To direct the Secretary of Health and Human Services to enter into a 10-year arrangement with the National Academy of Sciences to conduct and update biennially a study on the effects of State legalized marijuana programs, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JULY 24, 2018

Ms. GABBARD (for herself, Mr. CURBELO of Florida, Mr. YOUNG of Alaska, Mr. SOTO, Mr. O’ROURKE, Mr. BLUMENTHAL, Mr. ROHRABACHER, Mr. GAETZ, Mr. DEFAZIO, Ms. NORTON, Ms. TITUS, Mr. CRIST, Mr. GARETT, Mr. CORREA, Ms. LEE, Mr. POSEY, Mr. CARBAJAL, Mr. QUIGLEY, Ms. JAYAPAL, Ms. HANABUSA, Mr. RASKIN, Mr. POLIS, Ms. SCHAUKOWSKY, and Mr. COHEN) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on the Judiciary, and Education and the Workforce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

A BILL

To direct the Secretary of Health and Human Services to enter into a 10-year arrangement with the National Academy of Sciences to conduct and update biennially a study on the effects of State legalized marijuana programs, and for other purposes.

Be it enacted by the Senate and House of Representa-
atives of the United States of America in Congress assembled,
SECTION 1. SHORT TITLE.

This Act may be cited as the “Marijuana Data Collection Act”.

SEC. 2. FINDINGS.

Congress finds the following:

(1) Nearly two-thirds of Americans—about 64 percent—favor marijuana legalization.

(2) A total of 31 States, the District of Columbia, Puerto Rico, and Guam have legalized marijuana for medicinal use, and of those, eight States and the District of Columbia have legalized marijuana for adult non-medicinal use.

(3) Despite State legalization, marijuana remains illegal under Federal law, listed in schedule I under the Controlled Substances Act.

(4) Every day, more Americans die from overdosing on opioids. In 2016, the Centers for Disease Control and Prevention estimated that more than 42,000 Americans died from opioid-related drug overdoses. President Trump has, on two separate occasions, declared the opioid crisis as a public health emergency.

(5) Studies suggest that increased access to marijuana is associated with reductions in opioid abuse and opioid-related deaths, among other economic and social benefits:
(A) A study published in the Journal of the American Medical Association (JAMA) in
2014 that compared mortality rates between States that legalized medical marijuana versus
States that have not legalized medical mari-
juana found that States that had legalized med-
icinal marijuana had, on average, 20 percent
fewer opioid-related overdose deaths in the first
year of legalization compared to States that had
not legalized marijuana. This difference wid-
ened in subsequent years after legalization.

(B) A study published in the American Journal of Public Health in 2017 found that
opioid-related deaths tended to decline after the
legalization of non-medicinal marijuana for
adults in the State of Colorado. This study esti-
mated a 6.5 percent reduction in opioid-related
deaths compared to pre-legalization.

(6) Due to marijuana legalization, States have
generated millions in taxes and revenue and have al-
located these funds into public health, education,
economic development, restorative justice, and job
creation, such as—

(A) substance use disorder treatment and
drug use prevention programs;
(B) school construction;

(C) behavioral health programs;

(D) State alcohol and drug treatments funds;

(E) basic health plans;

(F) community residential centers;

(G) youth drug use prevention;

(H) jail diversion;

(I) mental health treatment; and

(J) job creation and placement.

(7) A robust and properly regulated marijuana industry wherein States are allowed to operate marijuana programs free from Federal interference stands to benefit States’ public health, education, economic, and law enforcement and judicial sectors.

SEC. 3. REPORT CONCERNING THE EFFECTS OF STATE LEGALIZED MARIJUANA PROGRAMS.

(a) In General.—The Secretary of Health and Human Services, in coordination with the Department of Justice, the Department of Labor, and (to the greatest extent possible) with relevant State agencies responsible for health programs and activities in States that have legalized marijuana for medicinal or non-medicinal use, shall enter into a 10-year arrangement with the National Academy of Sciences—
(1) to complete a study, not later than 18 months after the date of enactment of this Act, and to update such study on a biennial basis thereafter for the duration of the arrangement period, on the effects of State legalized marijuana programs on the economy, public health, criminal justice, and employment in the respective States;

(2) upon the completion of the initial study pursuant to paragraph (1) and upon each update to the study, to prepare or update a report on the results of such study and submit such report to the Congress; and

(3) not later than 30 days after the date of submission of the initial report under paragraph (2), develop and publish best practices on data collection under subsection (e).

(b) Study Considerations.—The study pursuant to subsection (a)(1) shall consider the effects of State legalized marijuana programs, including yearly rates and trends over the course of the study under such subsection, with respect to the following:

(1) Revenues and State Allocations.—

(A) The monetary amounts generated through revenues, taxes, and any other financial benefits.
(B) The purposes and relative amounts for which these funds were used.

(C) The total impact on the State and its budget.

(2) MEDICINAL USE OF MARIJUANA.—

(A) The rates of medicinal use among different population groups, including children, the elderly, veterans, and individuals with disabilities.

(B) The purpose of such use.

(C) Which medical conditions medical marijuana is most frequently purchased and used for.

(3) SUBSTANCE USE.—

(A) The rates of overdoses with opioids and other painkillers.

(B) The rates of admission in health care facilities, emergency rooms, and volunteer treatment facilities related to overdoses with opioids and other painkillers.

(C) The rates of opioid-related and other painkiller-related crimes to one’s self and to the community.

(D) The rates of opioid prescriptions and other pain killers.
(4) IMPACTS ON CRIMINAL JUSTICE.—

(A) The rates of marijuana-related arrests
for possession, cultivation, and distribution, and
of these arrests, the percentages that involved a
secondary charge unrelated to marijuana pos-
session, cultivation, or distribution, including—

(i) the rates of such arrests on the
Federal level, including the number of
Federal prisoners so arrested, disaggregat-
ed by sex, age, race, and ethnicity of the
prisoners; and

(ii) the rates of such arrests on the
State level, including the number of State
prisoners so arrested, disaggregated by
sex, age, race, and ethnicity.

(B) The rates of arrests and citations on
the Federal and State levels related to teenage
use of marijuana.

(C) The rates of arrests on the Federal
and State levels for unlawful driving under the
influence of a substance, and the rates of such
arrests involving marijuana.

(D) The rates of marijuana-related pros-
ceutions, court filings, and imprisonments.
(E) The total monetary amounts expended for marijuana-related enforcement, arrests, court filings and proceedings, and imprisonment before and after legalization, including Federal expenditures disaggregated according to whether the laws being enforced were Federal or State.

(F) The total number and rate of defendants in Federal criminal prosecutions asserting as a defense that their conduct was in compliance with applicable State law legalizing marijuana usage, and the effects of such assertions.

(5) EMPLOYMENT.—

(A) The amount of jobs created in each State, differentiating between direct and indirect employment.

(B) The amount of jobs expected to be created in the next 5 years, and in the next 10 years, as a result of the State’s marijuana industry.

(c) STUDY TIMEFRAME.—The study pursuant to subsection (a)(1) shall consider the data collected and analyzed in connection with the items listed in subsection (b) in the respective States to the extent possible across the period—
(1) beginning 5 years before the effective date
of legalization of marijuana in the State; and
(2) ending on a date determined by the Na-
tional Academy of Sciences to allow collection and
analysis of the most recent data available.

(d) REPORT CONTENTS.—Reports pursuant to sub-
section (a)(2) shall—

(1) address both State programs that have le-
galized marijuana for medicinal use and those that
have legalized marijuana for adult non-medicinal use
and to the extent practicable distinguish between
such programs and their effects;

(2) include a national assessment of average
trends across States with such programs in relation
to the effects on economy, public health, criminal
justice, and employment in the respective States, in-
cluding with respect to the items listed in subsection
(b); and

(3) describe—

(A) any barriers that impeded the ability
to complete or update aspects of the study re-
quired by subsection (a)(1) and how such bar-
riers can be overcome for purposes of future
studies; and
(B) any gaps in the data sought for the study required by subsection (a)(1) and how these gaps can be eliminated or otherwise addressed for purposes of future studies.

(e) Best Practices for Data Collection by States.—The best practices pursuant to subsection (a)(3) shall consist of best practices for the collection by States of the information described in the items listed in subsection (b), including such best practices for improving—

(1) data collection;
(2) analytical capacity;
(3) research integrity; and
(4) the comparability of data across States.

○