

THE VALIDATED VOICES SUMMIT

MEDICAL CANNABIS LOBBY DAY & ADVOCACY REBOOT EVENT

USHER IN A NEW ERA

OF MEDICAL CANNABIS

ADVOCACY

"ACCEPTED
MEDICAL USE"

SEPTEMBER 26 & 27

WASHINGTON, DC

SEPTEMBER 26 & 27, 2024

WASHINGTON, DC



VETERANS
INITIATIVE 22



THANK YOU, SPONSORS!



FIRE CONSULTS



NECTAR

MEETING GROUND RULES

1. Wait to be called on to contribute
2. Don't interrupt
3. Don't repeat others
4. Assume best intentions



Americans for Safe Access

Founded in 2002, Americans for Safe Access (ASA) advocates for a national regulatory framework that invests in the development of standardized cannabis-based products, ensures a safe & consistent supply, fosters the integration of cannabis into patient treatment plans as a frontline medication, encourages insurance coverage, & prohibits employment, housing, parental & healthcare discrimination.



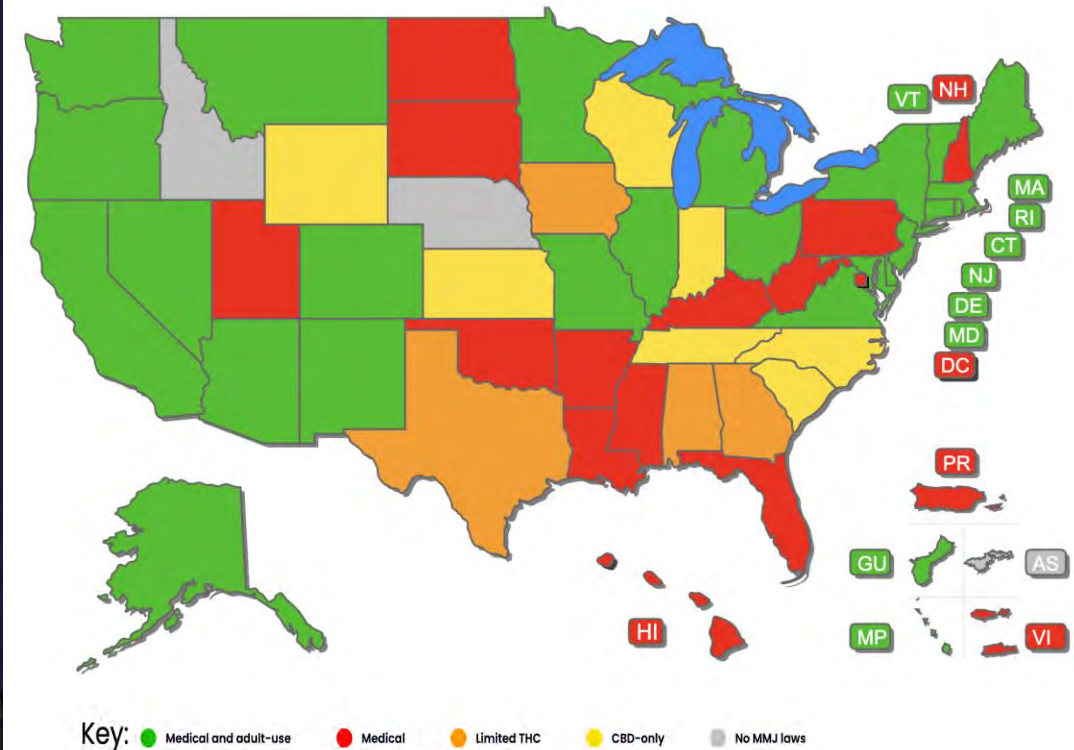
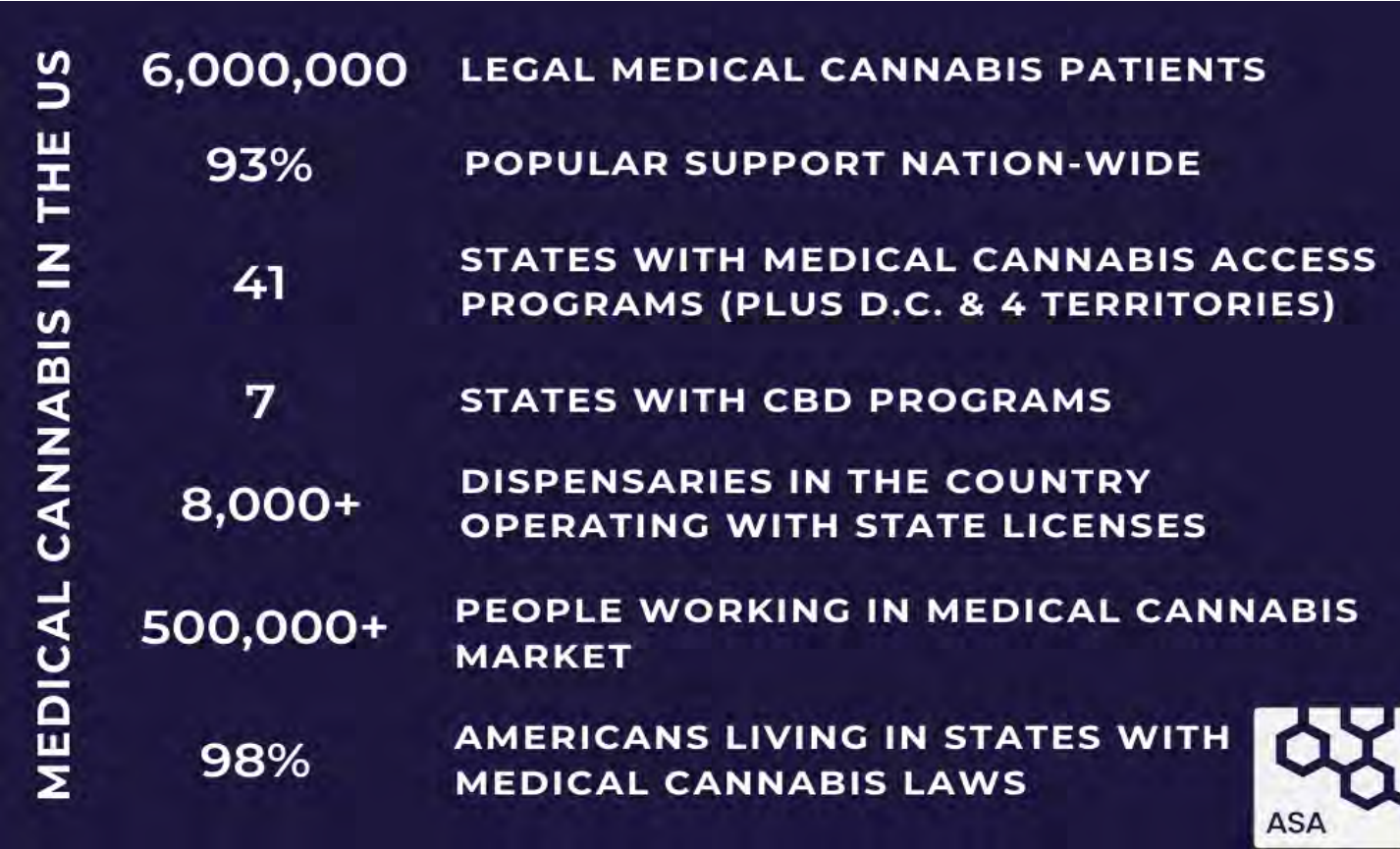
A MEDICAL CANNABIS PATIENT

IS A PERSON LIVING WITH A MEDICAL CONDITION OR EXPERIENCING SYMPTOMS FOR WHICH CANNABIS OR A CANNABINOID-BASED THERAPEUTIC IS THE ONLY TREATMENT OPTION, A MORE SUITABLE OPTION, OR WORKS AS AN ADJUNCT TREATMENT INCLUDING SIDE-EFFECT MITIGATION TO OTHER AVAILABLE CARE OPTIONS.



STATES HAVE FULFILLED THEIR ROLE AS "LABORATORIES OF DEMOCRACY"

Initially created as "triage" to remove patients off the battlefield of the war on drugs, the state cannabis access experiment has run its course.



The state-by-state compassionate use model leaves out those patients living in states reluctant to pass medical cannabis laws, federal employees and contractors, veterans utilizing VA medical services, and patients in hospice or living in subsidized housing.

State-level medical cannabis programs function separately from healthcare systems, resulting in financial, geographical, and legal obstacles for numerous patients, ultimately catering primarily to a privileged demographic of Americans.



Patients are Unable to Use Cannabis in Hospice or Travel to Attend Life Events

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

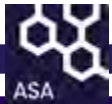
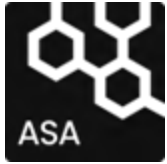
**POLITICS IN AMERICA IS NOT A SPECTATOR SPORT.
YOU HAVE TO GET INVOLVED.**

- CONGRESSMAN SAM FARR



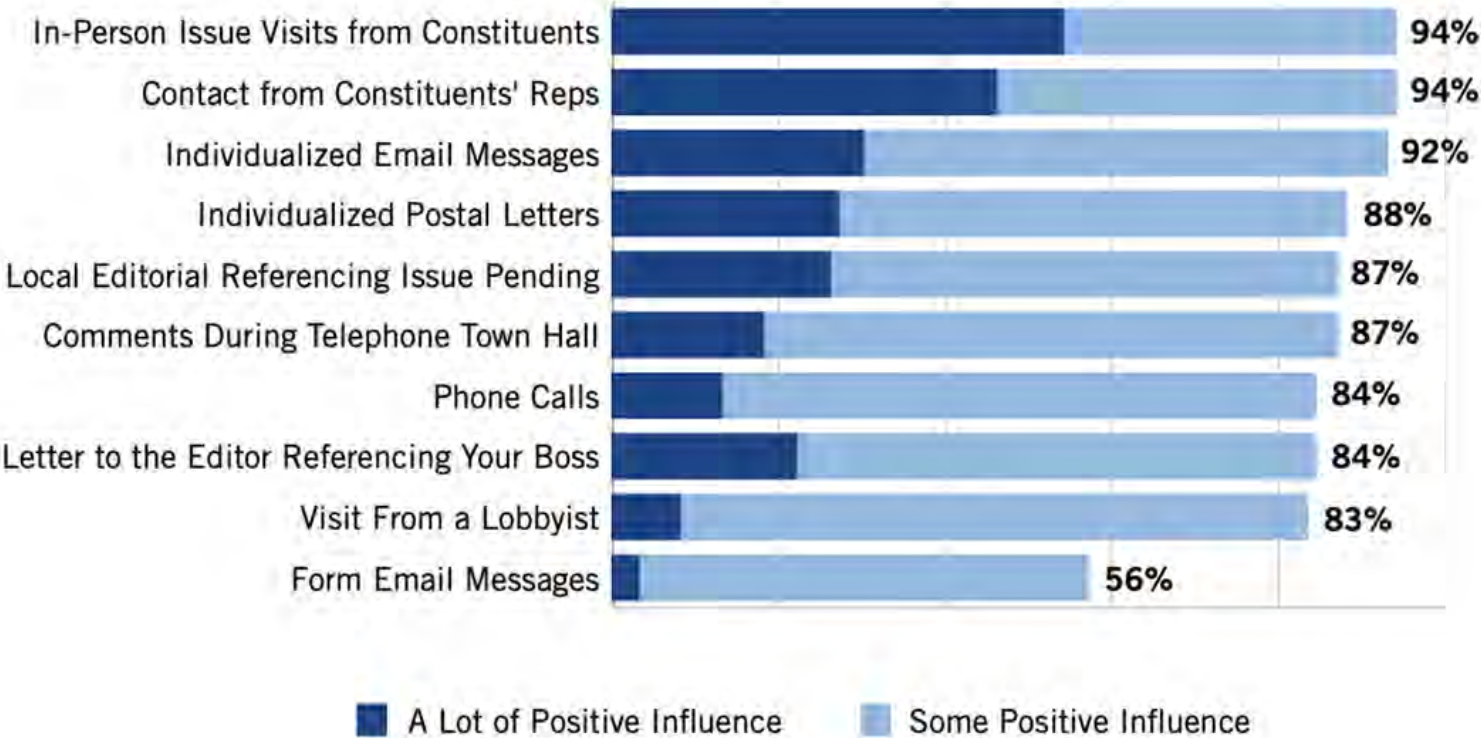


EVERYONE IS LOOKING TO CONGRESS FOR ANSWERS



POLITICAL ENGAGEMENT MATTERS

If your Member/Senator has not already arrived at a firm decision on an issue, how much influence might the following advocacy strategies directed to the *Washington office* have on his/her decision?



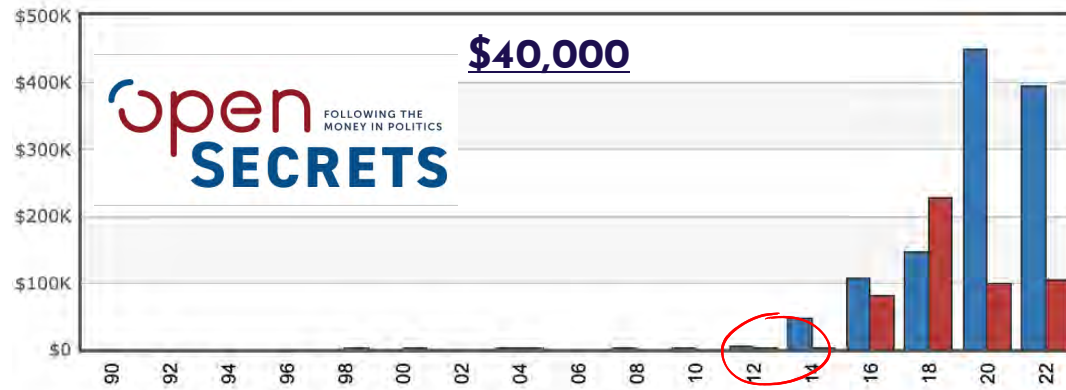
Source: Congressional Management Foundation 2015 survey of congressional staff, including Chiefs of Staff, Communications Directors, Legislative Directors, and Legislative Assistants.



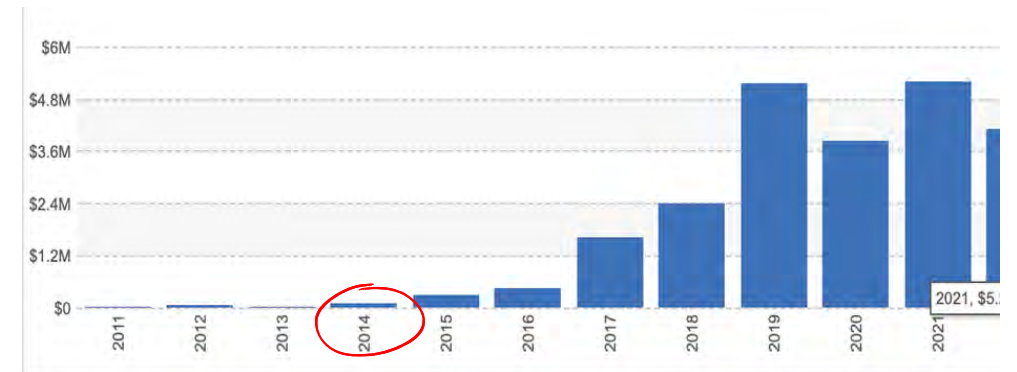
2014 MOVEMENT INVESTMENT IN FEDERAL GOVERNMENT AFFAIRS

In 2014, after 11 years of introductions, the Medical Cannabis amendment to the Commerce-Justice-Science (CJS) passed creating first federal protections for medical cannabis businesses & the patients they serve.

2014 CANNABIS POLITICAL CONTRIBUTIONS -



2014 CANNABIS LOBBY SPENDING - \$80,000



ASA's 2014 Advocacy Budget \$1mil vs ASA's 2024 Advocacy Budget \$100k

**HOW SHOULD
CANNABIS BE
REGULATED?**



**WON'T PHARMA TAKE
CARE OF "MEDICAL"
CANNABIS?**

**DO ADULT USE
MARKETS SERVE
PATIENTS?**

**ANYONE CAN
GET CANNABIS
NOW, CAN'T
THEY?**



**SO, ADULT USE
PROGRAMS PROVE
MEDICAL WAS A SCAM?**



**ARE THE STATE
PROGRAMS
WORKING FOR
PATIENTS?**

**WHO IS TALKING TO CONGRESS
ABOUT MEDICAL CANNABIS?**



Cannabis industry is about money, not medicine

Biden administration's recent move to reschedule marijuana could be a big gift

The Washington Times

America's Newspaper

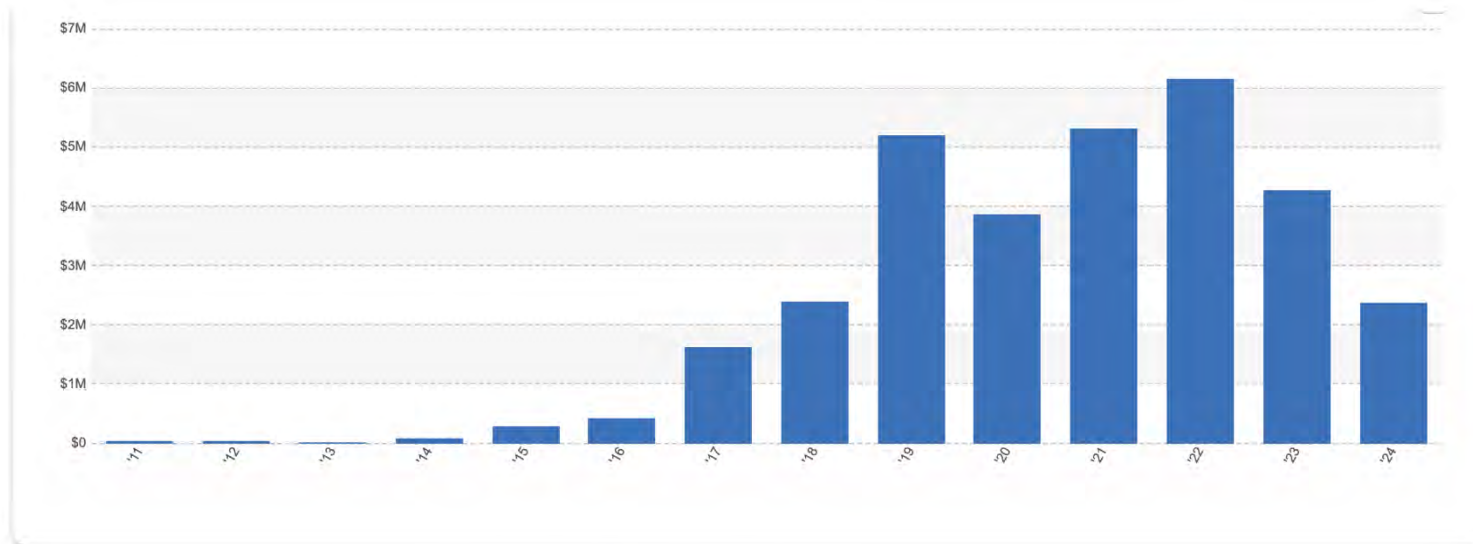
SAM Smart
Approaches to
Marijuana
preventing another big tobacco



Cannabis (marijuana) industry about money illustration by Linas Garsys / The Washington Times more >

SafeAccess4All.org

Marijuana: Lobbying,



\$2,371,000

2024 Total for Marijuana

THERE IS BI-PARTISAN SUPPORT FOR MEDICAL CANNABIS IN CONGRESS...



CONGRESS HAS NOT FORGOTTEN PATIENTS!

“Rescheduling means cannabis will be an option for veterans and adults living with chronic diseases, including epilepsy, multiple sclerosis, and opioid use disorder. This is an important step, but more needs to be done.

Millions of Americans have had opportunities for stable housing and employment foreclosed due to petty and non-violent cannabis-related offenses, including in jurisdictions that have since legalized the substance. Further, access to regulated and affordable medicinal cannabis remains out of reach for millions of patients, including veterans.

We must develop a regulatory framework that protects children but ensures the safe growth, manufacturing, prescription, sale, and consumption of cannabis by adults. We look forward to working with the agencies on this issue in the coming months.”

—April 30, 2024 Statement



Thank You, Representatives
Joyce & Mast!

Congressman Joyce (R) OH



Congressman Mast (R) FL



SafeAccess4All.org



117th CONGRESS

**THE MEDICAL CANNABIS
AMENDMENT TO THE
COMMERCE-JUSTICE-SCIENCE
(CJS) APPROPRIATIONS**

**THE MEDICAL MARIJUANA &
CANNABIDIOL RESEARCH ACT**

THERE IS STILL OPPOSITION TO “NON-MEDICAL” CANNABIS

Chapter I.

Analysis of the trend to legalize the non-medical use of cannabis



The health and social effects of nonmedical cannabis use



F. Conclusions

112. Legalization of the non-medical use of cannabis is inconsistent with the obligation contained in the 1961 Convention as amended to limit, subject to the provisions of that Convention, exclusively to medical and scientific purposes the production, manufacture, export, import and distribution of, trade in, and use and possession of drugs. There is a degree of flexibility in the international drug control conventions, in particular in the definition of penal provisions, but that flexibility does not provide for exceptions to the limitation of article 4 (c) of the 1961 Convention as amended.



INTERNATIONAL NARCOTICS CONTROL BOARD



Report 2022

Legalizing jurisdictions have not been able to achieve the goals they had pursued through legalization of cannabis for recreational purposes. Of particular concern is the marketing and sale of cannabis-based products in a way that appeals to young people, as well as the declining perceptions of harms associated with cannabis despite the high potency of cannabis products available in the market and related health concerns.



UNITED NATIONS

Don't be misled by misleading labels
Remember: Marijuana is not a harmless herb
CAUTION





To amend title 23, United States Code, to establish a national requirement against the use of marijuana for recreational purposes.

SECTION 1. SHORT TITLE.

This Act may be cited as the “Stop Pot Act of 2023”.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Stop Pot Act of 2023”.

SEC. 2. NATIONAL REQUIREMENT AGAINST USE OF MARIJUANA FOR RECREATIONAL PURPOSES.

(a) WITHHOLDING OF FUNDS FOR NONCOMPLIANCE.—[Chapter 1](#) of title 23, United States Code, is amended by adding at the end the following:

“§180. National requirement against use of marijuana for recreational purposes

SAM Smart Approaches to Marijuana
preventing another big tobacco

SAM Smart Approaches to Marijuana
preventing another big tobacco

ISSUES & RESOURCES TAKE ACTION NEWS CONTACT EVENTS DONATE

CREATING FAMILY LEADERS

Empowering those having experiences with a loved one's marijuana use to advocate for healthy drug policies.

Family-First. Science Based. Common Sense. Accountability.

Parent Action Network

2024 Press Releases

Delta-8-THC use reported by 11% of 12th graders. The first ever national estimates of teen delta-8 use indicate that 11% of 12th grade students across the United States used it in the past year. This information comes from the Monitoring the Future study, which annually surveys adolescents across the U.S. and is conducted by researchers at the University of Michigan and funded by the National Institute on Drug Abuse of the National Institutes of Health.

NATIONAL ACADEMIES
Sciences Engineering Medicine

Public Health Consequences of Changes in the Cannabis Policy Landscape

SHARE [f](#) [t](#) [in](#) [✉](#)



PAN Supports the Following Initiatives

- D.A.R.E
- Parent Movement 2.0
- Parents Opposed to Pot
- Parents of Addicted Loved Ones (PAL)
- One Choice Prevention
- Be Extraordinary, Be You
- Johnny's Ambassadors
- Every Brain Matters
- Ignite the Hope Coaching for Parents with a Child Battling Addiction

monitoring the future
a continuing study of American youth

ANTI-MARIJUANA PARENTS MOVEMENT TODAY

Parenting just got a lot harder with legal marijuana



“Marijuana Legalization is being aggressively pushed across the country by a motivated, well-funded and politically sophisticated industry - these efforts are taking away every family’s right to live in pot-free communities”

“30% of marijuana users have a Use Disorder of some kind”

Those using marijuana have a 7-fold increase in suicide attempts”



LESSONS FROM THE PAST ON FEDERAL CANNABIS POLICY

The Washington Post
Democracy Dies in Darkness

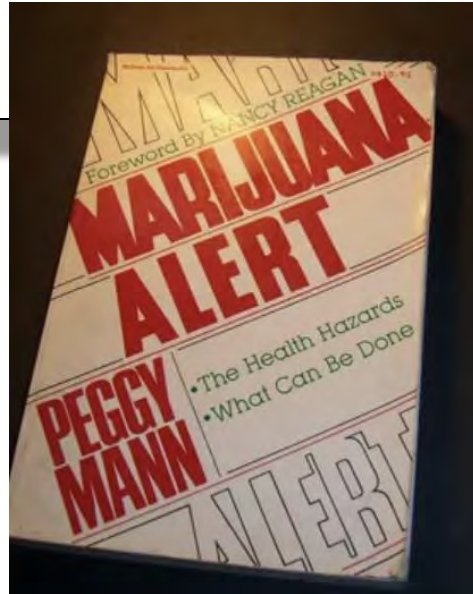
🕒 This article was published more than **44 years ago**

Opinion | The Parent War Against Pot

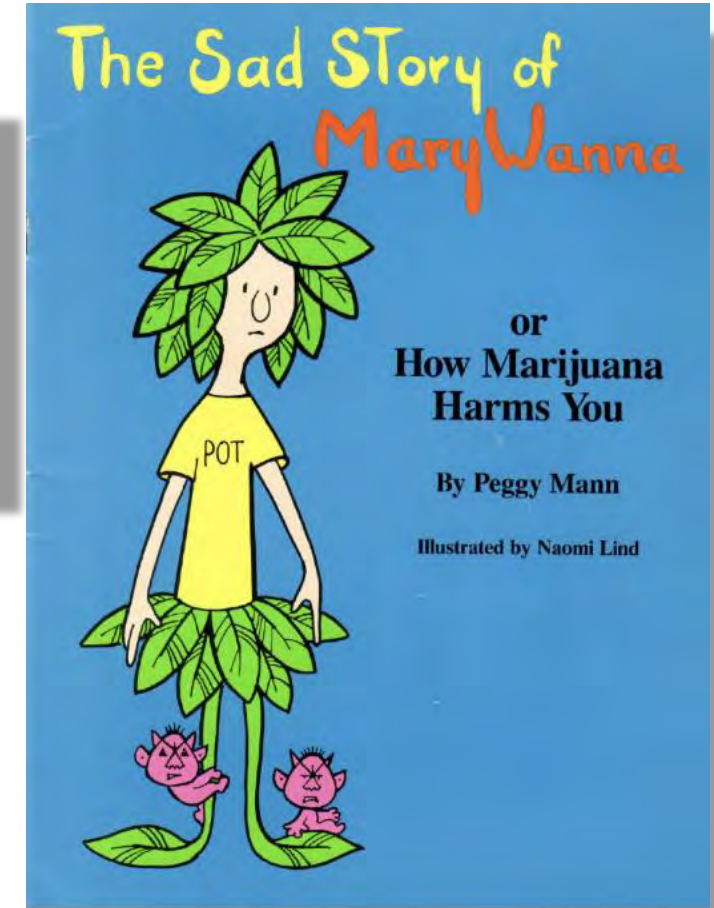
Growing crackdowns on their own children and others may be the best solution to adolescent drug abuse

By Peggy Mann

January 6, 1980 at 12:00 a.m. EST



Peggy Mann, author of *MARIJUANA ALERT* (McGraw-Hill)
photo credit: Arthur Paxton



PARENTS MOVEMENT THAT DERAILED CARTER'S FEDERAL MARIJUANA DECRIM

**EMPLOYMENT,
HOUSING, &
HEALTHCARE
PROTECTIONS**



**CONSISTENT
ACCESS &
SUPPLY**

**INSURANCE
COVERAGE**

**STANDARDIZED
CANNABIS
MEDICINES**

**CONTAMINANT FREE
& ACCURATELY
LABELED PRODUCTS**



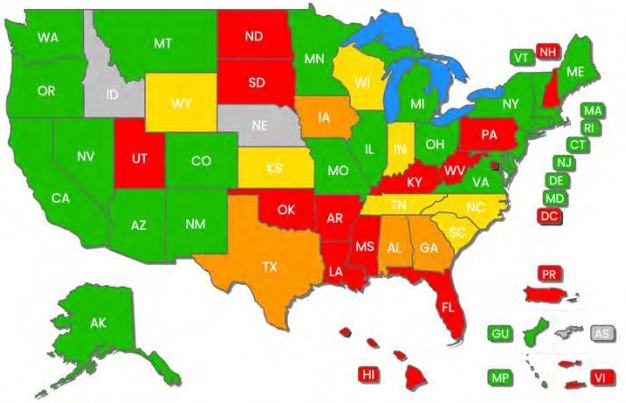
**RIGHTS & PRIVILEGES
GRANTED TO OTHER
MEDICINES**

SHOULDN'T BE YOU?

CHANGING THE U.S. DEFINITION OF MEDICINE



CURRENT STATE OF CANNABIS PRODUCTS AVAILABLE IN U.S. MARKETS



&



REGULATED STATE MARKETS

UNREGULATED HEMP MARKET

PATIENT ACCESS IN RECREATIONAL ADULT USE MARKETS



21 years or older- excludes patients between the ages of 18-21 & pediatric patients.



Municipalities prevent licensing of adult-use retail more often than medical dispensaries.



Patients need larger quantities of cannabis than recreational programs allow.



Moving patients into adult-use markets makes them susceptible to continued discrimination & stigma.



Many medical cannabis providers move to serve adult-use consumers.



Patients need access to experts to help guide them toward the right products & dosing guidelines.



Patients rely on products that are not popular in adult-use markets such as suppositories, under-the-tongue sublinguals, inhalers, high-CBD/low THC, 50/50 CBD/THC, & other cannabinoid profiles.



RESCHEDULING OF CANNABIS

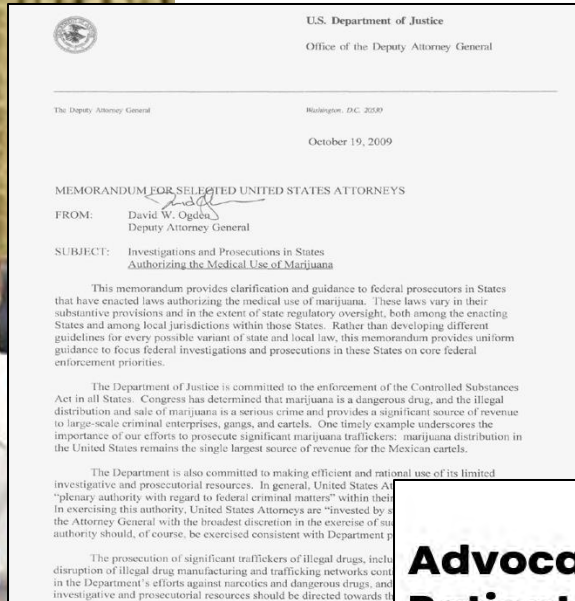
**SCHEDULE III will have little to no impact
on the current US cannabis market...**

**but is a game changer for patients &
advocates working to close the gap
between politics & medicine.**

**CONGRESS WILL HAVE TO ACT FOR
PATIENTS TO BENEFIT FROM THE
CHANGE IN CANNABIS CLASSIFICATION.**



LESSONS FROM THE PAST ON FEDERAL MEDICAL CANNABIS POLICY



Medical Marijuana Advocates Urge New Attorney General to End DEA Raids

Americans for Safe Access | February 03, 2009 |

White House Responds to DEA Raids, Vows to End Policy

Americans for Safe Access | February 05, 2009 |

Advocates Hail New Federal Guidelines on Medical Marijuana a Victory for Patients

Americans for Safe Access | October 19, 2009 |

OBAMA DOJ MEMOS DID NOT STOP RAIDS,
BUT THEY DID STOP CONGRESS



June 2013

What's the Cost?

The Federal War on Patients



**THINKING OBAMA "FIXED"
MEDICAL CANNABIS POLICY
CONGRESS STOPPED
INTRODUCING BILLS TO
ADDRESS FEDERAL CONFLICT
BETWEEN 2009-2013**

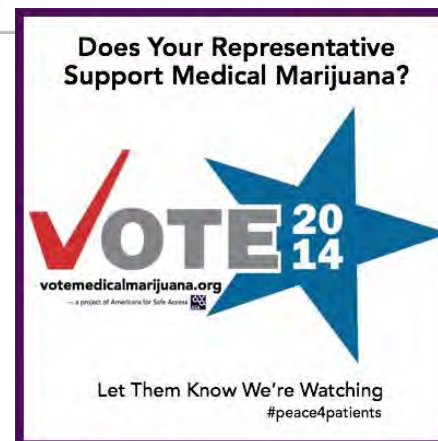
Report: Obama Justice Department Has Spent Nearly \$300 Million on Aggressive Medical Marijuana Enforcement

Americans for Safe Access | June 13, 2013 |

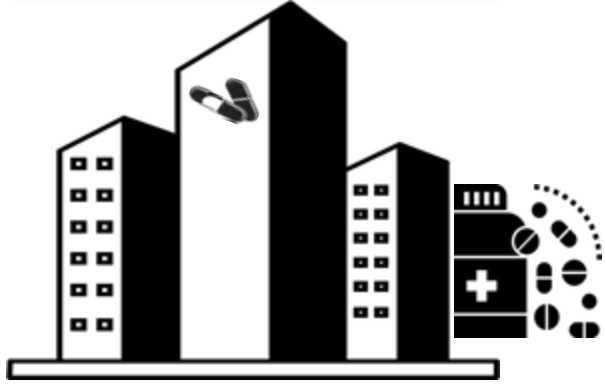
PASSING CJS AMENDMENT

Patient advocates are producing ads in an effort to educate public, hold federal policymakers accountable

Americans for Safe Access | June 05, 2014 |



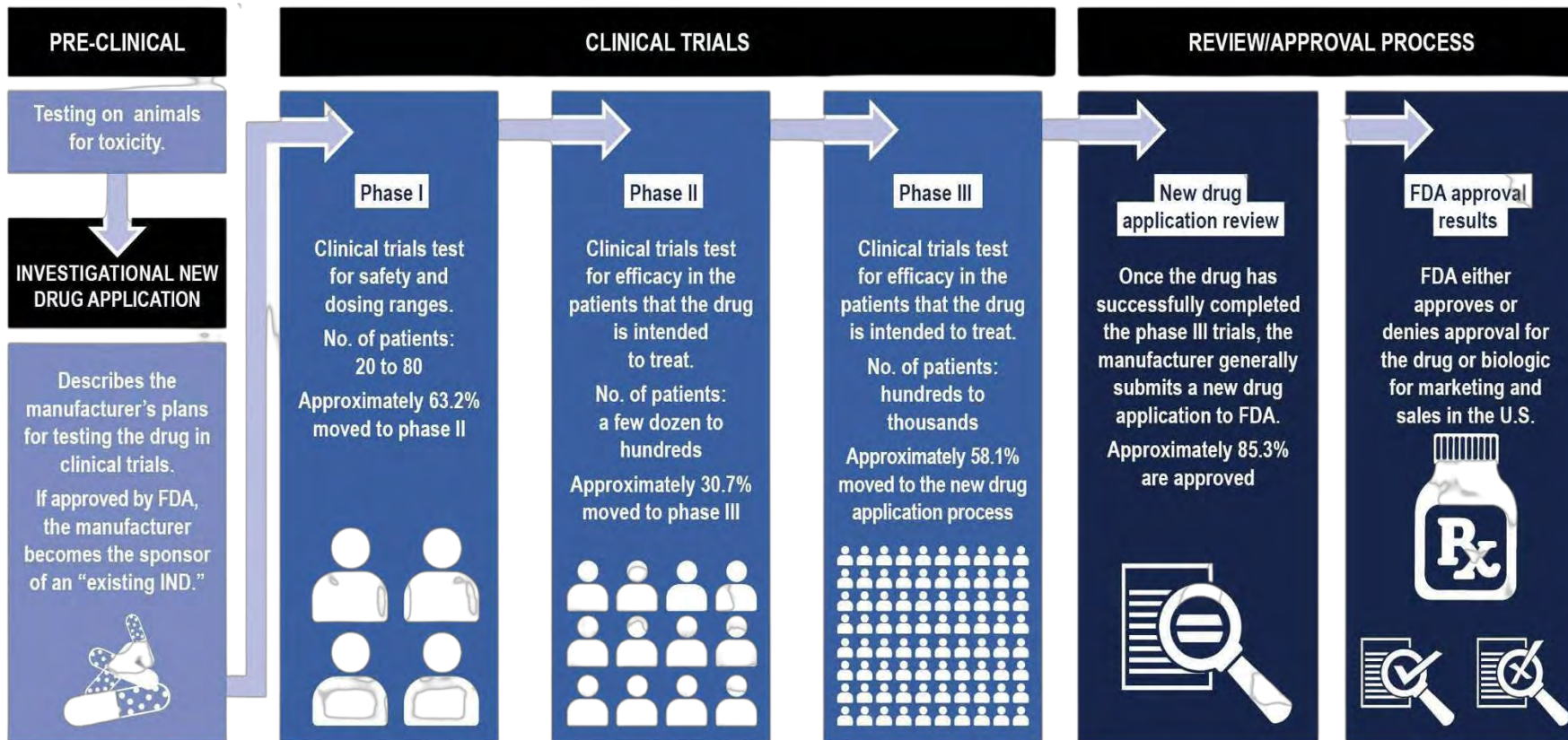
ONLY FDA APPROVED DRUGS ARE “MEDICINE” IN THE US



HEALTHCARE INFRASTRUCTURE



TRADITIONAL DRUG APPROVAL



**\$1-1.5
BILLION**



Source: GAO analysis of FDA data and a 2016 collaborative study by Biotechnology Innovation Organization, Biomedtracker, and Amplion.^a | GAO-17-564

8-10 YEARS

EPIDIOLEX-purified form of CBD

MARINOL & SYNDROS- dronabinol, synthetic THC

CESAMET-nabilone, synthetic structure similar to THC

DIETARY SUPPLEMENT HEALTH & EDUCATION ACT (DSHEA)

“HERBAL MEDICINES”



THE HEMP AUTHORIZATION OF THE 2018 FARM BILL.
Removed cannabis with <.3% THC from the CSA



JANUARY 2023: FDA announced cannabinoid products can't be regulated under DSHEA (or FDCA)



FDA Regulation of Cannabis and Cannabis-Derived Products, Including Cannabidiol (CBD)

FDA's Cannabis Product Committee (CPC) develops and implements cross-Agency strategy and policy for the regulation of cannabis products.



FDA PROPOSAL FOR CANNABIS MEDICINES

GUIDANCE DOCUMENT

Cannabis and Cannabis-Derived Compounds: Quality Considerations for Clinical Research Guidance for Industry

Guidance for Industry

JANUARY 2023

Drug Master Files Guidance for Industry

DRAFT GUIDANCE

This guidance document is being distributed for comment purposes only.

Comments and suggestions regarding this draft document should be submitted within 60 days of publication in the *Federal Register* of the notice announcing the availability of the draft guidance. Submit electronic comments to <https://www.regulations.gov>. Submit written comments to the Dockets Management Staff (HFA-505), Food and Drug Administration, 5630 Fishers Lane, Room 1061, Rockville, MD 20852. All comments should be identified with the docket number listed in the notice of availability that publishes in the *Federal Register*.

For questions regarding this draft document, contact (CDER) Rick Elmer 240-402-2733, or (CBER) Office of Communication, Outreach and Development 800-835-4709 or 240-402-8010.

U.S. Department of Health and Human Services
Food and Drug Administration
Center for Drug Evaluation and Research (CDER)
Center for Biologics Evaluation and Research (CBER)

October 2019
Pharmaceutical Quality/CMC
Revision 1

Cannabis and Cannabis-Derived Compounds: Quality Considerations for Clinical Research Guidance for Industry

U.S. Department of Health and Human Services
Food and Drug Administration
Center for Drug Evaluation and Research (CDER)

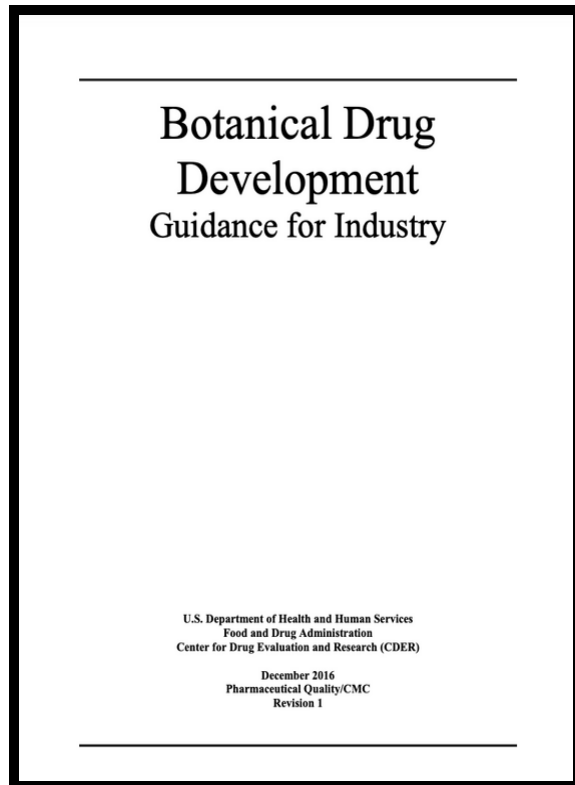
January 2023
Pharmaceutical Quality/Chemistry, Manufacturing, and Controls (CMC)

Botanical Drug Development Guidance for Industry

U.S. Department of Health and Human Services
Food and Drug Administration
Center for Drug Evaluation and Research (CDER)

December 2016
Pharmaceutical Quality/CMC
Revision 1

Since the 1970s, FDA has received more than 800 investigational new drug applications (IND)/pre-IND related to cannabis & cannabis-derived products. None have moved forward under the “botanical drug development” pathway to become FDA approved drug.



**SINCE 2004, ONLY 2 FDA APPROVED DRUGS
CAME THROUGH THE "BOTANICAL PATHWAY"**
+ BOTH ARE SINGLE COMPOUND EXTRACTIONS
+ NEITHER ARE CANNABIS DERIVED

VEREGEN (SINECATECHINS), a topical ointment for the treatment of genital and perianal warts. Veregen is derived from green tea leaves. It was developed by Germany's MediGene.

FULYZAQ (CROFELEMER) is an oral drug for the treatment of HIV/AIDS related diarrhea. Fulyzaq is made from the red sap of the Croton lechleri plant, a South American tree referred to as the dragon's blood tree because of its red latex.

THE CONTROLLED SUBSTANCE ACT & THE CURRENT PATHWAY FOR “MEDICINE” DON'T WORK FOR PATIENTS OR CANNABIS



IT'S TIME TO MAKE NEW POLICIES THAT DO



INTEGRATE CANNABIS INTO HEALTHCARE SYSTEMS



A



STANDARDIZE
TERMINOLOGY



RESEARCH
TOOLS



HEALTH CLAIMS
& DOSAGE



PRODUCT
PROTOCOLS

B

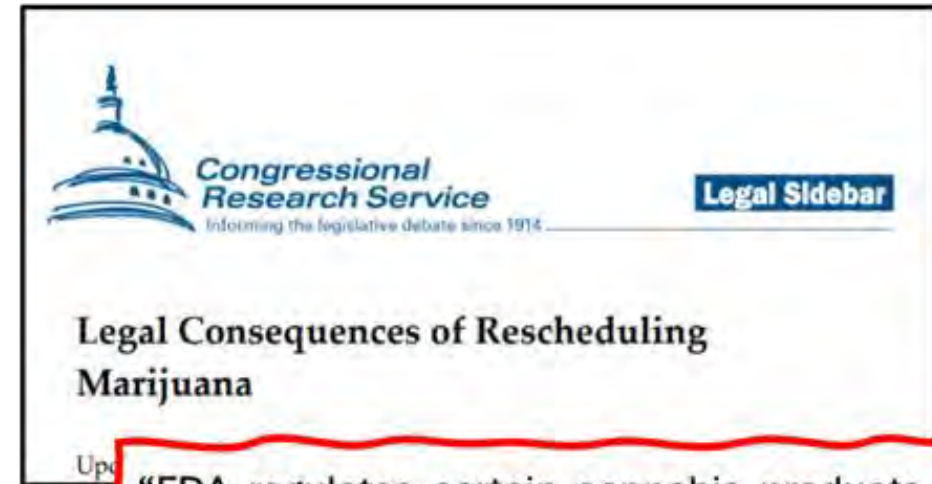


SafeAccess4All.org



"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."

Department of Health and Human Services Recommendation to Reschedule Marijuana: Implications for Federal Policy"
-September 13, 2023, CRS Report

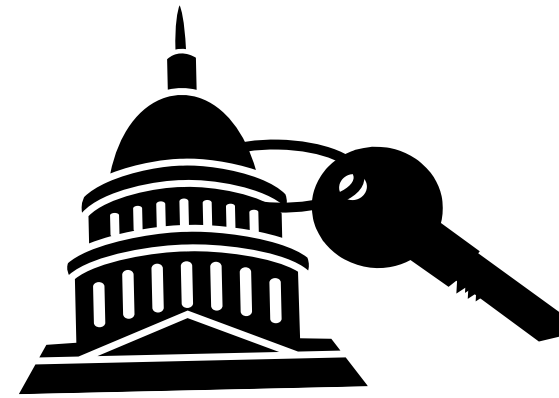


"FDA regulates certain cannabis products under the Federal Food, Drug, and Cosmetic Act, Congress might also consider whether to alter that regulatory regime or create some alternative regulatory framework."

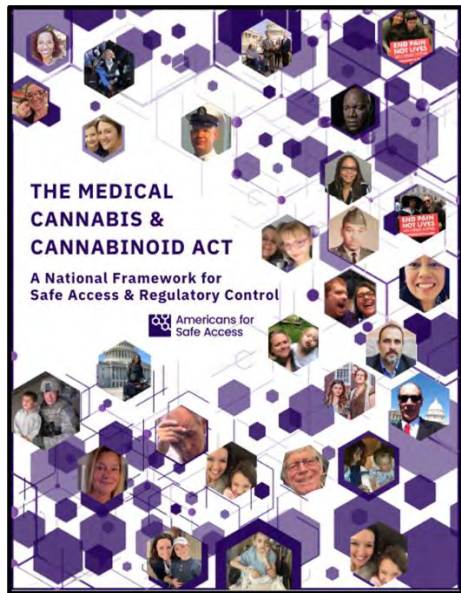
"Legal Consequences of Rescheduling Marijuana".
January 16th, 2024 (updated May 1, 2024), CRS report



ASA'S PROPOSAL



A NATIONAL MEDICAL CANNABIS PROGRAM



ESTABLISH-

**THE OFFICE OF MEDICAL CANNABIS
& CANNABINOID CONTROL (OMC)**

CREATE-

SCHEDULE VI (UNDER OMC OVERSIGHT)

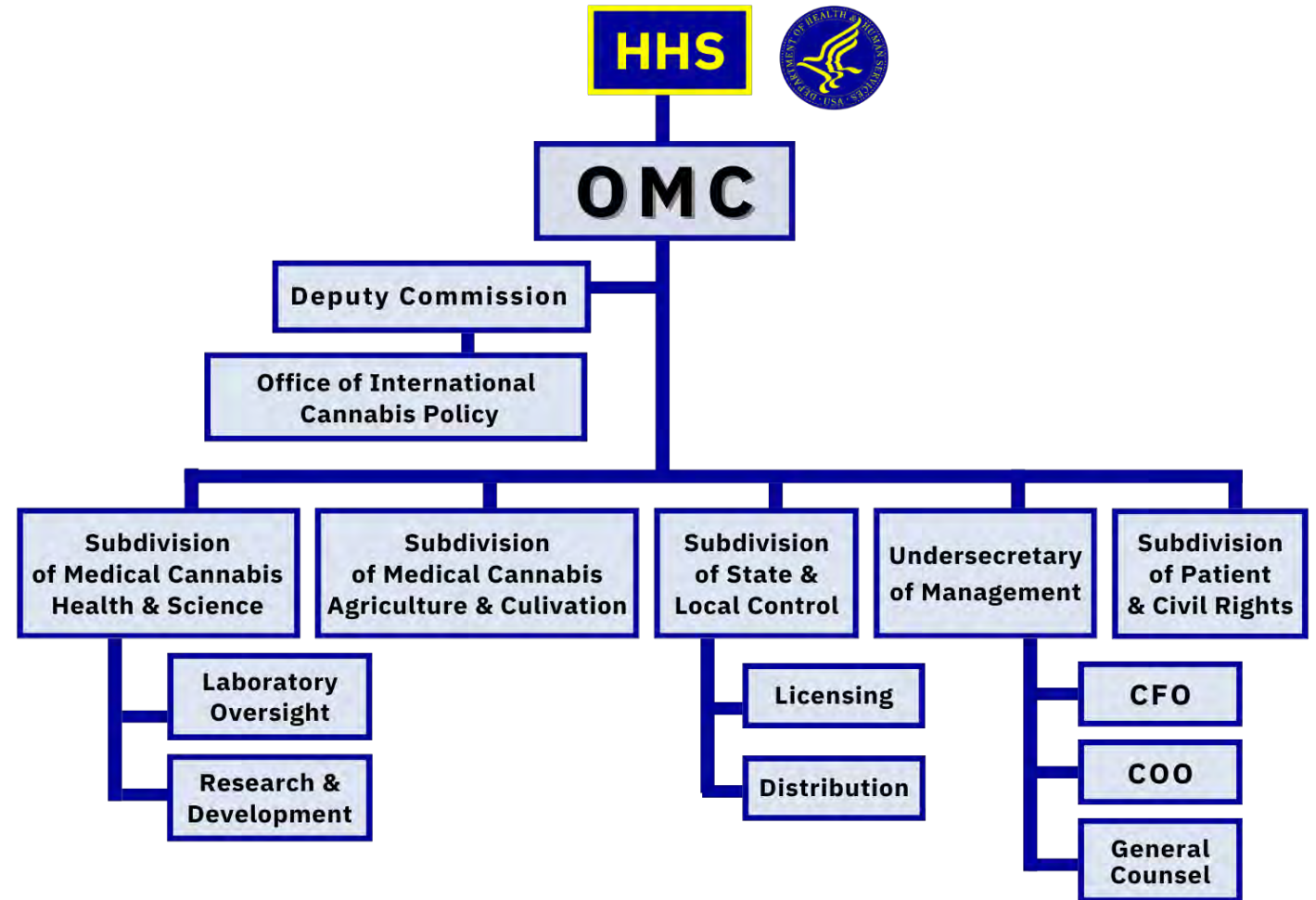
The Office of Medical Cannabis & Cannabinoid Control's mission is to facilitate access to medical cannabis for therapeutic use & research, regulate the production of medical cannabis & cannabinoid products, & oversee the new Schedule VI.

Housed in HHS

Brings US in compliance with UN Drug Treaties

Coordinates cannabis matters across federal agencies & with state regulators

Funded by agency reorganization, licensing & permitting fees, & public-private partnerships



SCHEDULE VI (& SCHEDULE VI-A)



- ☐ Regulated by OMC.
- ☐ Covers ALL cannabinoid products intended for human and animal consumption.
- ☐ Includes oversight for non-intoxicating cannabinoid products (Schedule VI-A).
- ☐ Laboratory, pharmacy, research and transportation permitting and cultivation, manufacturing, and distribution licensing (no restrictions for prior drug convictions for permits or licenses).
- ☐ Schedule VI permits granted to state licensed medical cultivators and manufactures in Phase 1 for continuity of access.
- ☐ Schedule VI specialty pharmacy licenses for access points/dispensaries.
- ☐ Interstate commerce allowed between VI permitted/licensed businesses.
- ☐ No criminal penalties associated with Schedule VI.
- ☐ Patients would have all protections granted to any other prescription recipient.
- ☐ OMC will create policy to transform state-based “physician recommendations” to specialized prescriptions.

NATIONAL CANNABIS PROGRAM ROLE OUT

FIRST 60 DAYS

- New Schedule Created: Schedule VI
- Office of Cannabis & Cannabinoid Control (OMC) established
- Commissioner & Under Secretary of OMC Appointed
- Direct agencies to update cannabis policies
- Provisional Schedule, VI & specialty pharmacy permits, issued with protocols for interstate distribution



Title I- Office of Medical Cannabis & Cannabinoid Control

Sec. 801:
Amend Controlled
Substance Act

Sec. 802-
Amend Hemp
Authorization Act.



HOUSING & URBAN DEVELOPMENT- Exempt the medical use of cannabis from drug-free housing policies & tax credits.



OFFICE OF PERSONAL MANAGEMENT- Update hiring and employment policies concerning past or current cannabis use & create process for agencies to reinstate or appeal past actions.



TRANSPORTATION SECURITY ADMINISTRATION- Cannabis does not need to be confiscated



INTERNAL REVENUE SERVICE- Permit medical cannabis businesses with Schedule VI permits/licenses to file as legal business & create process for these business to refile tax returns with deductions to lower or eliminate tax debt.



VETERAN AFFAIRS- Update policies to allow agency physicians to recommend medical cannabis, amend policies that impact VA benefits, & add cannabis therapeutics to intake forms.



DEPARTMENT OF JUSTICE- Review & formalize guidelines in 2013 DOJ Cole Memo & expunge all non-violent federal cannabis convictions & adjudications for & any arrests associated with each.



BUREAU OF ALCOHOL, TOBACCO, FIREARMS & EXPLOSIVES- Remove cannabis warning from Form 4473



HEALTH & HUMAN SERVICES- Inform hospitals, health clinics, rehabilitation centers, hospice services providers, their medical professionals, or any other patient service provider that participating in medical cannabis programs or allowing clients/patients in their care to lawfully possess and/or consume cannabis products in their care will not jeopardize HHS funding or any accreditations.



DEPARTMENT OF THE TREASURY- Provide guidance for financial institutions on providing banking services, loans, & any other financial services to Schedule VI licensed businesses.



THE STATE DEPARTMENT -Work visa eligibility includes employment with any businesses with a Schedule VI permit/license.



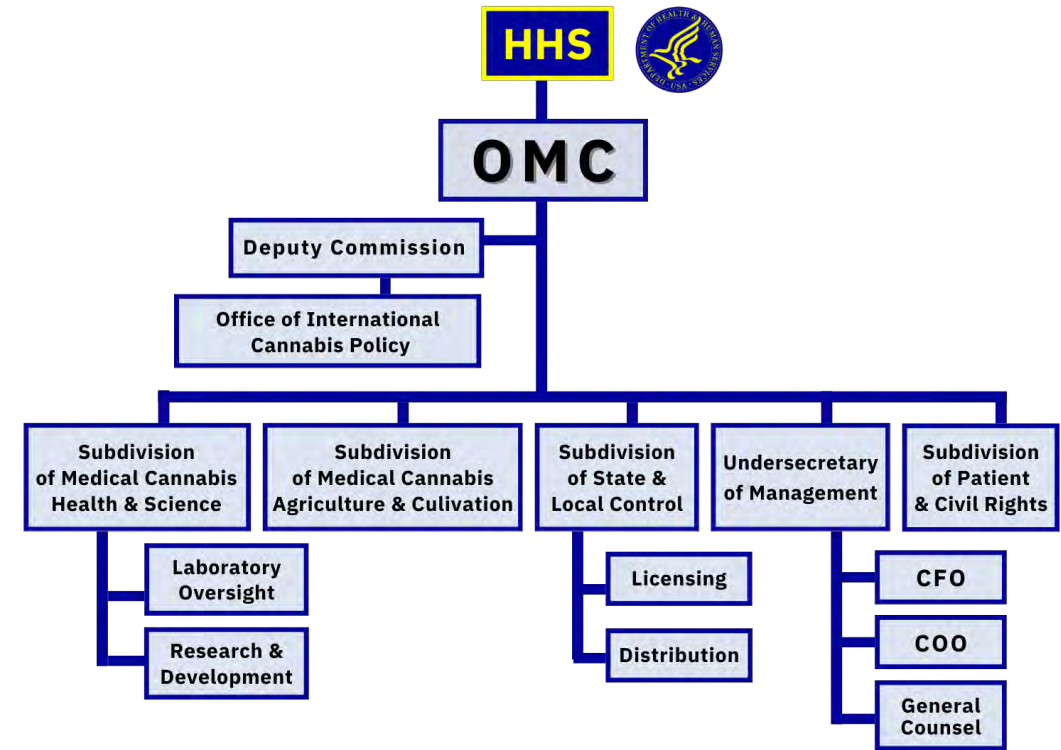
FOOD & DRUG ADMINISTRATION- Issue requirements for products containing cannabinoids to include 1) source of the cannabinoid 2) "The safety of this product has not been evaluated by the FDA" 3) "This product has not been tested for contaminants" or a QR code to Certificate of Analysis & 4) Batch number on labels.

ALL FEDERAL AGENCIES- Cannabis is no longer a factor for federal employees, contractors or officers.

NATIONAL CANNABIS PROGRAM ROLE OUT

FIRST 12 MONTHS

- Agency Staffed
- Schedule VI licensing program launched
- Advisory groups seated
- Initiate research priority map with NIH
- OTC guidelines for cannabinoid products
- Determination of NDA requirements for synthetic cannabinoid & terpene products
- Establish safe additive list for Schedule VI products
- Labeling, research, & testing requirements for Schedule VI products established



Title I, Title II, Title III, Title IV, Sec. 404,
Sec. 501, & Sec. 504-Staffing Subdivisions

Sec. 303- Transfer Of Functions

Sec. 701- Licensing and Permits; General Provisions

Sec. 305- Cannabis Production; State & Tribal Plans

Sec. 306- Effect on Industrial Hemp

Sec. 701- Licensing & Permits; General Provisions

Sec. 702- Specialty Licensing

NATIONAL CANNABIS PROGRAM ROLE OUT

FIRST 24 MONTHS

Sec. 701- Licensing & Permits

Title VI- Transition Subtitle A- Coordination with Agencies

Sec. 306- Effect on Industrial Hemp

Sec. 701- (e) Imports, Exports






Sec. 204- Research & Development Center

Sec. 704- Prescription Protocols

- Guidance for “prescription system” & importation/exportation of Schedule VI ingredients & products issued
- Guidance to Centers for Medicare & Medicaid Services for Schedule VI product coverage
- OMC establishes private-public partnerships for research with NIH
- Each federal DOJ district completes comprehensive review & expungement of all adjudicated & non-adjudicated cannabis cases
- Initiate process for producing guidance document for health claims for Schedule VI products issued
- Guidance for environmental impact & sustainable agricultural practices



NATIONAL CANNABIS PROGRAM

 = FINISHED PRODUCTS
 = RAW INGREDIENTS
 = PERMITTED BY STATE
 = SCHEDULE VI PROVISIONAL PERMIT
 = STATE/TRIBAL LICENSE

 REQUIRE (except B2B Transport)

 HOME CULTIVATION

STATE-ID CARDS REMAIN


 CULTIVATION


 PROCESSORS



 MANUFACTURERS


 TESTING LABS


 B2B TRANSPORT


 RESEARCHERS




 DISPENSARY


 HOSPITAL/HOSPICE ASSISTED LIVING



Schedule VI products with permits can move across US between permitted businesses



CBD & Hemp derived products will remain available in retail markets as they transition

NATIONAL CANNABIS PROGRAM

PHASE II

SCHEDULE VI LICENSES & FORMS



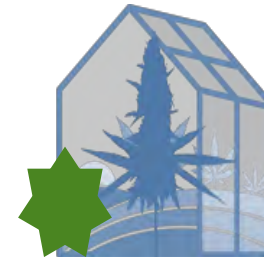
HOSPITAL/HOSPICE
ASSISTED LIVING

PHARMA
CY

DISPENSARY-
SPECIALTY PHARMACY



STATE ID
CARDS



HOME
CULTIVATI
ON

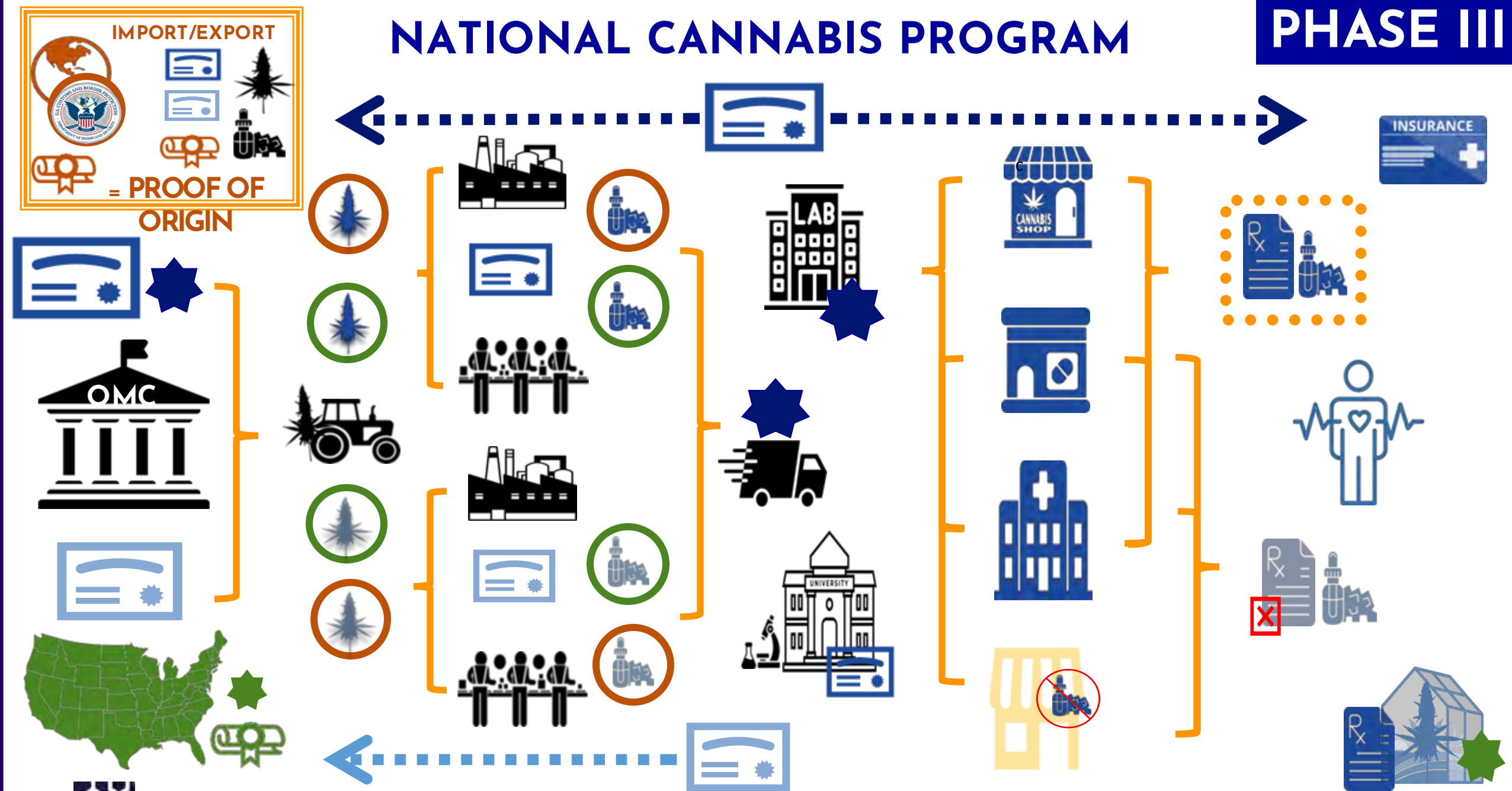
RETAIL OUTLETS



Schedule VI-A
License is not required
for retailers, but
selling unregulated
Schedule VI products
carries fines.

PHASE III

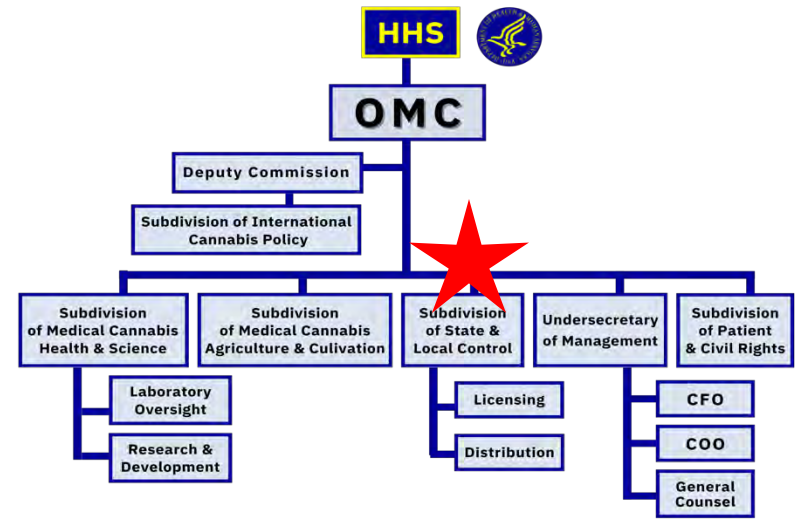
NATIONAL CANNABIS PROGRAM



OMC STRUCTURE & AGENCY TRANSITION

- Sec. 603- Reorganization Plan
- TITLE VII- Implementation
- Sec. 305- Cannabis Production; State & Tribal Plans
- Sec. 705– Advisory Committee

SEC. 501- SUBDIVISION OF TRIBAL, STATE, & LOCAL CONTROL



- Work with state regulators on Schedule VI Permits for state licensed medical cannabis businesses
- Create protocols for interstate sales & transportation
- Create vendor/licensee database

TITLE II- SUBDIVISION OF MEDICAL CANNABIS HEALTH & SCIENCE

OMC STRUCTURE & AGENCY TRANSITION

Sec. 201-206

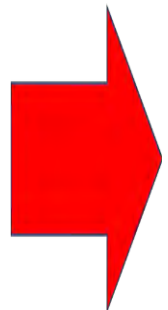
Sec. 603- Reorganization Plan

Title VII- Implementation

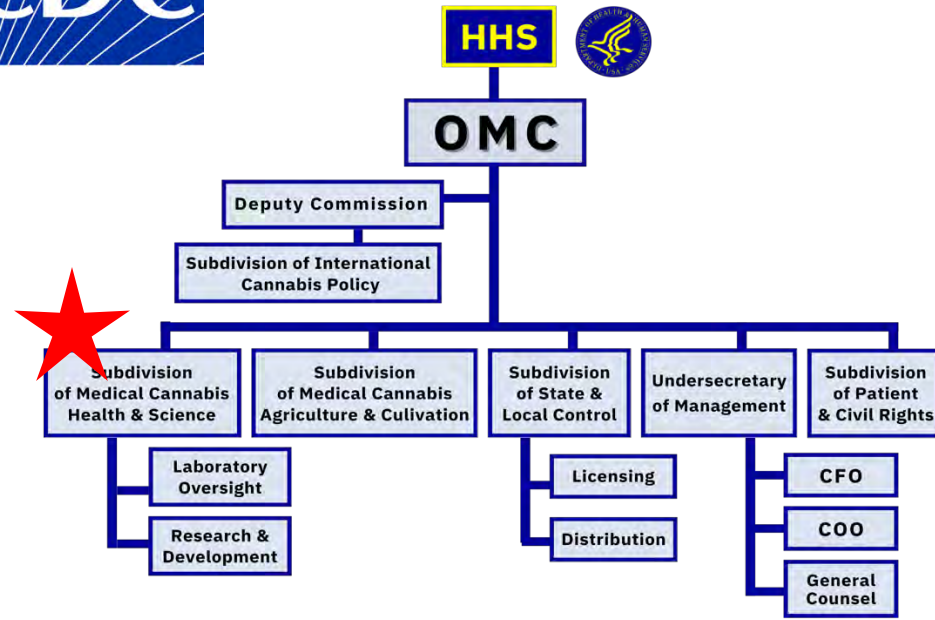
Sec. 704– Prescription Protocols

Sec. Research, Testing, & Evaluation

Sec. 705– Advisory Committee



- Work across agencies to create & fund research priority map
- Spearhead guidelines for standardization of testing & labeling
- Issue permits to laboratories for cannabis (schedule VI)
- Create prescription protocols & educate physicians



OMC STRUCTURE & AGENCY TRANSITION

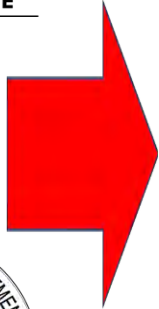
Sec. 301-306

Sec. 603- Reorganization Plan

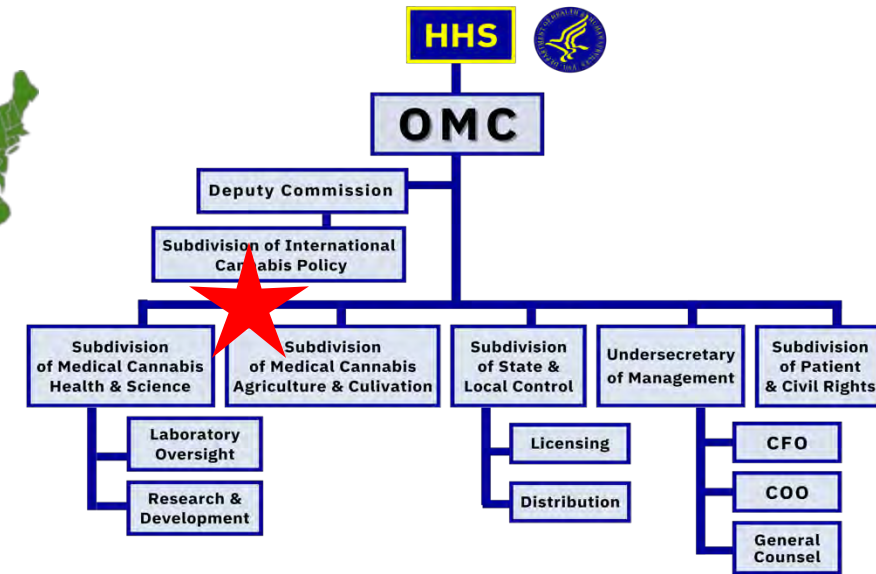
TITLE VII- Implementation

Sec. 305- Cannabis Production; State & Tribal Plans

NIDA
NATIONAL INSTITUTE
ON DRUG ABUSE



TITLE III- SUBDIVISION OF MEDICAL CANNABIS CULTIVATION & AGRICULTURE



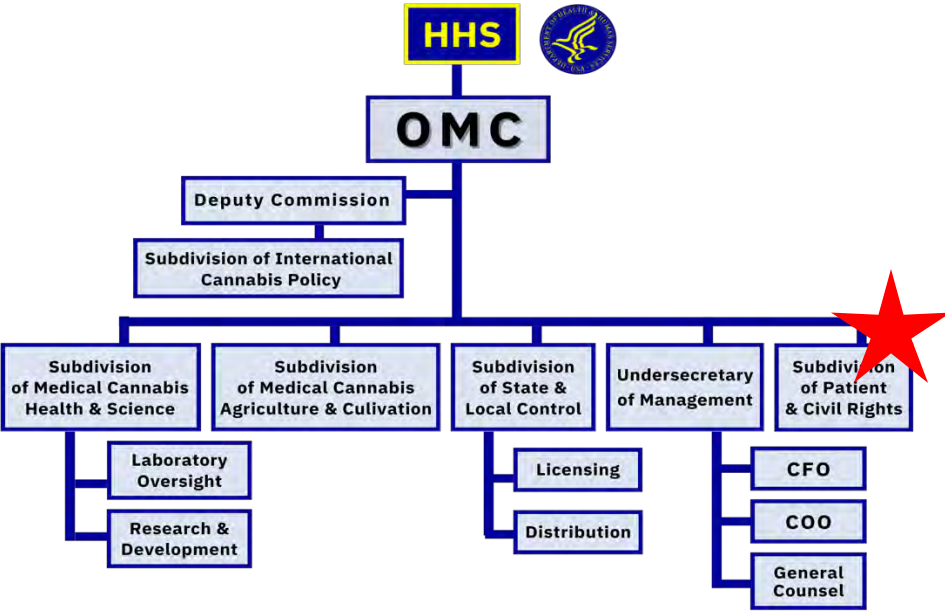
- Work across agencies to create seed registry
- Pesticides guidance for cannabis for human consumption
- Train inspectors
- Create research & marketing orders

OMC STRUCTURE & AGENCY TRANSITION

Sec. 603- Reorganization Plan

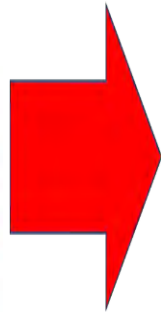
Title VII- Implementation

SEC. 404- SUBDIVISION OF PATIENT & CIVIL RIGHTS



- Review & monitor the implementation to ensure patient rights are protected
- Work across agencies to ensure that patient rights are included in their policies
- Work with CMS to ensure cannabis medications are covered

SEC. 504-OFFICE OF INTERNATIONAL POLICY



OMC STRUCTURE & AGENCY TRANSITION

Sec. 603- Reorganization Plan

TITLE VII- Implementation

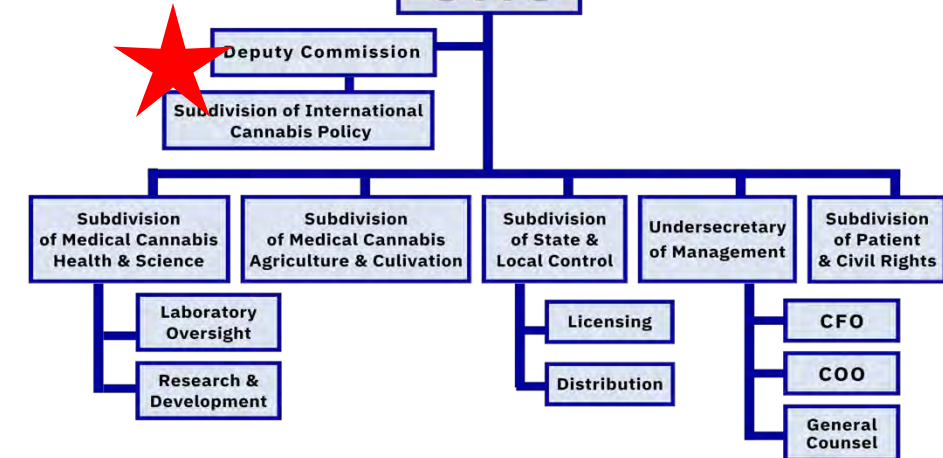
Sec. 701- (e) Imports,

Exports

HHS



OMC



- OMC designated agency for Cannabis under UN single treaty
- Report to INCB on cannabis
- Establish & oversee cannabis/cannabinoid import/export procedures

THE MEDICAL CANNABIS & CANNABINOID ACT OF 2024



TRANSITION FROM
COMPASSIONATE USE
TO MEDICINE

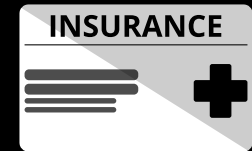
HEALTH CLAIMS
& DOSAGE

PRODUCT
PROTOCOLS

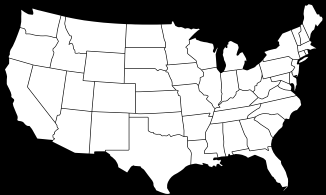
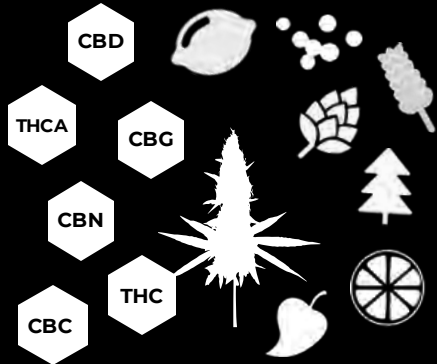


STANDARDIZE
TERMINOLOGY

RESEARCH
TOOLS



B



A



CLOSING GAPS TO IMPROVE PATIENT OUTCOMES



RESEARCH



MEDICAL
PROFESSIONAL
EDUCATION



PATIENT NEEDS
& EXPERIENCES



PRODUCT
DEVELOPMENT

CANNABIS FEDERAL CLASSIFICATION	SCHEDULE I	SCHEDULE III	DE SCHEDULE	SCHEDULE VI
Recognizes Medical Use of Cannabis		✓		✓
Regulates Cannabinoid & "Hemp Product" Market				✓
Harmonizes State & Federal Medical Cannabis Laws				✓
Removes Criminal Penalties for Cannabis Possession			✓	✓
Removes Criminal Penalties for Cannabis Cultivation & Distribution			✓	✓
Increases & Improves Patient Access				✓
Ensures Employment Protections				✓
Ensures Housing Protections				✓
Ensures Healthcare Rights				✓
Improves Access to Cannabis for Research		✓	✓	✓
Improves Quality of Cannabis Research				✓
Levels the Playing field for Research, Development, & Innovation				✓
Ensures Product Safety Across the Supply Chain				✓
Expands U.S. Definition of Medicine				✓

THE ABC'S OF CITIZEN LOBBYING

THE MEDICAL CANNABIS ADVOCATE'S HANDBOOK



Americans for
Safe Access
Advancing Legal Medical Cannabis Therapeutics

UPDDATD
2024



SafeAccessNow.org/citizen_lobbying



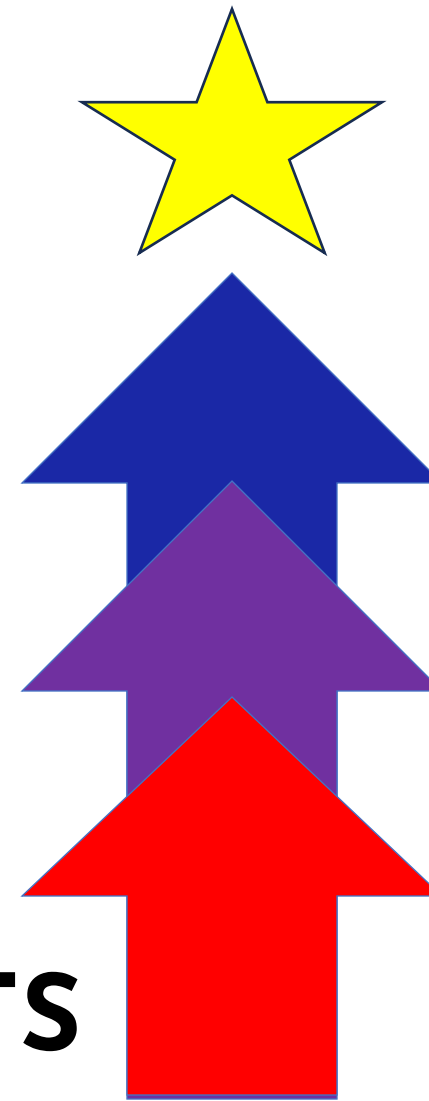
CHAMPIONS

ALLIES

FENCE SITTERS

MELLOW OPPONENTS

HARDCORE OPPONENTS



SafeAccessNow.org/Contact_Your_Elected_Officials

ABC'S OF CITIZEN ADVOCACY

ACCURATE

BRIEF

CCOURTEOUS

DO FOLLOW UP

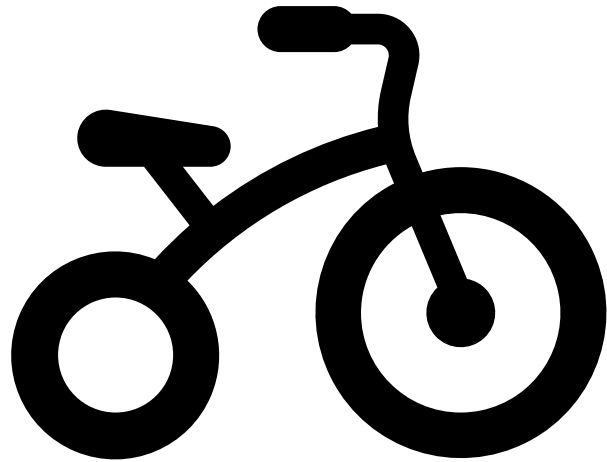
ABC

ACCURACY: Your elected official is meeting with you because you are their constituent, but you can become their go-to source for information on medical cannabis. It is extremely important to convey accurate information, avoid exaggerating, and be honest if you don't know something. Your personal story and connection to the issue are the most important things to convey in this meeting. Anything you can't answer in the meeting is an opportunity to keep the conversation going after the meeting.

BRIEF. In most cases, you will have limited time to make your pitch. Keep it short and simple! You can start the meeting with a few questions to gauge their familiarity with the issue you are there to discuss and get a sense of their support level. Be ready with 2 or 3 main points and adapt them accordingly. Don't overwhelm them with too much information or let the meeting time pass without making your points and finding out where they stand on your ask! Remember, after the meeting, you can always send them additional resources for more complicated issues preventing their support.

Have you ever taught someone to ride a bike?

Newton's Three Laws of Motion



$$F_{net} = 0$$

$$F_{net} = F_e + F_v$$

$$F_e + F_v = 70,000N + F_v$$

$$70,000N + F_c = 0$$

$$F_v = -70,000N$$

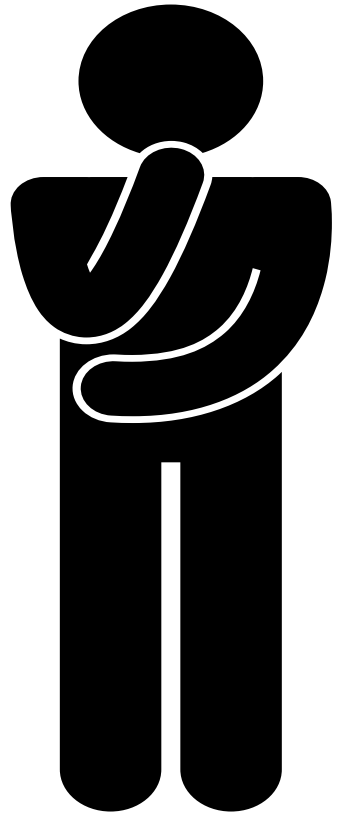
Newton's law of universal gravitation

$$F = G \frac{m_1 m_2}{r^2}$$

TIPS FOR CANNABIS ENTHUSIASTS

DID YOU LEARN EVERYTHING YOU KNOW ABOUT
CANNABIS IN 15-30 MIN?

**YOUR ELECTED OFFICIAL & THEIR STAFF
WON'T EITHER!**



**KEEP THE SCIENCE &
HISTORY FACTS
RELEVANT**

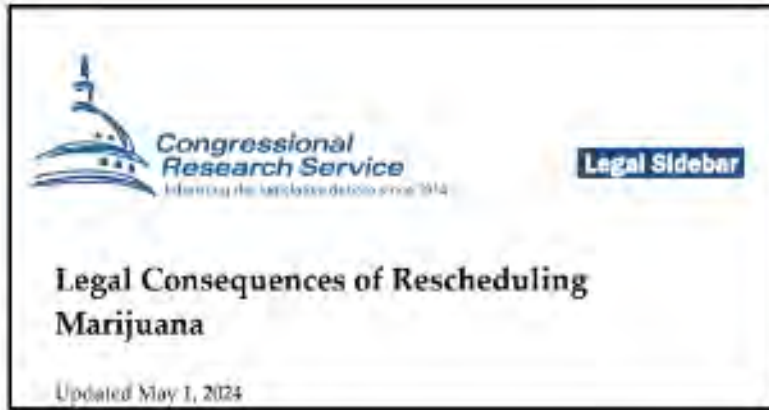
**BRING IT BACK TO
POLICY!**

ABC'S OF CITIZEN ADVOCACY

MEETINGS:

- **INTRODUCTIONS**
- **BUILD RAPPORT, IF WELCOME**
- **“THE ASK” - WHAT DO YOU WANT?**
- **BUILD YOUR CASE AND ASK AGAIN**
- **THANK YOU AND OFFER FOLLOW UP**

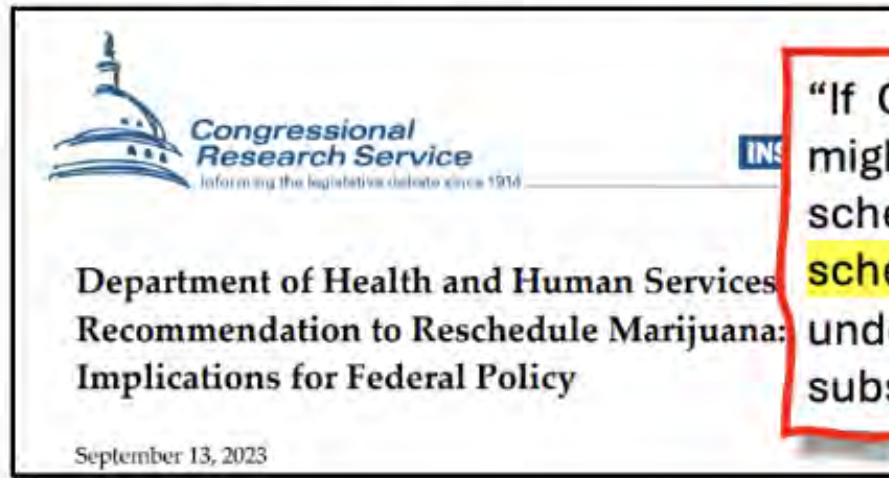
MAKE IT RELEVANT.



“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.**”

“LEGAL CONSEQUENCES OF RESCHEDULING MARIJUANA”.
CRS Report: January 16th, 2024 (updated May 1, 2024)

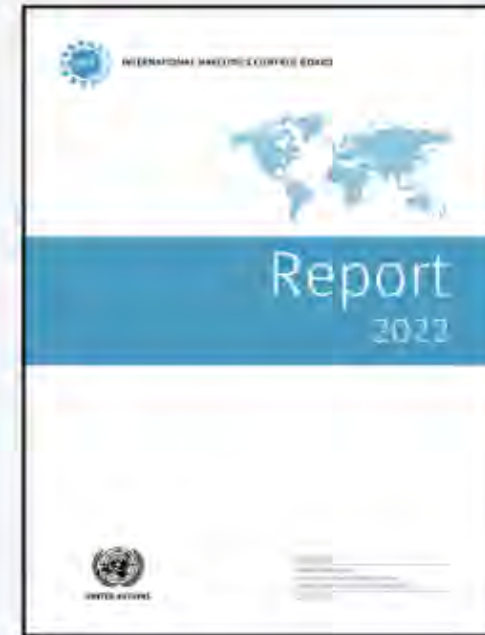
“HHS RECOMMENDATION TO RESCHEDULE MARIJUANA: IMPLICATIONS FOR FEDERAL POLICY”
September 13, 2023, CRS Report



“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.”

MCCA ADHERES TO OBLIGATIONS UNDER INTERNATIONAL DRUG TREATIES

"The 1961 Convention (in its article 28) allows States parties to cultivate and use cannabis for medical purposes under certain conditions. The Convention requires that States license and control cannabis production for medical use, establish a national cannabis agency, provide estimates of the national requirements for cannabis for medical purposes and ensure that medicinal cannabinoids are used in accordance with evidence on their safety and effectiveness and under medical supervision. As far as the specific control measures for cannabis are observed, these medical cannabis programmes are in compliance with the conventions."



International Narcotics Control Board 2022 Report Chapter I, page 4

MCCA ALIGNS U.S. CANNABIS POLICIES WITH WHO STANDARDS

"However, in some States "medical cannabis programmes" are operated without the necessary control required by the conventions or by the standards recommended by WHO in relation to good manufacturing and good prescribing guidelines."



MCCA ADDRESSES HEMP-DERIVED CANNABINOID PRODUCT REGULATIONS

A BREAKDOWN OF WHAT IS IN THE PLEDGE & WHY

THE COMPASSIONATE PLEDGE 2024



Join candidates nationwide in pledging your support to enact compassionate policies protecting medical cannabis patients in Washington, D.C. The over 6 million medical cannabis patients, their families, and their healthcare providers want to know that their federal representatives will be looking out for them in our nation's capital in the 119th Congress.

BY SIGNING THIS PLEDGE, I COMMIT TO:

- ★ Within 6 months of swearing in, co-sponsor comprehensive legislation to establish a national medical cannabis program that will include the creation of an Office of Medical Cannabis and Cannabinoid Control and a new schedule for cannabis and cannabinoid oversight, Schedule VI.
- ★ Publicly advocate for medical cannabis patients and a national medical cannabis program.
- ★ Educate colleagues and use committees, caucus, and/or leadership positions to advance the integration of medical cannabis into national healthcare systems, ensuring it is recognized as a legitimate treatment option and restoring the rights of patients.
- ★ Use oversight powers to ensure agencies enacted policies and use resources to advance the protections for patients and advancement of cannabis therapeutics as viable treatment options for all Americans.



TO SIGN THE COMPASSIONATE PLEDGE VISIT
[THECOMPASSIONATECANDIDATE.ORG](https://thecompassionatecandidate.org)



BREAKING DOWN THE COMPASSIONATE PLEDGE



The Compassionate Pledge details actions Congress must take to restore the federal rights of medical cannabis patients & integrate cannabis & cannabinoid medicines into the U.S. healthcare system. We have provided a rationale for each element & where to find background information, talking points, & additional resources to make you an effective Compassionate Candidate.

THE COMPASSIONATE PLEDGE 2024

BY SIGNING THIS PLEDGE, I COMMIT TO:

CO-SPONSOR LEGISLATION ESTABLISHING A NATIONAL MEDICAL CANNABIS PROGRAM WITH AN OFFICE OF MEDICAL CANNABIS & CANNABINOID CONTROL (OMC) & A NEW SCHEDULE FOR CANNABIS & CANNABINOIDS.

PUBLICLY ADVOCATE FOR MEDICAL CANNABIS PATIENTS & A NATIONAL PROGRAM

EDUCATE COLLEAGUES & USE POSITIONS OF INFLUENCE TO INTEGRATE MEDICAL CANNABIS INTO HEALTHCARE

USE OVERSIGHT POWERS TO ENSURE AGENCY COMPLIANCE AND PROTECT PATIENTS

Almost every federal agency including the FDA, HHS, NIH, CDC, USDA, & DEA, oversees medical cannabis policies that impact patients. Congressional oversight is crucial to safeguard patient protections, prevent bureaucratic delays, & ensure that resources are allocated efficiently for advancing cannabis therapeutics. See pages 12-13.

Comprehensive legislation is needed to establish a national medical cannabis program that integrates cannabis into the U.S. healthcare infrastructure, ensuring that all Americans have access to safe, regulated cannabis medicines, no matter where they live or work. ASA's Medical Cannabis & Cannabinoid Act was developed in collaboration with healthcare stakeholders & cannabis policy experts & stakeholders. See pages 8 & 14-17.

Publicly championing the rights of patients & the establishment of a national program shifts the national focus on medical cannabis from criminalization to healthcare & patient welfare. Advocacy de-stigmatizes medical cannabis & puts pressure on other lawmakers to prioritize patient access & integration into healthcare systems in the legislative process. See pages 9 & 11.

Patients & medical cannabis policy took a back seat in the 118th Congress, even when cannabis policy was the topic of debate. This allowed a resurgence of the anti-marijuana lobby to target rescheduling efforts and patient protections with little visible objection from Congress. Educating colleagues & leveraging leadership roles, is key to overcoming the misconceptions & resistance to the integration of medical cannabis into national healthcare systems. See pages 11-13 & 23.

TALKING POINTS ON PAGES 18-22

THE COMPASSIONATE CANDIDATE BRIEFING CAMPAIGN OVERVIEW



‘CANNABIS ADMINISTRATION AND OPPORTUNITY ACT’,

TITLE V–PUBLIC HEALTH, CANNABIS ADMINISTRATION, AND 3 TRADE PRACTICES

Subtitle A–Public Health

SEC. 501. FDA REGULATION OF CANNABIS. (a) IN GENERAL.–The Federal Food, Drug, and Cosmetic Act (21 U.S.C. 301 et seq.) is amended by adding at the end the following:

“CHAPTER XI–CANNABIS PRODUCTS

‘SEC. 1101. CENTER FOR CANNABIS PRODUCTS. “Not later than 90 days after the date of enactment of the ‘Cannabis Administration and Opportunity Act’, the Secretary shall establish within the Food and Drug Administration the Center for Cannabis Products, which shall report to the Commissioner of Food and Drugs in the same manner as the other agency centers within the Food and Drug Administration. The Center shall be responsible for implementing this chapter and related matters assigned by the Commissioner.

“MARIJUANA OPPORTUNITY REINVESTMENT AND EXPUNGEMENT ACT” OR THE “MORE ACT”

H. R. 5601- To decriminalize and deschedule cannabis, to provide for reinvestment in certain persons adversely impacted by the War on Drugs, to provide for expungement of certain cannabis offenses, and for other purposes.

SEC. 3. DECRIMINALIZATION OF CANNABIS

(e) Effect on other law.—Nothing in this subtitle shall affect or modify—

- (1) the Federal Food, Drug, and Cosmetic Act ([21 U.S.C. 301 et seq.](#));
- (2) section 351 of the Public Health Service Act ([42 U.S.C. 262](#)); or
- (3) the authority of the Commissioner of Food and Drugs and the Secretary of Health and Human Services—(A) under—
 - (i) the Federal Food, Drug, and Cosmetic Act ([21 U.S.C. 301 et seq.](#)); or
 - (ii) section 351 of the Public Health Service Act ([42 U.S.C. 262](#)); or

(B) to promulgate Federal regulations and guidelines that relate to products containing cannabis or cannabis-derived compounds under the Act described in subparagraph (A)(i) or the section described in subparagraph (A)(ii).

“SEC. 5942. Criminal penalties.

“(a) Fraudulent Offenses.—Whoever, with intent to defraud the United States— (1-5) shall, for each such offense, be fined not more than \$10,000, or imprisoned not more than 5 years, or both

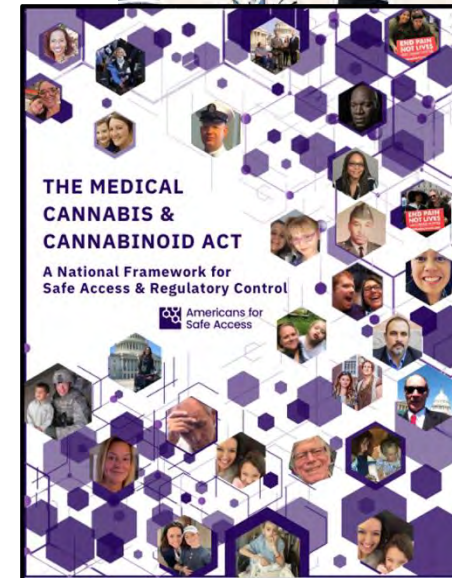
COURTEOUS: Maintaining a respectful demeanor is essential whether you agree or disagree with your legislator. As an advocate, you aim to create a safe space for your legislator to ask questions and confidently form an opinion. It's crucial that you go out of your way to be a positive resource for your legislator. Be punctual and patient. Refrain from arguing or raising your voice. Please don't be rude and allow them space to evolve.

DO FOLLOW-UP. Be proactive and responsive. Follow up on your meeting with a thank-you letter that outlines the various topics covered, reiterates any commitments your legislator made, and includes any additional information or materials requested during the meeting.

ABC'S OF CITIZEN ADVOCACY

THANK YOU & FOLLOW UP -

**BUILDS A RELATIONSHIP
REINFORCES YOUR MESSAGE
OPPORTUNITY TO ADDRESS
UNANSWERED QUESTIONS**



THE DO'S & DON'TS

THE DOs

- ✓ Relay accurate information
- ✓ Make your arguments brief
- ✓ Be courteous, punctual and patient
- ✓ Make yourself a resource
- ✓ Choose 2 or 3 main talking points, and stick to them!
- ✓ Ask for a specific action
- ✓ Use time wisely
- ✓ Listen & share information
- ✓ Follow up: always write a thank-you note

THE DON'Ts

- X Lie or exaggerate
- X Waste time
- X Be a know-it-all
- X Make promises you can't deliver
- X Be argumentative
- X Burn bridges



YOUR U.S. REPRESENTATIVES NEED TO HEAR FROM YOU ... OFTEN!

ASA ACTION ALERTS: EMAILS ARE A MINIMUM, PICK UP THE PHONE TOO!

MAKE A RELATIONSHIP WITH YOUR REPRESENTATIVE'S OFFICE

USE ELECTEDS' TWITTER HANDLES AND SOCIAL MEDIA FEEDS

BRING IMPORTANT TOPICS TO THEIR ATTENTION

ATTEND TOWNHALLS AND LOCAL EVENTS

DID I SAY TALK TO YOUR REPRESENTATIVES...

IF YOU ARE NOT TALKING TO YOUR FEDERAL REPRESENTATIVES ABOUT MEDICAL CANNABIS, GUESS WHO IS?

ELECTEDS' HAVE FULL AGENDAS AND NEED A REMINDER THAT MEDICAL CANNABIS SHOULD BE ON IT!

IF THEY DON'T HEAR FROM YOU, THEY PROBABLY THINK THE MEDICAL CANNABIS RESEARCH BILL WAS ENOUGH

UTILIZE ASA REPORTS, BLOGS AND PRESS RELEASES AS AN EXCUSE TO ENGAGE

ENGAGE CANDIDATES ON SOCIAL MEDIA

Post media article about Medical Cannabis on your social media (Facebook, Instagram, twitter)

apnews.com/article/marijuana-rescheduling-dea-election-5b3c7b20d67577c0a99d510b7e549dc9



A decision on a major policy shift on marijuana won't come until after the presidential election

A decision on whether to reclassify marijuana as a less dangerous drug in the U.S. won't come until after the November presidential election.

AP AP News / Sep 3

Rescheduling could also make it easier to research marijuana, since it's difficult to conduct authorized clinical studies on Schedule I substances. Some medical marijuana patient advocates fear that the discussion has already become deeply politicized and that the focus on rescheduling's potential effect on the industry has shifted attention from the people who could benefit.

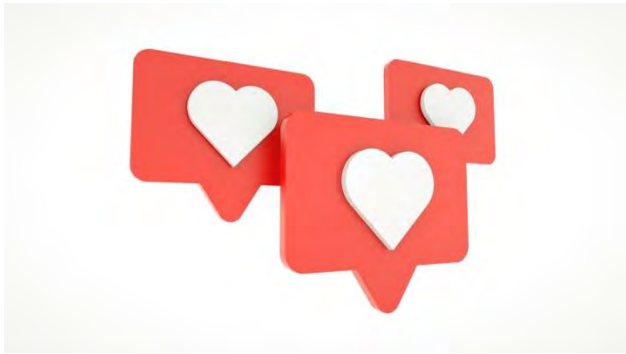
"It was our hope that we could finally take the next step and create the national medical cannabis program that we need," said Steph Sherer, founder and president of Americans for Safe Access. The organization advocates for putting cannabis in a drug category all its own and for creating a medical cannabis office within DHS.



With the message:

@[ELECTEDS SOCIAL MEDIA HANDLE](#) patients need your leadership in DC! Can we count on you to introduce medical cannabis legislation in the next Congress?

#CompassionateCandidate #MedicalCannabis #SafeAccess4All



Like your own post



FIND ELECTED OFFICIAL SOCIAL
MEDIA Handle Here

tragecancer.org/congressional-social-media

Comment On Your Post with The Message:

@[ELECTEDS SOCIAL MEDIA HANDLE](#) You can let medical cannabis patients know by signing the Compassionate Candidate Pledge: safeaccessnow.org/compassionate_candidate_resources
Patients are counting on you

Like your comment!

FIND all the candidates running for office to represent you Here:

Ballotpedia: http://ballotpedia.org/United_States_Congress_elections,_2024

Politics1: Senate - <http://politics1.com/senate.htm>

Politics1: Congress - <http://politics1.com/congress.htm>



THE COMPASSIONATE PLEDGE 2024



TheCompassionateCandidate.org

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