

Attachment B



SB21-056

Dean Bortell to: NinaForbes 03/31/2021 01:11 PM

3 Attachments



denialemail.txt Marijuana Administration Policy.pdf VA_Total_No_SSN.jpg

Representative Forbes,

My name is Dean Bortell and I am writing today to support SB 21-056. I urge you to vote for its passage. My 15-year old daughter, Alexis Bortell, has intractable epilepsy, which she was diagnosed with when she was 7 years old. Our family moved here from Texas to access medical cannabis therapy in 2015 after pharmaceutical-based therapies in Texas failed to stop her seizures. Thanks to medical cannabis, Alexis has thrived academically and medically in the 6 years that we have been living in Colorado. She has attended private Catholic Schools in Parker and Monument and was on the Honor Role at St. Peter in Monument. Both schools knew about her cannabis medications and allowed them to be stored on campus while she attended classes. They also agreed to administer her THC-based rescue medication in the event of a sudden and severe seizure.

However, upon entering high school, she has been unfairly prohibited from receiving a proper education because of her medical needs. After being denied in-person attendance at our local D38 Colorado High School and at a nearby Charter School that receives federal funding, she has been forced to attend school remotely for more than a year due to her medical cannabis treatment needs. The D38 school follows a school district cannabis policy that prohibits the storage of medical cannabis on school grounds as well as the administration of such medical cannabis by school personnel, even in the event of a life-threatening seizure. The school instead requires a parent or legal guardian to come to the school and administer the medication to students. This option is no option at all for Alexis because when she suffers from a severe seizure, she needs her rescue medication within minutes. Yet, if she had to rely on my wife Liza to come to the school to give her the medicine, she would likely die as it would take her at least 20 minutes (with no traffic) to get to the school from her job. In addition, I am a disabled military veteran who is unable to obtain a Colorado Driver's License due to military injuries and would, therefore, be entirely unable to get to Alexis's school. Consequently, Alexis is not able to attend in-person classes at the D38 school without risking death from a seizure.

Worse, because our home is on top of Monument Hill, where there are just two schools to which Alexis can apply (and both have already denied Alexis admission for in-person classes due to her medical cannabis treatment), we have no options to "school shop." So, Alexis may have to attend school remotely indefinitely in order to protect her health and well-being, but as we all have learned over this past year, remote learning is no substitute for an in-person education. Over the past year of remote learning, Alexis's grades have significantly declined, and she has been socially isolated and unable to make friends or develop relationships with peers or teachers during her freshman year of high school – one of the most formative years of social development for adolescents. Alexis and her legal team are now appealing the D38 school's decision to deny her medical cannabis accommodation request so that she may be able to attend school like any other Colorado student.

We don't know what the outcome of Alexis's appeal will be, and this bill may not ultimately help Alexis personally as it would not actually require our local school district to recruit volunteers to administer medical cannabis to students. However, because it will at least permit volunteers to administer medical cannabis on school grounds (and protect these volunteers

from discipline or retaliation for doing so), it will likely help other children in a similar situation reclaim more of their God-given liberties from the hands of government. For this reason, and for all of their futures, I strongly support it and hope you will too.

I am attaching the school denial email, the school cannabis policy provided to us, and my VA certification of disability.

If I can assist in any way, please feel free to contact me at this email address. If you provide a phone number and time to call, I will contact you via telephone.

Respectfully,

Dean Bortell
dean@oneluvorganics.com
972-757-8370

Hello Mr and Mrs Bortell,

Thank you for speaking with Annie and me today. I wanted to follow up with you regarding our district policy regarding administration of medical marijuana. I have attached the actual district policy for your reference. School staff cannot administer medical marijuana nor can we store the medication on the premises. Since Alexis uses the medical marijuana as a rescue treatment when she has a seizure, it is not likely either of you could get to the school in sufficient time to administer the medical marijuana.

We can and do hold other rescue medications (eg. midazolan) for students with seizure disorders. If you and your neurologist ever determine that a non-marijuana medication is used as Alexis's rescue treatment, we can hold and administer that type of medication.

Since Alexis will be accessing Online classes for this semester, you will need to fill out the Online School paperwork. Ashley Herebic can provide you the necessary documents.

Please let me know if you have any questions. Thank you again for speaking with us today. We wish you and Alexis the best of luck in the coming semester.

--

Sincerely,

Eric Purdy
Assistant Principal
Palmer Ridge High School
Phone - 719-867-8147
Fax - 719-867-8605

19255 Monument Hill Rd.
Monument, CO 80132

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Book	Board Policies
Section	Section J: Students
Title	Administration of Medical Marijuana to Qualified Students on School District Property
Code	JLCDB
Status	Active
Adopted	September 15, 2016
Last Revised	April 21, 2020

The Board strives to honor families' private medical decisions while ensuring a learning environment free of disruption. To accomplish these goals, the district restricts the administration of medications, including medical marijuana, during school hours unless administration cannot reasonably be accomplished outside of school hours.

Administration of medical marijuana to qualified students on district property shall be in accordance with this policy. Administration of all other prescription and nonprescription medications to students shall be in accordance with applicable law and the Board's policy concerning the administration of medications to students.

Definitions

For purposes of this policy, the following definitions shall apply:

1. "Designated location" means a location identified in writing by the school district in its sole discretion and may include a location on the grounds of the school in which the student is enrolled, upon a school bus in Colorado, or at a school-sponsored event in Colorado.
2. "Medical marijuana" means a cannabis product with a delta-9 tetrahydrocannabinol (THC) concentration greater than 0.3 percent.
3. "Permissible form of medical marijuana" means non-smokeable products such as oils, tinctures, edible products or lotions that can be administered and fully ingested or absorbed in a short period of time. Patches and other forms of administration that continue to deliver medical marijuana to a qualified student while at school shall not be permissible. Forms of medical marijuana not included in this definition may be proposed by the qualified student's primary caregiver to the superintendent, who may authorize such a request after consultation with appropriate medical personnel chosen by the district.
4. "Primary caregiver" means the qualified student's parent or legal guardian or other responsible adult over twenty-one years of age who is identified by the student's parent/guardian as the qualified student's primary caregiver. In no event shall another student be recognized as a primary caregiver. Any primary caregiver seeking access to school or district property, a school bus, or school-sponsored event for purposes of this policy must comply with the Board's policy and/or procedures concerning visitors to schools and all other applicable policies.
5. "Qualified student" means a student who holds a valid registration from the state of Colorado (license issued by the Colorado Department of Public Health and Environment) for the use of medical marijuana and for whom the administration of medical marijuana cannot reasonably be accomplished outside of school hours.

Permissible administration of medical marijuana to a qualified student

A qualified student's primary caregiver may administer a permissible form of medical marijuana to the student in a designated location if all of the following parameters are met:

1. The qualified student's parent/guardian provides the school with a copy of the student's valid registration from the state of Colorado authorizing the student to receive medical marijuana;
2. A written statement signed by the qualified student's parent/guardian must be on file which assumes all responsibility for ensuring the primary caregiver is qualified to perform the task, assumes all responsibility for the administration, maintenance and use under state law, and releases the district from liability for any injury arising out of the administration of medical marijuana on district property.
3. The qualified student's parent/guardian or primary caregiver shall be responsible for providing the permissible form of medical marijuana to be administered to the qualified student.
4. The district determines, in its sole discretion, that a location and a method of administration of a permissible form of medical marijuana are available that do not create risk of disruption to the educational environment or exposure to other students.
5. After administering the permissible form of medical marijuana to the qualified student, the student's primary caregiver shall remove any remaining medical marijuana from the grounds of the school, district, school bus, or school-sponsored event. No medical marijuana in any form may be stored on school grounds or with school personnel at any time and:
6. The district prepares, with the input of the qualified student's parent/guardian, a written plan that identifies the form, designated location(s), and any protocol regarding administration of a permissible form of medical marijuana to the qualified student. The written plan shall be signed by the school administrator, the qualified student (if capable) and the qualified student's parent/guardian.

Additional parameters

School personnel shall not administer or hold medical marijuana in any form.

This policy conveys no right to any student or to his or her parents/guardians or other primary caregiver to demand access to any general or particular location on school or district property to administer medical marijuana.

This policy shall not apply to school buses or school-sponsored events located on federal property or any other location that prohibits marijuana on its property.

Permission to administer medical marijuana to a qualified student on district property may be limited or revoked if the qualified student and/or the student's primary caregiver violates this policy or demonstrates an inability to responsibly follow this policy's parameters.

Student possession, use, distribution, sale, or being under the influence of marijuana inconsistent with this policy may be considered a violation of Board policy concerning drug and alcohol involvement by students or other Board policy and may subject the student to disciplinary consequences, including suspension and/or expulsion, in accordance with applicable Board policy.

If the federal government indicates that the district's federal funds are jeopardized by this policy, the Board declares that this policy shall be suspended immediately and that the administration of any form of medical marijuana to qualified students on school property, on a school bus or at a school-sponsored event shall not be permitted. The district shall post notice of such policy suspension and prohibition in a conspicuous place on its website.

Adopted: September 15, 2016

Revised: April 21, 2020

LEGAL REFS.: Colo. Const. Art. XVIII, Section 14 (establishing qualifications for use of medical marijuana)
C.R.S. 22-1-119.3 (no student possession or self administration of marijuana, but school districts must permit assisted administration and may adopt policies to establish reasonable parameters for assisted administration)
C.R.S. 22-1-119.3 (3)(d)(III) (board may adopt policies regarding who may act as a primary caregiver and to establish reasonable parameters on the administration and use of medical marijuana on school grounds, on a school bus or at a school-sponsored event)

CROSS REFS.: JICH, Drug and Alcohol Involvement by Students

JKD/JKE, Suspension/Expulsion of Students
JLCD, Administering Medications to Students
JLCE, First Aid and Emergency Medical Care



YES on SB2-056

Bridget Seritt to: barbara.mclachlan.house, mary.young.house, mark.baisley.house, yadira.caraveo.house, tony.exum.house, tim.geitner.house, cathy.kipp.house, colin.larson.house, dafna.michaelson.jenet.house, Nina.Forbes 03/24/2021 08:11 AM

1 Attachment



cannabisinschoolDOE2020.pdf

Please vote YES in this bill! The Senate Education Committee voted unanimously to pass this and we'd love to see this passed quickly!

My granddaughter needs cannabis based medicine to function properly in school and has been missing her compulsory education since the district would not allow it to be stored onsite. These would be stored exactly the same as any other medication and not kept on her person. Parents who have children on other medications such as adderall, opiates, and insulin have their medications stored on campus, and we'd like the same allowed for us.

Thank you for your YES vote! I've attached an overview of why this is so important for our children.

--

Bridget Seritt



CANNA-PATIENT
RESOURCE CONNECTION

WILL WE LOSE FUNDING?

CANNA-PATIENT RESOURCE CONNECTION

All text in blue is a hyperlinked source in the digital version.

Honoring Our Students

Why Allow Full Cannabinoid Profiles?



Coltyn Turner, primary Crohn's/autoimmune disease (Credit: CBS)

Since the CNN special "Weed 1", cannabis hit mainstream media in force. This special focused on cannabidiol (CBD), and downplayed the therapeutic benefits of other cannabinoids like tetrahydrocannabinol (THC). CBD is seemingly found everywhere from gas stations to coffee shops, while we still view THC as the intoxicating villain. However, nothing could be further from the truth.

THC definitely stands on its own as a medical cannabinoid, often being used as therapy in [autoimmune diseases](#) like lupus and Crohn's, [in seizure disorders like Dravet and Doose](#), and to help the autistic mind process sensory data. In many instances, THC can be used as a seizure rescue therapy where other pharmaceuticals have failed. This means a quick administration of THC can save a child's life from

Sudden Unexpected Death in Epilepsy (SUDEP). Here is what Dr. Ethan Russo has to say about isolated cannabinoids versus whole plant preparations.

["The question then arises: can a cannabis preparation or single molecule be too pure, thus reducing synergistic potential? Recent data support this as a distinct possibility. Anecdotal information from clinicians utilizing high-CBD Cannabis extracts to treat severe epilepsy, such as Dravet and Lennox-Gastaut syndromes, showed that their patients demonstrated notable improvement in seizure frequency with doses far lower than those reported in formal clinical trials of Epidiolex, a 97% pure CBD preparation with THC removed. This observation was recently subjected to meta-analysis of 11 studies with 670 patients in aggregate. Those](#)

[results showed that 71% of patients improved with CBD-predominant Cannabis extracts vs. 36% on purified CBD \(p < 0.0001\)"](#)

In addition to CBD and THC, there are numerous other therapeutic cannabinoids all contained in one plant. Studies show that the body's endocannabinoid system is most responsive to the inclusion of all cannabinoids, a phenomenon coined "The Entourage Effect" by Israeli researcher Dr. Raphael Mechoulam.

These chemicals interact with each other differently depending on their ratios. A single chemical like CBD, acts differently when it is combined with the other cannabis chemicals versus when it is isolated. As noted above, access to the full spectrum of cannabinoids was the difference between helping just over a third versus almost three-quarters of patients. Most patients using cannabinoid therapy do not have positive results when using isolated cannabinoids and depend on whole plant options.

Without offering students access to cannabis in the same manner as any other pharmaceutical, the students and their families are placed at a severe disadvantage.

Patient families often experience hardship which requires both parents to work outside the home and leaving every day to administer cannabis can place their jobs at risk. It is also incredibly disruptive to the child's sense of normalcy. Schools would never think twice about administering opiates, benzodiazepines, and amphetamines. Treating cannabis in a discriminatory manner can create a situation where the child and family feel singled out.

Finally, requiring the parent be contacted to administer rescue medication can ultimately result in the death of the child. This is an extreme liability the school and its team are taking. In the time it takes for the parent to leave home, travel to the school, then get to the seizing child, they could suffer permanent damage and even death. This could be a death sentence for every single seizure disorder patient and one that can easily be avoided. This is a situation no school wants to face.



WILL WE LOSE FUNDING?

Gavin Ragsdale, Doose Syndrome



Gavin suffers from [Myoclonic Astatic Epilepsy](#). This type of Epilepsy is rare, accounting for less than 3% of all pediatric epilepsy. He has 6 seizure types, all of which are treatment resistant and aggravated by pharmaceutical treatments. When his seizures cluster he can have 5-10+ seizures back to back.

Gavin uses several types of cannabis treatments to control his seizures, and the only way we can slow or stop Gavin's seizures is his 5ml CBD rescue spray.

Currently when Gavin's seizures cluster, the school must call me to come administer the rescue. The CBD spray can stop or reduce his seizures significantly within minutes, without ANY psychotropic side effects. It would benefit Gavin tremendously if the school was allowed to administer the medication immediately, rather than waiting for us to drive to school. This can take us up to 20 minutes to get to him, when the school could administer his CBD easily and send him back to class.

Our district in Colorado Springs (D11) currently has no policy for administering cannabis or hemp. We hope to help change policy to give Gavin and children like him access in school to their life saving medicine. -Melissa Ragsdale, Gavin's Mother

The time it takes to administer a rescue medicine can mean life or death for our children. <https://www.cdc.gov/epilepsy/about/sudep/index.htm>



PATIENTS ARE USUALLY REPLACING DANGEROUS AND INTOXICATING PHARMACEUTICALS WITH CANNABIS.

Benjamin Wann, Epilepsy



"Benjamin Wann is a senior in High School, and has a rare form of epilepsy. He is allergic to the nasal form of pharmaceutical seizure rescue. Ben is currently over 3 years and 8 months seizure-free using only [CW Hemp](#), and experience shows he responds much better to cannabis than pharmaceuticals. We want his nasal form of cannabis rescue, Cannatol with THC, on hand in the event of a seizure at school. Despite not having active seizures today, we know his latest EEG still shows he's "at risk" for having an unexpected & unpredictable seizure! His [Cannatol](#) should be at school to be administered immediately to save his life!!!"

-Amber Wann, Benjamin's Mother

Honoring Our Students

Cannabis Myths

Only the School Nurse can administer the cannabis medicines.

HB18-1286 allows any “school personnel” approved by both the parent and the principal the ability to administer cannabis medicines. **Jack’s Law** http://leg.colorado.gov/sites/default/files/2016a_1373_signed.pdf

There is no such thing as metered dosing.

Colorado requires potency testing which gives patients an exact number of milligrams contained in the product. From there, metered dosing is determined by patient needs and discussed with the doctor.

Schools will lose Federal Funding if they allow medical cannabis.

To date, not a single school has lost federal funding because they allow administration of medical cannabis onsite.

There are no guidelines for nurses to follow.

Guidelines from the NCSNB can be found [here](https://www.ncsbn.org/marijuana-guidelines.htm?fbclid=IwAR2DMXI_ZKDD60gvEnm7PL_4pRnlwY77DH9C6fqD8Q5slmgTWwwZ6xQIbDM). https://www.ncsbn.org/marijuana-guidelines.htm?fbclid=IwAR2DMXI_ZKDD60gvEnm7PL_4pRnlwY77DH9C6fqD8Q5slmgTWwwZ6xQIbDM



Marley Porter, Crohn’s Disease/Autoimmune Disease

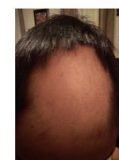
In January 2016, doctors told us that Marley was about to lose part of her colon to **Severe Crohn's** and all pharmaceutical options had failed by age 10. Cannabis changed all that. She needs her Cannabis medicine four times a day for consistent and effective treatment of her Crohn’s Disease. We use a whole plant Cannabis medicine, all Cannabinoids - including THC and THCa! Because of Cannabis, Marley is healthy enough to attend public school. –Sarah Porter, Marley’s Mom

Jonah Trujillo, PTSD and Muscle Spasms

In 2013, Jonah Trujillo was on multiple pharmaceutical drugs all the way up to 2017. By that time, Jonah had already taken 13 different kinds of pharmaceutical drugs. As a result, he lost all his hair, became underweight, and did not eat. 2017 was the first year Jonah started medical marijuana it was life changing. He started to eat and his hair grew back. Jonah became happy and he wasn't sick any more. Pharmaceuticals are the reason Jonah has permanent spasms and medical marijuana is controlling it. It has given Jonah a new chance to thrive. Access during school hours would allow Jonah even more opportunities for success. - Vicki Trujillo, Jonah’s Mom

01/2017

03/2017



WILL WE LOSE FUNDING?



UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF ELEMENTARY AND SECONDARY EDUCATION

January 14, 2020

[REDACTED]

Dear Mr. and Mrs. Wann:

Thank you for your letter to Secretary Betsy advocating for HB18-1286 to be adopted as policy in the school district that your child attends. Your letter was referred to the Office of Elementary and Secondary Education for review, and I am pleased to respond.

I have read your letter, and I empathize with your situation. However, this matter is not within the purview of the U.S. Department of Education (the Department). The Department does not have the authority to determine state or local education policies or practices, unless these matters are specifically required in federal education statutes. Indeed, because education is primarily the responsibility of the state and local governments, the Department is specifically prohibited by law from exercising any direction, supervision, or control over such matters as curriculum, the teaching of particular subjects and graduation requirements, local administration and personnel issues, and allocation of state or local resources. If you have not done so already, you may wish to share your thoughts with your state department of education.

Thank you for your interest in improving public education.

Sincerely,

A handwritten signature in black ink, appearing to read "Brittney Lovitt".

Brittney Lovitt
Management & Program Analyst
Control Correspondence & Communications Unit
Executive Office

400 MARYLAND AVE. SW, WASHINGTON, DC 20202
www.ed.gov

The Department of Education's mission is to promote student achievement and preparation for global competitiveness by fostering educational excellence and ensuring equal access

Please see <https://www.facebook.com/IStandWithBen> for more information on the Wann Family and Ben's legislative and legal successes in Colorado.



Ethan Needs Your YES Vote on SB21-056!

Matthew Cerrato to: barbara.mclachlan.house, mary.young.house, mark.baisley.house, yadira.caraveo.house, tony.exum.house, tim.geitner.house, cathy.kipp.house, colin.larson.house, dafna.michaelson.jenet.house, Nina.Forbes 03/24/2021 05:19 PM
Cc: "Christine Bondi-Cerrato"

Esteemed Members of the House,

I write to you today in favor of SB21-056, and in honor of my 6 year old son Ethan, who has been diagnosed with Epilepsy, Cerebral Palsy, Chronic Kidney Disease, and Paraplegia at L4. All of his conditions are due to a 2 1/2 pound tumor that was connected to his tailbone at birth, and which had been misdiagnosed while in utero.

Ethan's life has been one monstrous challenge after the next:

- At birth, the doctors didn't expect him to survive the 20 minute ambulance ride, taking him from the hospital where he was born, to a hospital that had the Level IV NICU which was necessary to keep him alive.
- On Day 4, Ethan underwent a 7 1/2 hour resection surgery to remove the tumor. He was given less than a 1% chance at survival.
- On Day 7, Ethan underwent a couple of more hours of surgery to correct a bowel obstruction, resulting in a colostomy bag until he was 5 years, 8 months old.
- In the 3rd month of his life, he underwent additional surgeries to correct his urological output, resulting in a Vesicostomy (where the bladder is sewn to the outside of your body) until he was 5 years, 8 months old.
- He came home with us after 84 days in the NICU, unable to use any of the pelvic organs destroyed by his tumor.
- At 20 months old, Ethan suffered his first tonic clonic seizure in the Orchard Park Target. While 911 was called, my wife performed CPR, as his breathing and pulse did not return once the seizure ended

At this point in my son's story, you probably are wondering how he ever survived. One of the answers is Marijuana.

Once that first seizure occurred, we were able to get Ethan on Colorado's Marijuana Registry. From there, we have been able to provide him medicine that has had the following POSITIVE effects:

- CBD oil allowed the nerve endings in Ethan's left leg that had stopped growing in utero to begin regrowing again. As a result, the hospital's initial analysis that Ethan's left foot would have to be amputated, and that he would never be able to walk, were both wrong. As of now, he has full mobility in both legs, and is even able to bend some of the toes on the foot the doctors wanted to cut off.
- In the hospital, doctors only administer medicine for a seizure that lasts over 5 minutes. Ethan has already stopped breathing with no pulse on multiple occasions on seizures lasting only 2-3 minutes. Ethan's THC rescue nasal spray stops his seizures immediately, allowing his mind and body ample time to ramp down from the seizure **WITHOUT** the need for CPR or other forms of resuscitation.
- Ethan suffers from c-PTSD due to chronic kidney / bladder infections that have wired a lifetime of horrific memories into his brain. When in hospital, THC reduces his anxiety from extreme

rage fueled panic attacks to him calmly talking to his nurses and doctors. We have tried other pharmaceutical based options for his anxiety / PTSD, and nothing has worked like Marijuana

My son is now 6, and we are gearing him up for school... that is, so long as he has access to his medicine. If the state of Colorado should see fit to keep him from this medicine during the school day in any way, shape, or form, then there is no future for Ethan in public education in Colorado.

I hope you can see how effective this medicine has been for my son. I hope we can begin to turn the page on the stigma that keeps him from operating like any other human being who needs medicine.

Thank you so very much for your attention on this matter.

Sincerely,
Matt

Matthew J. Cerrato, *M.S. Counseling*

Cell: (720) 722-1328

Blog: [We Are Infinite](#)

[Check out my family with HopeKids!](#)



SB21-056

Alexis Bortell to: NinaForbes 04/01/2021 09:49 AM

2 Attachments



MonumentAcademyDenial.jpg denialemail.txt

My name is Alexis Bortell, I'm a 15-year-old Colorado medical cannabis refugee and I support SB21-056. I'm asking you to support it too. I have been advocating for the legalization of cannabis since I was seven years old. I was also a plaintiff from 2017 to 2020 in a federal lawsuit brought against the Department of Justice and the Drug Enforcement Agency, which asked the Court to, among other things, declare the classification of cannabis under the Controlled Substances Act unconstitutional (Washington v. Barr).

I was diagnosed with intractable epilepsy in Texas when I was 7 years old. I had to move from Texas to Colorado when I was 9 because the prescription medicines we had access to in Texas were not helping me. Most of the medicines made my seizures worse and for a long time I thought I was going to die. I was having seizures and pre-seizure auras (I smell burning wires) every day and spent a lot of time at the school nurse's office. I spent most of my time in 3rd grade (my last year in Texas) in the nurse's office. After third grade (2015), my doctor in Texas and my parents decided it was time to move to Colorado and try cannabis-based medications.

After 2 years of treating with FDA pharmaceuticals, we moved to Colorado to try medical cannabis. At first, I tried low-THC oil like we saw on TV in Texas. It worked better than anything I had tried before but it didn't totally stop my seizures. After about a month of trying different CBD doses, my doctors told me to try taking a high-THC medicine and low-THC oil. I did what they said and I am now more than five years seizure free using only cannabis-based medicines. I still have epilepsy and I still have auras twice a week, but I have a THC "rescue" medicine that I take as soon as I feel it happening and about thirty minutes later, the aura always goes away.

Moving to Colorado and getting medical cannabis gave me freedom to do things without worrying that I would have a seizure. I was able to attend private Catholic Schools that allowed me to have my medical cannabis at school and said they would give me my THC rescue medicine if I had a seizure and fell. When it was time for me to take my low-THC oil medicine at lunch or if I was having an aura I would go to the office and take my medicine discretely. Then after a rest, I would go back to class normally. I got to play on the volleyball team, meet new friends, go on field trips, and best of all, go to sleep overs. It was almost what I remember "normal" being like but, unfortunately, it didn't last. After finishing the 8th grade, I applied to the two high schools located near my house on top of Monument Hill – a public D38 school and a charter school. I wanted to enroll in the public school especially because my friends were there and it was close to home. I thought it would be fun to go to high school with my friends and former classmates. I enrolled, and like my classmates and friends, I was excited to buy school clothes for the first time -- I had worn uniforms all throughout grades K-8.

You can imagine my disappointment and anger when I learned that I wouldn't be able to attend high school in-person due to my medical needs. I was denied admission to both high schools I applied to (the only ones accessible to me) because neither school would allow my medical cannabis to be stored on school grounds or allow a school nurse/staff member to give me my medicine when I needed it. The public school would only allow one of my parents to come to the school to give me my cannabis medicine, but if I felt a seizure coming on and had to wait a minimum of 20 minutes for my mom to arrive (my dad can't drive), I would die. The public school also mentioned that a prescription seizure medication could be stored on school grounds if

I were to take that instead of my medical cannabis. But I can't take medical advice from a school; I need to rely on my doctors who understand my condition and know my medical history. I have to take my low-THC oil three times a day. That means that my second "dose" is always at school near lunch time. I also take a cannabis (THC) rescue medicine to treat the auras and stop my seizures. I can't take it by myself if I have a seizure so I need someone at the school to help me or I could die. Because of my treatment needs and the policies of the only two high schools I can access, I am being denied an in-person education and forced to continue remote learning indefinitely. Remote learning has been really difficult academically and socially. I had to enroll temporarily in a completely online public school to receive live online lessons which I wasn't getting regularly through the public high school's remote learning curriculum. Even though the online courses are better at this online school, I am still missing out on many social activities and interactions that teenagers my age need.

I never imagined that I could get denied going to class like other students just because I need medical cannabis to live. Treating with medical cannabis isn't a choice for me. I need it to live so that means I can't go to school like my classmates. Ever. It also means I can never go to class activities or participate in any school activities like volleyball, school dances, parties, field trips, contests, and even graduation. I am appealing the public school's decision, but their policy is clear that people like me aren't welcome there. I hope to change that.

I'm not sure if this bill will help me because it doesn't require my local schools to guarantee they have enough volunteers to administer medical cannabis on school grounds. But that's okay – I still strongly support it because I'm sure it will help many students struggling like me and it won't hurt any. That's a win.

The public school's denials of my medical accommodation request are attached to this email.

If I can help you in any way, email me at alexis@oneluvorganics.com and I will call you personally. Thank you.

-Alexis Bortell