

STATE OF COLORADO

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John W. Hickenlooper
Governor

June 5, 2018

The Honorable Colorado House of Representatives
State Capitol
200 E. Colfax Ave.
Denver, CO 80203

Dear Members of the Colorado House of Representatives:

Today, I vetoed House Bill 18-1263, “Concerning Adding Certain Conditions to the List of Disabling Medical Conditions for Medical Marijuana Use, and, in Connection Therewith, Adding Autism Spectrum Disorders” at 5:01 pm.

House Bill 18-1263 (“HB 18-1263”) adds autism spectrum disorder (“ASD”) to the list of qualifying conditions for which medical marijuana (“MMJ”) may be used. This past month, we visited with the proponents, families and parents of children with ASD, and the medical community. We found that all sides of this debate share the common goals of ensuring safety and wanting a better quality of life for children living with ASD. We were particularly touched by the families with whom we spoke. Their passion and eloquence in advocating for their children, and desire to seek out other treatment options for their children, was very moving. For this reason, we do not issue this veto lightly.

During consideration of HB 18-1263, we received input from numerous stakeholders representing medical professionals, hospitals, physicians, and pediatricians. These groups all share the same concern that we lack adequate information to ensure the safety and efficacy of MMJ when used by children with ASD. We were particularly persuaded by their concerns that children with ASD may have different cognitive abilities but their brains are still in development; as well as concerns about the relationship between marijuana use and cognitive abilities, academic performance, mental health, and future substance abuse. While we are very sympathetic with families believing MMJ is a safer and more effective treatment for their children, we cannot ignore such overwhelming concerns from the medical community.

We are also mindful that HB 18-1263 would permit any child with ASD to be treated with medical marijuana. Other states that have enacted legislation providing for medical marijuana treatment for ASD have permitted such treatment only for children suffering from the most profound symptoms.

According to the Department of Public Health and Environment (“DPHE”) and the State Chief Medical Officer, there have been very limited and only preliminary scientific studies to assess safety of MMJ on children with ASD. At this point, we are aware of three randomized clinical trials either in

progress or expected to commence in the near future. We are hopeful that these studies will substantially contribute to the body of evidence that may inform parents whether MMJ is a viable and safe treatment.

In vetoing this bill, we do so on sole concern that medical efficacy of MMJ to treat ASD has yet to be fully studied by medical professionals and scientific experts entrusted to this role at DPHE. DPHE is the proper entity to ascertain medical conditions that may be safely added to the list of debilitating medical conditions,¹ and has created a structure that calls for the State Board of Health to assist with the determination. This is the pathway established in the Colorado Constitution through voter-enacted Amendment 20, and is critical to protecting public health and safety.² It should not be bypassed through legislation.

However, we are persuaded by the proponents that, while research is lacking at present, the use of MMJ to treat individuals with ASD is worthy of expedited analysis to inform whether its use by children with ASD is safe. Such research should demonstrate reasonable certainty that child safety and long-term development are not harmed, and should be swift and responsive to families seeking alternative ASD treatment options. As such, we will sign Executive Order B 2018 004 directing DPHE, in coordination with the Board of Health, to: (1) study the use of MMJ for ASD; and (2) prioritize fiscal resources for the next round of MMJ research under the Medical Marijuana Health Research Grant Program, to first and foremost be dedicated to researching use of MMJ by patients with ASD. This study will: (1) encourage and invite direct participation by families with children experiencing ASD; (2) evaluate potential modifications to current rules to enable DPHE to perform its analysis and recommend ASD as a qualifying debilitating condition if no significant health or development risk is found; and (3) conclude no later than 18 months following the Executive Order's signing. Upon a finding of no significant health or development risk, DPHE should propose that the Board of Health add ASD as a qualifying debilitating condition for use of MMJ.

We appreciate those families exploring every avenue to support their children, and we understand that this letter will be met with their disappointment. It is our hope, however, that Executive Order B 2018 004 will ensure that use of MMJ by children with ASD can be done with assurances, rooted in data and evidence, that the practice is safe. This approach allows a foundation to be built for MMJ use for ASD through study, data, evidence, and analysis - and to do so swiftly yet safely. We owe it to those families caring for their children to ensure the safety of MMJ when used by the children, and to ensure it speedily.

Sincerely,



John W. Hickenlooper
Governor

¹ Colo. Rev. Stat. § 25-1.5-106(3)(a)(VII); *See also* Colo. Rev. Stat. § 25-1.5-106.5(2)(a)(II).

² Colo. Const. Art. XVIII, § 14(9).