

# COMPASSIONATE ACCESS, RESEARCH EXPANSION, AND RESPECT STATES ACT

**S. 683:** introduced by Senators 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), Murphy (D-CT), Warren (D-MA).

**H.R. 1538:** introduced by Representatives Cohen (D-TN) and Young (R-AK); Norton (D-DC), Lofgren (D-CA), Nadler, Jerrold (D-NY), Conyers (D-MI), Rohrabacher (R-CA), Hunter (R-CA), Hanna (R-NY), Heck (R-V), Amash (R-MI), Beyer (D-VA), Blumenauer (D-OR), McClintock (R-CA), DelBene (D-WA), Jones (R-NC), Perlmutter (D-CO), Coffman (R-CO), Sanford (R-SC), Mulvaney (R-SC), Van Hollen (D-MD), DeFazio (D-OR), Deutch (D-FL), Rice (R-SC), Visclosky (D-IN), Bordallo (D-GU), O'Rourke (D-TX), Gabbard (D-HI), Johnson, (D-GA), Lieu (D-CA), Schakowsky (D-IL), Brownley (D-CA6), Jeffries (D-NY), Grijalva (D-AZ), Massie (R-KY), Connelly (D-VA), Lujan Grisham (D-NM).  
*List current as of May 23, 2016*

The CARERS Act is first comprehensive medical cannabis bill to be introduced in the U.S. Senate and has identical companion legislation in the House. The CARERS Act creates protections from federal interference for 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 cannabis law in six important ways.

## 1. Ends Federal Interference With State Programs

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

## 2. Reschedules Marijuana

- Formally acknowledges that cannabis has an acceptable medical use
- Allows state medical cannabis programs to continue to operate independently of Controlled Substances Act restrictions

## 3. Removes CBD From Controlled Substances Act

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

## 4. Enables Access to Banking Services

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

## 5. Eliminates Federal Research Hurdles

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

## 6. Ensures Equality for Military Veterans

- Authorizes Veterans Administration (VA) doctors to recommend medical cannabis in states that have such programs
- Creates equality for veterans who rely on the VA for their health care, by allowing them to

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- 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 CARERS is necessary

### Americans Have Already Accepted that Cannabis has Medicinal Value

- 300 million Americans in 41 states, D.C., Guam and Puerto Rico have some sort of medical cannabis law to protect them if their doctor recommends this therapy.
- 25 of these states and the District of Columbia have created programs that allow patients to either cultivate their own medicine or purchase it from a state-regulated dispensary.
- 16 states have enacted laws that offer legal protections for patients using low-THC cannabis extracts, and a growing number are allowing commercial cultivation and distribution.
- 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 country (Northeast, Midwest, South, West, Urban, Suburban, Rural).<sup>1</sup>
- States have approved over 50 different qualifying conditions for medical cannabis use.<sup>2</sup>

### 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. The FDA process for botanical medicine has only yielded one approved botanical drug.<sup>3</sup>
- 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, and 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 to study the benefits of medical cannabis therapy.
- The DEA has the authority to license more than one federal agency to cultivate cannabis for research, but refuses to do so based on a treaty interpretation that is not shared by allies of the United States, such as Canada, the United Kingdom, Holland, the Czech Republic, etc.
- As a result, the US lags behind these nations on wide-scale medical cannabis research.

### Medical Cannabis Effective at Treating Conditions that Disproportionately Effect Veterans

- Post-Traumatic Stress Disorder patients experience a 75% reduction in the severity of their symptoms, without adverse side effects.<sup>4</sup>
- 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.<sup>5</sup>
- Many veterans suffer unmanageable chronic pain for which opioids are often prescribed. Medical cannabis states have 25% fewer opioid overdose deaths than states without them.<sup>6</sup>

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](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.