

# PATIENTS NEED FEDERAL LEADERSHIP



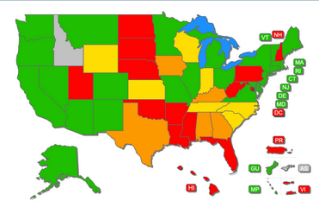
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**6 Million+ medical cannabis patients**
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**70 Million Americans use CBD**
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**2/3 of Medical Professionals recognize the medical value of cannabis**

Cannabis medicines are used to treat a variety of medical conditions in the U.S., with patients consistently reporting improved quality of life, reduced pain, better sleep, enhanced mood, and increased mobility with fewer side effects. These experiences have been validated through a growing body of scientific evidence and by HHS, FDA, NIH, and the National Academies of Science.




**“There is conclusive or substantial evidence that cannabis or cannabinoids are effective for the treatment of chronic pain in adults, as anti-emetics in the treatment of chemotherapy-induced nausea and vomiting, and for in any of the indications where there exists some support improving patient-reported multiple sclerosis spasticity symptoms.”**


**“None of the evidence from the systematic reviews demonstrated substantial safety concerns that would argue against the use of marijuana for its benefit.”**


National Academies of Sciences, Engineering, and Medicine: The Health Effects of Cannabis & Cannabinoids, January 2017



FDA’s Center for Drug Evaluation and Research (CDER) “Considerations for Whether Marijuana Has a Currently Accepted Medical Use in the United States for Purposes of Section 202(b) of the Controlled Substances Act”

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**95% of the 7,000 known rare diseases have no treatment.**
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**1/3 of Americans are living with Chronic Pain**
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**1 million people in the United States have uncontrolled epilepsy.**

## STATE PROGRAMS HAVE DEMONSTRATED THE POTENTIAL OF MEDICAL CANNABIS

State medical cannabis programs have yielded impressive results, showcasing the potential for medical cannabis to reduce healthcare costs and improve quality of life.

### LOWER HEALTHCARE COSTS

A study published in Health Affairs in 2017 found that states with medical cannabis laws saw a reduction of \$165.2 million annually in Medicare Part D prescription drug spending. If implemented nationally, these savings could approach \$1 billion per year (Bradford & Bradford, 2017).

### IMPROVED PATIENT OUTCOMES

Patients participating in medical cannabis programs report better symptom management, fewer side effects, and improved mental health. For instance, rheumatic disease patients using medical cannabis report decreased pain, enhanced mobility, and improved sleep (Fitzcharles et al., 2021).

### ECONOMIC BENEFITS TO WORKFORCE

States with medical cannabis programs have seen a 13% decline in workers’ compensation claims, reflecting improved workforce participation and productivity (Seaman et al., 2016).

### REDUCED OPIOID DEPENDENCY

States with medical cannabis laws experienced a 23% reduction in opioid overdose deaths, according to a 2021 study published in JAMA Network Open (Wilson et al., 2021). Patients using medical cannabis as part of their treatment report a significant decrease in opioid use, with some studies showing a 64% reduction in opioid consumption (Boehnke et al., 2016).

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**Chronic pain Costs Americans \$560–\$635 billion annually**
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**Chronic & Mental Health Conditions are Responsible for 90% of the \$4.1 Trillion Spent Annually on U.S. Healthcare**
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**\$35 Billion Annually on Opioid Misuse & Related Healthcare Costs**



**1 in 5 Older Adults Uses Cannabis**  
AARP-supported research shows many people 50-plus try THC to aid health

Data indicates that incorporating medical cannabis into healthcare systems, such as Medicare, could lead to improved health outcomes for the nation’s fastest-growing demographic. Such integration would provide a compassionate approach to addressing age-related health issues while enhancing the quality of care for older adults.

# CONGRESS DETERMINES WHO CAN & CAN'T HAVE ACCESS TO MEDICAL CANNABIS

Veterans, federal employees, and patients who live in reluctant states or who can't afford the out-of-pocket expenses are excluded from State programs and the proven benefits of cannabis medicines.

Without comprehensive medical cannabis legislation, medical cannabis patients are denied basic federal rights. Unfortunately, when faced with this harsh reality, millions of Americans can't afford to risk their housing, education, and financial stability to prioritize their health, even under the advice of their medical professional.



9,000,000	VETERANS USING VA HEALTH SERVICES
1,870,000	FEDERAL EMPLOYEES
112,846,000	AMERICANS LIVING WITH CHRONIC PAIN
100+	OPIOID DEATHS EACH DAY
2,100,000	AMERICANS IN SECTION 8 HOUSING (23% ARE DISABLED)
1,720,000	AMERICANS IN HOSPICE
67,300,000	AMERICANS USING MEDICARE
37,900,000	AMERICANS LIVING IN POVERTY
25,000,000+	AMERICANS LIVING WITH RARE DISEASES


**DENIAL OF SERVICES** Federal prohibition prevents medical cannabis patients from accessing services such as subsidized housing, Veterans Affairs benefits, and Medicare.


**PURSUIT OF HAPPINESS** Federal cannabis laws restrict the geographical mobility of patients, affecting their ability to travel, relocate for work, or pursue higher education.


**HEALTHCARE AUTONOMY** Federal restrictions also extend to healthcare settings, where cannabis use is frequently prohibited in hospitals, hospices, and assisted living facilities.

**ADA** Medical cannabis patients are not protected under the Americans with Disabilities Act (ADA) or the Fair Housing Act (FHA).

**2ND AMENDMENT RIGHTS** Federal laws restrict the rights of medical cannabis patients to own firearms, conflating responsible medical use with unlawful drug use.

 129 million Americans have at least one chronic disease.

 Over 1/2 Americans 65+ have at least 1 rheumatic condition.

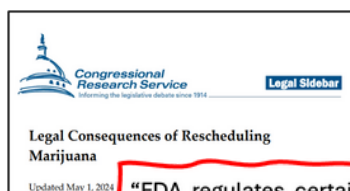
 1 in 3 Veterans have a conditions related to chronic pain.

## CANNABIS LEGALIZATION IS NOT THE GOAL OF MEDICAL CANNABIS PATIENTS

Adult-use markets are primarily designed to generate tax revenue for states and serve a clientele aged 21 and older, focusing on recreational consumers. **Medical patients require consistent access to standardized formulations and dosages tailored to their health conditions, while recreational consumers are typically interested in "what's new," which is prioritized in these markets.** Additionally, the conflation of medical and recreational markets leads to higher prices and reduced availability for patients who rely on cannabis as a critical component of their healthcare regimen. Forcing patients to navigate adult-use markets trivializes their medical needs and fails to respect their right to access treatment with dignity, privacy, and without stigma.

## AMERICANS NEED CONGRESS TO ACT

The Medical Cannabis and Cannabinoid Act (MCCA) offers a path forward that honors both the scientific understanding and the experiences of millions of Americans who benefit from cannabis medicines. Drafted by Americans for Safe Access with input from patient organizations, regulators, researchers, and medical professionals, **the MCCA creates a national medical cannabis program through two primary functions: establishing the Office of Medical Cannabis & Cannabinoid Control (OMC) housed under the U.S. Department of Health and Human Services (HHS) and changing the schedule of cannabis to a newly created schedule (Schedule VI).**

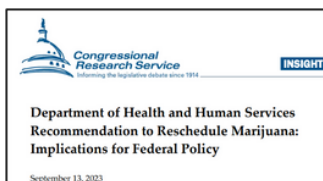


"FDA regulates certain cannabis products under the Federal Food, Drug, and Cosmetic Act, Congress might also consider whether to alter that regulatory regime or **create some alternative regulatory framework.**"



For more information  
[steph@safeaccessnow.org](mailto:steph@safeaccessnow.org)

Fact sheets, Presentations,  
Legislative Text



"If Congress removed marijuana from Schedule I, it might (1) place marijuana on one of the other schedules of controlled substances, (2) **create another schedule or separate classification for marijuana** under the CSA, or (3) remove marijuana as a controlled substance altogether."