

COMPASSIONATE ACCESS, RESEARCH EXPANSION, AND RESPECT STATES ACT

S. 683: *Booker (D-NJ), *Paul (R-KY), *Gillibrand (D-NY); cosponsors: Heller (R-NV), Boxer (D-CA), Bennet (D-CO), Wyden (D-OR), Merkley (D-OR), Baldwin (D-WI), Schatz (D-HI), Udall (D-NM), Heinrich (D-NM), King (I-ME), Hirono (D-HI), Schumer (D-NY), Mikulski (D-MD), Graham (R-SC). *Lead sponsors

H.R. 1538: *Cohen (D-TN), *Young (R-AK), Norton (D-DC-At Large), Lofgren (D-CA-19), Nadler, Jerrold (D-NY-10), Conyers (D-MI-13), Rohrabacher (R-CA-48), Hunter (R-CA-50), Hanna (R-NY-22), Heck (R-NV-3), Amash (R-MI-3), Beyer (D-VA-8), Blumenauer (D-OR-3), McClintock (R-CA-4), DelBene (D-WA-1), Jones (R-NC-3), Perlmutter (D-CO-7), Coffman (R-CO-6), Sanford (R-SC-1), Mulvaney (R-SC-5), Van Hollen (D-MD-8), DeFazio (D-OR-4), Deutch (D-FL-21), Rice (R-SC-7), Visclosky (D-IN-1), Boddallo (D-GU-At Large), O'Rourke (D-TX-16), Gabbard (D-HI-2), Johnson, (D-GA-4), Lieu (D-CA-33), Schakowsky (D-IL-9) *Lead sponsors

The **CARERS Act** is the first comprehensive medical cannabis bill to be introduced in the U.S. Senate (S. 683), and a companion has since been introduced in the House (H.R. 1538). The CARERS Act protects from federal interference medical cannabis patients, physicians, caregivers, and the businesses that cultivate, process, lab test, and distribute this botanical medicine in accordance with state law.

The CARERS Act would help reshape federal medical marijuana law in six important ways.

1. End Federal Interference

- Allows states to continue to lead the way on medical marijuana advancements and to expand their programs
- Establishes clear federal protection for anyone abiding by state law
- Creates tax equity for businesses operating under state law regarding IRS Code Sec. 280e

2. Reschedule Marijuana

- Formally acknowledges that marijuana has an acceptable medical use
- Allows state medical marijuana programs to continue to operate independently of federal restrictions
- Moves marijuana from Schedule I to Schedule II, but the bill would not prevent the Administration from further rescheduling or descheduling marijuana based on available or emerging science

3. Remove CBD From Controlled Substances Act

- Permits sale and transportation of low-THC seeds, clones and extracts across state lines

4. Enable Access to Banking Services

- Allows anyone in compliance with state law to access critical financial services
- By allowing banking services, cannabis businesses would be easier to regulate

5. Eliminate Federal Research Barriers

- Ends DEA-mandated "NIDA monopoly," the biggest remaining federal barrier to research
- Rescheduling will also remove certain bureaucratic barriers to research

6. Ensure Equality for Military Veterans

- Authorizes Veterans Administration (VA) doctors to recommend medical cannabis in state that have such programs
- Creates equality for veterans who rely on the VA for their health care, by allowing them to become medical cannabis patients without having to pay out of pocket for a doctor
- Does not require the VA to reimburse for medical cannabis expenses.

Why the CARERS Act is Necessary

Americans Have Already Accepted that Cannabis has Medicinal Value

- 285 million Americans in 40 states, the District of Columbia, and Guam have some sort of medical cannabis law to protect them if their doctor recommends this therapy for a qualifying condition.
- 23 of these states the District of Columbia have created robust medical cannabis programs that allow patients to either cultivate their own medicine or purchase it from a state-regulated dispensary.
- 17 states have enacted laws that offer legal protections for patients who use low-THC cannabis extracts, and a growing number of them are including commercial cultivation and distribution of those products.
- A 2014 CNN poll found a super majority of Americans (88%) support medical cannabis, including 83% of Republicans, and at least 86% from each region of the US (Northeast, Midwest, South, West, Urban, Suburban, Rural).¹
- States have approved over 50 different qualifying conditions for the use of medical cannabis.²

More Research is Necessary, but so is Immediate Safe and Legal Access to State Programs

- Medical cannabis patients support federal efforts to facilitate more research, but the fruit of this research may not come for many years, possibly decades. Even then, the FDA process for botanical medicine has only yielded one approved botanical drug.³
- All patients who could benefit from medical cannabis deserve immediate access via state programs. A patient with stage 4 cancer may not live to benefit from scientific breakthroughs, while chronic pain patients should not be forced to choose between opioid dependence and suffering without relief.

The DEA-mandated “NIDA Monopoly” is the Biggest Remaining Federal Barrier to Research

- Research beyond issues of addiction and abuse are outside of NIDA's jurisdiction, which inhibits researchers from obtaining cannabis for studies that examine the benefits of medical cannabis therapy.⁴
- The DEA has the authority to license more than one federal agency to cultivate cannabis for research, but refuses to do so based on treaty interpretation that is not shared by allies of the United States, such as Canada, the United Kingdom, Holland, the Czech Republic, etc.⁵
- As a result, these countries have led the way on medical cannabis clinical studies while the United States lags behind on wide-scale medical cannabis research.⁶

Medical Cannabis Effective at Treating Conditions that Disproportionately Affect Veterans

- Post-Traumatic Stress Disorder patients experience a 75% reduction in the severity of their symptoms without adverse side effects.
- One study showed that patient mortality among those who suffered a traumatic brain injury was four times greater in patients who did not use cannabis compared to those who used it.
- Many veterans suffer unmanageable chronic pain for which dangerous opioids are often prescribed. Medical cannabis states have had 25% fewer opioid overdoses than states without them.

1. CNN/ORC January 2014 poll, available at: <http://goo.gl/PnrKkL>.

2. Medical Cannabis Access in the United States, Americans for Safe Access, 2016, pages 11-12, available at: http://www.safeaccessnow.org/medical_marijuana_access_in_the_usa.

3. “Up to this date, one botanical product that fulfills the Botanical Guidance definition of a botanical drug product has been approved for marketing as a prescription drug (sinecatechins, Veregen®).” FDA, What is a Botanical Drug?, available at: <http://www.fda.gov/AboutFDA/CentersOffices/OfficeofMedicalProductsandTobacco/CDER/ucm090983.htm>.

4. Greer GR, et al., PTSD symptom reports of patients evaluated for the New Mexico Medical Cannabis Program. *J Psychoactive Drugs*. 2014 Jan-Mar;46(1):73-7.

5. Nguyen BM, et al., Effect of marijuana use on outcomes in traumatic brain injury. *Am Surg*. 2014 Oct;80(10):979-83.

6. Bachhuber, Marcus, et al., Medical Cannabis Laws and Opioid Analgesic Overdose Mortality in the United States, 1999-2010, *JAMA Intern Med*. 2014;174(10):1668-1673.