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**Majority Floor Leader Bill Seitz
The Ohio House of Representatives**

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Sponsor Testimony for House Bill 60: Authorize medical marijuana for autism spectrum disorder

Chairman Lipps, Vice Chair Holmes, Ranking Member Russo, and Committee Members, thank you for allowing me to supplement my joint sponsor's testimony last week on HB 60. I do not intend to duplicate her testimony, although it must be repeated that 17 states have already listed Autism Spectrum Disorder as a permissible medical condition for which Medical Marijuana may be recommended.

Instead, I will focus on the four reasons why I support this bill and why you should too.

First, by way of history, I have been at the forefront of efforts to increase treatments for autism, which affects an alarmingly high number of children these days. I worked with Governor Kasich and the General Assembly to ensure that autism treatment was included as an essential health benefit under Medicaid expansion. I successfully worked with the legislature to expand the use of applied behavioral analysis as treatment for autism at a young age, and to license ABA providers to ensure quality of care. I supported the legislation that required private insurers to cover ABA among the young. Affording these services to young people ensures the best chance of living fully functional lives when they become adults – a chance they risk losing if denied these services at a young age. In short, the care and treatment of autistic disorder has been a multi-year passion of mine and in this bill, we seek to add another building block to that effort.

Second, most conservatives, most liberals, and all libertarians support the right to try various modalities and treatments. Legislation on this subject has been passed in Congress and here in Ohio. Allowing Medical Marijuana to be recommended by a licensed physician would allow parents and physicians to make the choice to try this remedy as a palliative for the effects of autistic behavior. How is it any more injurious than addicting the patients to Ritalin or other expensive drugs that are now used for this purpose? Passing this bill does

not require any patient or parent to ingest medical marijuana. It just gives them a choice, in consultation with their doctor, to try. If we are for the right to try, if these are not merely empty rhetorical words, then to quote a recent ex-President, "What do you have to lose?"

Third, in talking to bill proponents I expect their testimony to show that in the 17 states where this is already law, it is working, and has led to no serious adverse consequences. To some extent, proponents are the victim of a catch-22: opponents claim there is no scientific evidence that it works to treat this condition, but the laws against marijuana have operated to prohibit the very testing that would show whether it works or not. However, since Ohio would not be the first to permit what the bill allows, we can draw on the limited, but positive, evidence that is coming in from the 17 states have already allowed it.

Finally, while it is true that medical marijuana may be administratively authorized for use with the autistic spectrum, and true that such an application is pending before the administrative authorities, it is obviously preferable and more permanent to include it in the statutory list of conditions for which medical marijuana may be prescribed. Otherwise, we run the risk that what is administratively approved in 2021 could be administratively removed in later years.

I do not normally impugn the motives of those who oppose legislation, but I have been in the General Assembly long enough to be skeptical of motives. Those with a vested interest in selling prescription drugs to treat autism are understandably antsy that something not currently on the market could dent their sales. But I submit that that is insufficient reason to reject this well-intentioned and compassionate legislation.

Thank you, and I will be happy to answer your questions.