

Sen. :

I am Autumn Brooks, a former medical marijuana (cannabis) patient (technically) and a parent to a 14-year old former medical marijuana patient. I am writing to you today to expand on my testimony I will give during the committee hearing concerning SB23-081. I know this email is a bit longer than you would like, but I humbly ask that you read to the end. Attached is a visual refresher/introduction of my son, Raven's journey as he is one of the 32% of pediatric patients that have lost access to their medical cannabis. After all, he is the reason I got into the legislative sphere.

I have several diagnoses that I treat with cannabis. Most notably it treats my pain as a result of these conditions. The most visible side effect is that I lost an entire person in weight (attached). Other side effects I have include better concentration and focus, as well as better comprehension. My depression also seems to be managed better, along with my migraines.

I mentioned that I am technically a former medical marijuana patient. Is it no longer cost effective enough for me to be a patient vs a recreational consumer. Though my consumption is still therapeutic, and I have my PCP's blessing to continue to treat myself. Unfortunately, the prices to see a recommending physician have skyrocketed resulting in it being more feasible for me to utilize the recreation side alone and to depend on the kindness of others for my flares. Current daily amounts do not allow me to stock up for flares and I cannot just leave my home when I am in a flare.

Raven has ASD, ADHD, IED and a slew of other acronym diagnoses I have come to know as alphabet soup. Just before prices went up we could barely afford the rates for Raven's doctors and medicine. Unfortunately, his renewal period happened after the rate hike. Sadly, this meant his medical card was out of reach for renewal. Our family went fearing for our lives, as well as his (due to Raven), on a daily basis; to something that resembled a more normal existence; to fearing Raven once again. All of this in a matter of 2 years.

We started off never knowing what or when something would set him off, if he would once again try to end his own life or ours when he lost control. The first time Raven split my lip he was 2-years old. What set him off? A request for him to take a nap. Raven was twelve the last time my life was threatened by him. One of the most memorable times was just before adding autism as a qualifying condition was passed. What set Raven off? I asked him to get the broom so the floor in his room could be swept. For whatever reason he spiraled and by the time he got back, the broom became a weapon. I was able to realize this and ducked out of the way just in time for him to swing. Raven would have hit me in the head if I hadn't moved, but he hit the desk instead.

Once Raven was able to utilize medical marijuana he was thriving. We enjoyed a year and a half without new cuts and bruises on any of us, or holes in the walls, etc. caused by Raven. He stopped eloping and was able to start utilizing the tools we had been teaching for years to coup. He went from a D and F student to the principal's honor roll list. Raven was 3 years behind academically prior to cannabis and not only did he catch up he excelled. Raven has goals and

for the first time in his then 13-year old life we all believe he can and will achieve them. One of the biggest things to happen for him may have been the bullies left him alone.

We felt that way, but then we lost access for Raven to his medical marijuana. Since then things have slowly been regressing. It started with his ticks. I mention this because that is what first drew his bullies back to tormenting him again. At this time he is failing his classes, and we are back in fear for him as we have seen a resurgence of most every negative behavior. Thus far Raven hasn't actually harmed anyone except himself (yes this includes suicide attempts, including ingesting chemicals), though he has come close. The assistant principal was the target. However, Raven thankfully was able to walk away before taking a swing with the foot boot for his already injured ankle. Yes, this means that potentially he could be a safety concern at school.

A few months ago, after he had recovered from a meltdown that put another hole in a wall, he apologized. However, Raven pleaded with me to just leave the room once he spirals. Raven told me he can't control himself when he is like that and doesn't want me to end up being a potential target. My heart has been breaking, as I am watching his own hope in himself drain and I can't do anything.

We worked to try to fill in the gaps. As we returned back to Raven's various specialists, or updated records, or obtained a new provider, etc. I have to go over this part of his journey. I watch the heartbreak happen in each provider. Some have seen the before, during, and after. They all keep telling me that they wish they could do more. When I mention the possibility of testifying I get told they cannot because it doesn't align with their business' policy and would cause them to lose their livelihood. If that happens, by helping one child, they could not continue on to help others. It's a bit ironic that they have seen what cannabis can do for Raven, but by saying anything under the gold dome they risk so much. How does one make that kind of request of someone? At the same time how do you explain to your teenager that what helped them before, we can't get to again. Not without relying on the kindness of others, but that is unreliable and unsustainable as right now the funding is hard to find. Let alone finding a pediatric recommending physician taking new patients, as that is what Raven is now.

I also keep hearing, "why don't you just treat him and not tell anyone?" I would ignore the law if it weren't for the fact that the risk is far higher for us than a lot of other families in the state. My county is like Cheers and everybody knows your name. Its population is less than 1.5% of the City of Denver's. Not only do we know everyone, most everyone knows what everyone is doing. It is tough to be involved with public service and hide anything. The risk of losing my son is too great for that.

Finally, I am also attaching a one pager that can be utilized to verify any information in this email and in the testimony I will give on Thursday. SB23-081 is not perfect, but it will help patients like us regain appropriate and safe access. Please give us back the hope we once had and vote yes SB23-081

Senate Health & Human Services

02/09/2023 01:30 PM

SB23-081 Access To Medical Marijuana

Typed Text of Testimony Submitted

Name, Position, Representing	Typed Text of Testimony
Lisa Stamm For themselves	<p data-bbox="565 373 773 411">Good afternoon,</p> <p data-bbox="565 449 1474 709">My name is Lisa Stamm and I am a resident of Idaho Springs. I am support of SB23-081 because it brings back some of the rights to medical cannabis patients. My son is a medical card holder. Living in a rural community, I have to travel to obtain my son's medicine. Traveling several times a month is not cost effective. Passing this bill will allow us to limit our travel while obtaining his medicine. Allowing tele-health visits will also be more cost effective.</p> <p data-bbox="565 747 1474 1003">Legislation in the past few years has reduced access to patients. Although not included in the bill, I would also stress that the cultivations laws need to be changed to increase the maximum limit of plants per household. Currently, state law allows only up to 12 plants in a household. If their is more than one medical patient, that is not enough medicine. I would encourage the committee to research this matter for future legislation.</p>

February 15, 2023

Dear Esteemed Members of the Colorado Legislature:

My name is Katherine Golden. I am writing to you regarding SB23-081 - Access To Medical Marijuana. I want to take this important opportunity to ask you to support this critical piece of legislation.

Over the course of several years, **medical marijuana statutes have evolved** and consequently, there have been unintended consequences that ***severely limit patient access to medical marijuana***. This bill is critical to the health of the medicinal cannabis patient community, as it will expand patient access and protect recommending physicians.

I am a Registered Nurse and the Executive Director of the National nonprofit [Leaf411.org](https://leaf411.org). I am speaking today as the voice of your constituents who are asking for the same medical services available to them as they have with their primary care. We hear from predominately Coloradans seeking education on safe use and resources for low-income medical patients. Medical patients with physical challenges have felt the discrimination of not being allowed to have access to telemedicine services as they do with ***all*** of their primary medical care.

There is a myth circulating through the Capitol now that allowing the return of telemedicine for older adults and young children somehow “throws away” protections for young adults that the previous law introduced. It does not. SB23-081 **KEEPS THE GUARD-RAILS UP** for 18–20-year-old patients. Under SB23-081, 18–20-year-old patients continue to be **required** to see **two** cannabis clinicians **in-person** to obtain recommendations allowing them to apply for a medical marijuana card. The guard-rails are still firmly in place.

Please see notable facts below.

- There were 30% less recommending physicians by the end of 2022 than at the beginning of 2021.
- By November 2022, only 42% of registered recommending physicians were actively recommending medical cannabis to patients.
- There were 18% less medical marijuana patients by the end of 2022 than at the beginning of 2021, including a 32% decline in minor patients.

All of this can be attributed to the greater hurdles in place due to the requirement of in-person appointments which include the associated costs to obtain a recommendation like having access to a car, high gasoline prices, time needed to take off work for themselves, etc.

Thank you for your consideration and most importantly your support of the patient community.

Respectfully,

Katherine Golden, RN

Katherine Golden, RN

Thank you Madam Chair, Madam Vice Chair and members of the esteemed Committee for the opportunity to speak here today:

I am Autumn Brooks, technically a former cannabis patient and a parent of a 14-year old autistic child who is also a former cannabis patient. I sent you all an email describing our family's plight. I am here in support of SB23-081. It isn't perfect and won't fix every issue we patients have, but it is a start.

By coming down here in person I am risking death. You see, I have several conditions that compromise my immune system. Due to more recent unknown health challenges I have been told I need to stay away from public gathering spaces, doctors offices, etc. as I cannot receive the COVID vaccine (or any others) until tests say it is safe. I got covid a year ago. Despite being fully vaccinated I ended up with covid bronchitis for over a month and a half. I am also now a long-covid patient. If I get COVID again while not protected I will not survive. Yet here I am.

Due to several legislative changes we have 58% fewer recommending doctors, patients are struggling just to find a doctor taking new patients. Adding telehealth will alleviate the demand of need vs availability, as well as decrease risk to patients like me. Since telehealth has minimal overhead, costs for visiting a recommending doctor will also decrease. Changing the wording of what a recommendation entails will attract recommending doctors back, also relieving the number of patients currently without access.

Right now, I can go to the pharmacy and get a full month's supply of my son, Raven's meth. Oh sorry Adderall. However, if Raven were still a patient I would have to use a ¼ tank of fuel just to purchase a few days worth of his cannabis-based medicine at a time. I am not doing either right now because Raven is refusing to go back on his Adderall. Raven says that yes Adderall does speed up his brain, but with being bombarded with input all the time he still has a hard time processing. Raven says cannabis calms his brain and allows him to process better. I remind you that Raven had access and then lost it. Raven went from no hope to hopeful, and is now losing hope again. Not having access is literally killing him, as you have seen in my email. I thank the people under the gold dome for once giving us hope. I am begging you to please give Raven his hope back. Please vote yes on SB23-081

Senate Health & Human Services
 02/16/2023 01:30 PM
 SB23-081 Access To Medical Marijuana
 Typed Text of Testimony Submitted

Name, Position, Representing	Typed Text of Testimony
<p>Maureen Dube-Savage MS RD For More Canna Care</p>	<p>As a Registered Dietitian who added Cannabis Therapeutics to my practice, I see a huge dis-service in our current laws that restrict medical patients to their medicine.</p> <p>I have heard from many patients that obtaining the right products and amounts to support their conditions has become: Cost prohibitive for med card, travel and products Demographically challenging to re-supply and obtain med card certifications Disrupts the progression of healing when therapeutic levels are not maintained.</p> <p>I have also heard from med card physicians that their: Autonomy to diagnose and treat conditions with plant based medicine has become over burdened to maintain their practice under these current requirements These clinician requirements are not standard practice in any other treatment modalities. Access for clinicians and patients to telemedicine has become a known very effective tool to provide access to CARE ANYWHERE. Allowing telemedicine is helping to remove this know social determinants of health by using TELEMEDICINE FOR ALL conditions and treatments, including medical cannabis.</p> <p>I URGE you support SB23-081 to Bring Colorado back to the best medical program that protects and supports patient’s rights to plant based medicine Re-instill the qualifications of competence to our board certified prescribing clinicians to support those who have found Cannabis as their effective form of medicine.</p> <p>Maureen Dube-Savage MS RD More Canna Care Cannabis and Nutrition for Wellness www.morecannacare.com</p>
<p>Jennifer Owen For themself</p>	<p>February 15, 2023</p> <p>Dear Committee Members :</p>

My name is Jennifer Owen. I am writing to you regarding SB23-081 - Access To Medical Marijuana. I want to take this important opportunity to ask you to support this critical piece of legislation.

Over the course of several years, medical marijuana statutes have evolved and consequently, there have been unintended consequences that severely limit patient access to medical marijuana. This bill is critical to the health of the medicinal cannabis patient community, as it will expand patient access and protect recommending physicians.

I have two diagnosis which are greatly improved by daily use of marijuana products. Approximately three years ago, I had to find a new prescribing physician because my former physician was no longer comfortable prescribing THC products. My new physician has since retired; I believe for the same reasons. One of the dispensaries that I was using has discontinued their medical sales. The other dispensary has a much smaller selection and has reduced their hours for medical. I was informed the other day that only 11 medical patients are currently registered with them. These two factors, I believe, are in direct response to revisions to Colorado's original medical law. I fully support reversing those restrictions to allow a more equitable law for medical patients. While it is not the issue at hand, I would also recommend that changes be made to protect patients who hold Medical Cards in their employment under rules similar to ADA.

Please see notable facts below.

- There were 30% less recommending physicians by the end of 2022 than at the beginning of 2021.
 - o Attributed to physicians no longer being comfortable in making medical marijuana recommendations.
- By November 2022, only 42% of registered recommending physicians were actively recommending medical cannabis to patients.
 - o Attributed to physicians no longer being comfortable in making medical marijuana recommendations.
- There were 18% less medical marijuana patients by the end of 2022 than at the beginning of 2021, including a 32% decline in minor patients.
 - o Attributed to lack of access to physician recommendations, greater hurdles, and costs to obtain a recommendation and historically low purchasing limits that do not meet the needs of medical patients.

Thank you for your consideration and most importantly your support of the patient community.

Respectfully,
Jennifer Owen