

119TH CONGRESS
2D SESSION

H. R. 9186

To amend the Controlled Substances Act to more closely align the Act with modern medical knowledge, terminology, and practices, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JUNE 8, 2026

Mr. COHEN introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary, 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 amend the Controlled Substances Act to more closely align the Act with modern medical knowledge, terminology, and practices, 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,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Controlled Substances
5 Act Clarification in Sciences Act of 2026”.

1 **SEC. 2. AMENDMENTS TO CONTROLLED SUBSTANCES ACT.**

2 (a) DEFINITIONS.—Section 102 of the Controlled
3 Substances Act (21 U.S.C. 802) is amended by adding at
4 the end the following:

5 “(61) The term ‘accepted medical use’ means the use
6 of a drug or other substance—

7 “(A) in accordance with an approval under the
8 Federal Food, Drug, and Cosmetic Act or licensure
9 under section 351 of the Public Health Service Act;

10 “(B) to conduct scientific research to advance
11 the understanding of human biology, develop new
12 therapies, or research animal or human models of
13 disease, syndrome, or disorder; or

14 “(C) in accordance with a recognized legitimate
15 medical use if—

16 “(i) a jurisdiction has authorized the drug
17 or substance for medical use;

18 “(ii) the drug or substance is widely used
19 in such jurisdiction by health care practitioners;
20 and

21 “(iii) such legitimate medical use is recog-
22 nized by the entities that regulate the practice
23 of medicine in such jurisdiction through evi-
24 dence-based scientific evaluation that employs
25 rigorous and generally accepted methodologies.

1 “(62) The term ‘dependence liability’ means, with re-
2 spect to a drug or other substance that could contribute
3 to a substance use disorder, the actual propensity for
4 physical dependence or psychological dependence to the
5 drug or substance.

6 “(63) The term ‘physical dependence’ means, with re-
7 spect to a drug or other substance, a state that develops
8 as a result of physiological adaptation in response to re-
9 peated, chronic use of the drug or substance, manifested
10 by withdrawal signs and symptoms after abrupt dis-
11 continuation or a significant dose reduction of the drug
12 or substance.

13 “(64) The term ‘psychological dependence’ means,
14 with respect to a drug or other substance, a state in which
15 an individual’s use of the drug or substance is com-
16 promised by—

17 “(A) the rewarding effects of the drug or sub-
18 stance, thus increasing the likelihood of chronic use;
19 or

20 “(B) psychological distress (including craving)
21 that occurs in the absence of the drug or substance
22 and contributes to compulsive drug seeking, regard-
23 less of whether such use is indicative of abuse or
24 misuse of the drug or substance.

1 “(65) The term ‘lack of accepted safety for use of
2 the drug or other substance under medical supervision’
3 means, with respect to a drug or other substance, that
4 based on the accepted medical use of the drug or sub-
5 stance, a reasonable health care practitioner would deter-
6 mine that the potential risk of death or significant and
7 irreversible harm to the user would clearly outweigh any
8 medical benefit to the user.

9 “(66) The term ‘abuse’ means, with respect to a drug
10 or other substance, the intentional use of the drug or sub-
11 stance in a manner that will lead to a substance use dis-
12 order.

13 “(67) The term ‘potential for abuse’ means, with re-
14 spect to a drug or other substance, the relative likelihood
15 that use of the drug or substance will result in abuse of
16 the drug or substance.

17 “(68) The term ‘misuse’ means—

18 “(A) the use by an individual of a drug or other
19 substance that is not intended for human consump-
20 tion (determined in the same manner as such a de-
21 termination would be made under section 203); or

22 “(B) the use by an individual of a drug or other
23 substance in a way—

24 “(i) that was not directed by the individ-
25 ual’s health care practitioner; or

1 “(ii) that is not in accordance with the in-
2 structions for use on the labeling of such drug
3 or substance.

4 “(69) The term ‘potential benefits to society’ means,
5 with respect to a drug or other substance, any medical,
6 scientific, or other use of the drug or substance that may
7 improve public health or quality of life.”.

8 (b) CLARIFICATION OF ROLES IN SCHEDULING.—
9 Section 201(a) of the Controlled Substances Act (21
10 U.S.C. 811(a)) is amended by inserting before “Rules of
11 the Attorney General” the following: “In carrying out
12 paragraph (1), the Attorney General shall (1) defer to the
13 Secretary’s scientific and medical evaluation of a drug or
14 other substance, and (2) add or transfer a drug or other
15 substance to a schedule only if such schedule best cor-
16 responds to controls reasonably tailored to protect public
17 health and safety (including the potential for abuse and
18 dependence liability of the drug or substance) while pre-
19 serving access for accepted medical uses, and recognizing
20 the potential benefits to society, of the drug or sub-
21 stance.”.

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