

THE MEDICAL CANNABIS & CANNABINOID ACT OF 2024

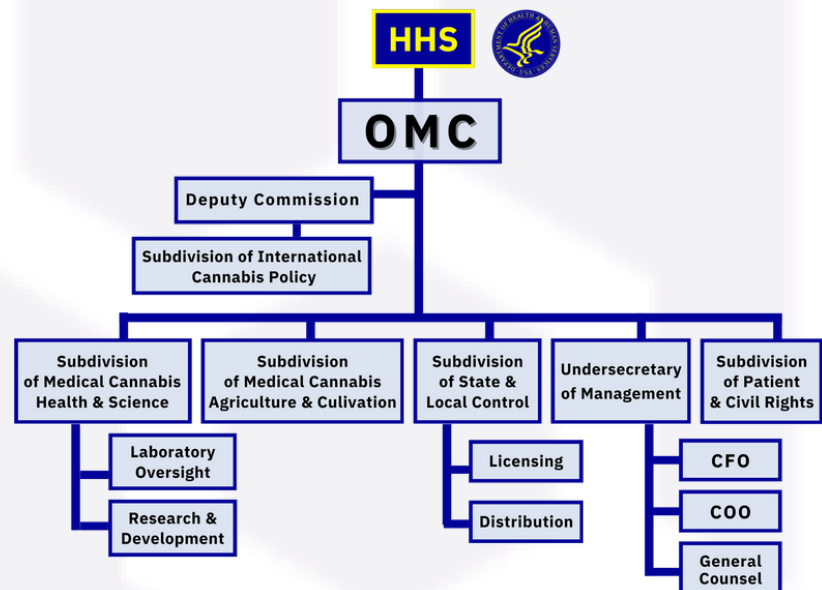
A National Framework for Safe Access & Regulatory Control

Comprehensive medical cannabis and cannabinoid legislation is required to address the gap in state and federal cannabis policies, public health concerns, and to give federal agencies robust guidance they are seeking from Congress. **The Medical Cannabis & Cannabinoid Act of 2024 (MCCA)**, was drafted by Americans for Safe Access with input from patient organizations, regulators, researchers, and medical professionals. It has two primary functions: changing the schedule of cannabis to a newly created schedule (Schedule VI), and creating the **Office of Medical Cannabis & Cannabinoid Control (OMC)** housed under the U.S. Department of Health and Human Services (HHS).

A NEW AGENCY: OMC

The mission of the OMC is to facilitate access to medical cannabis for therapeutic use and research, regulate the production of medical cannabis and cannabinoid products, facilitate private-public partnerships for product development and research, and oversee the new Schedule VI.

The OMC will require initial federal funding however, most operational funds will come from the reorganization of current cannabis oversight funding, licensing and permit fees, and private-public research partnerships.



A NEW SCHEDULE: Schedule VI

There is a national consensus that cannabis does not belong in Schedule I of the Controlled Substances Act (“CSA”). A status shared with heroin and a classification claiming it is considered more dangerous than cocaine, methamphetamine, OxyContin, and fentanyl (all Schedule II substances). In August 2023, HHS recommended that cannabis be classified as a Schedule III substance. The overwhelming majority of substances listed in the Controlled Substances Act are synthetic compounds, not natural products. Cannabis does not organically fit into the schedules described by the CSA.

Since 1996, states have been authorizing programs for cannabis that operate completely outside the preview of the CSA. By amending 21 USC 812(b)(5) of the CSA to create a new scheduling category for cannabis, Schedule VI, Congress will maintain moderate control over medical cannabis and cannabinoids for human consumption, give clear guidance to federal and state agencies, while allowing the greatest number of patients to access safe cannabis medicines.

IT'S TIME FOR CONGRESS TO ANSWER THE CALL OF STATE GOVERNMENTS, REGULATORS, PATIENTS, & MEDICAL PROFESSIONALS



**Americans for
Safe Access**

Advancing Legal Medical Cannabis Therapeutics

Headquarters:

1629 K Street Northwest Suite 300
Washington, DC 20006-1631

americansforsafeaccess.org

COMPREHENSIVE MEDICAL CANNABIS & CANNABINOID LEGISLATION IS NECESSARY

Clarify Federal Stance on Medical Cannabis & Cannabinoid Policy

- The Medical Cannabis Amendment to the Commerce-Justice-Science (CJS) Appropriations bill, first passed in 2014, was meant to be a triage measure to stop raids and prosecutions while Congress dealt with federal medical cannabis policies.
- The Hemp Authorization of the 2018 Farm Bill removed cannabis with <.3% THC from the CSA and inferred that the Food and Drug Administration (FDA) would regulate cannabinoid products derived from hemp. Five years later, in January 2023, the FDA told Congress they need a new pathway to regulate these products.
- There is confusion for federal agencies in dealing with cannabis, forcing many to create “workaround” policies for cannabis without the benefit of medical cannabis policy experts to guide them, and most agencies have found themselves in court trying to navigate the state-federal conflict.

States have Fulfilled their Role as "Laboratories of Democracy"

- Forty-one states, the District of Columbia, four of five U.S. territories have medical cannabis distribution programs and seven states have cannabidiol laws.
- State policymakers and regulators have not only been tasked with creating the infrastructure and regulations for a supply chain that remains illegal at the federal level, but now they must address a new public health concerns from the unregulated hemp-derived cannabinoid market created by the 2018 Farm Bill.
- The state-by-state compassionate use model leaves out those patients living in states reluctant to pass medical cannabis laws, federal employees and contractors, and veterans utilizing VA medical services. In states with medical cannabis laws, this model does not address many medical or logistical needs for patients, only serving a privileged class of Americans.

Science has Changed Understanding & Attitudes on Medical Cannabis

- 93% of Americans are in favor of medical cannabis policies.
- In 2020, the United Nations reclassified cannabis, recognizing its medical benefits and over 60 countries have legalized the medical use of cannabis at the national level.
- 6 million Americans are using medical cannabis as a stand-alone or as an adjunct treatment to relieve symptoms or side effects experienced from other treatment methods. In many cases, patients and their medical professionals report that cannabis and cannabinoids provide relief when pharmaceutical options have failed.
- In response to the U.S.’s pain and opioid epidemics, over 1/3 of Americans are turning to cannabis and cannabinoids to treat chronic pain and curb opioid use resulting in fewer opioid deaths in states where medical cannabis is available.

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