

# THE MEDICAL CANNABIS & CANNABINOID ACT



Americans for  
Safe Access

Advancing Legal Medical Cannabis Therapeutics





# Americans for Safe Access

The mission of Americans for Safe Access (ASA) is to ensure safe and legal access to cannabis (marijuana) for therapeutic uses and research. Founded in 2002, 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.

# MEDICAL CANNABIS PATIENT.

[me-di-kəl ka-nə-bəs pā-shənt] n. 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.



<b>Given the chaos in Washington, DC, why try to pass this now?</b>	<b>5</b>
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**Q:**

**GIVEN THE CHAOS  
IN WASHINGTON,  
DC, WHY TRY TO  
PASS THIS NOW?**



**Americans for  
Safe Access**

Advancing Legal Medical Cannabis Therapeutics



**Congress has been dysfunctional for a long time, and that fact is unlikely to change anytime soon.**



FDA and HHS have finally established that cannabis has “accepted medical use,” the result of over 23 years of work removing barriers to allow this to happen. Now, we must answer how to get this medicine to patients, and the existing infrastructure is insufficient to do so.

WHY NOW?





“  
**CANNABIS HAS  
CURRENTLY ACCEPTED  
MEDICAL USE IN THE U.S.**

DEA, DOJ: Notice of proposed rulemaking: Schedules of Controlled  
Substances: Rescheduling of Marijuana May 21, 2024

”

WHY NOW?



A bill number makes it easier to educate Congress and lobby concepts. A bill also makes obtaining congressional hearings, OMB reports, and GOA reports easier.



# LEGISLATION FORCES STAKEHOLDER INPUT.

WHY NOW?



Model Legislation guides policy in regulatory agencies and other legislative proposals. For example, many of the advances in cannabis research policies outlined in the Research Act of 2022 were already happening under various agencies through improved guidelines and directive memos. We were able to make those changes before passing the legislation due to the guidance of the research bill that we passed eight years earlier.

WHY NOW?





Medical cannabis was left entirely out of the cannabis dialogue in the 118th Congress due to the absence of federal legislative proposals.

A:



# 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

WHY NOW?





This legislation creates an oversight body to implement the intent of the Medical Marijuana & Cannabidiol Research Act of 2022.



Legislation takes time to pass. The Americans with Disabilities Act took 30 years to pass, the medical cannabis amendment to CJS appropriations took 12 years, and the Medical Marijuana and Cannabidiol Research Act took 8 years.

WHY NOW?





Hemp regulations are driving conversations about cannabinoid regulations in a dangerous direction for the future of medical cannabis, and an alternative proposal is needed.



WHY NOW?

118TH CONGRESS  
2D SESSION

## S. 5243

To amend the Federal Food, Drug, and Cosmetic Act to provide for the regulation of cannabis and cannabinoid products, and for other purposes.

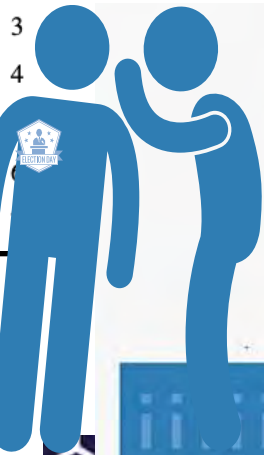
### SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the “Cannabinoid Safety and Regulation Act”.

### A BILL

To amend the Federal Food, Drug, and Cosmetic Act to provide for the regulation of cannabis and cannabinoid products, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assem-*



117TH CONGRESS  
2D SESSION

## H. R. 3617

IN THE SENATE OF THE UNITED STATES

APRIL 4 (legislative day, MARCH 31), 2022

Received; read twice and referred to the Committee on Finance

### SECTION 1. SHORT TITLE.

This Act may be cited as the “Marijuana Opportunity Reinvestment and Expungement Act” or the “MORE Act”.

To amend the war on Drugs, to provide for expungement of certain cannabis offenses, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

### SECTION 1. SHORT TITLE.

This Act may be cited as the “Marijuana Opportunity Reinvestment and Expungement Act” or the “MORE Act”.



117TH CONGRESS  
2D SESSION

## S. 4591

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.

### SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the “Cannabis Administration and Opportunity Act”.

### A BILL

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.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

### SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

4 (a) SHORT TITLE.—This Act may be cited as the  
5 “Cannabis Administration and Opportunity Act”.

6 (b) TABLE OF CONTENTS.—The table of contents for  
7 this Act is as follows:

**ALL DESIGNATE FDA TO REGULATE CANNABIS LIKE TOBACCO WHY NOW?**

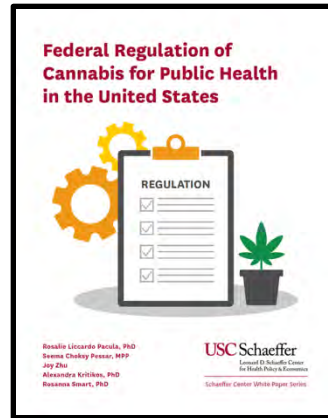


CAO Act  
MORE Act  
CSR Act




Medical = "Botanical Drug Approval" ONLY

# HEMP & CANNABIS



## CANNABIS & CANNABINOID MEDICINES



**Drug Master Files**  
Guidance for Industry

*DRAFT GUIDANCE*

This guidance document is being distributed for comment purposes only. Comments and suggestions regarding this Draft Guidance should be submitted within 90 days of publication in the Federal Register of the notice announcing the availability of this draft guidance. Written comments, submitted to Docket ID #FDA-2017-0082, are accepted through February 14, 2018. For additional information, please visit [www.fda.gov/oc/ohrt](http://www.fda.gov/oc/ohrt). All comments should be identified with the document number found in the notice of availability and posted to the public docket.

For questions regarding this draft guidance, contact CDER's Risk Factors Unit (402-274-1074), or CDER's Office of Communications, Outreach and Engagement, 402-274-1074.

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 2017  
Pharmaceutical Quality CMC  
Revision 1

**Botanical Drug**  
Development  
Guidance for Industry

December 2016  
Pharmaceutical Quality CMC  
Revision 1



CAO, MORE, & CSR Acts regulate cannabis & cannabinoids like tobacco under FDA.



Patients not protected under the ADA or Fair Housing Act.

# CENTER FOR TOBACCO PRODUCTS



## Submission of Health Information to the Secretary

(listing all ingredients added to the tobacco product; description of the nicotine; listing all constituents identified as harmful or potentially harmful to health; documents related to research on health, toxicological, behavioral, or physiologic effects of tobacco products; documents on research on risk reduction; new additives and changes to additive amounts; must publish understandable list of harmful and potentially harmful constituents; and do consumer research to ensure list is not misleading)

WHY NOW?

**Q:**

**WHY ISN'T  
RESCHEDULING  
SUFFICIENT?**



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# RESCHEDULING OF CANNABIS

**SCHEDULE II or 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**; allowing the federal policy focus to evolve from proving “if cannabis has medical value” to “how can patients access cannabis.”

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





Rescheduling should shift the conversation from debating cannabis' medical value to exploring how patients can safely access it.

While rescheduling marks progress, rescheduling alone will not address the systemic challenges faced by patients or businesses in the current state of medical cannabis programs. Schedule III does not legalize medical cannabis, improve state medical cannabis programs, restore federal rights for patients, or create a pathway for complex botanicals to achieve the status of medicine.

**WHY ISN'T RESCHEDULING SUFFICIENT?**



**Q**

**• IS MCCA MAKING IT  
• EASIER FOR BIG PHARMA  
TO TAKE OVER MEDICAL  
CANNABIS?**

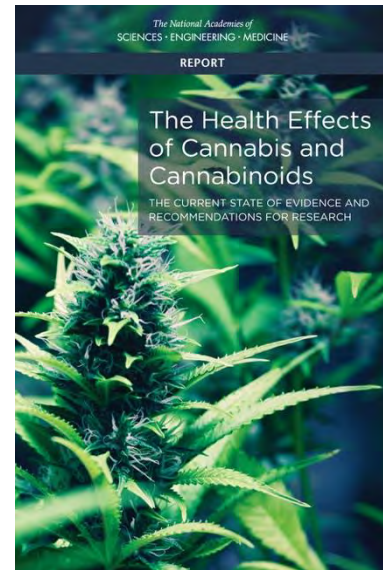
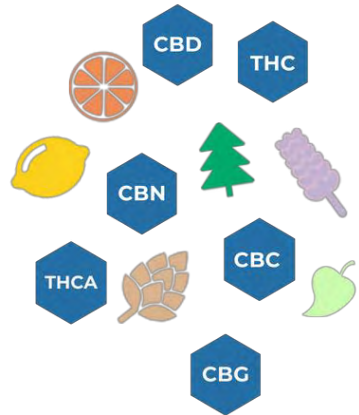
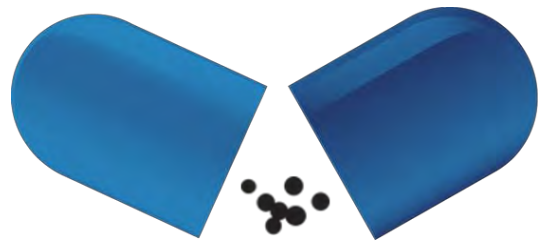




Whole plant cannabis has been available in pharmacies in Europe since 2003 and did not create a play by pharmaceutical companies in those markets to “take over.”

**DOES MCCA MAKE IT EASIER FOR BIG PHARMA TO TAKE OVER?**

# TRADITIONAL FUNDING SOURCES FOR THERAPEUTIC DISCOVERY

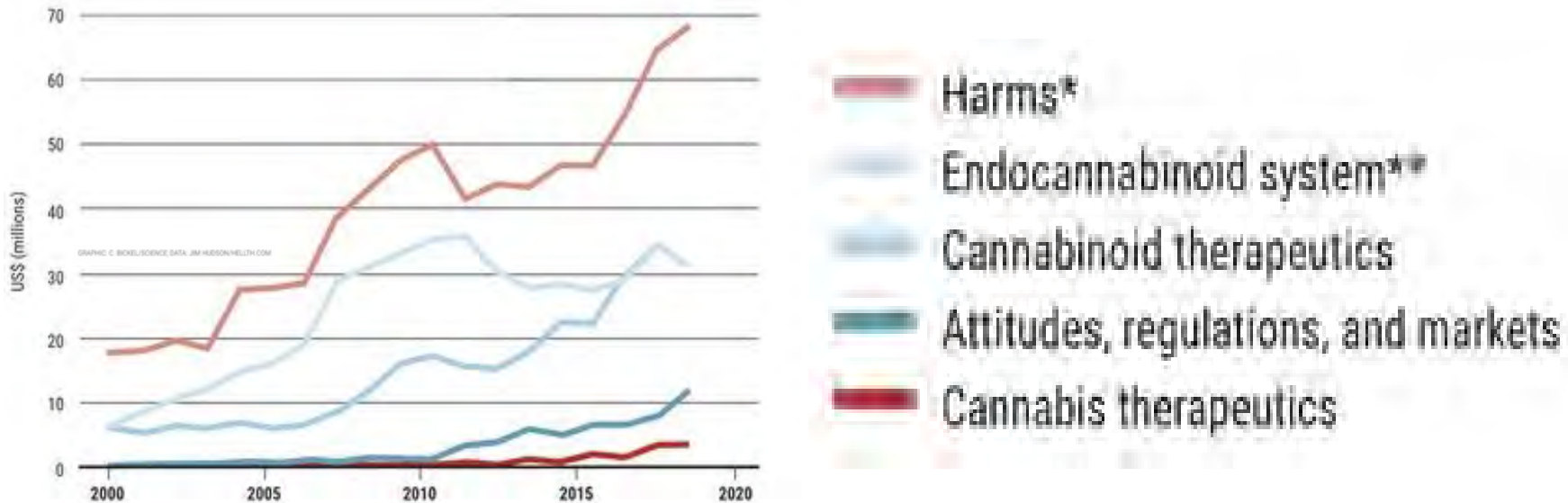


DOES MCCA MAKE IT EASIER FOR BIG PHARMA TO TAKE OVER?



A recent study found that 356 out of 358 drugs approved by the FDA from 2010 to 2019, NIH spent \$1.44 billion per approval on basic or applied research for products with novel targets (spending from the NIH was not less than industry spending).

Between 2000 and 2018, NIH spent a similar amount on cannabis research, \$1.47B, but instead of investing in research to unlock the therapeutic benefits, a majority of \$1.25B were spent on investigating the harms of cannabis consumption.

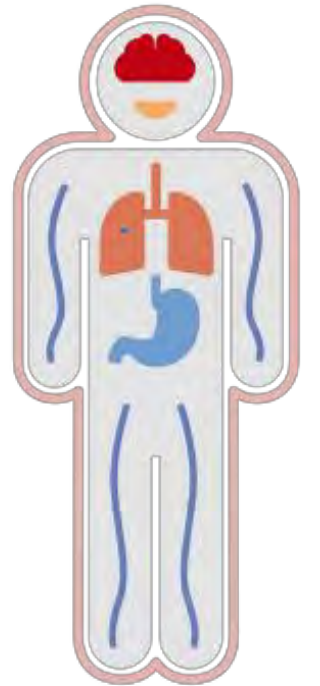


Source: Cannabis research database shows how U.S. funding focuses on harms of the drug. ScienceInsider Aug 2020

Galkina Cleary E, Jackson MJ, Zhou EW, Ledley FD. Comparison of Research Spending on New Drug Approvals by the National Institutes of Health vs the Pharmaceutical Industry, 2010-2019. *JAMA Health Forum*. 2023;4(4):e230511. doi:10.1001/jamahealthforum.2023.0511



Scientific discovery has demonstrated that the medicinal benefits of cannabis are derived from multiple active compounds that align with highly personalized endocannabinoid systems. This complexity makes applying the pharmaceutical model for drug development challenging.



**DOES MCCA MAKE IT EASIER FOR BIG PHARMA TO TAKE OVER?**

## FDA APPROVED CANNABINOID DRUGS

# WHY CANNABINOID-BASED PHARMACEUTICALS ARE LESS EFFECTIVE THAN WHOLE-PLANT MEDICINES

- **Marinol (dronabinol) (1985):** nausea from cancer chemotherapy; anorexia associated with AIDS -Schedule III
- **Cesamet (nabilone) (1985 (2006)):** nausea from cancer chemotherapy -Schedule II
- **Syndros (dronabinol) (2016):** nausea from cancer chemotherapy; anorexia associated with AIDS -Schedule II
- **Epidiolex (CBD) (2018):** for childhood seizures & Tuberous Sclerosis Complex - No longer controlled



This preference is attributed to the "entourage effect," wherein over 140 phytocannabinoids, terpenes, & flavonoids in cannabis work synergistically to provide comprehensive relief. Full-spectrum cannabis can simultaneously modulate multiple physiological targets and help to provide symptomatic relief to a diverse set of patients.

Disorders such as chronic pain, neurodegenerative conditions, and psychiatric illnesses frequently involve multiple overlapping pathways in the body. **Multi-target, multi-component approaches are essential for the treatment of these complex diseases**

DOES MCCA MAKE IT EASIER FOR BIG PHARMA TO TAKE OVER?



The commercial success of these pharmaceutical products has been lackluster, and patent-related challenges for cannabis formulations make it unlikely that major pharmaceutical companies will continue to pursue the pharmaceuticalization of cannabis.



**\$2.6 BILLION**

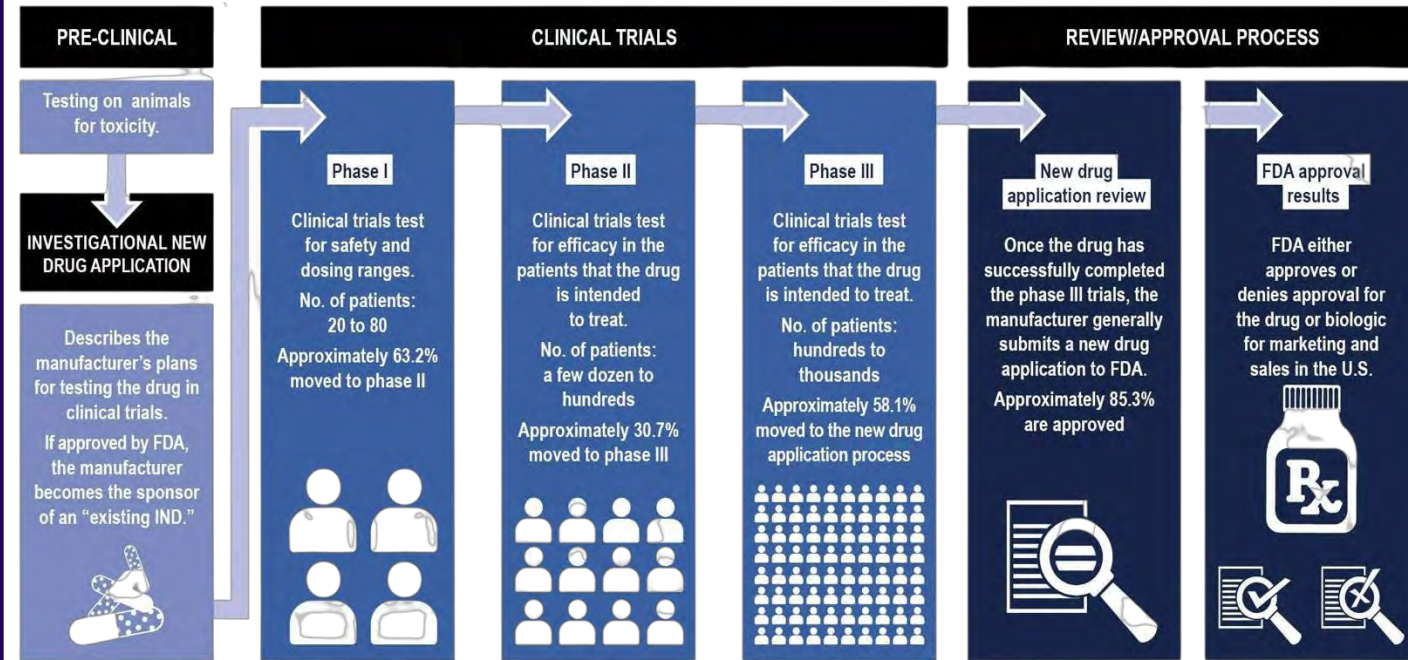
**ONLY 10-20 % OF DRUGS APPROVED FOR CLINICAL TRIALS MAKE IT TO MARKET**

**EPIDIOLEX**-purified form of CBD

**MARINOL & SYNDROS**- dronabinol, synthetic THC

**CESAMET**-nabilone, synthetic structure similar to THC

DOES MCCA MAKE IT EASIER FOR BIG PHARMA TO TAKE OVER?



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

**8-10 YEARS**



**Q:**

**WHERE DID THE  
MCCA MODEL  
COME FROM?**



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The Medical Cannabis & Cannabinoid Act (MCCA) is a groundbreaking proposal developed by Americans for Safe Access with input from patient organizations, regulators, researchers, providers, & medical professionals.

**Q:**

**WHO  
SUPPORTS  
MCCA?**



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A:



# ASA'S APPROACH IS POSSIBLE



Congressional  
Research Service  
Informing the legislative debate since 1914

INSIGHT

## Department of Health and Human Services Recommendation to Reschedule Marijuana: Implications for Federal Policy

Septemb

"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



Congressional  
Research Service  
Informing the legislative debate since 1914

Legal Sidebar

## Legal Consequences of Rescheduling Marijuana

Upd

"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



# Endorse MCCA & Safe Access 4 All

Please select an option below.

× Clear choice

We Endorse the Medical Cannabis & Cannabinoid Act!

My organization would like to find out more about endorsing the Medical Cannabis & Cannabinoid Act.

Yes! We are interested in scheduling a MCCA webinar with ASA for our membership.

Yes! We would like a speaker to attend one of our meetings.

Yes! We need materials to distribute to our members.

Please choose from the following

✓ Select all × Clear choices

We would like to to schedule a meeting with an ASA representative to learn more.

We would like to attend a webinar about the MCCA.



[safeaccessnow.org/endorse\\_mcca\\_safe\\_access\\_4\\_all](https://safeaccessnow.org/endorse_mcca_safe_access_4_all)





**VETERANS INITIATIVE 22**



**Q:**

**WHAT ARE THE  
BIGGEST  
OBSTACLES TO  
PASSING MCCA?**



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Advancing Legal Medical Cannabis Therapeutics

A:



**SCHEDULE III  
WILL TAKE CARE OF MEDICAL  
CANNABIS PATIENTS**

**ADULT USE & HEMP  
MARKETS ARE MEETING  
THE NEEDS OF PATIENTS**



# MYTH:

## ADULT USE IS THE GOAL OF THE MEDICAL CANNABIS MOVEMENT.

The primary objective of the medical cannabis movement is to ensure safe and legal access for patients, not the broader legalization of adult-use cannabis. This frame is not only insulting but also extremely dangerous. Thirty-nine states have passed medical cannabis laws, and twenty-four have added adult-use legalization. **Adult use is not and was never the end goal for medical cannabis.**

Medical cannabis programs were established as temporary measures to provide immediate relief to patients amidst the War on Drugs. After 25 years, these programs risk collapsing due to inadequate federal support and state regulatory frameworks emphasizing adult use. The conflation of medical and recreational cannabis poses risks to patient safety and the development of cannabis as a medicine.

Medical cannabis faces challenges beyond the ongoing war on drugs. Historically, botanical medicines have been undermined and systemically removed from U.S. medicine. The current systems for defining medicine have failed to integrate complex plant-based medicines. The FDA approval process was created to regulate single-drug, single-target pharmaceuticals, and cannabis does not fit into this framework. While rescheduling cannabis could be a step forward, it reveals another struggle that medical cannabis advocates have long anticipated—how botanical medicines are researched, approved, and covered by insurance.

# MYTH:

## STATES HAVE MEDICAL CANNABIS ACCESS COVERED.

While many states have implemented medical cannabis programs, these laws are often riddled with gaps and inconsistencies that fail to meet the needs of all patients. The state-by-state compassionate use model excludes patients in states reluctant to pass medical cannabis laws, federal employees, contractors, and veterans utilizing VA medical services.

States have fulfilled their role as laboratories of democracy for medical cannabis policy and have fallen short of addressing all patient needs. Strict qualifying conditions, high costs, and limited access to dispensaries are just a few of the issues patients who do qualify for these programs face. Additionally, the lack of insurance coverage for medical cannabis can make treatment unaffordable for many. This will persist as long as medical cannabis access happens independently of broader healthcare systems and outside federal laws.

# MYTH:

## IF CANNABIS HAS MEDICAL VALUE, BIG PHARMA WILL ADDRESS ACCESS.

While a few cannabinoid-based pharmaceuticals achieved FDA approval with federal support, their efficacy has been inferior to the cannabis and cannabinoid products available outside these legal options. Scientific discovery has demonstrated that the medicinal benefits of cannabis are derived from multiple active compounds that align with highly personalized endocannabinoid systems. This complexity makes applying the pharmaceutical model for drug development challenging. Moreover, the commercial success of these pharmaceutical products has been lackluster, and patent-related challenges for cannabis formulations make it unlikely that major pharmaceutical companies will continue to pursue the pharmaceuticalization of cannabis.

“Since 2012, 24 states (and Washington, D.C.) have legalized weed for personal use, meaning that 53% of Americans live in states with legal weed. Another 14 states have legalized medical marijuana, including Florida, North Dakota and South Dakota, where voters will decide whether to fully legalize weed at the ballot this year.”

#### MARIJUANA

## Trump, Harris aren't as far apart as expected on reforming marijuana laws



**Mike Davis**

Asbury Park Press

Published 4:45 a.m. ET Sept. 14, 2024 | Updated 4:45 a.m. ET Sept. 14, 2024

app.



# MYTH:

## **CANNABIS IS NOT AN FDA-APPROVED DRUG, SO IT IS NOT A MEDICINE.**

While it's true that cannabis as a whole plant is not yet FDA-approved, it's important to recognize that the therapeutic benefits of cannabis are well-documented and supported by numerous studies and reputable organizations. Many states have established medical cannabis programs based on the substantial body of evidence supporting its effectiveness. These programs serve over 6 million patients and are designed to provide patients with access to cannabis under the guidance of healthcare professionals.

# MYTH:

## **PATIENTS' NEEDS ARE BEING MET BY ADULT-USE MARKETS.**

Adult-use markets are primarily designed to generate tax revenue for states and serve a clientele aged 21 and older, focusing on recreational consumers. When states pass laws merging recreational cannabis programs with existing medical markets, the result is often a loss of integrity in the medical cannabis program and neglect of the specific needs of medical patients.

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.

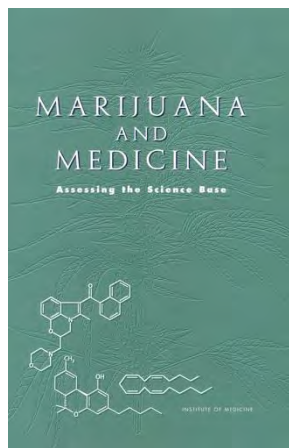
# MYTH:

## MORE RESEARCH IS NEEDED TO INFORM CHANGES IN CANNABIS POLICY.

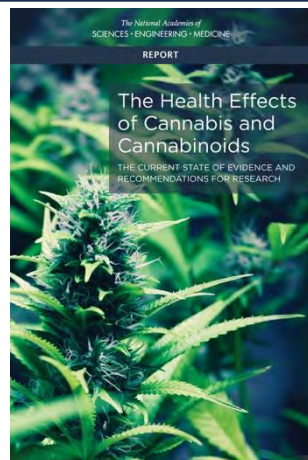
While more research is always beneficial, numerous studies and authoritative bodies like the HHS, FDA, NIH, and the National Academies of Science have already recognized the therapeutic potential of medical cannabis. Patients are experiencing real, documented relief from conditions like chronic pain, epilepsy, and multiple sclerosis. We can continue research while ensuring patients have access to treatments that improve their quality of life.



# FEDERAL RESEARCH STRATEGIES & FUNDS FOR THERAPEUTIC BENEFITS



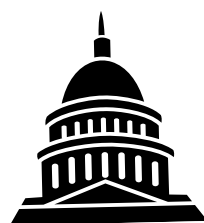
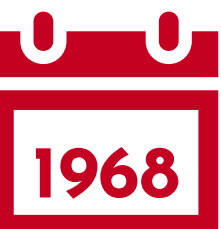
RESEARCH ACT 1st INTRO



BIDEN SIGNS THE MEDICAL MARIJUANA & CANNABIDIOL RESEARCH EXPANSION ACT



RESEARCH ACT DEADLINE MISSED



**NIDA**  
NATIONAL INSTITUTE  
ON DRUG ABUSE



RESEARCH FUNDS PROVING HARM UNDER PROHIBITION

RESEARCH PROVING HARM UNDER PUBLIC HEALTH



# PROHIBITION MINDSET FOR PUBLIC HEALTH

Received: 15 February 2024 | Accepted: 11 April 2024  
DOI: 10.1111/psp.16519

## DATA INSIGHT

### Changes in self-reported marijuana use from 1979 to 2022

Jonathan P. Caulkins

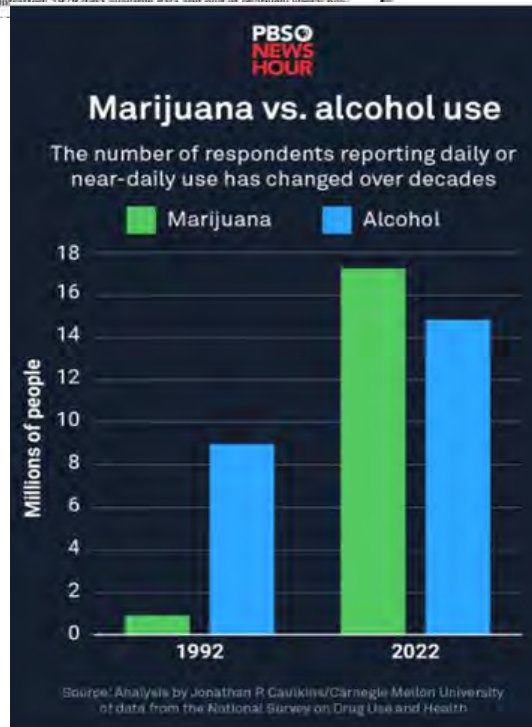
Senior University Professor of Operations Research and Public Policy, Carnegie Mellon University's Heinz College, Pittsburgh, PA, USA

Correspondence: Jonathan P. Caulkins, Carnegie Mellon University's Heinz College, 5000 Forbes Avenue, Pittsburgh, PA 15213, USA; [jcaulkins@heinz.cmu.edu](mailto:jcaulkins@heinz.cmu.edu)

Funding information: There was no funding for this work.

**Conclusions:** Long-term trends in cannabis use in the United States parallel corresponding changes in cannabis policy, with declines during periods of greater restriction and growth during periods of policy liberalization. A growing share of cannabis consumers report daily or near daily use, and their numbers now exceed the number of daily and near daily drinkers.

**Measurements:** Rates of use reported to the US National Survey on Drug Use and Health and its predecessors are described, as are trends in days of use reported. Four milestone years are compared: 1979 (first available data) and end of restrictive (banned) use.



**Q:**

**WHY CARE  
ABOUT  
THE MCCA?**



**Americans for  
Safe Access**

Advancing Legal Medical Cannabis Therapeutics



**CHRONIC & MENTAL HEALTH CONDITIONS ARE RESPONSIBLE FOR 90% OF THE \$4.1 TRILLION SPENT ANNUALLY ON U.S. HEALTHCARE.**

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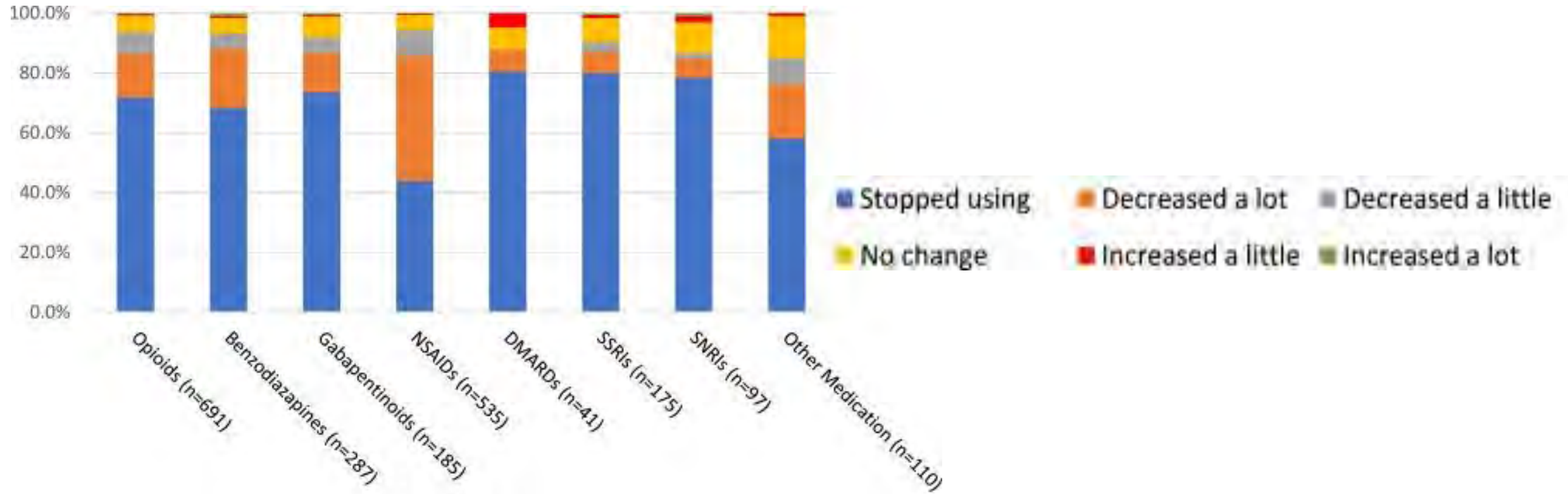
**\$35 BILLION ANNUALLY ON OPIOID MISUSE & RELATED HEALTHCARE COSTS.**

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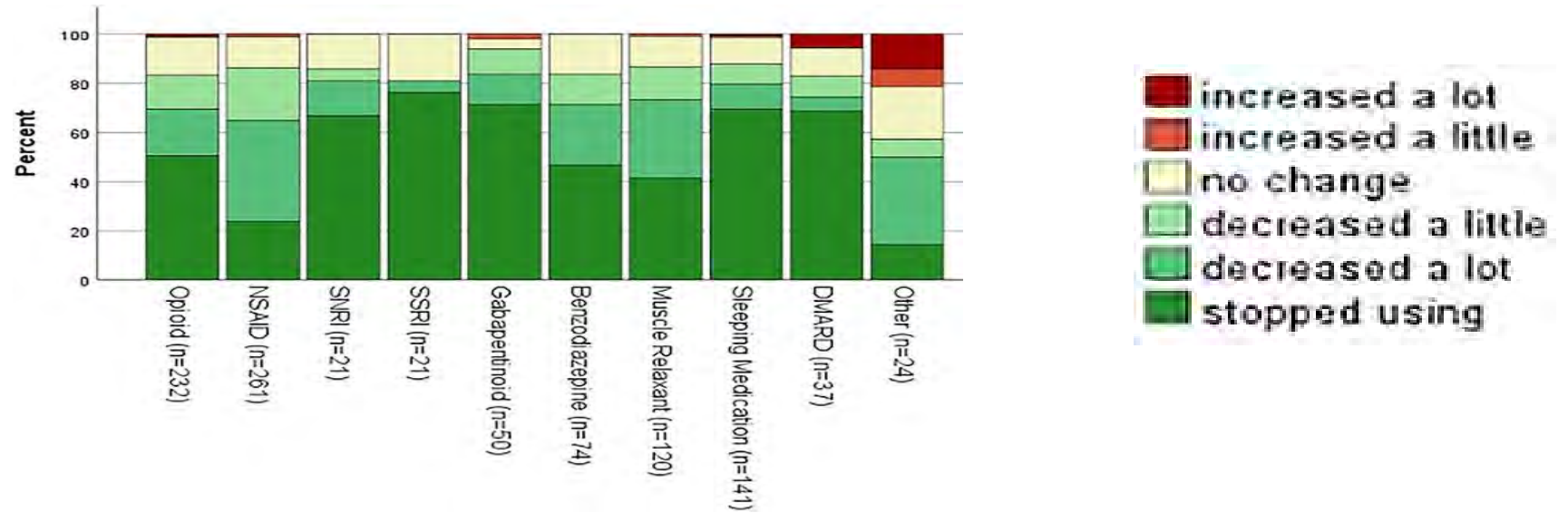


**MEDICAL CANNABIS LAWS RESULT IN LOWER HEALTH INSURANCE PREMIUMS**

# SUBSTITUTION OF CANNABIS FOR PAIN MEDICATION



***Pills to Pot: Observational Analyses of Cannabis Substitution Among Medical Cannabis Users With Chronic Pain*** Kevin F. Boehnke, J. Ryan Scott, Evangelos Litinas, Suzanne Sisley, David A. Williams, Daniel J. Clauw; *The Journal of Pain* Volume 20 Issue 7 Pages 830-841 (July 2019)



A study in ACR Open Rheumatology, found that 62.5% of participants substituted medical cannabis for medications, with 54.7% replacing NSAIDs, 48.6% opioids, 29.6% sleep aids, and 25.2% muscle relaxants. Following substitution, most reported a reduction or cessation in their use of these medications.

Boehnke KF, Scott JR, Martel MO, Smith T, Bergmans RS, Kruger DJ, Williams DA, Fitzcharles MA. Substituting Medical Cannabis for Medications Among Patients with Rheumatic Conditions in the United States and Canada. *ACR Open Rheumatol.* 2024 Dec;6(12):826-835. doi: 10.1002/acr2.11717. Epub 2024 Sep 5. PMID: 39236308; PMCID: PMC11638128.

“—  
Over two-thirds (68.9%) of clinicians surveyed believe that cannabis has medicinal uses, and just over a quarter (26.6%) had ever recommended cannabis to a patient.  
—”

Schauer GL, Njai R, Grant AM. Clinician Beliefs and Practices Related to Cannabis. Cannabis Cannabinoid Res. 2022 Aug;7(4):508-515. doi: 10.1089/can.2020.0165. Epub 2021 Apr 26. PMID: 33998899; PMCID: PMC9418355.

Medical cannabis treatment was associated with **improvements in pain severity and interference observed at one month and maintained over the 12-month observation period**. Significant improvements were also observed in **physical and mental health domains starting at three months**. Significant **decreases in headaches, fatigue, anxiety, and nausea were observed after initiation of treatment**. In patients who reported opioid medication use at baseline, there were **significant reductions in oral morphine equivalent doses**, while correlates of pain were **significantly improved** by the end of the study observation period. **Conclusions.** Taken together, the findings of this study add to the cumulative **evidence in support of plant-based medical cannabis as a safe and effective treatment option and potential opioid medication substitute or augmentation therapy for the management of symptoms and quality of life in chronic pain patients.**

**END PAIN  
NOT LIVES**  
MAKE CANNABIS AN OPTION  
A PROJECT OF AMERICANS FOR SAFE ACCESS

Safakish R, Ko G, Salimpour V, Hendin B, Sohanpal I, Loheswaran G, Yoon SYR. **Medical Cannabis for the Management of Pain and Quality of Life in Chronic Pain Patients: A Prospective Observational Study.** Pain Med. 2020 Nov 1;21(11):3073-3086. doi: 10.1093/pm/pnaa163. PMID: 32556203.

# MEDICAL CANNABIS PATIENTS/CAREGIVERS

**Expanded Access & Affordability** - National standards would ensure consistent availability and pricing, reducing financial burdens on patients.

**Product Safety & Quality Assurance** - Stronger federal oversight would improve product testing, ensuring patients receive contaminant-free medicine.

**Recognition of Medical Cannabis as Medicine** - Integrating cannabis into mainstream healthcare would lead to better insurance coverage and increased legitimacy.

**Legal Protections** - Patients would no longer live at risk of arrest, eviction, and job loss due to federal illegality

# HEALTHCARE STAKEHOLDERS

**Integration into Medical Practice** - Clear regulations would allow healthcare providers to prescribe cannabis without legal uncertainty.

**Research Funding for Efficacy & Safety** - Increased federal investment would support clinical trials and data-driven cannabis therapies.

**Patient-Centered Care** - Medical Professionals could offer more personalized treatment plans incorporating cannabis alongside conventional medicine

**Product Safety & Quality Assurance** - Stronger federal oversight would improve product testing, ensuring patients receive contaminant-free medicine.

# PEOPLE LIVING WITH RARE DISEASES

 **OVER 7,000 MEDICAL CONDITIONS CLASSIFIED AS "RARE DISEASE"**

 **30 MILLION AMERICANS HAVE A RARE DISEASE**

 **95% OF RARE DISEASES HAVE NO FDA-APPROVED TREATMENT**

**Expanded Treatment Options** - Cannabis offers relief for rare conditions where few pharmaceutical treatments exist.

**Incentivized Research for Rare Diseases** - Federal funding would support cannabis research for hard-to-treat conditions.

**Compassionate Use Protections** - Ensuring patients with rare diseases can access experimental cannabis therapies legally.

# EVERY AMERICAN

**Protecting Public Health** - Safe, regulated access to cannabis medicine benefits society.

**Reducing the Burden on Healthcare Systems** - Replacing ineffective pharmaceuticals, lowering medical costs.

**Ensuring Patient Rights** - No one should suffer due to outdated policies restricting medical cannabis access.

**Increased Criminalization for Nonviolent Offenses** - Federal cannabis laws contribute to mass incarceration.

**Personal Freedom** - Federal restrictions prevent Americans from choosing a natural, effective medicine.

# INSURANCE COMPANIES

**Cost Savings on Chronic Disease Treatment** - Covering cannabis could reduce overall healthcare costs by decreasing reliance on expensive pharmaceuticals and decreasing emergency room visits.

**Reduced Opioid Dependency** - Supporting cannabis coverage could lower opioid-related healthcare claims.

**Better Patient Outcomes** - More treatment options would improve patient recovery and satisfaction.

**Standardized Guidelines** - Standardized terminology, dosage, and prescriptions will create a pathway for insurance coverage.

# 90% OF AMERICANS WHO SUPPORT MEDICAL CANNABIS

**Ensuring Policy Reflects Public Opinion** - The vast majority of Americans want medical cannabis legalized at the federal level.

**Creating a Safer, Well-Regulated Market** - Proper oversight would prevent contamination and ensure patient safety.

**Advancing Science & Medicine** - Strengthening research would expand treatment possibilities for millions.

**Stop Patient Suffering** - Many people cannot access life-changing cannabis treatments.

# ANYONE IN THE MEDICAL CANNABIS SUPPLY CHAIN

**Regulatory Clarity for Compliance** - Federal oversight would provide stability for businesses in cultivation, processing, and distribution.

**Expanded Market Opportunities** - Federally recognized cannabis would encourage investment and job growth.

**Improved Product Safety Standards** - Stronger quality control measures would enhance patient trust and marketplace integrity

**Banking & Financial Stability -Supply Chain Stability -Business Growth & Innovation**

# PATIENT ADVOCACY ORGANIZATIONS

**Protecting Patient Rights** - MCCA ensures ADA protections

**Strengthening Research & Innovation** - More funding for clinical trials would lead to better patient outcomes.

**Insurance Coverage** - Increased legitimacy would encourage insurers to cover medical cannabis treatments

**End Stigma, Broaden Acceptance** - Federal prohibition fuels misinformation and prevents medical integration

# SOCIAL JUSTICE ORGANIZATIONS

**Ending Criminalization of Cannabis-** MCCA decriminalizes cannabis by making a new schedule and will prevent federal arrests and penalties for all cannabis users.

**Equitable Business Opportunities** - A regulated framework would promote diversity and inclusion in the cannabis businesses

**Criminal Records for Patients & Caregivers** - People using cannabis for legitimate medical reasons can still be prosecuted

# CANNABIS TREATMENT CURIOUS INDIVIDUALS

**Reliable Information & Education** - Federal regulation would standardize and expand credible information on cannabis treatment options.

**Medical Oversight & Guidance** - Physicians would be better equipped to discuss cannabis treatment without legal concerns.

**Reduced Barriers to Access** - Removing unnecessary legal barriers would allow more individuals to explore cannabis as a treatment safely.

**No Legal Repercussions** - Federal prohibition discourages individuals from trying cannabis treatment.

# HEALTH EQUITY ORGANIZATIONS

**Reduced Disparities in Access** - The MCCA would promote equitable access to cannabis medicine across demographics and regions.

**Lower Cost Barriers** - Federal oversight and insurance coverage could reduce financial burdens for low-income patients.

**Ending Discriminatory Policies** - Medical cannabis patients would receive the same protections as those using other prescribed medicines

**Insurance Coverage** - Patients in marginalized communities cannot afford out-of-pocket costs.

# AGING POPULATION ORGANIZATIONS

**Pain & Inflammation Relief Without Opioids** - Cannabis offers a safer alternative for chronic pain management in seniors.

**Cognitive Health & Neuroprotection** - Emerging research suggests cannabis may help with conditions like Alzheimer's and Parkinson's.

**Improved Quality of Life** - Federal recognition would enable seniors to use cannabis without fear of stigma or legal consequences.

**Seniors Denied Safe Access** - Assisted living facilities and nursing homes prohibit cannabis use due to federal law.

**Insurance Coverage & Medicare Benefits** - Federal law prevents coverage of medical cannabis treatments.

# POLICY MAKERS

**Public Support is Overwhelming** - 90% of Americans support medical cannabis, making this a widely accepted policy move.

**Economic Growth & Job Creation** - Federally regulated cannabis would generate jobs and expand savings for state healthcare programs.

**Improved Public Health Outcomes** - Replacing opioids and other harmful pharmaceuticals with cannabis medicine can reduce healthcare burdens

**End Conflicts Between State & Federal Law**

# STATE REGULATORS

**Clarity in Regulation & Enforcement** - A federal framework would provide clear guidance, reducing conflicts in state-by-state policies.

**Improved Compliance & Oversight** - Standardized safety and quality measures would enhance product safety.

**Better Data Collection & Tracking** - National tracking of medical cannabis use would improve policymaking and patient protections

**Federal Support for Oversight** - Today states must manage regulatory frameworks without federal guidance.

**Q:**

**WHO IS AMERICANS  
FOR SAFE ACCESS?**



**Americans for  
Safe Access** 138

Advancing Legal Medical Cannabis Therapeutics



# Americans for Safe Access

Founded in 2002, Americans for Safe Access (ASA) is the largest national organization of patients, medical professionals, scientists, providers, & concerned citizens promoting safe & legal access to cannabis for therapeutic use and research.

## The Patient's Bill of Rights

1. Access to Treatment Options
2. Respect & Nondiscrimination
3. Confidentiality of Health Information
4. Quality
5. Product information
6. Accuracy
7. Information Disclosure
8. Safety
9. Input without Retribution
10. Fair Price



Americans for Safe Access

## WHO WE ARE

### OUR MISSION

Founded in 2002, Americans for Safe Access (ASA) is the largest national organization of patients, medical professionals, scientists, providers, and concerned citizens promoting safe and legal access to cannabis for therapeutic use and research. ASA offers a platform for medical cannabis, wellness, and healthcare stakeholders to engage in projects and programs that address knowledge, policy, and regulatory gaps to improve access to medical cannabis.

Our work is guided by a shared vision of a national framework that closes the divide between wellness and medicine by fostering the integration of cannabis into patient care as a frontline treatment option by creating pathways to insurance coverage, investing in the development of standardized cannabis-based products, ensuring a safe and consistent supply, and eliminating employment, housing, parental, and healthcare discrimination.

### VISION



### BELIEFS & VALUES



### GOALS



### OBJECTIVES & APPROACH



[www.SafeAccessNow.org/About](http://www.SafeAccessNow.org/About)



# Americans for Safe Access

# BOARD OF DIRECTORS



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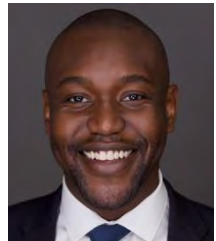
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**Deborah Miran**

**Q: HOW CAN  
I HELP?**



**Americans for  
Safe Access**

Advancing Legal Medical Cannabis Therapeutics



# Endorse MCCA & Safe Access 4 All

Please select an option below.

× Clear choice

- We Endorse the Medical Cannabis & Cannabinoid Act!
- My organization would like to find out more about endorsing the Medical Cannabis & Cannabinoid Act.

Yes! We are interested in scheduling a MCCA webinar with ASA for our membership.

Yes! We would like a speaker to attend one of our meetings.

Yes! We need materials to distribute to our members.

Please choose from the following

✓ Select all × Clear choices

We would like to to schedule a meeting with an ASA representative to learn more.

We would like to attend a webinar about the MCCA.



[SafeAccessNow.org/endorse\\_mcca\\_safe\\_access\\_4\\_all](https://SafeAccessNow.org/endorse_mcca_safe_access_4_all)





# SIGN THE PETITION

**To: The 119th Congress & the 47th President of the United States**

We, the undersigned, urge the Congress of the United States to enact federal laws that formally recognize cannabis as a vital medicine and create a national access program that creates safe access nationwide.

Cannabis therapeutics offer relief to millions of Americans, yet federal regulations hinder its integration into mainstream healthcare. It's time for Congress to shape policies grounded in scientific evidence and compassion.

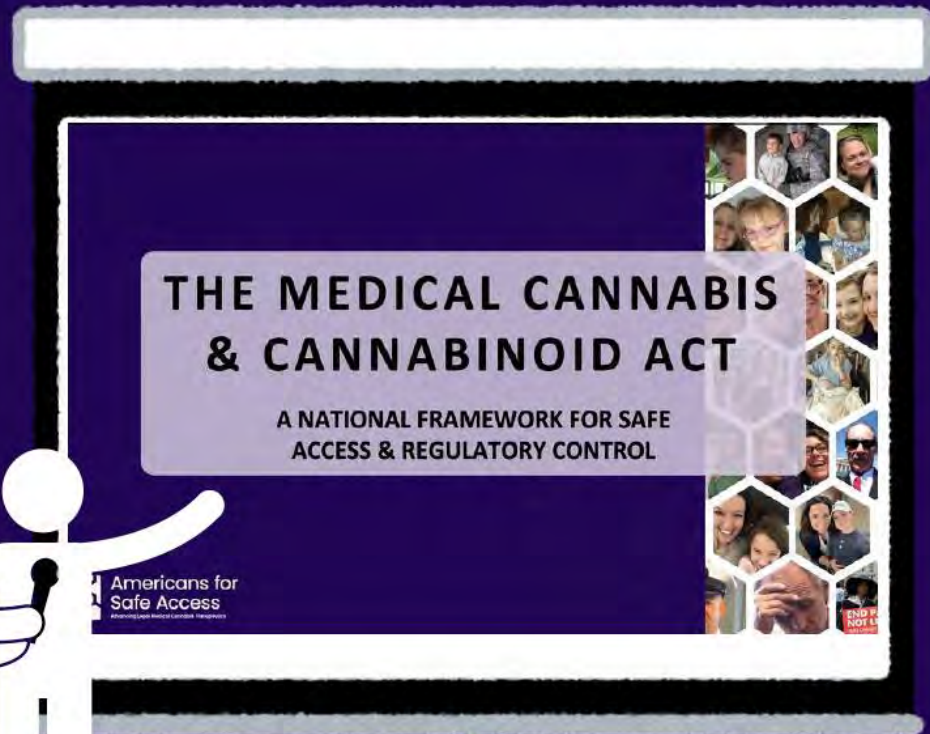
We call on Congress to create a national medical cannabis program, direct all federal agencies to recognize medical cannabis use as a legitimate medicine, update federal policies accordingly, create a new Schedule (Schedule VI) for cannabis, and create an Office of Medical Cannabis and Cannabinoid Control to oversee these actions.

By embracing federal recognition of cannabis as medicine, Congress can significantly enhance the quality of life of numerous Americans. We urge Congress to act swiftly and compassionately to reform outdated laws and unlock the full potential of cannabis as a legitimate medical treatment.



[www.SafeAccessNow.org/PatientsFirst2025](http://www.SafeAccessNow.org/PatientsFirst2025)

# DOWNLOAD THIS PRESENTATION & SHARE IT WITH YOUR COMMUNITY!



[SafeAccess4All.org](https://SafeAccess4All.org)

**ACT NOW TO ADVANCE A COMPASSIONATE AGENDA FOR AMERICA!**



[www.SafeAccessNow.org/PatientsFirst2025](http://www.SafeAccessNow.org/PatientsFirst2025)







We just need few pieces of information to connect you with your representatives.

FIRST NAME\* LAST NAME\*

Steph Sherer

EMAIL ADDRESS\*

ADDRESS, LINE 1\*

CITY\* STATE\* ZIP CODE\*

District of Columbia

I'D LIKE TO RECEIVE UPDATES FROM ASA

*Customize the following sample letter by including a message about the importance of safe access to your medicine.*

Let them know!

Got a few more minutes? There are more Patient First campaign activities!

[www.SafeAccessNow.org/PatientsFirst2025](http://www.SafeAccessNow.org/PatientsFirst2025)



Members of the U.S. Senate 2 recipients

This email will be delivered to 2 recipients:

 <b>Sen. Charles Ellis Schumer</b> D - US Senator (202) 224-6542	 <b>Sen. Kirsten Elizabeth Rutnik Gillibrand</b> D - US Senator (202) 224-4451
--	--

**Subject:** Collaborating on Medical Cannabis in the 119th Congress.

**MESSAGE:**

As one of your constituents, I want to express my gratitude for your service to our community. I am also reaching out as a patient advocate and a resource for your office on medical cannabis issues.

Cannabis and cannabinoid medicines provide relief to millions of Americans, often serving as a vital alternative when conventional treatments have failed or as a safer option than pharmaceuticals. Today, every state and territory—except Idaho and American Samoa—has passed some form of medical cannabis law. These programs have had profound impacts, improving health outcomes for over 6 million registered patients and alleviating burdens on our healthcare systems.

However, this state-level approach operates outside of federal laws, leaving many patients behind. Veterans,

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Federal, state, and municipal data powered by KnowWho, LLC, a Phone2Action company.

[www.SafeAccessNow.org/PatientsFirst2025](http://www.SafeAccessNow.org/PatientsFirst2025)



Members of the U.S. House of Representatives 1 recipient

This email will be delivered to 1 recipient:

  
**Rep. Joshua Riley**  
D - US Representative  
(202) 225-5441

**Subject:** Collaborating on Medical Cannabis in the 119th Congress

**MESSAGE:**

As one of your constituents, I want to express my gratitude for your service to our community. I am also reaching out as a patient advocate and a resource for your office on medical cannabis issues.

Cannabis and cannabinoid medicines provide relief to millions of Americans, often serving as a vital alternative when conventional treatments have failed or as a safer option than pharmaceuticals. Today, every state and territory—except Idaho and American Samoa—has passed some form of medical cannabis law. These programs have had profound impacts, improving health outcomes for over 6 million registered patients and alleviating burdens on our healthcare systems.

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*Characters remaining: 7*

[www.SafeAccessNow.org/PatientsFirst2025](http://www.SafeAccessNow.org/PatientsFirst2025)

# MAKE A DONATION!

## [SafeAccessNow.org/donate](https://SafeAccessNow.org/donate)




# RESOURCES: ADVOCACY TRAINING MATERIALS


**THE ABC'S OF  
CITIZEN  
LOBBYING**

---

THE MEDICAL CANNABIS ADVOCATE'S HANDBOOK

---



 **Americans for  
Safe Access**  
Advancing Legal Medical Cannabis Therapeutics

UPDATED  
2024

**TALKING  
TO  
THE MEDIA**

---

THE MEDICAL CANNABIS ADVOCATE'S HANDBOOK

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 **Americans for  
Safe Access**  
Advancing Legal Medical Cannabis Therapeutics

UPDATED  
2024

# RESOURCES: LOBBYING & ADVOCACY MATERIALS

## FDA, HHS, & DOJ HAVE DETERMINED



### CANNABIS HAS CURRENTLY ACCEPTED MEDICAL USE IN THE U.S.

DEA, DOJ: Notice of proposed rulemaking: Schedules of Controlled Substances: Rescheduling of Marijuana May 21, 2024



## CONGRESS DETERMINES WHO CAN & CAN'T HAVE ACCESS

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.

**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.

[SafeAccess4All.org](http://SafeAccess4All.org)



## TALKING POINTS: FEDERAL MEDICAL CANNABIS LEGISLATION

**CANNABIS IS AN EFFECTIVE MEDICINE** *"Medical cannabis is not just an alternative treatment; it's a life-changing medicine for millions. It's time we acknowledge its efficacy and ensure all patients have access to this essential relief."*

**RESTORING PATIENT RIGHTS** *"Without comprehensive federal legislation on medical cannabis, millions of patients are stripped of basic rights. This forces many Americans into a difficult position: they must choose between following their healthcare provider's advice and the potentially severe consequences of losing critical federal services and rights, a decision that directly threatens their livelihood and well-being."*

**NEED FOR FEDERAL MEDICAL CANNABIS POLICY** *"By integrating medical cannabis into our national healthcare framework, we can offer patients more effective treatment options for chronic and debilitating conditions, potentially reducing reliance on more harmful medications like opioids."*

*"Federal reform is necessary to ensure all patients, including veterans and federal employees, can benefit from medical cannabis."*

*"State laws are falling short, leaving many patients behind. We need comprehensive federal policies that guarantee access to affordable medical cannabis for everyone."*

**NEED FOR LEADERSHIP** *"The recent recognition of cannabis' medical value by federal health agencies underscores the critical need for Congress to update and harmonize existing laws. While the rescheduling of cannabis marks a significant advance, it does not address all the complexities of its use as a medical treatment."*

*"States have fulfilled their role as laboratories of democracy for medical cannabis policy. It's now our responsibility as lawmakers to ensure that laws keep pace with science and public opinion and pass comprehensive medical cannabis legislation."*

**THE MEDICAL CANNABIS & CANNABINOID ACT** *"The Medical Cannabis and Cannabinoid Act aligns federal laws and regulations with contemporary scientific understanding and robust public support. It is designed to improve public health outcomes and end the federal-state discrepancies."*

*"The Medical Cannabis and Cannabinoid Act not only regulates but revolutionizes how we understand and utilize cannabis in modern medicine."*

*"Research is the key to unlocking cannabis's full potential as medicine. The Medical Cannabis and Cannabinoid Act will work with medical cannabis stakeholders to create research priorities to ensure we are investing in studies that prioritize patient safety and drive innovation."*

*"The Medical Cannabis and Cannabinoid Act creates a new schedule for cannabis. Schedule VI acknowledges that cannabis is not just another drug—it's a botanical medicine with a unique profile. By placing cannabis in its own category, Schedule VI would allow for regulations tailored to its specific properties and uses."*

*"Patients should not have to choose between their rights and their health. It's time to end the federal prohibition on medical cannabis and restore patient freedoms."*

*"The absence of comprehensive medical cannabis legislation leaves millions without essential federal protections, compelling patients to make an impossible choice: their health or their basic rights. For many, prioritizing health could mean risking their housing, education, and financial stability, underlining the urgent need for federal action."*

[SafeAccess4All.org](http://SafeAccess4All.org)

## COMMON MISCONCEPTIONS ABOUT MEDICAL CANNABIS

### MYTH: STATES HAVE MEDICAL CANNABIS ACCESS COVERED.

While many states have implemented medical cannabis programs, these laws are often riddled with gaps and inconsistencies that fail to meet the needs of all patients. The state-by-state compassionate use model excludes patients in states reluctant to pass medical cannabis laws, federal employees, contractors, and veterans utilizing VA medical services.

States have fulfilled their role as laboratories of democracy for medical cannabis policy and have fallen short of addressing all patient needs. Strict qualifying conditions, high costs, and limited access to dispensaries are just a few of the issues patients who do qualify for these programs face. Additionally, the lack of insurance coverage for medical cannabis can make treatment unaffordable for many. This will persist as long as medical cannabis access happens independently of broader healthcare systems and outside federal laws.

### MYTH: IF CANNABIS HAS MEDICAL VALUE BIG PHARMA WILL ADDRESS ACCESS.

While a few cannabinoid-based pharmaceuticals achieved FDA approval with federal support, their efficacy has been inferior to the cannabis and cannabinoid products available outside these legal options. Scientific discovery has demonstrated that the medicinal benefits of cannabis are derived from multiple active compounds that align with highly personalized endocannabinoid systems. This complexity makes applying the pharmaceutical model for drug development challenging. Moreover, the commercial success of these pharmaceutical products has been lackluster, and patent-related challenges for cannabis formulations make it unlikely that major pharmaceutical companies will continue to pursue the pharmaceuticalization of cannabis.

### MYTH: CANNABIS IS NOT AN FDA-APPROVED DRUG, SO IT IS NOT A MEDICINE.

While it's true that cannabis as a whole plant is not yet FDA-approved, it's important to recognize that the therapeutic benefits of cannabis are well-documented and supported by numerous studies and reputable organizations. Many states have established medical cannabis programs based on the substantial body of evidence supporting its effectiveness. These programs serve over 6 million patients and are designed to provide patients with access to cannabis under the guidance of healthcare professionals.

### MYTH: MORE RESEARCH IS NEEDED TO INFORM CHANGES IN CANNABIS POLICY.

While more research is always beneficial, numerous studies and authoritative bodies like the HHS, FDA, NIH, and the National Academies of Science have already recognized the therapeutic benefit of medical cannabis. Patients are experiencing real, documented relief from conditions like chronic pain, epilepsy, and multiple sclerosis. We can continue research while ensuring patients have access to treatments that improve their quality of life.

### MYTH: PATIENTS CAN BE SERVED BY ADULT-USE MARKETS.

Adult-use markets are primarily designed to generate tax revenue for states and serve a clientele aged 21 and older, focusing on recreational consumers. When states pass laws merging recreational cannabis programs with existing medical markets, the result is often a loss of integrity in the medical cannabis program and neglect of the specific needs of medical patients.

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.





## USE THE MEDIA TO AMPLIFY THE IMPORTANCE OF MEDICAL CANNABIS POLICY IN 2025 BY UTILIZING "LETTERS TO EDITOR."

Letters to the editor (LTE) are like comments published in a newspaper's editorial section. News outlets are more likely to print an LTE if you are responding to a recent news article they printed. Use our [tips for getting LTEs published](#).

### 1. SEARCH FOR RECENT LOCAL NEWS ABOUT CANNABIS, THE NEW ADMINISTRATION & CONGRESS

### 2. FIND THE INSTRUCTIONS FOR SUBMITTING AN LTE

You can use this [list of local newspapers](#) or search the publications website.

### 3. DRAFT THE LETTER

\*\*\*\*\*Example for Letters to the Editor\*\*\*\*\*

**re: A Call for Presidential Action on Medical Cannabis**

Dear Editor,

As the 47th Administration embarks on its first 100 days, millions of medical cannabis patients across America are watching closely. While President Trump has expressed support for medical cannabis on the campaign trail, now is the time for action.

[www.SafeAccessNow.org/PatientsFirst2025](http://www.SafeAccessNow.org/PatientsFirst2025)

# Submitting Letters to the Editor or Opinion Pieces

Home / Learn / Advocate Resource Center / Submitting Letters to the Editor or Opinion Pieces

One of the most effective ways to raise public awareness of these issues is to increase the amount of media coverage and the best part is that each of us can contribute very directly to this effort. By writing a Letter to the Editor or an Editorial for your local media you not only get our message to the public in your community (and online) but you also get the journalists at that outlet thinking about patient perspectives.

Hopefully the next time they are writing an article about cannabis they'll remember your letter and think "Maybe I should include a quote from a medical cannabis patient in this article." Those effects can snowball and help us get medical cannabis patients in the conversation.

It might seem daunting to write your first letter to your local paper but we're here to offer some advice and guidance to help you and once you've got one published there will be no stopping you.

Find your local paper's contact information and requirements

State	Paper	Letter to the editor	Lte-notes	Op-ed
AK	Anchorage Daily News	<a href="mailto:commentary@adn.com">commentary@adn.com</a>	<a href="#">full guidelines</a>	<a href="mailto:commentary@adn.com">commentary@adn.com</a>
AK	Fairbanks Daily News Miner	<a href="https://www.newsminer.com/site/forms/online_services/letter/">https://www.newsminer.com/site/forms/online_services/letter/</a>		<a href="mailto:letters@newsminer.com">letters@newsminer.com</a>
AL	The Birmingham News	<a href="https://www.ai.com/opinion/page/letters_to_the_editor.html">https://www.ai.com/opinion/page/letters_to_the_editor.html</a>		
AR	Arkansas Democrat Gazette	<a href="mailto:voices@arkansasonline.com">voices@arkansasonline.com</a>	no longer than 300 words	<a href="mailto:tate@pbcommercial.com">tate@pbcommercial.com</a>
AZ	The Arizona Republic	<a href="https://gannett-nxuaa.formstack.com/forms/letters_editor">https://gannett-nxuaa.formstack.com/forms/letters_editor</a>	no longer than 200 words	<a href="mailto:opinions@arizonarepublic.com">opinions@arizonarepublic.com</a>
AZ	Arizona Daily Star	<a href="https://speedway.tucson.com/letters?action=letter">https://speedway.tucson.com/letters?action=letter</a>	170 words	<a href="https://speedway.tucson.com/letter">https://speedway.tucson.com/letter</a>
CA	Sacramento Bee	<a href="https://www.sacbee.com/opinion/letters-to-the-editor/submit-letter/">https://www.sacbee.com/opinion/letters-to-the-editor/submit-letter/</a>	150 words	<a href="mailto:opinion@sacbee.com">opinion@sacbee.com</a>

### 3. DRAFT THE LETTER

\*\*\*\*\*Example for Letters to the Editor\*\*\*\*\*

**re: A Call for Presidential Action on Medical Cannabis**

Dear Editor,

As the 47th Administration embarks on its first 100 days, millions of medical cannabis patients across America are watching closely. While President Trump has expressed support for medical cannabis on the campaign trail, now is the time for action.

The President has the power to take immediate steps to protect patients, including halting evictions of medical cannabis patients in federal housing, allowing VA doctors to recommend cannabis, and ending unnecessary drug testing for federal employees.

These actions do not require Congress, only the political will to stand with patients. We urge President Trump to keep his promises and prioritize medical cannabis policy in his first 100 days. Patients cannot wait any longer.

#SafeAccess4All

Sincerely, [Your Name] [Your City, State]

\*\*\*\*\*

**re: Congress Must Put Patients First**

Dear Editor,

With the 119th Congress now in session, lawmakers have a critical opportunity to advance medical cannabis policy in ways that will improve the lives of millions of patients. The Department of Health and Human Services and the Department of Justice have confirmed that cannabis has medical use. It is time for Congress to act accordingly.

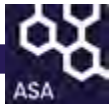
Congress must continue to pass amendments to Justice appropriation bills to protect medical cannabis programs, allocate resources to expand research, and support comprehensive reforms to provide a long-overdue framework for patient protections and product safety.

Too often, misinformation in Washington has stalled progress on medical cannabis. Patients deserve better. We call on our elected officials to put patients first and take action now.

Sincerely, [Your Name] [Your City, State]

\*\*\*\*\*

[www.SafeAccessNow.org/PatientsFirst2025](http://www.SafeAccessNow.org/PatientsFirst2025)





# ORGANIZE

## YOUR NETWORK

- Medical cannabis patients/caregivers
- “Wellness” cannabis consumers
- Anyone in the medical cannabis supply chain
- Former medical cannabis patients/caregivers
- Cannabis treatment curious individuals
- Healthcare stakeholders
- Health Equity stakeholders
- Patient Organizations
- Social Justice Stakeholders
- Patient Advocacy Organizations
- Labor Organizations
- Aging Population Organizations
- Medical Cannabis Product Providers
- Medical Cannabis professionals
- Aging Population Organizations
- Insurance companies
- Veterans
- Rare Disease Organizations
- Concerned Citizens

# WORKING WITH ASA



**Membership matters!** Americans for Safe Access (ASA) is the nation's leading medical cannabis patients' advocacy organization. Our goal is to make medical cannabis legally available for everyone who needs it, and we need your help to make that happen! ASA members are ASA's core and support our mission through an annual contribution of \$35. Your membership includes discounts on [ASA services & events](#) and [discounts from businesses](#) who share our values and more.



## ASA VOLUNTEERS

ASA Volunteers are the true strength behind ASA's advocacy. Sign up to volunteer and be part of a dynamic team dedicated to improving access to cannabis for therapeutic use and research! [SafeAccessNow.org/volunteer](https://SafeAccessNow.org/volunteer).



## ASA CHAPTERS

ASA Chapters are organizations with structured governance set by ASA, including elections, bylaws, and officers. Chapters must host monthly public meetings, work on ASA national campaigns, and work on local/state issues and geographic organizing for ASA. [Start an ASA Chapter](#).



## ASA ACTION GROUPS

ASA Action Groups are made up of 3 or more ASA members or can be members of an existing ASA Partner that form to work on ASA campaigns and agree to adhere to ASA's mission and values [Start an ASA Action Group](#).



## ASA AFFILIATES

ASA Affiliates are organizations working on state-specific medical cannabis issues in a geographical area that is not covered by an ASA chapter or are working with the local chapter to further ASA's mission. ASA Affiliates agree to work on ASA national campaigns and state-wide initiatives. [Become an ASA Affiliate.](#)

## ASA PARTNERS

ASA Partners are national organizations/entities that support medical cannabis issues and wish to work with ASA. The scope of partnerships is determined at the executive level and often includes a financial contribution or in-kind service equivalent. Email [steph@safeaccessnow.org](mailto:steph@safeaccessnow.org) with "ASA Partnership" in the subject to explore ways to partner with ASA.

## ASA SPONSORS

ASA Sponsors support ASA's [projects, programs, and campaigns](#) through financial contributions and other activities promoting ASA. Learn more about [ASA's Sponsorship Program.](#)



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## THE MEDICAL CANNABIS & CANNABINOID ACT

### A National Framework for Safe Access & Regulatory Control

Americans for Safe Access

### 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 took a more permanent medical cannabis policy.

...removed cannabis with <math>c.3\%</math> THC from the CSA and the FDA would regulate cannabinoid products derived from hemp. The FDA told Congress they need a new pathway to... with cannabis, forcing many to create "workaround" medical cannabis policy experts to guide them, and most... to navigate the state-federal conflict.

**Stateries of Democracy**

...four of five U.S. territories have medical cannabis laws.

...only been tasked with creating the infrastructure and... legal at the federal level, but now they must address a... hamp-derived cannabinoid market created by the... leaves out those patients living in states reluctant to... and contractors, and veterans utilizing VA medical... laws, this model does not address many medical or... illeged class of Americans.

**Attitudes on Medical Cannabis**

...cannabis policies.

...abis, recognizing its medical benefits and over 60... rhabis at the national level.

...as a stand-alone or as an adjunct treatment to relieve... her treatment methods. In many cases, patients and... and cannabinoids provide relief when

...emics, over 1/3 of Americans are turning to cannabis... to opioid use resulting in fewer opioid deaths in states

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model\_federal\_legislation

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AMERICANS FOR SAFE ACCESS

### 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, Oxycotin, 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

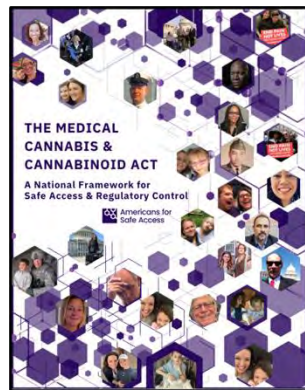




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