

Sponsors  
**Support HB24-1471**

CONCERNING TCONDITIONS FOR ELECTROCONVULSIVE TREATMENT FOR A MINOR

Sponsors: Representatives Young and Bradfield & Senator Michaelson Jenet

## SUPPORT LIFE SAVING TREATMENT FOR YOUTH!

Allow ECT for Minors Under 16 - Remove Age Restrictions & Allow Parents to Decide

Currently, Colorado law states that under no circumstances can electroconvulsive therapy (ECT) be administered for minors under 16 years of age, even with parental consent.

Youth who are medically indicated for ECT are referred for treatment in other states, which delays care and places a substantial burden on parents and families.<sup>i</sup> Even though ECT is covered by insurance, Colorado law creates unequal access to this life saving treatment for families who cannot afford to travel and take weeks or months off work.

### It is time to change Colorado's outdated law

- Suicide is the leading cause of death in kids in Colorado<sup>ii</sup> and ECT can be a life-saving intervention as it has been shown to improve suicidal ideation and decrease suicide attempts and completions, with benefit shown in all ages.<sup>iii</sup>
- Malignant catatonia may be fatal in up to 10-20% of cases, sometimes only days from onset.<sup>iv</sup> ECT is one of only 2 primary treatments for catatonia.
- The majority of states do not ban ECT for those under 16 years of age.<sup>v</sup> Colorado is one of only five states (in addition to Georgia, Texas, Ohio, and New York) that does not allow ECT for minors under 16, regardless of circumstances or safeguards.

### ECT is a safe treatment that works

- There is a large body of scientific evidence demonstrating that ECT is a safe and effective treatment.<sup>vi</sup> The risks are similar to the risks associated with getting brief general anesthesia for any reason.<sup>vii</sup>
- Despite lingering stigma, multiple studies show that ECT does not cause brain damage and there are not indications of long-term memory issues, although there is cognitive impairment immediately after ECT administration.<sup>viii</sup>
- ECT works better and faster than medications in some cases. It is used when other treatments have failed, or a rapid response is needed to save someone's life or relieve severe symptoms.
- ECT has demonstrated significant improvement in debilitating mental illness in children and adolescents that is resistant to medications.<sup>ix</sup> It can be the intervention that drastically changes the quality of a kid's life.
- ECT clinical efficacy ranges from 80-100% in mania, 60-80% for bipolar and unipolar depression, and 75% for catatonia.<sup>x</sup>
- Numerous case studies and extensive literature reviews demonstrate that ECT is effective and safe in both typically-developing youth and youth with developmental disabilities, including those under 16 years of age.<sup>xi</sup>
- ECT is a relatively safe procedure with a robust benefit to risk ratio for those with certain, severe mental health disorders.

**EVERY DAY COUNTS - ANY DELAY IN ACCESS TO CARE THAT PLACES THE HEALTH AND LIFE OF A VULNERABLE CHILD AT RISK IS UNACCEPTABLE.**

## "EMMA'S" STORY

*(patient's name and details have been changed to protect privacy)*

- 14-year-old Emma was admitted to a hospital in Colorado 2 days after she started feeling "weird".
- Within 4 days, Emma stopped talking. She continued to decline over the following 2 weeks until she was unable to move, was incontinent, and required a feeding tube.
- She had no history of mental illness. After comprehensive medical, neurologic, and psychiatric tests, Emma was diagnosed with catatonia and treated with benzodiazepines.
- Less than a month after the initial onset of symptoms, a multidisciplinary medical team recommended ECT due to minimal response to benzodiazepines and Emma's parents decided they wanted to transfer her to a neighboring state for ECT.
- In the 4 weeks it took to organize the transfer, Emma's brain was actively deteriorating.
- After receiving ECT, Emma started to regain function until she was able to eat without a feeding tube, speak in full sentences, play games with her family, and put makeup on.
- After 2 months of treatment, Emma was ready to go home with her parents and continue outpatient treatment.
- Six months after her symptoms started, Emma was able to return to school because of ECT.

## FAQs

**What is ECT?** ECT is a medical treatment most commonly used in patients with catatonia, treatment resistant bipolar disorder, severe major depressive disorder, schizophrenia spectrum disorders, and other physical and psychiatric conditions. ECT provides a brief electrical stimulation to the brain while the individual is under anesthesia.

**What is catatonia?** Catatonia is a syndrome that is characterized by a complex group of symptoms, including abnormal movements and behaviors, that can arise from multiple medical, neurologic, and psychiatric conditions. Catatonia symptoms can range from very little to no movement to too much movement. It can be hard for someone to start, stop, or plan actions. Sometimes, patients might repeat movements or speak phrases as if they are on a loop. These actions often do not serve any purpose. Catatonia can also impact a person's ability to eat and drink and control basic body functions, like temperature, breathing and heart rate. If these symptoms are severe, catatonia can become a life-threatening medical emergency needing rapid treatment. We refer to this as "malignant catatonia." Additional info on catatonia and kids can be found at [AACAP FFF - Catatonia](#).

**What protections are there in Colorado?** Both Colorado statute and BHA rules provide protections for patients regarding ECT. ECT requires special procedures for consent in Colorado as per C.R.S. 13-20-401 to 403. Information on the reason for the treatment, alternatives, risks, benefits, and more must be provided, and the Colorado Department of Human Services has a standard written consent form that must be used. Written informed consent by both the patient and the parents/legal guardians is required and is only for a maximum number of treatments over a specified period of time.

In addition to strict special procedures for consent, ECT may only be performed with the concurring approval of two persons licensed to practice medicine and specializing in psychiatry (C.R.S. 13-20-403).

## SUPPORTING ORGANIZATIONS



COLORADO  
CHILD & ADOLESCENT  
PSYCHIATRIC SOCIETY



Colorado



COLORADO CHAPTER



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<sup>i</sup> <https://cps.memberclicks.net/assets/2024/Crossing%20State%20Lines.pdf>

<sup>ii</sup> <https://www.coloradokids.org/youth-success/suicide-prevention/>

<sup>iii</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8267816/>

<sup>iv</sup> <https://www.liebertpub.com/doi/10.1089/cap.2016.0180>

<sup>v</sup> [https://cps.memberclicks.net/assets/2024/Regulation%20of%20Electroconvulsive%20Therapy\\_A%20Systematic%20Review%20of%20US%20State%20Laws%20%281%29.pdf](https://cps.memberclicks.net/assets/2024/Regulation%20of%20Electroconvulsive%20Therapy_A%20Systematic%20Review%20of%20US%20State%20Laws%20%281%29.pdf)

<sup>vi</sup> <https://www.psychiatrist.com/jcp/outcomes-youth-treated-ect/>

<sup>vii</sup> [https://www.aacap.org/AACAP/Families\\_and\\_Youth/Facts\\_for\\_Families/FFF-Guide/Electroconvulsive\\_Therapy-138.aspx](https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Electroconvulsive_Therapy-138.aspx)

<sup>viii</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7597699/>

<sup>ix</sup> <https://www.liebertpub.com/doi/10.1089/cap.2015.0139>

<sup>x</sup> [https://www.aacap.org/App\\_Themes/AACAP/docs/clinical\\_practice\\_center/AACAP\\_FDA\\_ECT\\_Reclassification\\_comments.pdf](https://www.aacap.org/App_Themes/AACAP/docs/clinical_practice_center/AACAP_FDA_ECT_Reclassification_comments.pdf)

<sup>xi</sup> [https://www.aacap.org/App\\_Themes/AACAP/docs/clinical\\_practice\\_center/AACAP\\_FDA\\_ECT\\_Reclassification\\_comments.pdf](https://www.aacap.org/App_Themes/AACAP/docs/clinical_practice_center/AACAP_FDA_ECT_Reclassification_comments.pdf)