

1 **DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT**

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

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5 **MEDICAL USE OF MARIJUANA**

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7 **5 CCR 1006-2**

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

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12 A. ~~The department shall provide each applicant with information concerning the medical use~~
13 ~~of marijuana program.~~ **APPLICATION FEE.** The department shall collect ninety dollars
14 from each applicant at the time of application to pay for the direct and indirect costs to
15 administer the medical use of marijuana program, **UNLESS THE APPLICANT MEETS**
16 **THE CRITERIA SET FORTH IN SECTION (B) OF THIS REGULATION (7)**
17 **ESTABLISHING INDIGENCY.** Such fee shall not be refundable to the applicant if the
18 application is denied or revoked or if the patient no longer has a debilitating medical
19 condition. The amount of the fee shall be evaluated annually by the department, and the
20 department shall propose modifications to the board, as appropriate. If the patient
21 provides updated information at any time during the effective period of the registry
22 identification card, the department shall not charge a fee to modify the registry
23 information concerning the patient.

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25 B. **INDIGENCY FEE WAIVER.** ANY INDIVIDUAL SUBMITTING AN APPLICATION FOR
26 **THE REGISTRY MAY REQUEST AN INDIGENCY FEE WAIVER IF HE OR SHE IS**
27 **ELIGIBLE FOR AND RECEIVES ANY OF THE FOLLOWING FEDERAL AND/OR**
28 **STATE BENEFITS AT THE TIME OF APPLICATION:**

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30 1. **SUPPLEMENTAL SECURITY INCOME (SSI) BENEFITS;**
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32 2. **FOOD ASSISTANCE; OR**
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34 3. **COLORADO MEDICAID BENEFITS.**

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36 C. **PROCEDURES TO REQUEST AN INDIGENCY FEE WAIVER.** AN APPLICANT WHO
37 **MEETS THE CRITERIA FOR AN INDIGENCY FEE WAIVER MAY REQUEST ON THE**
38 **APPLICATION AN INDIGENCY FEE WAIVER AND SUBMIT THE REGISTRY**
39 **APPLICATION TO THE DEPARTMENT WITHOUT AN APPLICATION FEE. FAILURE**
40 **TO PROVIDE EVIDENCE OF CURRENT RECEIPT OF BENEFITS AS DESCRIBED IN**
41 **THIS PARAGRAPH (C) SHALL RESULT IN A DENIAL OF THE PENDING INDIGENCY**
42 **FEE WAIVER REQUEST.**

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44 1. **TO QUALIFY FOR AN INDIGENCY FEE WAIVER ON THE BASIS OF**
45 **CURRENT RECEIPT OF SSI BENEFITS, AN APPLICANT SHALL PROVIDE**
46 **THE DEPARTMENT WITH A COPY OF HIS OR HER CURRENT MONTHLY**
47 **SSI BENEFIT CARD, SHOWING DATES OF COVERAGE.**
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49 2. **TO QUALIFY FOR INDIGENCY FEE WAIVER ON THE BASIS OF RECEIPT OF**
50 **CURRENT FOOD STAMPS BENEFITS, AN APPLICANT SHALL PROVIDE A**
51 **CURRENT COPY OF HIS OR HER FOOD STAMP BENEFIT IDENTIFICATION**
52 **CARD.**

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3. TO QUALIFY FOR AN INDIGENCY FEE WAIVER ON THE BASIS OF CURRENT ELIGIBILITY FOR COLORADO MEDICAID BENEFITS, AN APPLICANT SHALL PROVIDE A COPY OF THE APPLICANT'S CURRENT ELIGIBILITY STATEMENT.

D. NOTIFICATION OF INDIGENT STATUS. INDIVIDUALS WHO MEET THE INDIGENCY STANDARD AFTER THEY HAVE BEEN APPROVED FOR THE MEDICAL MARIJUANA REGISTRY MAY COMPLETE A FORM, TO BE DETERMINED BY THE DEPARTMENT, NOTIFYING THE DEPARTMENT OF THEIR STATUS AND SUPPLYING THE DOCUMENTATION AS DESCRIBED IN PARAGRAPH C OF THIS REGULATION. UPON RECEIPT AND CONFIRMATION OF THE INFORMATION, THE DEPARTMENT SHALL ISSUE A NEW MEDICAL MARIJUANA REGISTRY CARD NOTING SAID INDIGENT STATUS FOR TAX EXEMPTION PURPOSES.