

# FY2026 CJS APPROPRIATIONS & MEDICAL CANNABIS POLICY

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## FY 2026 APPROPRIATIONS

### COMMERCE, JUSTICE, SCIENCE, & RELATED AGENCIES

#### ACTIONS NEEDED: FY2026 CJS APPROPRIATIONS

##### 1. TECHNICAL OVERSIGHT - ADD NEBRASKA (Sec. 529(a)):

This appears to be an oversight: In November 2024, Nebraska voters approved ballot initiatives establishing a medical cannabis program, which Governor Jim Pillen signed into law in December 2024. Nebraska now meets the criteria for protection under this section and should be explicitly added.

##### 2. REMOVE SEC. 529(b):

This new language undermines the Congressional intent behind the medical cannabis protections upheld for over a decade. Regulation of dispensary locations is the responsibility of individual states. Adding federal penalties risks destabilizing established, well-regulated programs and unfairly jeopardizes patient access.

**SEC. 529(b): "Funds made available under this Act to the Department of Justice may be used to enforce violations of 21 U.S.C. 860."**

Any person who is distributing, possessing with intent to distribute, or manufacturing a controlled substance in or on, or within one thousand feet of, a public or private elementary, vocational, or secondary school or a public or private college, junior college, or university, or a playground, or housing facility owned by a public housing authority, or within 100 feet of a public or private youth center, public swimming pool, or video arcade facility, is subject to: (1) twice the maximum punishment and (2) at least twice any term of supervised release for a first offense.

##### 3. REMOVE SEC. 607: None of the funds appropriated or otherwise made available by this Act may be used to reschedule marijuana or to remove marijuana from the schedules established under section 202 of the Controlled Substances Act (21 U.S.C. 812).

This section threatens to derail the federal cannabis rescheduling process, which has been underway since 2022. This effort has involved extensive scientific review, public engagement, and is currently under administrative review. Congress maintains oversight authority, **but interrupting a robust, science-based process midstream undermines both evidence-based policymaking and public trust.**

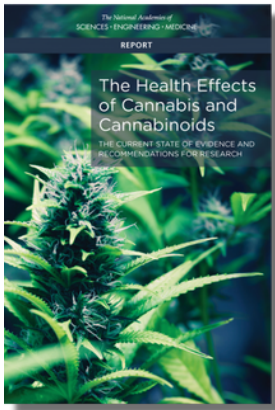
**RATIONALE:** Since 2014, the CJS Amendment has protected state medical cannabis programs, patients, and healthcare providers from federal prosecution, arrest, asset forfeiture, and harassment. The provision has received bipartisan support for over a decade and serves as a critical safeguard as Congress works toward comprehensive medical cannabis legislation. In 2024, attempts were made to scale back these protections, making their omission in Trump's FY2026 proposed budget especially concerning –this could jeopardize access for **more than six million Americans**. This year, the CJS Appropriations Subcommittee passed amendments that would block efforts to reschedule cannabis, and modified the Medical Cannabis Amendment that could open the door for federal interference in state medical cannabis programs again (with double penalties).



95% of the 7,000 known rare diseases have no treatment.

Chronic & Mental Health Conditions are Responsible for 90% of the \$4.1 Trillion Spent Annually on U.S. Healthcare

\$35 Billion Annually on Opioid Misuse & Related Healthcare Costs



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

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

“None of the evidence from the systematic reviews included in our analysis demonstrated substantial safety concerns that would argue against the use of marijuana in any of the indications where there exists some support for its benefit.”

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



## THE PATH FORWARD: ASA’S MEDICAL CANNABIS & CANNABINOID ACT (MCCA)

To address the patchwork of state laws, the regulatory void at the federal level, and the growing demand for access, Americans for Safe Access has drafted the Medical Cannabis and Cannabinoid Act (MCCA)—a comprehensive federal framework to recognize, regulate, and integrate medical cannabis into the U.S. healthcare system. The MCCA establishes a centralized regulatory structure to oversee cultivation, manufacturing, testing, labeling, distribution, and patient access to medical cannabis. It promotes research, harmonizes safety standards, protects patients and providers from federal interference, and ensures that cannabis medicines are treated like any other healthcare tool—based on science, governed by evidence, and delivered with dignity. MCCA creates a national medical cannabis program through two primary functions: establishing the Office of Medical Cannabis & Cannabinoid Control (OMC) housed under the U.S. Department of Health and Human Services (HHS) and changing the schedule of cannabis to a newly created schedule (Schedule VI). **Learn more: SafeAccess4All.org**

**10%** OF AMERICANS  
HAVE INTRACTABLE PAIN  
from migraines, cancer, degenerative disc disease, central pain syndrome, or rheumatoid arthritis

**2/3** MEDICAL PROFESSIONALS  
RECOGNIZE CANNABIS HAS MEDICAL VALUE

**1/3** AMERICANS LIVE WITH CHRONIC PAIN

**1/2** AMERICANS 65 OR OLDER TAKE **5-20** MEDICATIONS DAILY

UNCONTROLLED EPILEPSY EFFECTS AT LEAST 1 MILLION PEOPLE IN THE U.S.

**1 MILLION** AMERICANS ARE LIVING WITH MULTIPLE SCLEROSIS (MS)

**129 MILLION** AMERICANS HAVE AT LEAST ONE CHRONIC DISEASE

**750** Every Day Americans, 65+ Are Hospitalized Due To Serious Side Effects from Medications

**OVER 50%** 65+ HAVE ONE OR MORE RHEUMATIC CONDITIONS

**30 MILLION** Americans live with a Rare Disease



FOR MORE INFORMATION