

115TH CONGRESS
1ST SESSION

H. R. 715

To provide for the rescheduling of marihuana, the medical use of marihuana in accordance with State law, and the exclusion of cannabidiol from the definition of marihuana, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JANUARY 27, 2017

Mr. GRIFFITH (for himself and Mr. BLUMENAUER) 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 provide for the rescheduling of marihuana, the medical use of marihuana in accordance with State law, and the exclusion of cannabidiol from the definition of marihuana, 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 “Compassionate Access
5 Act”.

6 **SEC. 2. AVAILABILITY OF MARIHUANA FOR MEDICAL USE.**

7 (a) RESCHEDULING.—

1 (1) RECOMMENDATION BY HHS.—Not later
2 than 180 days after the date of enactment of this
3 Act, the Secretary of Health and Human Services,
4 in consultation with the Institute of Medicine of the
5 National Academy of Sciences, shall submit to the
6 Administrator of the Drug Enforcement Administra-
7 tion a recommendation to transfer marihuana from
8 schedule I under section 202 of the Controlled Sub-
9 stances Act (21 U.S.C. 812) to a schedule under
10 such section 202 other than schedule I.

11 (2) FINAL RULE.—Not later than one year
12 after the date of enactment of this Act, the Adminis-
13 trator of the Drug Enforcement Administration
14 shall, taking into consideration the recommendation
15 under paragraph (1), issue a final rule to transfer
16 marihuana from schedule I under section 202 of the
17 Controlled Substances Act (21 U.S.C. 812) to a
18 schedule under such section other than schedule I.

19 (b) CANNABIDIOL.—

20 (1) IN GENERAL.—Paragraph (16) of section
21 102 of the Controlled Substances Act (21 U.S.C.
22 802) is amended—

23 (A) by striking “(16) The” and inserting
24 “(16)(A) The”; and

25 (B) by adding at the end the following:

1 “(B) Cannabidiol—

2 “(i) is excluded from the definition of mar-
3 ihuana under subparagraph (A); and

4 “(ii) shall not be treated as a controlled
5 substance under this Act.”.

6 (2) DEFINITION.—Section 102 of the Con-
7 trolled Substances Act (21 U.S.C. 802), as amended
8 by paragraph (1), is further amended by adding at
9 the end the following:

10 “(57) The term ‘cannabidiol’ means the sub-
11 stance cannabidiol, as derived from marihuana or
12 synthetically formulated, that contains not greater
13 than 0.3 percent delta-9-tetrahydrocannabinol on a
14 dry weight basis.”.

15 (3) CANNABIDIOL DETERMINATION BY THE
16 STATES.—Section 201 of the Controlled Substances
17 Act (21 U.S.C. 811) is amended by adding at the
18 end the following:

19 “(j) CANNABIDIOL DETERMINATION.—If a person
20 grows or processes marihuana for purposes of making
21 cannabidiol in accordance with State law, the marihuana
22 shall be deemed to meet the concentration limitation under
23 section 102(57), unless the Attorney General determines
24 that the State law is not reasonably calculated to ensure

1 that marihuana grown or processed for purposes of mak-
2 ing cannabidiol meets such concentration limitation.”.

3 (c) REGULATION UNDER STATE LAW.—

4 (1) IN GENERAL.—In a State in which mari-
5 huana may be prescribed by a physician for medical
6 use under applicable State law, no provision of the
7 Controlled Substances Act (21 U.S.C. 801 et seq.)
8 or of the Federal Food, Drug, and Cosmetic Act (21
9 U.S.C. 301 et seq.) shall prohibit or otherwise re-
10 strict in such State in accordance with such State
11 law—

12 (A) the prescription of marihuana by a
13 physician for medical use;

14 (B) an authorized patient under such State
15 law from obtaining, possessing, transporting, or
16 using marihuana for that patient’s medical use;

17 (C) a caregiver for an authorized patient
18 from obtaining, possessing, or transporting
19 marihuana, as authorized under such State law,
20 for the medical use of such authorized patient;

21 (D) the legally recognized parent or guard-
22 ian of a minor who is an authorized patient
23 from obtaining, possessing, or transporting
24 marihuana, as authorized under such State law,
25 for the medical use of such minor;

1 (E) an entity from producing, processing,
2 or otherwise manufacturing marihuana for med-
3 ical use, as authorized under such State law;

4 (F) an entity from distributing marihuana
5 for medical use, as authorized under such State
6 law;

7 (G) a pharmacy or other health care pro-
8 vider from dispensing marihuana to an author-
9 ized patient for medical use, as authorized
10 under such State law; or

11 (H) a laboratory or other entity from per-
12 forming safety, quality, or efficacy testing of
13 marihuana for medical use, as authorized under
14 such State law or under Federal law.

15 (2) CANNABIDIOL.—Notwithstanding the exclu-
16 sion of cannabidiol from the definition of marihuana
17 in section 102 of the Controlled Substances Act (21
18 U.S.C. 802), as amended, and section 5 of this Act,
19 this subsection applies with respect to cannabidiol,
20 as defined in such section 102, to the same extent
21 and in the same manner as this subsection applies
22 with respect to marihuana.

1 **SEC. 3. RESEARCH INTO POTENTIAL MEDICINAL USES OF**
2 **MARIHUANA.**

3 (a) IN GENERAL.—Not later than 180 days after the
4 date of enactment of this Act, the Attorney General shall
5 delegate responsibility under section 303(f) of the Con-
6 trolled Substances Act (21 U.S.C. 823(f)) for control over
7 access to marihuana for research into its potential medic-
8 inal uses to an agency of the executive branch that is not
9 focused on researching the addictive properties of sub-
10 stances. Such agency shall take appropriate actions to en-
11 sure that an adequate supply of marihuana is available
12 for such medicinal research.

13 (b) CONSIDERATION OF OTHER RESEARCH IN
14 SCHEDULING.—Research that is performed in a scientif-
15 ically sound manner in a State where marihuana or
16 cannabidiol is legal for medical purposes, and in accord-
17 ance with such State’s law, but that does not use mari-
18 huana from federally approved sources, may be considered
19 for purposes of rescheduling marihuana under section 202
20 of the Controlled Substances Act (21 U.S.C. 812).

21 **SEC. 4. RELATION OF ACT TO CERTAIN PROHIBITIONS RE-**
22 **LATING TO SMOKING.**

23 This Act does not affect any Federal, State, or local
24 law regulating or prohibiting smoking in public.

25 **SEC. 5. DEFINITIONS.**

26 In this Act:

1 (1) AUTHORIZED PATIENT.—The term “author-
2 ized patient” means an individual using marihuana
3 in accordance with a prescription by a physician for
4 medical use.

5 (2) MARIHUANA.—Except as provided in sec-
6 tion 2(c)(2), the term “marihuana” has the meaning
7 given to such term in section 102 of the Controlled
8 Substances Act (21 U.S.C. 802), as amended by sec-
9 tion 2(b).

10 (3) PHYSICIAN.—The term “physician” means
11 a practitioner of medicine, who—

12 (A) graduated from a college of medicine
13 or osteopathy; and

14 (B) is licensed to practice medicine by the
15 appropriate State board.

16 (4) PRESCRIPTION.—The term “prescription”
17 means an instruction written by a medical physician
18 in accordance with applicable State law that author-
19 izes the provision of a medicine or treatment to a
20 patient.

21 (5) STATE.—The term “State” includes the
22 District of Columbia, Puerto Rico, and any other
23 territory or possession of the United States.

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