

Vote AYE on the Mikulski Amendment

Protect State Medical Marijuana Programs and the Patients Who Rely on Them

Over the past two decades, 39 states have adopted and engaged in the ongoing process of implementing their own state medical marijuana programs that allow patients to have access to the therapy under the supervision of a recommending physician. In 2014, Congress took its first step towards recognizing the validity of state-approved medical marijuana programs when the House approved the medical marijuana amendment to the FY 2015 CJS budget. Led by Reps. Rohrabacher (R-CA) and Farr (D-CA) with 5 Republican and 5 Democrat cosponsors, the amendment won with a vote of 219-189. The amendment recognizes the right of states to operate their own programs with respect to the issue of medical marijuana, without prohibitive interference from the Department of Justice, which had been escalating through the end of 2014 in its efforts to stymie these programs. Senator Mikulski made certain that the amendment survived the Conference Committee process and it was signed by President Obama.

Support in the U.S. House grew significantly in 2015, up to 242-186, with a strong bipartisan support of 175 Democrats and 67 Republicans joining in support of medical marijuana patients. The 2014 version of the amendment included 32 states, and the number has grown to 39 states to date, with New York, North Carolina, Virginia, Georgia, Oklahoma, and Texas since passing state laws that create medical marijuana programs and legal protections of patients using the therapeutic of the substance under the recommendation of their physician. A January 2014 CNN poll showed that 88% of Americans, including 84% of Republicans think that the use medical marijuana under their physician's supervision should not be illegal.

Approximately 2.4 million American patients are registered in state-approved programs. More than 50 different medical conditions have been approved in varying combinations by the 39 states. Protecting patients and doctors who participate in state-approved and regulated medical marijuana programs is a concept supported by the American College of Physicians, American Preventive Medical Association, the American Nurses Association, the Epilepsy Foundation, the MS Society, the American Public Health Association, and numerous state nurses associations.

There have been at least 270 raids of state-legal medical marijuana providers during the Obama Administration. Since 2009, the Administration, the Dept. of Justice has spent an estimated \$350 million interfering with state medical marijuana programs. These raids cause disruptions in the patients' supply of medicine, which means patients must either forgo their physician-recommended treatment, or turn to the black market to continue their therapy. Patients should not have to live in fear that DEA agents using paramilitary tactics will storm into their state-legal dispensary when they pick up their medicine.

Protecting the right of states to set their own policies regarding the therapeutic use of marijuana should appeal to conservatives and liberals alike. Respecting the Constitutional rights of states as laboratories of democracy enables them to enact their own laws to best serve the needs of the residents of their state in the way they see fit. Keep intrusive government out of the doctor's office by letting states determine their own medical marijuana laws.

See reverse for amendment text and additional information

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General Information

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Don't Roll Back the Clock on Protecting State-Legal Medical Marijuana Patients

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Amendment Text:

None of the funds made available in this Act to the Department of Justice may be used, with respect to any of the States of Alabama, Alaska, Arizona, California, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Illinois, Iowa, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Oklahoma, Oregon, Rhode Island, South Carolina, Tennessee, Texas, Utah, Vermont, Virginia, Washington, and Wisconsin, or with respect to either the District of Columbia or Guam, to prevent any of them from implementing their own laws that authorize the use, distribution, possession, or cultivation of medical marijuana.

Quick facts:

- 39 states now have some form of medical marijuana patient protections
- 275 million Americans live under these laws (~85% of U.S. population)
- Approximately 2.4 million patients utilize these laws¹
- Over 50 medical conditions have been approved among these programs²
- States with medical marijuana programs have seen drops in opioid overdoses,³ highway fatalities,⁴ and not experienced increased teen use⁵
- Under the Obama Administration, the Dept. of Justice has spent an estimated \$350 million interfering with state medical marijuana programs⁶

What the amendment doesn't do:

The Amendment does not reschedule or otherwise "legalize" marijuana. It does not prevent the Department from using funds to enforce federal laws against those who do not obey state medical marijuana laws. The DEA and other agencies under DOJ would be able to participate in joint state-federal efforts to pursue medical marijuana providers who violate state law upon the request of a state law enforcement agency for federal assistance because the state agency will have made a good faith determination that state law has been violated. Therefore, the amendment does not prohibit DOJ from prosecuting so-called "rogue" dispensaries that violate state law.

¹"Number of Legal Medical Marijuana Patients" (as of Oct. 27, 2014), <http://medicalmarijuana.procon.org/view.resource.php?resourceID=005889>.

² Complete list of state medical marijuana qualifying conditions available at: <https://goo.gl/6kYWo6>.

³ "Medical cannabis laws are associated with significantly lower state-level opioid overdose mortality rates." Medical Cannabis Laws and Opioid Analgesic Overdose Mortality in the United States, 1999-2010. Marcus A. Bachhuber, MD, et al., *JAMA Intern Med.* 2014;174(11):1875. doi:10.1001/jamainternmed.2014.5823.

⁴ "The first full year after coming into effect, [medical] legalization is associated with an 8–11 percent decrease in traffic fatalities." *Journal of Law and Economics*, Vol. 56, No. 2 (May 2013), pp. 333-369.

⁵ "Our results are not consistent with the hypothesis that legalization leads to increased use of marijuana by teenagers." Medical Marijuana Laws and Teen Marijuana Use, D. Mark Anderson, et al., National Bureau of Economic Research, NBER Working Paper No. 20332, July 2014.

⁶ See ASA's What's the Cost? report, <http://american-safe-access.s3.amazonaws.com/documents/WhatsTheCost.pdf>.

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