eliminate unnecessary burdens on buprenorphine prescribing imposed by the Drug Addiction Treatment Act of 2000.
- Fully repeal the Medicaid Institutions for Mental Diseases (IMD) exclusion. The IMD exclusion generally prohibits state Medicaid programs from receiving federal reimbursement for adults between 21 and 65 receiving mental health or substance use disorder treatment in a residential treatment facility with more than 16 beds.

# CDC Emphasis: First Line Approach

- Non-pharmacological approach
- Non-opioid approach
- Emphasis on
  - Behavioral therapies
  - Functional therapies
  - Adjunctive medications
- Patient and provider expectation
- Opioids are a “last resort” option

# Medical Marijuana in Oklahoma



# State Question 788 Legalizing Medical Marijuana

- SQ 788 was passed at the June 26<sup>th</sup>, 2018 (56.86% vote for the question)
  - No qualifying medical conditions
  - Doctor makes a recommendation. What about my PCP?
- Makes it legal under state law to possess, cultivate, manufacture and/or sell medical marijuana, medical marijuana products and paraphernalia (Although still illegal under federal law)
- Establishes 8 license categories: medical marijuana patient, caregiver, temporary MMJ holder (out of state), grower processor, dispensary, transportation and research



# Who can write a recommendation for a patient license?

- Board Certified = No, any physician licensed and in good standing (MD or DO). Voluntary registration with OMMA.
- HB 2613 adds Podiatrists as of May ?? 2019 if bill signed by Governor Stitt.
- Not Nurse Practitioners, Not Physician Assistants, Not Chiropractors, Not Dentists

## Cost of Licensure for Patients:

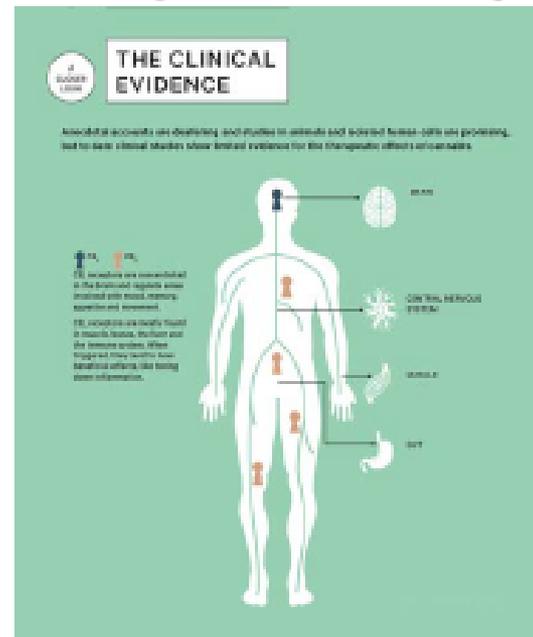
- Cost of physician recommendation: = \$60-\$200
- License application = \$100 unless Medicaid (\$20)

# OK Medical Marijuana Coalition – Patient Care

## Patient Safety and Standard of Care

### Conditions That Are Effectively Treated by Medical Marijuana

- Epilepsy and Other Seizure Disorders (Unresponsive to Other Forms of Treatment)
- Nausea and Vomiting from Chemotherapy (Unresponsive to Other Forms of Treatment)
- Muscle Spasticity (MS and Parkinson's)
- Relief for Terminal Illness (Expected to Live Less Than 1 Year)
- Wasting Syndrome from HIV/AIDS and Cancer



**Conclusive Scientific Evidence for Treatment of Other Ailments is Limited Due to Continued Schedule I Status at the Federal Level**

<https://cosmosmagazine.com/biology/infographic-how-cannabis-works>

# Oklahoma Medical Marijuana Authority

- [Http://omma.ok.gov](http://omma.ok.gov) or Twitter @OMMAOK
- OMMA Established by SQ 788 that resides in the Oklahoma State Department of Health and authority of the Commissioner of Health
- Passage June 26th the applications were processed approved/denied by September 10th pursuant to SQ 788.
- This program area is responsible for managing the medical marijuana program, including application processing, licensing, and compliance monitoring and enforcement.
- OMMA call center has received over 7,100 calls as of September 30<sup>th</sup>, average wait time 28 minutes, have automated call back option. In April 2019 ceased operating the call center due to long wait times.
- SQ 788 provides for the implementation of a Medical Marijuana Industry Expert Board/Food Safety Standards Board comprised of 12 OK residents

# Patients and MMJ

- Patients are allowed to have 3 ounces of smokeable MMJ on their person and 8 ounces at their residence.
- Patients are allowed to grow up to 12 plants at a time, 6 seedlings and 6 mature or flowering plants.



## OKLAHOMA MEDICAL MARIJUANA AUTHORITY PHYSICIAN RECOMMENDATION FORM

**ADULT PATIENTS**  
*(age of 18 or older)*

[CLEAR FORM](#)

[PRINT FORM](#)

### INSTRUCTIONS:

1. This form is to be completed by a physician licensed and in good standing in the State of Oklahoma.
2. The patient must submit this form with his or her online patient license application.
3. Patients must submit their application within 30 days of the date the form is signed.
4. This form can also be used to certify the patient's need for a caregiver.

# Medical Marijuana By the Numbers

As of Monday, August 26<sup>th</sup> the totals for the first yr:

Applications: Patient 189,129. Caregiver 1,699.  
Businesses 8,089.

Applications Total: 198,917

Approvals: Patient 178,173. Caregivers 1,277.  
Growers 4,287. Dispensaries 1,848. Processors  
1,173.

Approvals Total: 186,758

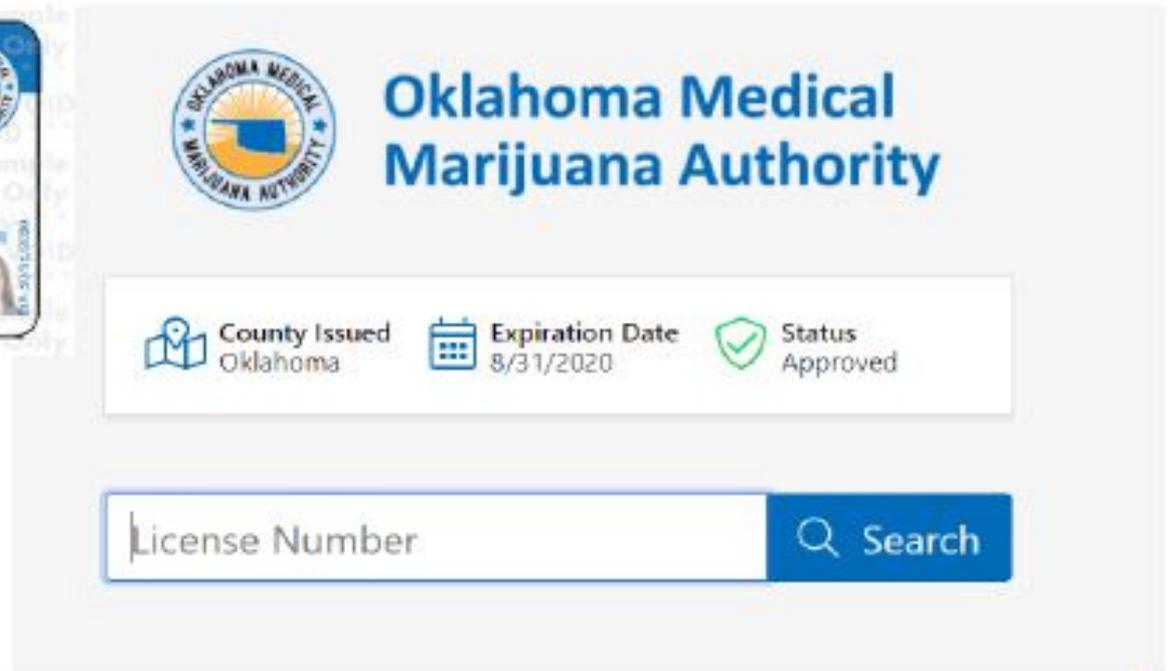
Applications have exceeded 3% of the adult  
population in OK, more than other states.

# What does the MMJ patient license look like?

## License Verification



<https://ommaverify.ok.gov/>



Source: "OK Medical Marijuana Authority: Rules Risks and Strategies," Tom Bates, Commissioner of Health Presentation October 26, 2018 to OSMA, See also OAC 310:681-2-6

# Changes will Occur with the OK Medical Marijuana Program

- Pending lawsuits and orders that may result in change to certain aspects of the program or delay implementation.
- Statutory changes in the 2019 Legislative Session to law as passed in SQ 788.
- OSDH continuing to work to implement program within the existing framework and timelines.

# Medical Marijuana Addressed in Oklahoma's 2019 Legislative Session



# 2019 Session: Marijuana

- Unity/Medical marijuana omnibus bill (HB 2612)  
Effective date circa August 24 2019
  - Safety sensitive positions; Labeling & Testing
- Podiatrists can now recommend MMJ (HB 2613) –  
Effective May 15, 2019
- Smoking of Marijuana in public places restricted and short term medical marijuana licenses of 60 days allowed (HB 2601) Effective date circa August 24 2019



## Employer-Employee Relationships and Medical Marijuana -- HB 2612 (Echols/McCortney)

- Employers as of 8/24/2019 can legally, even if employee holds a patient license:
  - Perform drug testing for all appropriate positions, but especially for **safety-sensitive positions (direct health care, direct child care, transportation)**
  - Discipline employees who are under the influence of medical marijuana during work hours
  - Define safety sensitive positions in statute globally such as “health care worker”
- Employers clear statutory guidance related to federal contracting and sub-contracting and exemption from state medical marijuana laws.
- The addition of a private cause of action under the existing framework of the Oklahoma Standards for Workplace Drug and Alcohol Testing Act.

Source: “Medical Marijuana and the Business Community” White Paper, Oklahoma State Chamber, circa October 1, 2018.

# 2019 Session: Marijuana

- **SB 162** (*Standridge/Marti*) **Test Batch Regulation and Physician Recommendation of Medical Marijuana**  
Effective May 19, 2019.
- SB 162 provides standards for the size of "test batches" of medical marijuana to be sent to laboratories for testing, such batches to be required to be no greater than 10 pounds.
- The bill also removes the requirement that a physician recommending a patient for medical marijuana be board certified (Contained in SQ 788)
  - Instead recommending physician to be in good standing with their licensure board.

# 2019 Session: Marijuana

- **SB 767** (*McCortney/Echols*) **Medical Marijuana and Telemedicine** **Dormant**
  - SB 767 regulates the use of medical marijuana to define the writing of the recommendation of the physician as being a face-to-face encounter with the patient and not an telemedicine encounter.
- **SB 811** (*Smalley/McBride*) **Medical Marijuana Patient Rights Clarified** Effective May 19, 2019
  - Clarifies the rights of Medical Marijuana card holders status does not impact organ donation and state licenses.
  - Biomedical and clinical research is exempted from Oklahoma State Department of Health regulatory oversight.

# 2019 Session: Marijuana

- **SB 305** (*Daniels/T. West*) **Defining Under the Influence for Employees** **Dormant.**
- Just like HB 2612 the “Unity Bill” SB 305 restores the protections to employers to be able to drug test pre-employment and during employment for safety sensitive positions such as direct health care and direct child care.
- SB 305 goes further than HB 2612 by defining what is considered “under the influence” for employees on the job.

# OMMA Changes to process

In response to SB 162 becoming effective on May 7, 2019, OMMA has updated its processes regarding requirements for recommending physicians.

[Click Here to Learn More](#)

SB 162 Changes the type of physician recommending a patient license from “Board Certified” to now “licensed in good standing with their licensure board” MD or DO. Effective May 7 2019.

# OK Medical Marijuana Coalition Recommendations on Patient Safety

- Allow physicians to withdraw a patient recommendation in an instance of misuse, addiction to another substance or severe health risk to the patient
  - Current law does not allow for withdrawal of recommendation and a patient license is valid for 2 years.
- Require physicians provide in-person exam **ONLY** within their established office locations to medical marijuana patients
- Physicians may not have ownership in a dispensary and may not conduct exams within a dispensary (Other states have these limits)
- Patient must keep follow-up exams with prescribing physician to gauge interactions and effectiveness as a requirement for renewals
- Establish a mandatory physician registry by OMMA and require annual continuing medical education and updates for practitioners
- Allow medical licensure boards the authority to provide guidance on medical marijuana regulatory and safety issues -- **DONE**



# OMMA Rule Changes

- New emergency rules effective September 14.
- A new 60-day short-term license for adult and minor Oklahoma residents with a 60-day doctor's recommendation.
  - The license fee will be \$100 or \$20 for patients who qualify for a discount.
- Veterans with a 100% disability rating from the Veteran's Administration will now be able to receive a medical marijuana patient license with a discounted application fee of \$20.
- All business applicants are now required to submit with their application a Certificate of Compliance completed by the political subdivision where the business is located.

# Including medical marijuana in your hospitals smoke/tobacco-free environment policy

- For the majority of indoor workspaces in Oklahoma, the use of all smokable, vaporized, or combustible medical marijuana will not be permitted as it is subject to the same restrictions as tobacco found in Oklahoma’s “Smoking in Public Places and Indoor Workplaces Act.”
  - Title 21 O.S. Section 1247 and Title 63 O.S. Section 1-1521 et seq.
  - Exposure to any smoke is a health hazard and secondhand marijuana smoke contains many of the same cancer-causing substances and toxins as tobacco smoke.
- Hospitals Helping Patients Quit (HHPQ), a grant program of TSET and initiative of the OHA, has extensive experience in helping hospitals and clinics throughout Oklahoma in implementing comprehensive smoke-free/tobacco-free environment policies.
- HHPQ program has developed a toolkit to help with the adoption and implementation of an updated smoke/tobacco-free environment policy that includes medical marijuana.
- HHPQ offers consultation to OHA member hospitals at no charge.

# Questions?

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# Appendix

## Telemedicine in 2019 Session

**HB 2351** (*Caldwell/McCortney*) **Interstate Medical Licensure Compact** **Effective Nov. 1, 2019** Creates the Interstate Medical Licensure Compact (IMLCC), which provides a framework and process for multi-state medical licenses of allopathic and osteopathic physicians.

# Telemedicine in 2019 Session

**HB 1057** (*Kiger/Standridge*) **Psychology Interjurisdictional Compact**. **Effective Nov 1, 2019**. Provides for the creation of a Psychology Interjurisdictional Compact (PSYPACT) and a related Commission for the regulation of the practice of telepsychology on an interstate basis. Oklahoma State Board of Examiners of Psychologists shall have jurisdiction for Oklahoma. **PSYPACT has become operational as seven states have officially enacted PSYPACT legislation**. Next, the PSYPACT Commission will be established and they will be responsible for the creation of Bylaws and Rules. Once those are finalized, the application process will open for the E.Passport and Interjurisdictional Practice Certificate (IPC).

**SB 100** (*David/Newton*) **Optometry and Telemedicine** **Effective Nov. 1, 2019**. Relates to the practice of optometry by permitting eye doctors to operate in certain retail locations within certain standards including guidelines for assessment by telemedicine. Requires an Oklahoma licensed optometrist to read and interpret information gathered by an assessment mechanism and verify the identity of the patient. Notice of consent to use a telemedicine exam must be presented to the patient and must contain information that the patient must have been seen in person for a comprehensive exam in the last 24 months.

# Telemedicine 2019 Session

## **SB 575** (*Allen/Randleman*) **School Based Telemedicine.** Effective July 1, 2019

Modifies the statute for parental consent for the treatment of minors to allow for written consent for a telemedicine encounter, thereby removing a barrier for implementation of school-based telemedicine by requiring the parent to be present during the visit.

## **SB 700** (*Montgomery/Pae*) **Blockchain Technology** Effective Nov. 1, 2019

SB 700 includes references to blockchain technology as a means of securing and storing electronic information and defined as an electronic record and electronic signature under the Uniform Electronic Transactions Act.

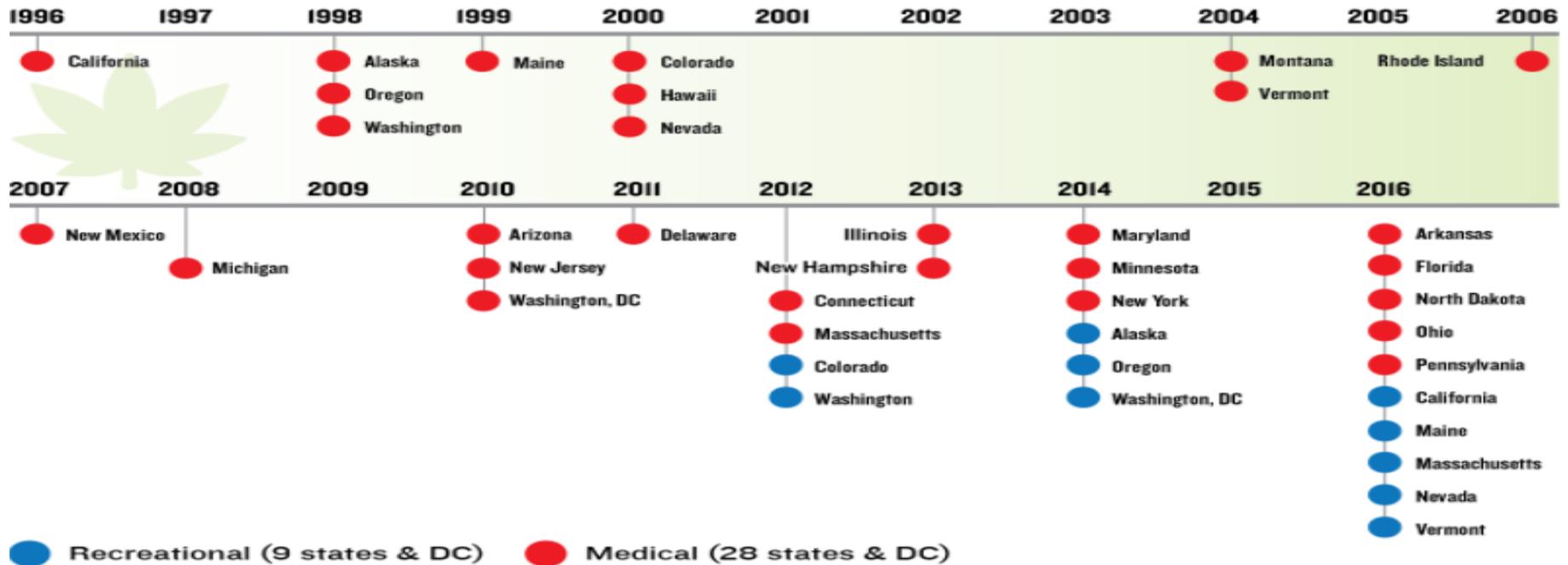
## **SB 1038** (*Haste/Dollens*) **Telemedicine in Occupational Therapy** Effective Nov. 1, 2019.

SB 1038 includes telemedicine under the supervision and licensing authority of the Occupational Therapy Practice Act which falls under the authority of the Oklahoma Board of Medical Licensure and Supervision. The bill also defines telehealth, telerehabilitation and teletherapy for purposes of providing occupational therapy.

# Marijuana Dictionary

- **Cannabinoids:** a class of diverse chemical compounds that acts on cannabinoid receptors in cells that alter neurotransmitter release in the brain
  - **THC** (tetrahydrocannabinol): The principal psychoactive constituent of cannabis, making the user feel “high”
  - **CBD** (cannabidiol): A non-psychoactive cannabinoid with analgesic, anti-inflammatory, and anti-anxiety properties
  - **Cannabis Oil** (aka CBD oil, resin): extraction from marijuana plant containing 80% THC; commonly used to treat severe epilepsy, anxiety, pain
- **Hemp:** a “cousin” to marijuana that grows differently (size, space) and is low in CBD and THC; commonly used for fabrics and food products, but growth is still prohibited under federal law

# Timeline of State Marijuana Legalization Laws



Colorado was the first state to establish legal retail recreational marijuana sales in January 2014.

# Lessons Learned in Colorado Hospitals

- Role as Employer: Review employment rules and policies
  - In CO, legalization does not protect individuals against employment actions
  - Will Recreational Marijuana be treated more like alcohol or more like illicit drug use? (In CO, more like alcohol)
  - Can hospitals test employees? (Yes in CO)
  - Can employees be disciplined or terminated for legal “on my own time” use? (Yes in CO)
  - Can employees possess but not use while at work? (Yes in CO)
- Role as Care Provider:
  - When a patient is in possession or using MJ medically or recreationally? What is the difference?
  - How to track and whether patients will be tested for Marijuana (there is a code to use)
  - Whether to allow employees/contracted docs to prescribe medical or recreational marijuana
  - When a visitor is in possession of marijuana
  - Consider partnership with Poison Control Center
- Role as Researcher: Challenging under federal law



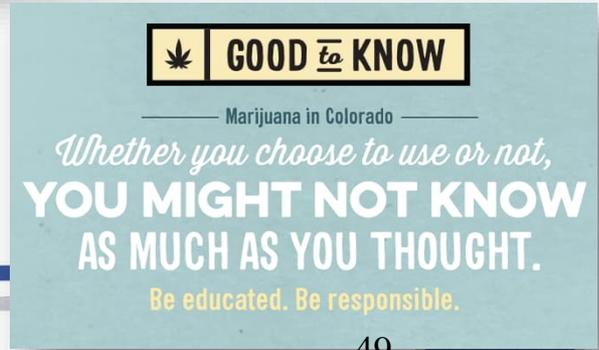
# Lessons learned in CO Education

- \$7 million education campaign was funded through tax revenue
- Refined issues/messaging
  - Time from ingestion to “high”
  - Understanding standard dosage
  - Potency and effects vary across products
  - Accidental ingestions, especially children
  - Packaging matters
  - Dangers of illegal/unregulated production (eg, hash oil)

Man who plunged from Denver balcony ate 6x recommended amount of pot cookie

Police: Man bought pot candy, shot wife while she called 911 - CNN  
<https://www.cnn.com/2014/04/17/us/colorado-911-call-woman-killed/index.html>  
Apr 17, 2014 - A man accused of killing his wife while she frantically spoke to a 911 operator bought marijuana candy just hours before the deadly shooting, police said. ... Police affidavit: Richard Kirk bought marijuana candy hours before his wife was killed; Denver Police Chief Robert White says he's opened an internal ...

2 injured in north Denver hash oil explosion | 9news.com  
<https://www.9news.com/article/news/local/hash-oil-explosion-in-.../73-495261162>  
Nov 28, 2017 - Two people were taken to the hospital following a hash oil explosion near Interstate 70 and Federal Boulevard Tuesday afternoon.



# Colorado Recommended Resources

- State Landing Site-

<https://www.colorado.gov/pacific/marijuana/laws-about-marijuana-use>

- Denver Public Health-

<http://denverpublichealth.org/Portals/32/Public-Health-and-Wellness/Public-Health/Health-Information/Docs/DPH-Marijuana-Fact-Sheet-FINAL-9-2015.pdf?ver=2015-09-17-085655-937>

- Data- <http://denverpublichealth.org/home/health-information-and-reports/reports-and-publications/marijuana-data>

- State Health Department-

<https://www.colorado.gov/pacific/cdphe/retail-marijuana>