

**House Health & Human Services**

**03/04/2026 01:30 PM**

**SB26-007 Med Marijuana Use in Hlth Facilities**

**Typed Text of Testimony Submitted**

<b>Name, Position, Representing</b>	<b>Typed Text of Testimony</b>
<p>Jaimie Dirks</p> <p>For themselves</p>	<p>My name is Jaimie Dirks. I am a psychiatric mental health nurse practitioner and family nurse practitioner practicing in Colorado. Before becoming an advanced practice provider, I spent 17 years working as a critical care registered nurse caring for patients with severe illness and complex medical needs. My current work focuses on mental health care and symptom management, and my training includes education in the endocannabinoid system and the therapeutic role cannabinoids may play in supporting human health.</p> <p>I offer support for SB26-007 as originally written, and cautious support while sharing concerns about amendments that may weaken the protections the bill was designed to provide.</p> <p>Ryan’s Law addresses a persistent problem: terminally ill patients are often denied access to their physician-recommended medical cannabis when they enter hospitals, hospice programs, or long-term care facilities, even in states where medical cannabis is legal.</p> <p>In clinical practice, cannabis can play a meaningful role in managing symptoms such as pain, anxiety, nausea, insomnia, and loss of appetite for patients facing serious illness. In some cases it may also serve as an opioid-sparing option, helping patients reduce reliance on medications that carry significant risks and side effects.</p> <p>Currently, however, patients may be required to discontinue the therapy that has been helping them manage their symptoms once they enter a healthcare facility. This can lead to unnecessary suffering and difficult situations for both families and healthcare professionals.</p>

	<p>I am concerned about amendments that would change mandatory language such as “must” or “shall” to “may.” Healthcare facilities already may allow patient-directed cannabis use, and many choose not to. Without a clear mandate, the protections envisioned in Ryan’s Law risk becoming largely symbolic rather than meaningful.</p> <p>Importantly, the bill does not require clinicians to prescribe, dispense, or administer cannabis. It simply ensures that a terminally ill patient with a valid medical cannabis recommendation is not prohibited from continuing the therapy that provides relief. The legislation also includes safeguards addressing concerns related to federal law.</p> <p>This effort arose in response to the lived experience of patients such as Ryan Bartell, whose story illustrates the suffering that can occur when patients are denied access to therapies that improve quality of life.</p> <p>Thank you, Jaimie Dirks, PMHNP-BC, FNP-C</p>
<p>Erica Cowan Amend themselves</p>	<p>My name is Erica Cowan. I am a registered nurse and board-certified nurse coach in Colorado. My background is in critical care nursing, and my work now increasingly focuses on supporting people living with serious illness and those approaching the end of life. For more than a decade I have also educated patients and healthcare professionals about the therapeutic use of cannabis.</p> <p>I offer cautious support for SB26-007, Ryan’s Law, while sharing concerns about amendments that may weaken the protections the bill was intended to provide.</p> <p>Ryan’s Law addresses a well-documented problem: terminally ill patients are often denied access to their physician-recommended medical cannabis when they enter hospitals, hospice programs, or long-term care facilities—even in states where medical cannabis is legal.</p> <p>Patients facing serious illness frequently rely on cannabis to manage pain, nausea, anxiety, insomnia, and loss of appetite. For</p>

some, it provides relief when other treatments fail or cause intolerable side effects, and emerging evidence suggests cannabis may serve as an opioid-sparing option.

Currently many patients are told that once admitted to a healthcare facility they must abandon the therapy that has been helping them manage symptoms. Families are placed in impossible situations, and nurses and clinicians are often forced to watch patients suffer unnecessarily.

I am concerned about amendments that would change mandatory language such as “must” or “shall” to “may.” Facilities already may allow medical cannabis, and many choose not to. Without a mandate, the protections envisioned in Ryan’s Law risk becoming symbolic rather than functional.

The bill does not require clinicians to prescribe, dispense, or administer cannabis. It simply ensures that a terminally ill patient with a valid recommendation is not prohibited from continuing the therapy that provides relief. The legislation also includes safeguards for facilities, including a safe harbor provision addressing federal enforcement concerns.

Importantly, this legislation exists because of the lived experience of patients like Ryan Bartell, whose story revealed the suffering that occurs when access to effective therapy is denied.

At the end of life, policy decisions should be guided by compassion, patient autonomy, and the relief of suffering.

Respectfully,  
Erica Cowan, RN, NC-BC



March 4, 2026

**Letter of Support for the Original Senate Bill – Colorado SB26-007 (Ryan’s Law)  
Opposition to Amendments Weakening the Mandate**

Greetings Colorado State Legislators,

My name is **Heather Manus, RN**, Founder of the **Cannabis Nurses Network**, a national professional community of nurses dedicated to evidence-based cannabis education, patient advocacy, and compassionate care.

I am writing in **strong support of the original version of SB26-007, Ryan’s Law**, and in **strong opposition to any amendment that replaces the words “must” or “shall” with “may.”** Such a change fundamentally undermines the intent of Ryan’s Law and effectively renders the legislation meaningless.

Ryan’s Law was created to address a heartbreaking and well-documented problem: **terminally ill patients are often denied access to their physician-recommended medical cannabis when they enter hospitals, hospice, or long-term care facilities**, even in states where medical cannabis is legal. For patients facing the final stages of life, cannabis may provide relief from severe pain, nausea, anxiety, loss of appetite, and insomnia when other treatments fail or produce intolerable side effects.

Without a mandate requiring facilities to allow patient-directed medical cannabis use under defined conditions, the law becomes symbolic rather than functional.

Facilities already **“may”** adopt policies permitting medical cannabis use. In practice, however, many choose not to. Patients are routinely told that once they are admitted to a hospital or hospice facility, they must abandon the therapy that has been helping them manage their symptoms. Families are placed in impossible situations, and nurses and clinicians are forced to watch patients suffer unnecessarily.

Changing **“must” or “shall” to “may” removes the core protection Ryan’s Law was designed to provide.** Without the mandate, the bill no longer guarantees that terminally ill patients will be able to continue using their legally authorized medical cannabis while receiving institutional care.

It is important to emphasize that **Ryan’s Law already contains a responsible safeguard for healthcare facilities.** The legislation includes a **safe harbor provision allowing participation**

**to be suspended in the event of federal enforcement action against a facility.** This provision directly addresses concerns related to federal law and provides institutions with a clear mechanism to protect themselves if federal intervention were to occur.

Because of this safeguard, weakening the bill by removing the mandate is unnecessary and unjustified.

Ryan's Law is not intended to force healthcare providers to administer cannabis. It does not require clinicians to prescribe it, dispense it, or participate in its administration. Rather, it ensures that **a terminally ill patient with a valid medical cannabis recommendation is not prohibited from continuing the therapy that provides them relief.**

As nurses, we are guided by the ethical principles of **compassion, patient autonomy, and the relief of suffering.** Preventing dying patients from accessing their legal medicine contradicts these principles and undermines the dignity of end-of-life care.

Across the country, Ryan's Law legislation has been introduced precisely because voluntary policies have failed to protect vulnerable patients. The purpose of this law is to create **consistent, statewide protection for terminally ill individuals,** not to preserve the status quo that already exists.

If the mandate is removed, **the bill is no longer Ryan's Law in substance or intent.**

Colorado has long been a leader in compassionate cannabis policy and patient rights. Passing SB26-007 in its original form would continue that legacy by ensuring that no terminally ill patient in Colorado is denied the ability to use their physician-recommended medical cannabis simply because they entered a healthcare facility.

On behalf of the **Cannabis Nurses Network** and the many nurses who advocate for patient dignity and relief from suffering, I respectfully urge you to **support the original language of SB26-007 and reject amendments that weaken its mandate.**

Terminally ill patients deserve certainty, compassion, and the ability to continue the care that brings them comfort in their final days.

Sincerely,

**Heather Manus, RN, HN-BC, HWNC-BC**

Founder, Cannabis Nurses Network