

The Honorable Representative Joann Ginal, Chair
House Committee on Health, Insurance and Environment
State Capitol, Room 0107
Denver, CO 80203

April 5, 2018

Re: HB 1263 – Adding Autism Spectrum Disorder and Acute Pain to List of Disabling Conditions for Medical Marijuana Use

Dear Madam Chair and Members of the Committee:

On behalf of American Academy of Pediatrics Colorado Chapter, Children's Hospital Colorado, Colorado Academy of Family Physicians, Colorado American College of Emergency Physicians, Colorado Child and Adolescent Psychiatric Society, Colorado Medical Society, Colorado Psychiatric Society, Colorado Society of Osteopathic Medicine and Denver Health, we respectfully request your opposition today to House Bill 1263, regarding medical marijuana use for autism spectrum disorder (ASD) and acute pain. Our concerns with this legislation, outlined below, fall into two categories: process and policy.

Regarding process, our utmost concern is that the changes outlined in HB 18-1263 circumvent the voter-approved process defined by our state Constitution for adding new conditions approved for medical marijuana use. Section 14 of Article XVIII of the Colorado Constitution lists a range of debilitating medical conditions approved for medical marijuana use. Language in this section adds the following to the definition of debilitating medical conditions approved for medical marijuana use: *(III) Any other medical condition, or treatment for such condition, approved by the state health agency, pursuant to its rule making authority or its approval of any petition submitted by a patient or physician as provided in this section.*

Colorado Department of Public Health and Environment (the Department) rules (5 CCR 1006-2) clearly define the process for a physician or patient petition to add a disabling condition, including direction and a timeline for the Department to review the petition, conduct a search of peer-reviewed published medical literature to support the petition request and present findings. It concerns us that the conditions outlined in HB 18-1263, acute pain and autism spectrum disorder, have never gone through the petition process for scientific review at the Department, as voters expected would happen when they approved medical marijuana at the ballot.

In terms of our policy concerns, first and foremost, the science surrounding marijuana exposure to the developing brain demonstrates that marijuana is harmful to attention, cognition, executive control, memory, problem-solving and more. While this evidence base pertains to adolescent brain development in particular, it is possible that even younger children could be at risk for suboptimal brain development. This concerns us, given that if this bill were to pass, marijuana would be available to youth with autism spectrum disorder. Further, there are currently no peer-reviewed published human studies with a focus on children with autism spectrum disorder and medical marijuana use. We wholeheartedly support research to assess the efficacy of cannabis as a treatment modality for autism spectrum disorder. However, by adding autism spectrum disorder at this time to the list of conditions approved for medical marijuana use, HB18-1263 forgoes standard medical protocol of proof of efficacy when exposing children to a new substance.

Furthermore, autism spectrum disorder is a developmental disorder, and evidence shows us that the best treatments include early intervention, behavioral therapy and other therapies such as speech, occupational and physical therapy. Traditional or alternative medications are not the clinically preferred

method of treatment, and reliance on these approaches at the expense of evidence-based therapies will lead to worse developmental outcomes for these children, their families and taxpayers.

Our primary concern with adding acute pain is that it typically lasts less than three months, or is pain that is directly related to soft tissue damage such as a sprained ankle. The short-term duration of acute pain could mean the process of applying for the medical marijuana registry may exceed the episode of acute pain. Per Department rules (5-CCR 1006-2), the Department must review and process a patient's application for a medical marijuana card within 35 days. In this timeframe, the symptoms of acute pain are likely to resolve, making it unnecessary to carry a medical marijuana card.

As compassionate caregivers, we empathize with patients and families who are looking to complementary and alternative treatments for relief. We fully support research in these areas to determine the viability, benefits and risks of cannabis products as a treatment modality. As medical professionals who use peer-reviewed, evidence-based data to evaluate, diagnose and treat patients, we cannot support HB18-1263, as it lacks demonstrated benefit and low risk of harm for children and youth with autism spectrum disorder or acute pain. Thank you for the opportunity to comment on this proposed legislation, and please do not hesitate to contact us if you have any questions regarding our opposition to it.

Sincerely,

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