



COLORADO

Department of Public
Health & Environment

Colorado Medical Marijuana Registry

Past, Present & Future

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August 2016



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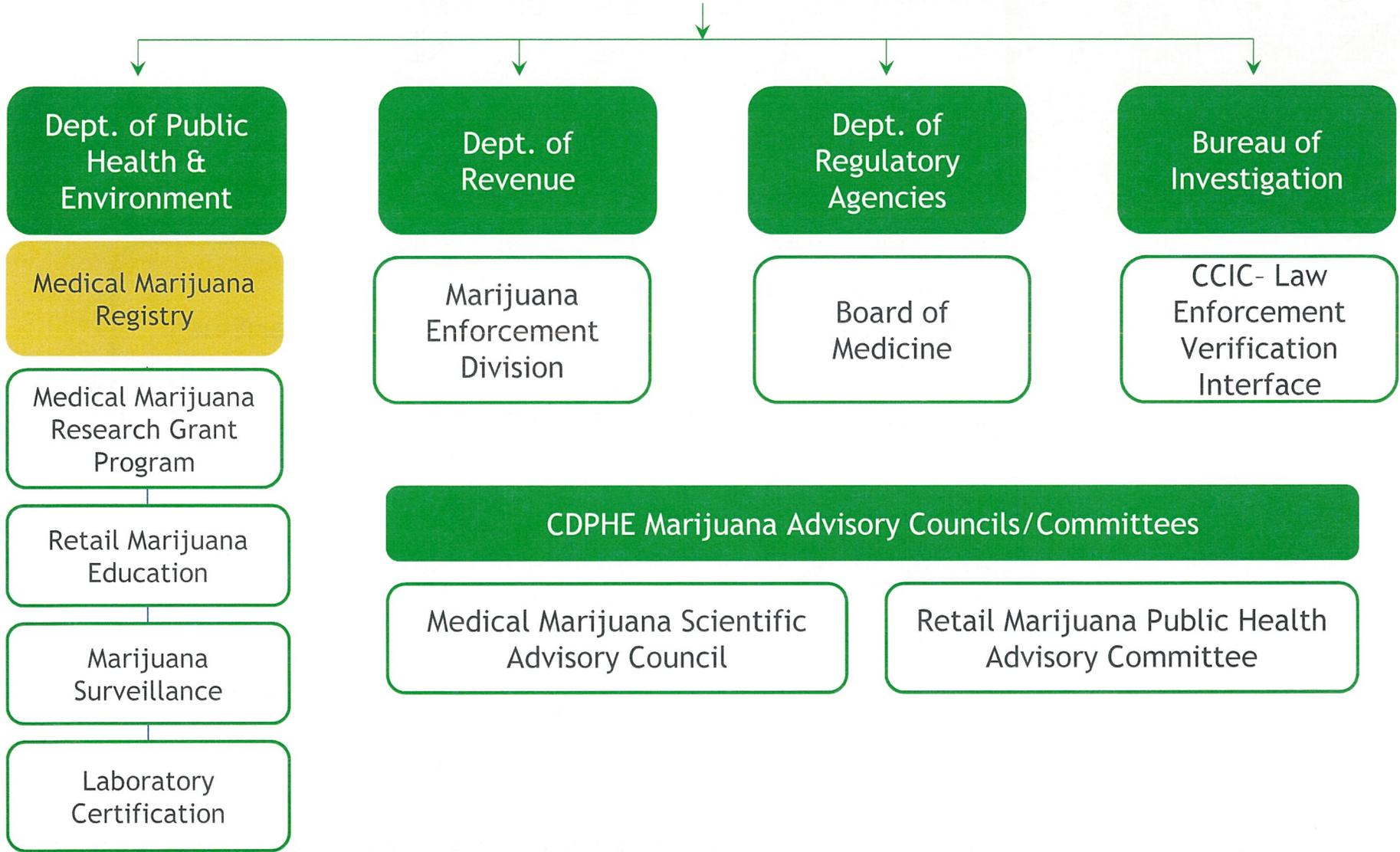
Medical Marijuana Registry Current State



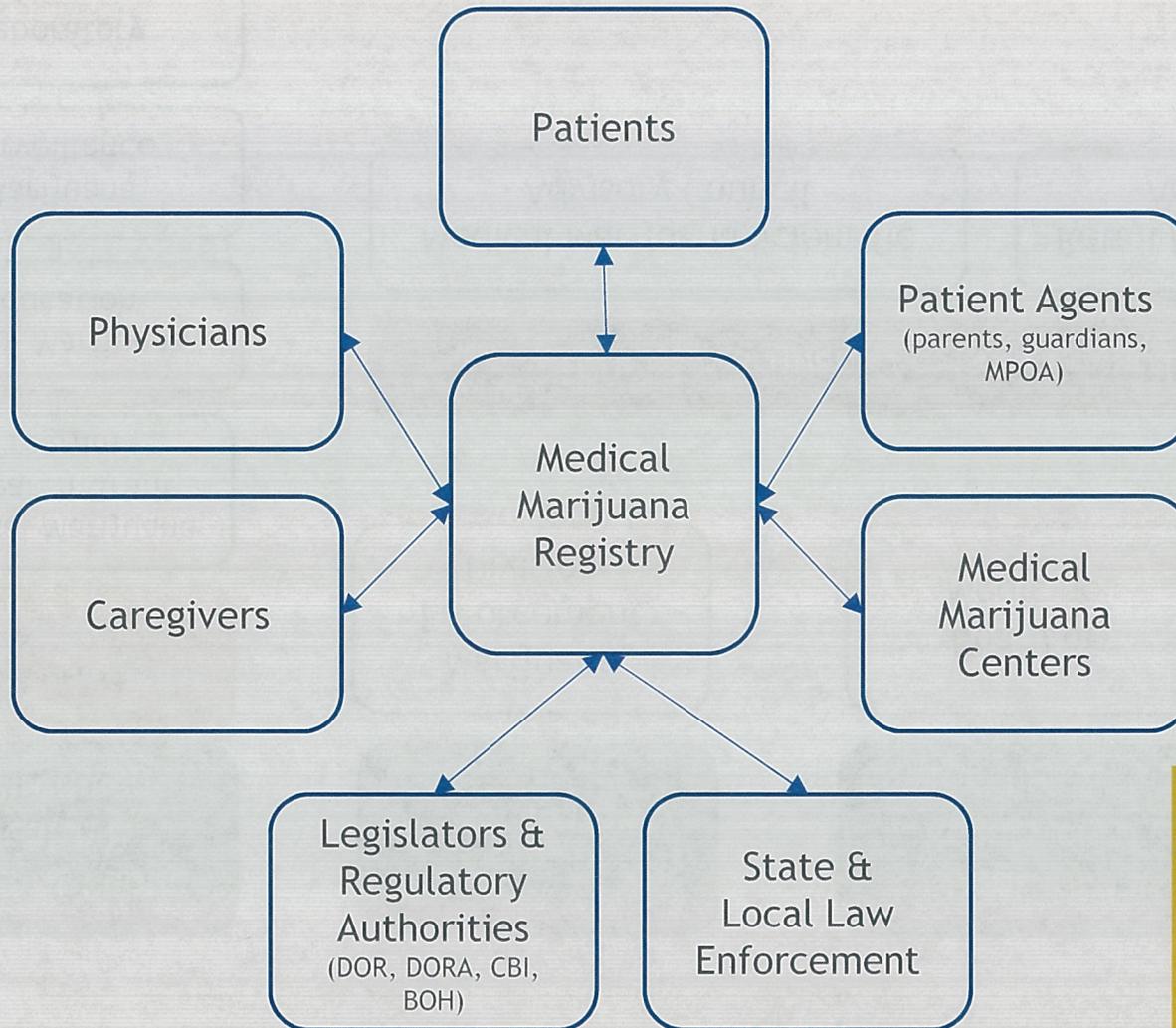
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Colorado Marijuana Industry



MMR Stakeholders



The Colorado constitution, mandates that the registry be a confidential database. Patient-specific data is NEVER shared with anyone other than the patient or physician, except as required for law enforcement purposes.

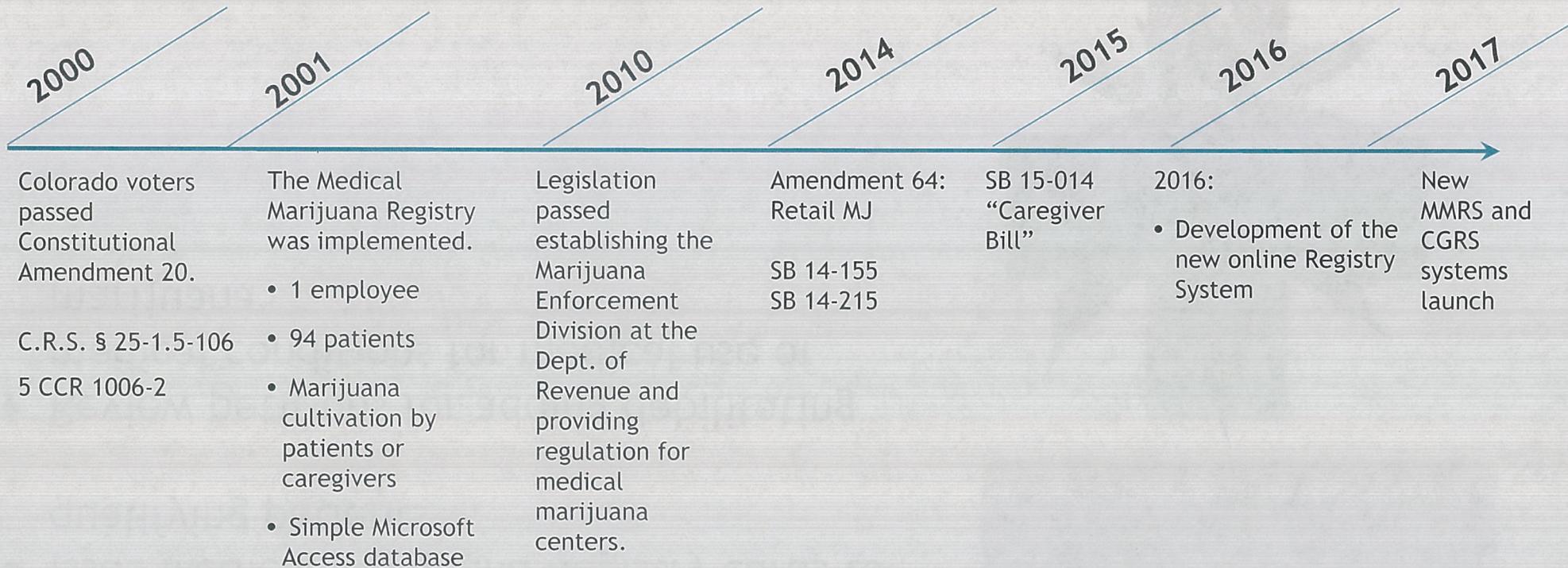


Medical Marijuana Registry Role

- Maintain confidential database of registered patients
- Issue Medical Marijuana Registry cards to qualifying patients
- Review petitions for adding debilitating medical conditions for medical use of marijuana



Program History

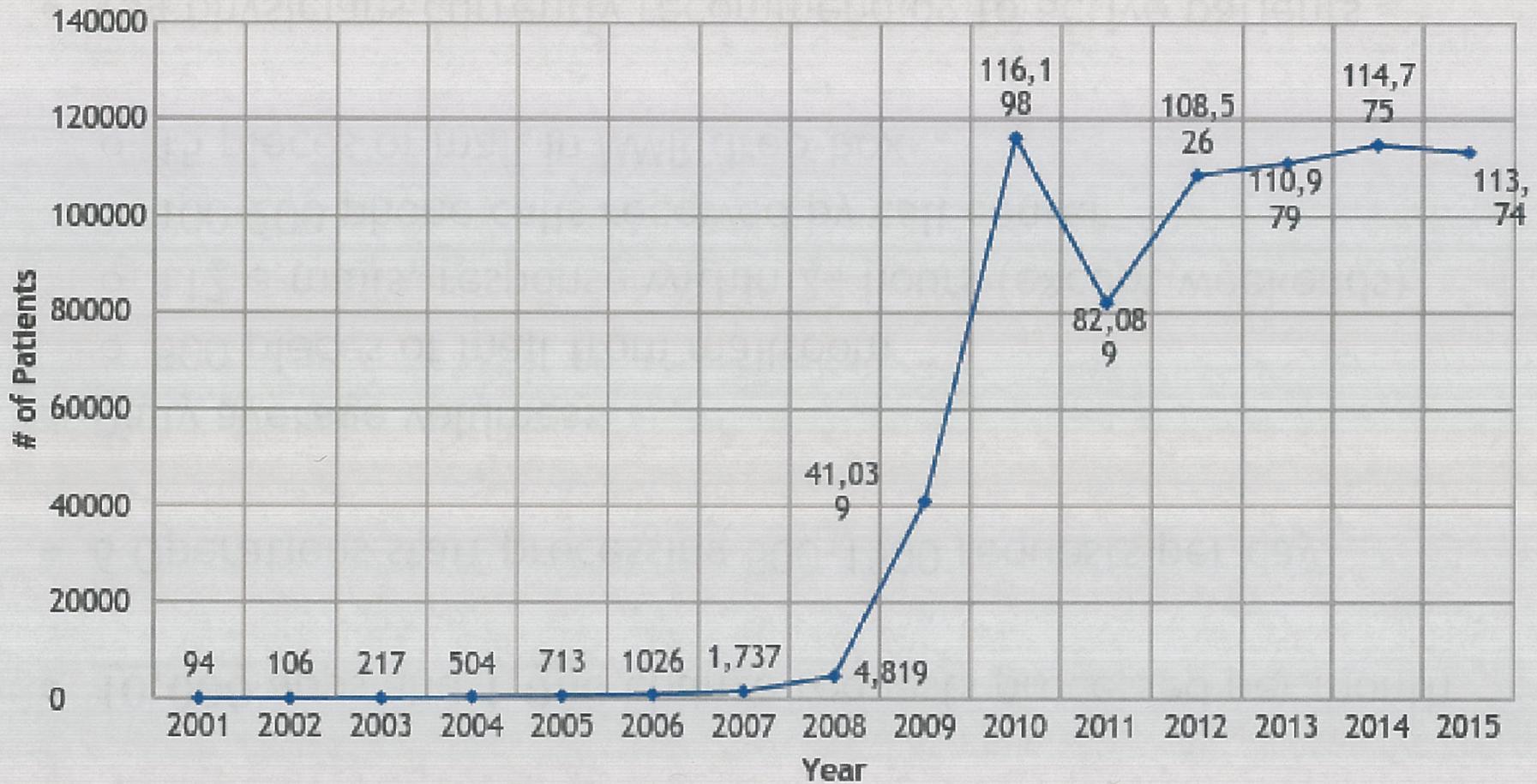


Registry Statistics July 2016

- 102,620 active patients
- 10,000 apps and 1,000 change requests processed per month
- 6 Operations staff processing 500-1500 requests per day
- Daily average volumes:
 - 500 pieces of mail from mailroom
 - 112 e-mails, response within 24 hours (except weekends)
 - 100-200 phone calls received by call center
 - 15 pieces of mail in MMR drop-box
- 154 physicians currently recommending to active patients



Active Patients by Year



2010 - Significant increase due to passage of HB-1284 and SB 10-109

2011 - Data reflects application processing backlog

2012 - Elimination of backlog, steady incline continued

2014 - Retail MJ, patient numbers continue to increase



The Registration Process



Step 1:
Patient is examined by a Colorado licensed M.D. or D.O. in good standing. After physical exam, physician completes "Physician Certification Form"



Step 2:
Patient completes the application



Step 3:
Patient mails:
a) completed application form,
b) physician certification form,
c) caregiver acknowledgement form (if applicable),
d) a copy of their Colorado ID or approved residency/ID docs,
e) and \$15 processing fee to the Registry by certified mail.



Step 4:
Paperwork is evaluated.

All funds received by the Registry are nonrefundable.

Check or money order are made payable to CDPHE.

Credit cards are not accepted at this time.



Approved



Rejected:
Payment is processed and reason for rejection is sent by mail to the patient.



Step 5:
Cards are printed and mailed standard first class to the address on the application.

Processing Time:

Current processing times are updated daily on our website: www.colorado.gov/pacific/cdphe/medicalmarijuana

As of July 2016, the Registry is processing applications within 15 business days of receipt.



Legal Process

Denials - Per Colorado Board of Health Regulations, the Department may deny an application for circumstances such as altered documentation, Non-Colorado Resident, non-compliance with Registry requirements.

Card Revocations - Per Colorado Statute, the Department must revoke medical marijuana cards from patients when:

- A patient has been convicted of a drug related offense
- A physician has revoked their signature on a patient's physician certification
- A patient has violated the provisions of the Constitution or Statute



Legal Process (cont)

- Denied applications, revoked and voided cards are posted to our website and shared with Law Enforcement and Centers using unique identifier (card #)
- Denied patients may not reapply for six months.
- Revoked patients may not reapply for one year.

Appeals - Per Colorado State Statute, patients have the right to appeal the Department's decision to deny their application or revoke their Registry Identification Card.

- If a patient chooses to appeal, they must request it in writing within 30 days of the postmark on the notice.
- A hearing is then scheduled before Colorado's Administrative Courts



Confidentiality of Protected Health Information (PHI)

- Application process is **PATIENT** driven
- We ensure that all PHI is secure and confidential.
- ALL requests must be submitted by the patient.
- New and Renewal Applications must be sent via mail.
- Updates, corrections and questions about application status can be submitted via email.
- The registry requires the following information from the patient before processing ALL requests: **Reason for Request, First and Last Name, DOB, SSN.**
- Applications mailed in by anyone other than the patient are rejected (except if patient has a Medical Power of Attorney).



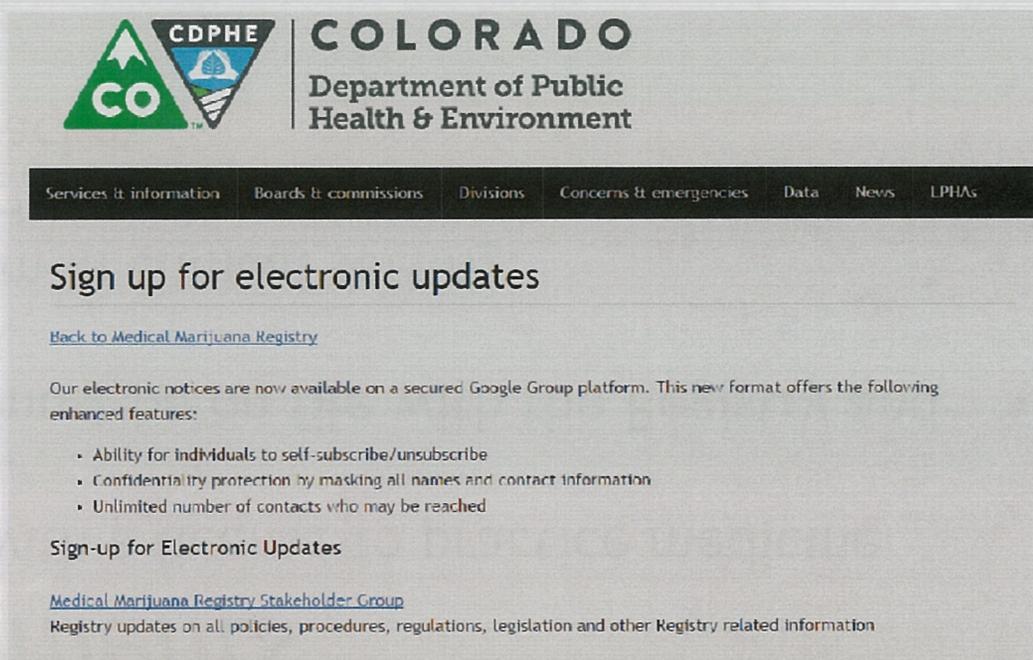
Physician Requirements

- M.D. or D.O. in good standing with a license to practice medicine issued by the state of Colorado.
- Current DEA certificate which must be on file with the Registry and issued to prescribe in Colorado.
- Conduct in person physical exam in clinical setting.
- Complete a [physician certification](#) and provide to the patient to submit with their application packet.



Process Improvement

- 2014-15 Process Improvement Initiative resulted in faster processing time, simplified forms, access to systems like the DMV to assist with identity and residency verification
- Improvements to website to better address stakeholder needs and customer service
- All resources available on our website, via e-mail and our call center
- Listserv to share program information - all participants must sign up voluntarily



The screenshot shows the Colorado Department of Public Health & Environment website. The header includes the CDPHE logo and the text "COLORADO Department of Public Health & Environment". A navigation bar contains links for "Services & information", "Boards & commissions", "Divisions", "Concerns & emergencies", "Data", "News", and "LPHAs". The main content area is titled "Sign up for electronic updates" and includes a link "Back to Medical Marijuana Registry". Below this, it states: "Our electronic notices are now available on a secured Google Group platform. This new format offers the following enhanced features:" followed by a bulleted list: "Ability for individuals to self-subscribe/unsubscribe", "Confidentiality protection by masking all names and contact information", and "Unlimited number of contacts who may be reached". At the bottom, there is a link "Medical Marijuana Registry Stakeholder Group" and the text "Registry updates on all policies, procedures, regulations, legislation and other Registry related information".





Future State New Online Medical Marijuana Registry System (MMRS)

MMRS System Timeline

Spring-Summer 2016: System Under Development

Summer-Fall 2016: System Testing

Communication

Stakeholder

Fall 2016:

System Pilot

Stakeholder Training

January 1, 2017:

Go Live



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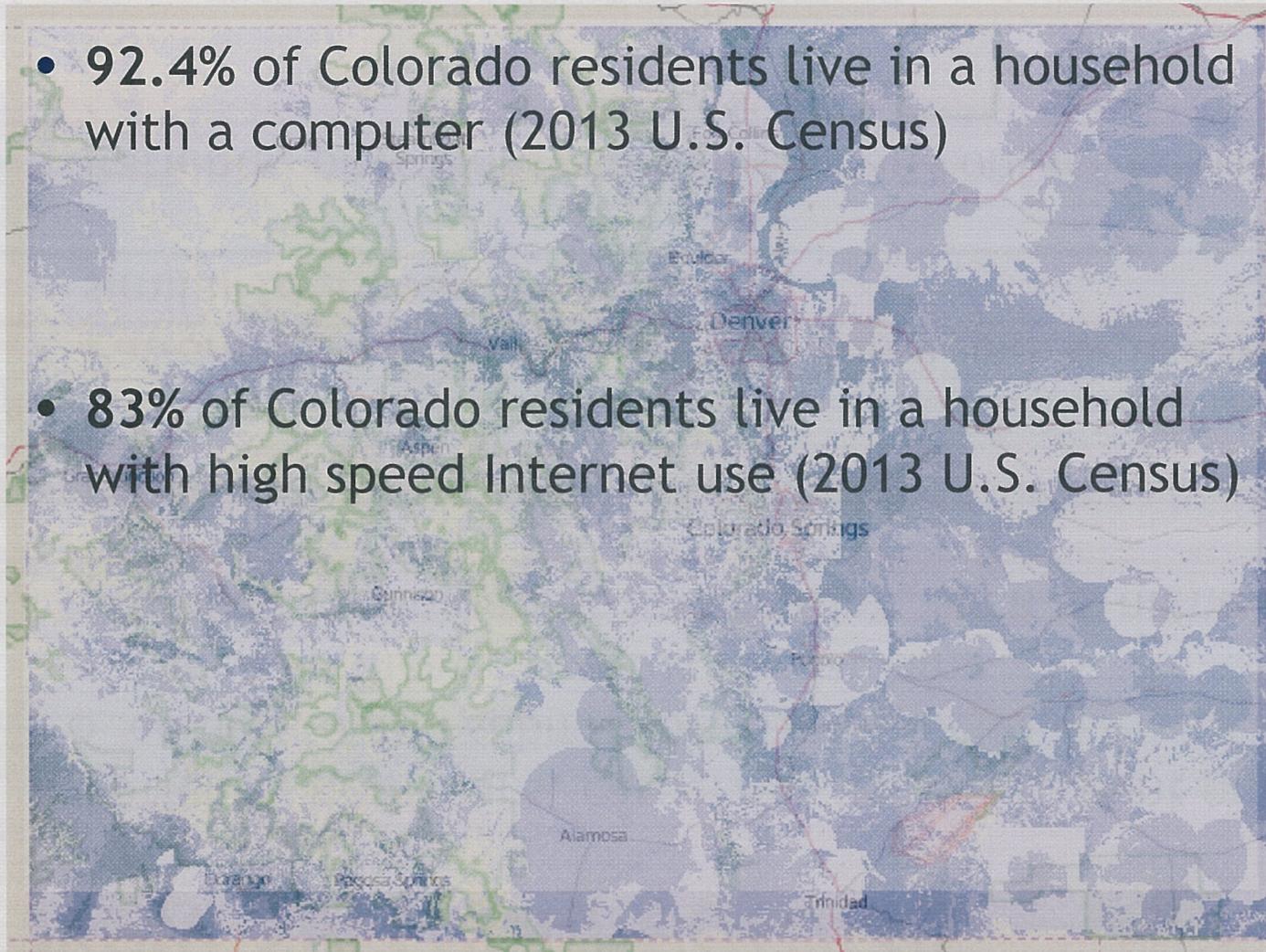
New System Features

- Patients, physicians, caregivers access account online:
 - complete and submit forms online
 - check application status in real-time
 - update demographic information, such as name and address
- Online credit card payment capability
- Patients can print own card at home and/or use mobile device, similar to a boarding pass
- Patients, physicians, caregivers can contact Registry personnel online



Access to Internet

- 92.4% of Colorado residents live in a household with a computer (2013 U.S. Census)
- 83% of Colorado residents live in a household with high speed Internet use (2013 U.S. Census)



<http://www.oit.state.co.us/strategy/broadband>



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Security & Confidentiality

- Built in security features ensuring data remains confidential
- Similar to movement toward Electronic Health Records (EHR)
- Complies with the Governor's Office of Information Technology privacy and security requirements
- Adheres to strict Protected Health Information (PHI) requirements and system vendor is HIPAA compliant



What to Expect: Physician Registration and Account Access

COLORADO Medical Marijuana Registry
Department of Public Health & Environment

Security Policy
This is a Government computer system and is intended for official and other authorized use only. Unauthorized access or use of the system may subject violators to administrative action, civil, and/or criminal prosecution under the Criminal Code Title 18 C.R.C. 3030.
All info on this computer system may be monitored, intercepted, recorded, read, copied, or captured and disclosed by and to authorized personnel for official purposes, including criminal prosecution. You have no expectations of privacy regarding monitoring of this system.
Any willful or unauthorized use of this computer system signifies consent to and compliance with agency policies and their terms.

Email Address:

First Name:

Last Name:

Username:

License Number:

License Expiration Date:

DEA Certification Number:

DEA Certification Expiration Date:

Please create a 4-digit PIN number. This number should be unique to you, and will be used to verify that you are the Physician Certifier.
PIN Number:

Address:

Appt/Sch#

City:

State:

Zip:

Phone:

DEA Certification File: No file chosen

Registrar Type:

[My Account](#) [Sign Out](#) [Help](#)

HOME **TRACKING INBOX**

Tracking Inbox » Physician »

Physician | Address | Phone | Certification | Physician Notifications

Physician Status Active

First Name: R

Middle Initial:

Last Name: R

Email Address:

License Number: R

License Expiration Date:

DEA Certification File: [Replace] R

DEA Certification Number:

DEA Certification Expiration Date:

Created By: ADMINISTRATOR, SYSTEM

Created Date: 04/11/2016 01:53 PM

Updated By: VALENZUELA, CHENNELLE

Updated Date: 04/11/2016 01:55 PM

What to Expect: Physician Certification Entry and Tracking

Physician Address Phone **Certification** Physician Notifications

Physician Certification Number

Patient SSN: 456-32-1987

Patient Last Name: Test

Patient First Name: Patient

Patient DOD: 01/14/1987

Date of Physical Exam: 04/01/2016

Homebound: Yes No

Medical Condition:

- Cancer
- Glaucoma
- HIV or AIDS Positive
- Cachexia
- Severe Nausea
- Seizures
- Persistent Muscle Spasms
- Severe Pain

Etiology: Degenerative disk disease

Etiology Unknown: Yes No

Plant Count: Standard Amount 0 plants/2 ounces

Certification Status: Active

Amended Date:

I hereby certify that I am a physician duly licensed in good standing to practice medicine in Colorado. I have a bona fide physician-patient relationship with the above-named patient in compliance with state statutes. I have assessed this patient's medical history and current medical condition. I conclude that this patient may benefit from the medical use of marijuana. I do not have a financial interest related to a medical marijuana center. This assessment is not a prescription for the use of marijuana. In the event that I revoke this certification, I hereby certify that I no longer provide medical or care giving services to the above listed patient.

Physician Signature: Physician Test

Created By: Created Date: Updated By: Updated Date:

Save

HOME **TRACKING INBOX**

Tracking Inbox > Physician > Certification Listing

Physician Address Phone **Certification** Physician Notifications

Assignment: Physician

+ New Print CSV

Physician Certification Number	Patient SSN	Patient Last Name	Patient First Name	Patient DOB	Date of Physical Exam	Homebound	Medical Condition	Etiology	Etiology Unknown	Plant Count	Increased Amount Plants	Increased Amount Ounces	Increased Amount Reason	Physician Signature	Signature Date	Certification Status	Amended Date
PC 2016 00026	456 32 1987	Test	Patient	01/14/1987	04/01/2015	Yes	Severe Pain	Degenerative disk disease	Yes	Standard Amount 6 plants/2 ounces				Physician Test		Active	
PC 2016 00027	147 85 2966	Test	Patient2	01/01/1968	04/01/2015	No	Seizures	n/a	No	Increased Amount	6	4	Increased seizures	Physician Test		Active	

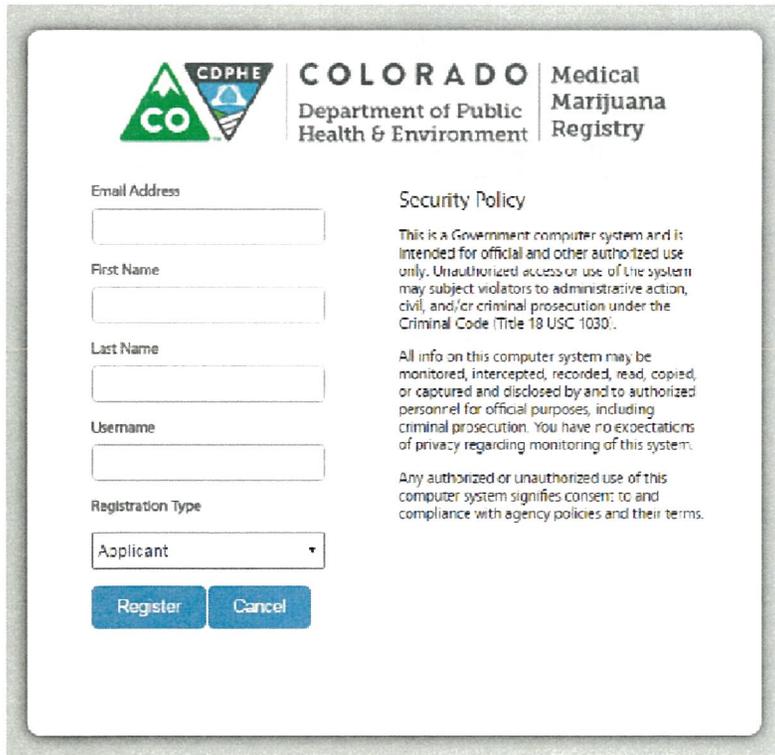
What to Expect: Physician Amend Certification and Revoke Patient

Etiology	Degenerative disk disease
Etiology Unknown	<input checked="" type="radio"/> Yes <input type="radio"/> No R
Plant Count	Standard Amount 6 plants/2 ounces R
Certification Status	Active R
Amended Date	
<i>I hereby certify that I am a physician duly licensed in good standing to practice medicine in Colorado. I have a bona fide physician-patient relationship with the above-named patient in compliance with the rules of the Colorado Board of Medical Examiners. I conclude that this patient may benefit from the medical use of marijuana. I do not have a financial interest related to a medical marijuana center. This assessment is not a prescription for the patient to obtain medical marijuana. I will provide medical or care giving services to the above listed patient.</i>	
Physician Signature	Physician Test R
Created By	TEST, PHYSICIAN
Created Date	04/11/2016 02:10 PM
Updated By	
Updated Date	
<input type="button" value="Edit"/> <input type="button" value="Save"/>	

Etiology	Degenerative disk disease
Etiology Unknown	<input checked="" type="radio"/> Yes <input type="radio"/> No R
Plant Count	Standard Amount 6 plants/2 ounces R
Certification Status	Active R
Amended Date	
<i>I hereby certify that I am a physician duly licensed in good standing to practice medicine in Colorado. I have a bona fide physician-patient relationship with the above-named patient in compliance with the rules of the Colorado Board of Medical Examiners. I conclude that this patient may benefit from the medical use of marijuana. I do not have a financial interest related to a medical marijuana center. This assessment is not a prescription for the patient to obtain medical marijuana. I will provide medical or care giving services to the above listed patient.</i>	
Physician Signature	<input type="text"/> R
Created By	TEST, PHYSICIAN
Created Date	04/11/2016 02:10 PM
Updated By	
Updated Date	
<input type="button" value="Save"/>	



What to Expect: Patient Registration and Account Access



 **COLORADO** Medical Marijuana Registry
Department of Public Health & Environment

Email Address

First Name

Last Name

Username

Registration Type
Applicant

Security Policy

This is a Government computer system and is intended for official and other authorized use only. Unauthorized access or use of this system may subject violators to administrative action, civil, and/or criminal prosecution under the Criminal Code (Title 18 USC 1030).

All info on this computer system may be monitored, intercepted, recorded, read, copied, or captured and disclosed by and to authorized personnel for official purposes, including criminal prosecution. You have no expectations of privacy regarding monitoring of this system.

Any authorized or unauthorized use of this computer system signifies consent to and compliance with agency policies and their terms.

[My Account](#) [Sign Out](#) [Help](#)

HOME TRACKING INBOX

[Home](#) »

Welcome Patient

SYSTEM DASHBOARD MESSAGE

- Welcome to the Medical Marijuana Registry for the state of Colorado.
- To start a new Patient Registration, click on "New" under "Tracking Inbox: Patient Registration"
- To update or renew an existing application, click on the patient name below under "Tracking Inbox: Patient Registration"

 **Tracking Inbox : Patient Registration** All Assignments 

▶ No Patient Registration objects found for this filter

 [New Patient Registration](#)

- I WANT TO...

- Change My Contact Information: <http://www.google.com>
- Change My Caregiver: <http://www.google.com>
- Change My Name: <http://www.google.com>
- Request a Replacement Card: <http://www.google.com>
- Surrender My Card: <http://www.google.com>
- MicroPact Website: <http://www.micropact.com/>
- Start a New Patient Registration Application: /etk-co-mmrs-dev/tracking_base/create_request.do?dataObjectKey=object.patientRegistration
- Google: <http://www.google.com>



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What to Expect: Patient Application

Application for Medical Marijuana Card

Application Type: 

Patient Information

First Name: 

MI:

Last Name: 

SSN: 

DOB:  (mm/dd/yyyy) 

Gender: 

Mailing Address: 

Apt./Suite#:

City: 

County: 

State: 

Zip: 

Email Address: 

Phone: 

Once you receive your registry card, will you have a medical marijuana center grow all (or a portion of) your medical marijuana plants? Yes No 

I hereby certify that I have verified the above information to be accurate and complete and no one other than myself is submitting this request on my behalf.
Applicant Signature (type your full name): 

Created By
Created Date
Updated By
Updated Date

Save

What to Expect: Patient Attachment of Physician Certification

Please attach your Physician Certification to your application below:

- Only Physician Certifications uploaded by your physician will be available
- Only active certifications matching your patient information will be available
- Physician Certifications used for prior applications may not be used

To attach your Physician Certification:

- Select your Physician Certification from the "Physician Certification Number" field
- Your Physician Certification information will load
- Click "Save" to attach the Certification to your application.

Physician Certification Number	<input type="text" value="PC-2016 000028"/>
Date of Last Exam	04/01/2016
In your opinion, is this patient homebound?	Yes
The patient has been diagnosed with and is currently undergoing treatment or the condition produces one or more of the following which in the physician's professional opinion, may be alleviated by the medical use of marijuana	
Chronic, debilitating medical condition:	Severe Pain
Etiology	Degenerative disk disease
Etiology Unknown	Yes
Plant Count	Standard Amount 6 plants/7 ounces
Increased Plant Amount, if Applicable	0
Increased Doses, if Applicable	0
Reason for Increased Plant Count, if Applicable	
Physician License Number	DR-12345678907
Physician Last Name	Test
Physician First Name	Physician
Physician Address	1234 Main Street
Physician City	Westminster
Physician State	CO
Physician Zip	80000
Physician Phone	7202732871
Physician Email	physiciantest@state.co.us
Physician Signature	Physician Test
Certification Status	Active
Amended Date	
Created By	
Created Date	
Updated By	
Updated Date	

Save



What to Expect: Patient Payment or Fee Waiver Request

[My Account](#) [Sign Out](#) [Help](#)

HOME TRACKING INBOX

Tracking Inbox » Patient Registration » New Payments »

Patient Registration Physician Certification Payments Patient Notifications

Submit Payment...

Please allow popups from this site so that the payments window can be shown. After finishing the payment processing please exit the window.

Payment Date	<input type="text" value="04/11/2018"/> <small>(mm/dd/yyyy)</small>
Payment Type	<input type="text"/>
Payment Amount	<input type="text"/>
Payment Number	<input type="text"/>
Date Processed	<input type="text" value="04/11/2018"/> <small>(mm/dd/yyyy)</small>
Payment Status	<input type="text"/>
Payment Approval Number	<input type="text"/>

Requesting Fee Waiver/Tax Exempt status

Fee Waiver/Tax-exempt status allows patients to:

1. Apply for a medical marijuana card without paying the application fee.
2. Purchase medical marijuana without paying Colorado sales taxes.

You may qualify for a fee waiver if your household income is 185% of the Federal Poverty Level* or less. The hyperlink below indicates the annual adjusted household incomes that qualify.

<https://aspe.hhs.gov/poverty-guidelines>

*Poverty guidelines are updated periodically in the Federal Register by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2). **

Fee Waiver	<input checked="" type="radio"/> Yes <input type="radio"/> No
Certified CO Tax Return	<input type="text"/> <input type="button" value="Browse"/>
Adjusted Gross Income	<input type="text"/>
Family Members in Household	<input type="text"/>

Created By
Created Date
Updated By
Updated Date



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What to Expect: Patient Application Tracking and Approval

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HOME TRACKING INBOX

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Your Application Status (Patient Test)



Tracking Inbox: Patient Registration

All Assignments

Status	Last Name	First Name	DOD	SSN	Email Address	Application Type	Submit Type
Pending Staff Review	Test	Patient	01/14/1957	456-32-1987	patienttest@state.co.us	I am applying for myself	Online

+ New Patient Registration

[My Account](#) [Sign Out](#) [Help](#)

CO-MMRS 0.8.2 - PatientTest (Applicant)

HOME TRACKING INBOX

[Tracking Inbox](#) » [Patient Registration](#) » [Patient Notifications Listing](#) » [Patient Notifications](#) »

Patient Notifications

Subject Your MMRS Patient Application Has Been Approved

Message Your Medical Marijuana Registration Application has been approved, and a new Medical Marijuana Card will be issued to the address specified in your application. Your registration will be valid for one year from the date your card is issued.

Assignment: Applicant

[Printer Friendly Format](#)

Attachment 1

Attachment 2

Attachment 3

Attached System Letters



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MMR Contact Information

Natalie Riggins
Medical Marijuana Registry Branch Chief
natalie.riggins@state.co.us

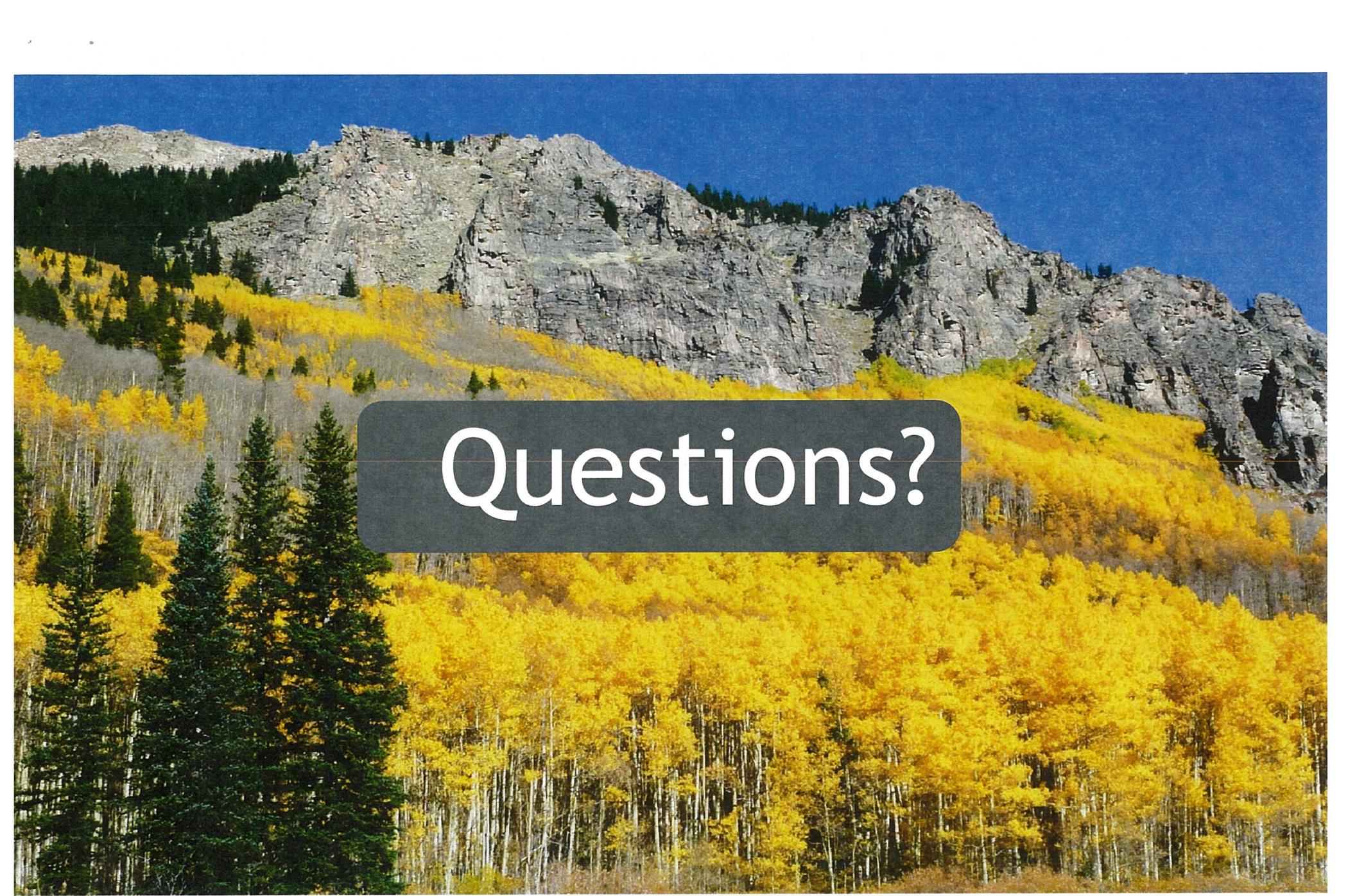
Yonette Hintzen-Schmidt
Medical Marijuana Program Support Manager
yonette.hintzen@state.co.us

Registry Email:
medical.marijuana@state.co.us

Website:
www.colorado.gov/cdphe/medicalmarijuana



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Questions?



