

STATE PREPAREDNESS FOR FEDERAL CANNABIS & HEMP REGULATION

**SOUTH DAKOTA
OCTOBER 13, 2026**



**Americans for
Safe Access**

**Presented By Steph Sherer
Founder & Executive Director
Americans for Safe Access**

30 MILLION

Americans live
with a
**Rare
Disease**



129 MILLION

AMERICANS
HAVE AT
LEAST ONE



CHRONIC DISEASE

95%

OF
THE



7,000

KNOWN

RARE DISEASES HAVE

NO

FDA-APPROVED
TREATMENT

1/3

**AMERICANS
LIVE WITH
CHRONIC PAIN**



10%^{OF} AMERICANS

HAVE INTRACTABLE PAIN

**FROM MIGRAINES, CANCER, DEGENERATIVE
DISC DISEASE, CENTRAL PAIN SYNDROME,
OR RHEUMATOID ARTHRITIS**



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



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



**EVERY YEAR
5K AMERICANS
RECEIVE AN ALS
DIAGNOSIS**

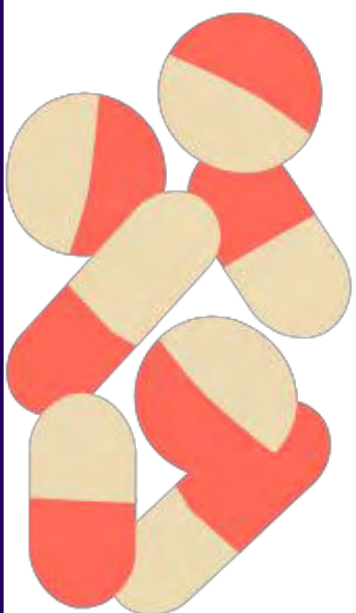


1/3 
**VETERANS
HAVE CONDITIONS
RELATED TO
CHRONIC PAIN**

**CHRONIC
PAIN** 
2x
**RISK OF DEATH
BY SUICIDE**



EVERY DAY 19
**VETERANS & ACTIVE
MILITARY MEMBERS
COMMIT SUICIDE**



**224 AMERICANS DIE EACH DAY
FROM AN OPIOID OVERDOSE**

20% ARE FROM PRESCRIPTIONS.

**1/2 AMERICANS
65 OR OLDER TAKE**



5-20

MEDICATIONS DAILY

9 out of 10

FDA-Approved



**Drugs are
PALLIATIVE.**

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



**CHRONIC & MENTAL
HEALTH CONDITIONS
ARE RESPONSIBLE FOR**

90% OF
THE
\$41 TRILLION
SPENT ANNUALLY
ON U.S. HEALTHCARE

**CHRONIC PAIN COSTS
AMERICANS**

**\$560–\$635
BILLION**

ANNUALLY

\$35 BILLION

Cost of
OPIOID MISUSE
& Related Healthcare Issues.



6 MILLION+ PATIENTS



**IN STATE
MEDICAL CANNABIS
PROGRAMS**



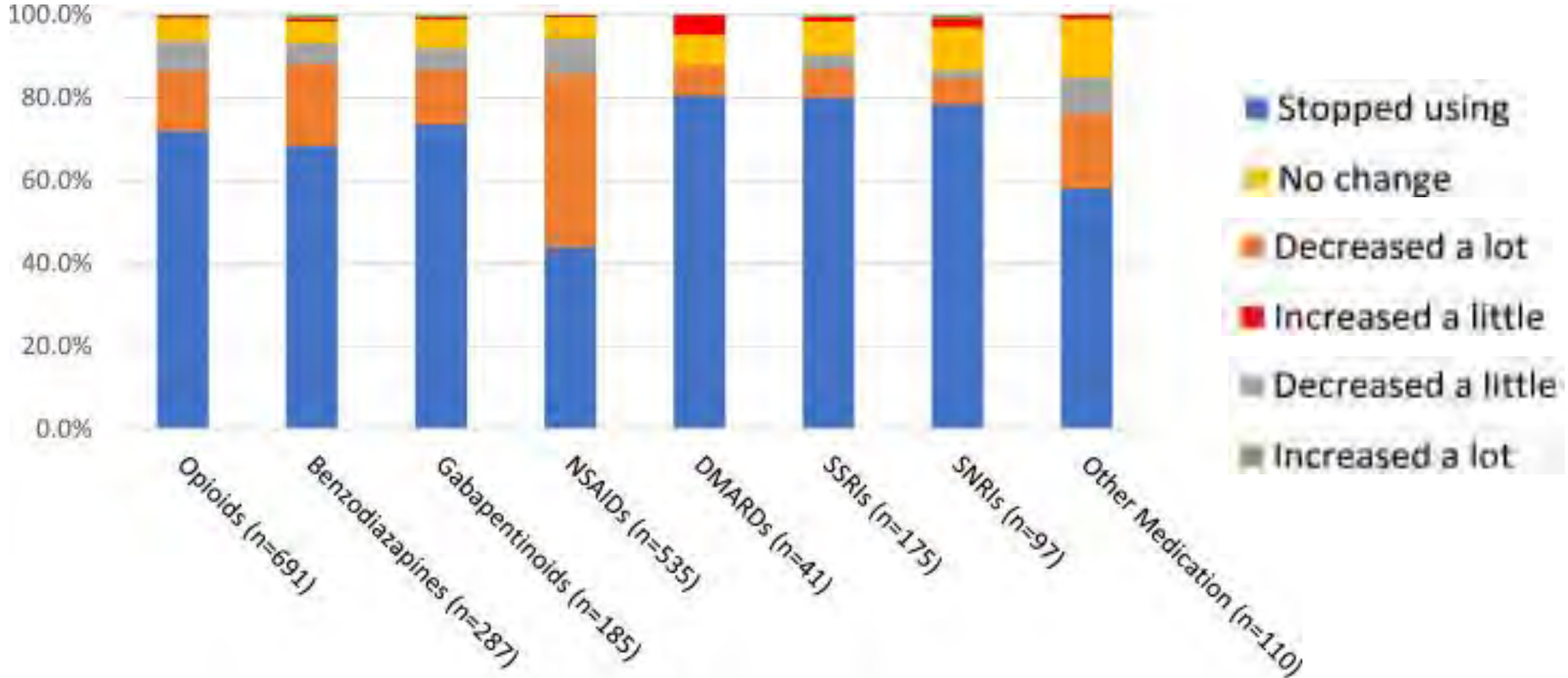
**2 / 3 MEDICAL
PROFESSIONALS
RECOGNIZE CANNABIS
HAS MEDICAL VALUE**

22%^{OF} 
**VETERANS
CURRENTLY USE
CANNABIS TO TREAT
MEDICAL CONDITIONS**

82%^{OF} VETERANS
WANT MEDICAL CANNABIS
TO BE A FEDERALLY LEGAL
TREATMENT OPTION

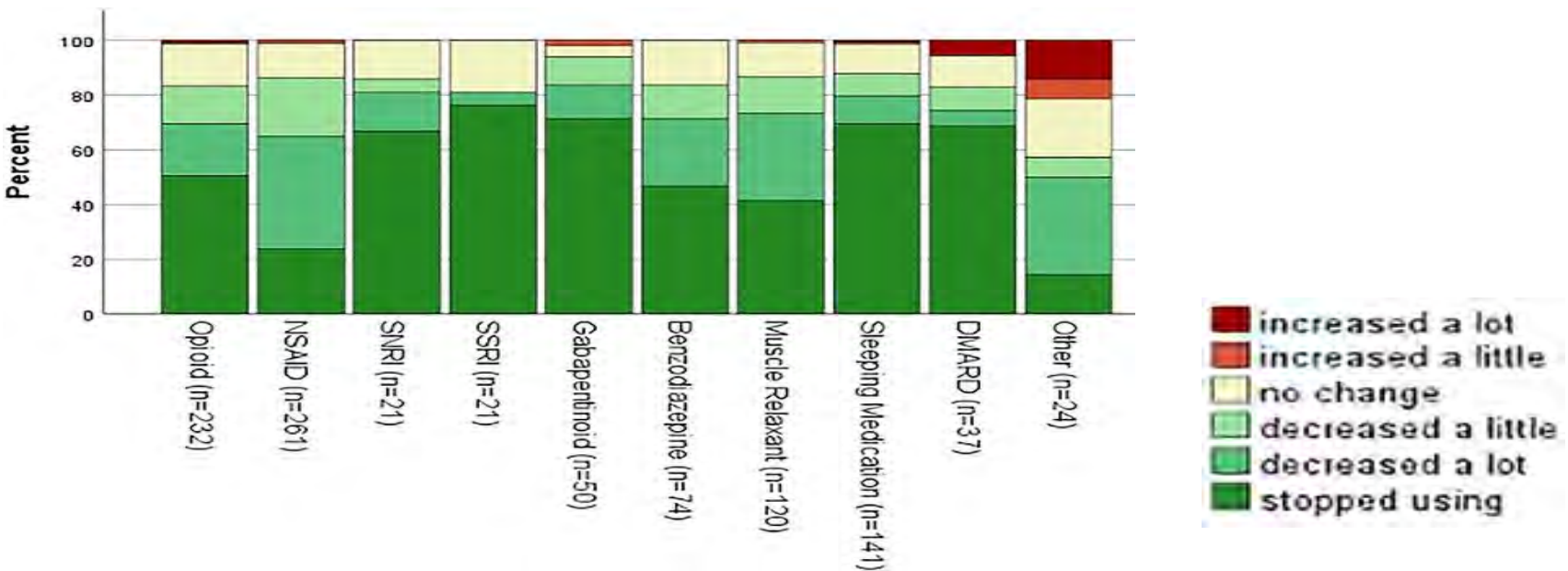


SUBSTITUTION OF CANNABIS FOR PAIN MEDICATION



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.




OVER 50%
65+ HAVE
ONE OR MORE
RHEUMATIC
CONDITIONS

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.

2015- STATES ADD QUALIFYING CONDITIONS TO MEDICAL CANNABIS PROGRAMS THROUGH FORMAL REVIEW PROCESS

Twenty-one state medical cannabis programs included a process to add qualifying medical conditions through a designated expert committee appointed by the State's Department of Health. The first state to add a qualifying condition through this process occurred in 2015, following the completion of the HHS review of the petition.

65 QUALIFYING CONDITIONS ADDED TO MEDICAL CANNABIS PROGRAMS THROUGH EXPERT REVIEWS		
ADHD	Fibromyalgia	Pancreatitis: Acute & Chronic
Age-Related Macular Degeneration	Huntington Disease	Parkinson's
ALS	Hydrocephalus	Polycystic Kidney Disease (PKD)
Alzheimer's Disease	Interstitial Cystitis	Post Laminectomy Syndrome with Chronic
Amyotrophic Lateral Sclerosis	Intractable Headache Syndrome	Radiculopathy
Anorexia Nervosa	Irritable Bowel Syndrome (IBS)	Post-Herpetic Neuralgia, Peripheral Neuropathy &
Anxiety Disorder	Mal Syndrome	Allodynia from Shingles
Arthritis	Migraines	Post-Traumatic Stress Disorder (PTSD)
Autism	Muscular Dystrophy	Progressive Degenerative Disc Disease of The Spine
Cachexia Or Wasting Syndrome	Neuro-Bechet's Autoimmune Disease	Sickle Cell
Cancer, Including Remission Therapy	Neurodegenerative Diseases	Spastic Movement Disorders
Cerebral Palsy	Nystagmus	Spasticity
Chronic Hepatitis C	Obsessive Compulsive Disorder (OCD)	Spinal Cord Injury
Chronic Vocal	Obstructive Sleep Apnea	Substance Use Disorder
Motor Tic Disorder Colitis	Opioid Use Disorder	Superior Canal Dehiscence Syndrome
Complex Regional Pain Syndrome	Osteoarthritis	Terminal Illness
Degenerative Neurological Disorder	Pain; Chronic, Of Visceral Origin	Tourette Syndrome
Depression	Pain: Any Condition Opioids Prescribed	Trigeminal Neuralgia
Dyskinetic	Pain: Chronic. Chronic Related to	Ulcerative Colitis
Dystonia	Musculoskeletal Disorder. Neuropathic, &	Vulvar Lichen Sclerosis
Ehler's Danlos Syndrome	Severe Debilitating & Intractable	Vulvodynia & Vulvar Burning



AGENCIES THAT LED PROCESS FOR EXPERT REVIEWS OF ADDING QUALIFY CONDITIONS :



Connecticut Department of Consumer Protection/Board of Physicians
Delaware Department of Health & Social Services
Hawaii Department of Health
Illinois Department of Public Health
State of Michigan Department of Licensing & Regulatory Affairs
Minnesota Department of Health
New Jersey Department of Health
New Mexico Department of Health/Medical Advisory Board
New York Commissioner of Health
State Medical Board of Ohio
Pennsylvania Department of Health
Rhode Island Department of Health

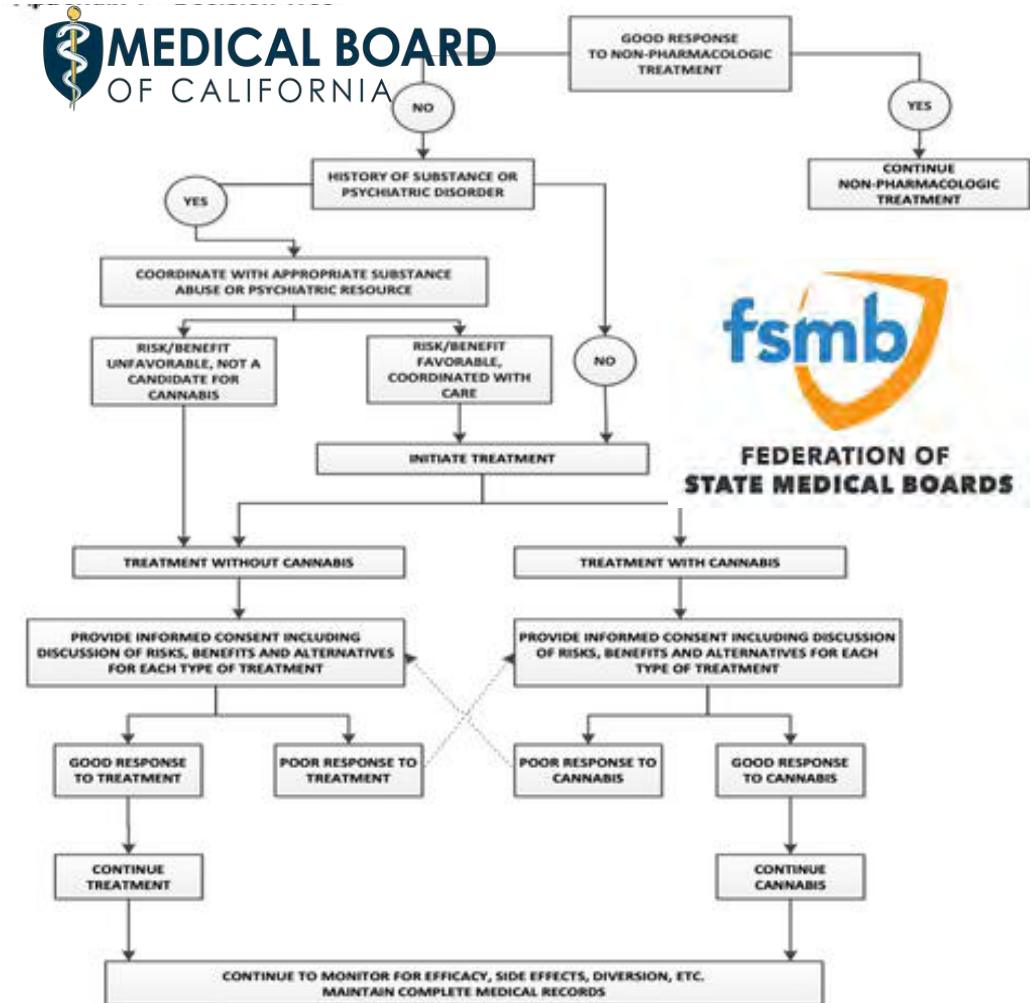
The DOJ Office of Legal Counsel highlighted these programs in support of HHS's finding of "Currently Accepted Medical Use":

“Several states have also established processes through which experts can recommend additions to, or removals from, the list of conditions that marijuana may be used to treat—indeed, HHS has informed us that 17 jurisdictions have added conditions that may be treated with marijuana using such processes; see HHS Part 1 Analysis Memo at 4. **In short, it is simply not the case that state practice concerning medical marijuana is completely divorced from scientific and medical assessment.**”

- DOJ Office of Legal Counsel (OLC)

2016- MEDICAL BOARDS PROVIDE GUIDANCE TO MEDICAL PROFESSIONALS ON WHEN TO RECOMMEND CANNABIS

The Federation of State Medical Boards (FSMB) adopted “Model Guidelines for the Recommendation of Marijuana in Patient Care” and several state medical boards issued guidelines for physicians to incorporate cannabis into their patients’ treatment regime, for example: “Medical Board of California’s Guidelines for the Recommendation of Cannabis for Medical Purposes”

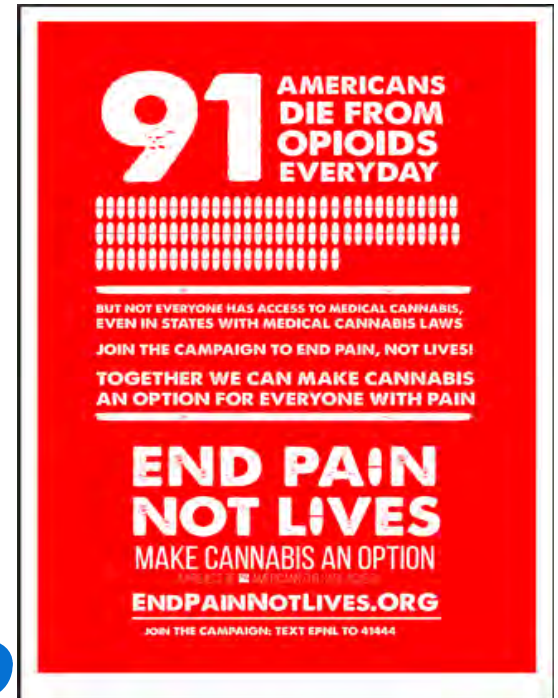


2016- CDC RECOGNIZES CANNABIS' ROLE IN TREATING PAIN & MITIGATING OPIOID DEATHS

The CDC published guidelines for opioid prescribers to stop testing for Cannabis.



Clinicians should not test for substances for which results would not affect patient management or for which implications for patient management are unclear. For example, experts noted that there might be uncertainty about the clinical implications of a positive urine drug test for tetrahydrocannabinol (THC).



2017 DEA REMOVES “GATEWAY THEORY” REFERENCES FROM WEBSITE/PUBLICATION AFTER DATA QUALITY ACT (DQA) CHALLENGE



DEA's 2016 "Denial of Petition to Initiate Proceedings to Reschedule Marijuana" contradicts "The Dangers & Consequences of Marijuana Abuse" & "Drugs of Abuse"



No scientific basis for (1) the gateway drug hypothesis (2) irreversible cognitive decline in adults; and cannabis causing (3) psychosis or (4) lung cancer



END OF GATEWAY THEORY



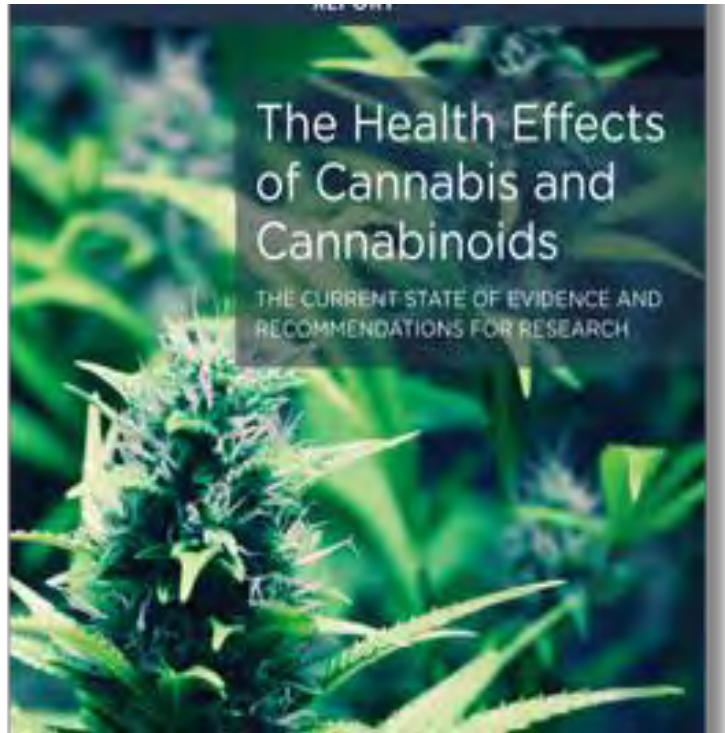
National Institute on Drug Abuse

Is cannabis a "gateway" drug?

Cannabis products are among the first substances along with alcohol and tobacco that a person will likely encounter in their life ([MTE, 2023](#) ) , and people who use substances commonly use these before trying others. Still, most people who use or have used cannabis do not go on to use other substances later in life.⁷¹

NIDA WEBSITE 2025

2017 THE NATIONAL ACADEMIES OF SCIENCES, ENGINEERING, AND MEDICINE PUBLISHED THE HEALTH EFFECTS OF CANNABIS AND CANNABINOIDS THAT FOUND:



"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**

2019 UNIVERSITIES & COLLEGES CANNABIS SPECIALTY DEGREES

Thousands of Americans have associate, bachelor's, and master's degrees in cannabis studies, including Cannabis Biology and Chemistry, Cannabis Studies, Pharmaceutical Sciences, Agriculture and Horticulture, Cultivation, Policy, Medical Plant Sciences, Business, Commerce, and Administration from over 40 Universities and colleges.



INTERNATIONAL HEALTH AGENCY RECOGNIZES MEDICAL USE OF CANNABIS

2019 The World Health Organization recommends that the United Nations Committee on Narcotic Drugs reschedule cannabis based on “a multi-year review process conducted by the Expert Committee on Drug Dependence (ECDD), an independent scientific advisory body to the WHO. Based on scientific assessment, potential health risk and therapeutic benefit”



DRUG TREATIES MODIFIED TO RECOGNIZE CANNABIS THERAPEUTICS



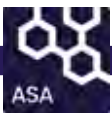
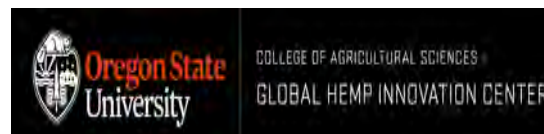
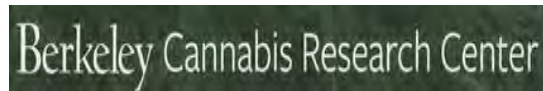
2020- The UN Commission on Narcotic Drugs (CND), the drug policy-making body of the UN, reclassified cannabis and cannabis resin under international drug treaties.

2019

States began contributing to research, creating the first significant source of funding for research outside NIDA.



In 2011, CMCR at UC San Diego was one of the only cannabis research centers in the U.S.



THE MEDICAL MARIJUANA & CANNABIDIOL RESEARCH ACT BECOMES LAW

2022 *-BI-PARTISAN EFFORT LEAD BY TRADITIONAL PRO-PROHIBITION MEMBERS*

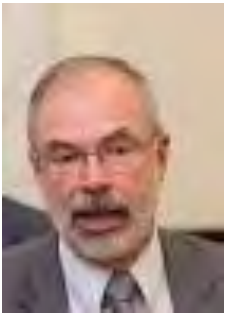


“We know that cannabidiol-derived medications can be effective for conditions like epilepsy. This bill will help refine current medical CBD practices and develop important new applications. After years of negotiation, I’m delighted that we’re finally enacting this bill that will result in critical research that could help millions.” **-Senator Feinstein**



“Since 2015, I’ve pushed to expand medical research into marijuana derivatives such as cannabidiol to better understand their benefits and potential harms.” **-Senator Grassley**

“Congress passed this legislation with robust bipartisan, bicameral support because increasing research into the impacts of cannabis requires timely action” **-Andy Harris (R)**



2022- DOSING GUIDELINES FOR CANNABIS & CANNABINOID MEDICINES



The Minnesota Department of Health issues “Dosing and Chemical Composition Report: A Review of Medical Cannabis Studies Relating to Chemical Compositions and Dosages for Qualifying Medical Conditions.”

mn.gov/ocm/dmc/health-care-practitioners/guidance-materials/medical-cannabis-studies.jsp

2023 OVER 60 COUNTRIES HAVE FEDERAL MEDICAL CANNABIS ACCESS PROGRAMS

In 2011, only two countries had laws allowing for the medical use of cannabis: Canada and the Netherlands. In 2023, that number rose to over 60 countries with explicit laws and dozens more debating legislation. Patients in the European Union (EU), can petition their government to receive medical cannabis from EU countries that have medical cannabis programs.



COUNTRIES WITH MEDICAL CANNABIS ACCESS:

Albania, Argentina, Australia, Barbados, Brazil, Cayman Islands, Canada, Channel Islands, Chile, Colombia, Costa Rica, Croatia, Cyprus, Czech Republic, Denmark, Ecuador, Estonia, Faeroe Islands, Finland, Georgia, Germany, Gibraltar, Greece, Iceland, Isle of Man, Ireland, Israel, Italy, Jamaica, Lebanon, Lesotho, Luxembourg, Malawi, Malta, Mexico, Morocco, the Netherlands, New Zealand, North Macedonia, Norway, Panama, Paraguay, Peru, Poland, Portugal, Romania, Rwanda, Saint Kitts and Nevis, Saint Lucia, San Marino, Saint Vincent and the Grenadines, San Marino, South Africa, Spain, Sri Lanka, Switzerland, Thailand, Ukraine, the United Kingdom, Uruguay, Vanuatu, Zambia, and Zimbabwe.

2023

FEDERAL MEDICAL CANNABIS PROGRAMS OK UNDER DRUG TREATIES: INCB ISSUES GUIDELINES FOR COMPLIANCE

Report of the International Narcotics Control Board (INCB) for 2022:

“Following the recommendation of WHO, the Commission on Narcotic Drugs decided in December 2020 to remove cannabis and cannabis resin from Schedule IV of the 1961 Convention...As far as the specific control measures for cannabis are observed, these medical cannabis programmes are in compliance with the conventions.”



21 USC 811



(d) INTERNATIONAL TREATIES, CONVENTIONS, AND PROTOCOLS REQUIRING CONTROL; PROCEDURES RESPECTING CHANGES IN DRUG SCHEDULES OF CONVENTION ON PSYCHOTROPIC SUBSTANCES (1) If [control](#) is required by [United States](#) obligations under international treaties, conventions, or protocols in effect on October 27, 1970, the Attorney General shall issue an order controlling such [drug](#) under the schedule he deems most appropriate to carry out such obligations, without regard to the findings required by subsection (a) of this section or [section 812\(b\) of this title](#) and without regard to the procedures prescribed by subsections (a) and (b) of this section.



2023

**American Nurses Association (ANA)
Officially Recognizes Cannabis Nursing
as a Specialty Nursing Practice**



**2023 HHS FINDS CANNABIS HAS
“CURRENTLY ACCEPTED MEDICAL USE”**

ACCORDING TO FDA'S CENTER FOR DRUG EVALUATION & RESEARCH (CDER):



“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"



www.SafeAccessNow.org/2026_Safety_Award_Nominees

Assessing State Medical Cannabis Programs' Readiness to Accommodate Patients Impacted by New Federal Hemp Laws

This report and other resources can be downloaded at

www.SafeAccessNow.org/Protect_Patient_Access



THE CASE FOR A NATIONAL MEDICAL CANNABIS PROGRAM

\$75 BILLION Americans spend each year on drugs for CHRONIC DISEASE 1/3 AMERICAN LIVE WITH CHRONIC PAIN CHRONIC PAIN 2 x MORE IN PEOPLE OVER 65 1/2 AMERICANS 65 OR OLDER TAKE 5-20 MEDICATIONS EACH 95% OF 7000 DRUGS HAVE NO BENEFIT TO PATIENTS AND NO "NEED" \$35 BILLION IS WASTED ON OPIOID MISUSE	30 MILLION Americans live with a Chronic Disease OVER 50% ARE AGE 65+ WITH NEUROLOGIC & CHRONIC DISEASE EVILING PAIN DOCTORS AMERICAN DRUG COMPANY ABUSUALLY 1/3 \$1.5 TRILLION Americans have chronic pain. Chronic Pain 1 MILLION AMERICANS ARE LIVING WITH MULTIPLE SCLEROSIS (MS)	CHEMIE & MENTAL HEALTH CONDITIONS ARE RESPONSIBLE FOR 90% OF THE \$41 TRILLION SPENT ANNUALLY ON U.S. HEALTH CARE 9 out of 10 FDA Approved Drugs are NON-PALLIATIVE UNCONTROLLED EPILEPSY EFFECTS AT LEAST 1 MILLION PEOPLE IN THE U.S. Every Day 750 Americans, 50-60 years old die from Drug Abuse Due To Serious Side Effects From Medications 10% of AMERICANS HAVE INTRACTABLE PAIN
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* Based on IMS MIDAS survey
** Source: National Commission on Marijuana and Medical Cannabis

[illegible][illegible]

TRANSITIONING TO A NATIONAL PROGRAM



THE NEW FEDERAL MEDICAL CANNABIS FRAMEWORK

1

AS OF APRIL 28, 2026, STATE MEDICAL CANNABIS PROGRAMS ARE RECOGNIZED WITHIN THE FEDERAL HEALTHCARE FRAMEWORK.

Thursday, April 23, 2026



Office of Public Affairs
U.S. Department of Justice

PRESS RELEASE

Justice Department Places FDA-Approved Marijuana Products and Products Containing Marijuana Subject to a Qualifying State-issued License in Schedule III, Strengthening Medical Research While Maintaining Strict Federal Controls



↖ PRESIDENTIAL ACTIONS

INCREASING MEDICAL MARIJUANA AND CANNABIDIOL RESEARCH

Executive Orders

December 18, 2025

www.whitehouse.gov/presidential-actions/2025/12/increasing-medical-marijuana-and-cannabidiol-research/



OCTOBER 2022

Biden Initiates
Rescheduling Process

"The Department of Justice ("DOJ") proposes to transfer marijuana from schedule I of the Controlled Substances Act ("CSA") to schedule III of the CSA, consistent with the view of the Department of Health and Human Services ("HHS") that marijuana has a currently accepted medical use"

AUGUST 2023

HHS Completes review;
Recommends: Schedule III



Office of Public Affairs
U.S. Department of Justice

PRESS RELEASE

Justice Department Submits Proposed Regulation to Reschedule Marijuana

Proposed Rule Seeks to Move Marijuana from Schedule I to Schedule III, Emphasizing its Currently Accepted Medical Use in Treatment in the United States

MAY 2024

Notice of Proposed
Rulemaking: Schedule III
2024-11137 (89 FR 44597)



**"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

DEPARTMENT OF JUSTICE
Drug Enforcement Administration

21 CFR Part 1301
[Docket No. DEA-1362]
RIN 1117-AB77

Schedules of Controlled Substances:
Rescheduling of Marijuana

AGENCY: Drug Enforcement
Administration, Department of Justice.
ACTION: Notice of hearing on proposed
rulemaking.

AUGUST 2024
Notice of hearing on
proposed rulemaking

DECEMBER 2024
Witnesses Selected,
hearing schedule created



JANUARY 2025
Hearing Postponed

Week	Activity
1/21/2025—1/23/2025	Hearing
1/28/2025—1/30/2025	Hearing
2/4/2025—2/6/2025	Hearing
2/11/2025—2/13/2025	Break—No Hearing Proceedings
2/18/2025—2/20/2025	Hearing
2/25/2025—2/27/2025	Hearing
3/4/2025—3/6/2025	Hearing



AG ORDER NO. 6754-2026 RATIONALE

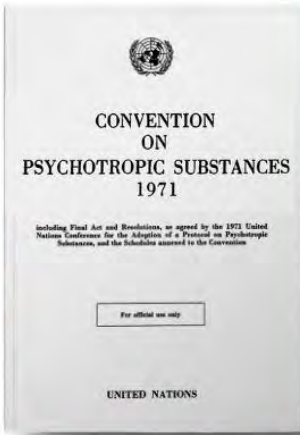
AUTHORITY



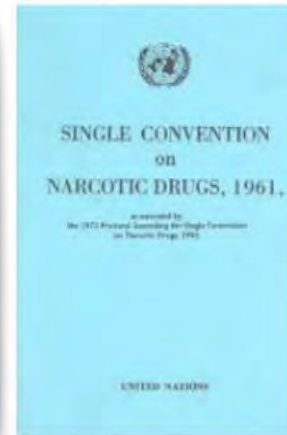
CONTROLLED
SUBSTANCES ACT 1970



U.S.C. 811(d)



ARTICLE 2



ARTICLE 28

GUIDANCE



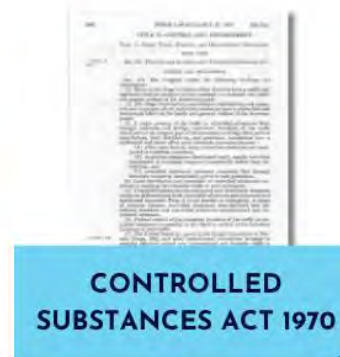
INTERNATIONAL
NARCOTICS
CONTROL BOARD



AG ORDER NO.
6754-2026



SPECIAL STRUCTURE FOR STATE-REGULATED SCHEDULE III PRODUCTS



ARTICLE 28



PERMIT/OUTSOURCE CULTIVATION/MANUFACTURING



PHARMACY



RESEARCHERS



HOSPITAL/HOSPICE
ASSISTED LIVING



CULTIVATION



PROCESSORS



MANUFACTURERS



B2B TRANSPORT



TESTING LABS



DISPENSARY



TESTING LABS





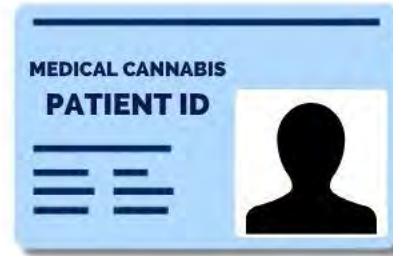
WHAT THIS MEANS FOR PATIENTS:



State-authorized patients have rights and protections under federal laws, including the Americans with Disabilities Act, the Fair Housing Act, and Section 504 of the Rehabilitation Act.

THE NEW FEDERAL MEDICAL CANNABIS FRAMEWORK

2 A PATIENT'S STATUS IN A MEDICAL CANNABIS PROGRAM IS EQUIVALENT TO HAVING A PRESCRIPTION.



3 A REGISTERED MEDICAL CANNABIS PATIENT'S STATUS IS NOW PROTECTED UNDER FEDERAL LAW, WHICH MEANS THEY ARE ENTITLED TO ACCOMMODATIONS THAT ENSURE EQUAL TREATMENT & ACCESS TO HOUSING, HEALTHCARE, EMPLOYMENT, SERVICES, & BENEFITS.



THE NEW FEDERAL MEDICAL CANNABIS FRAMEWORK

4

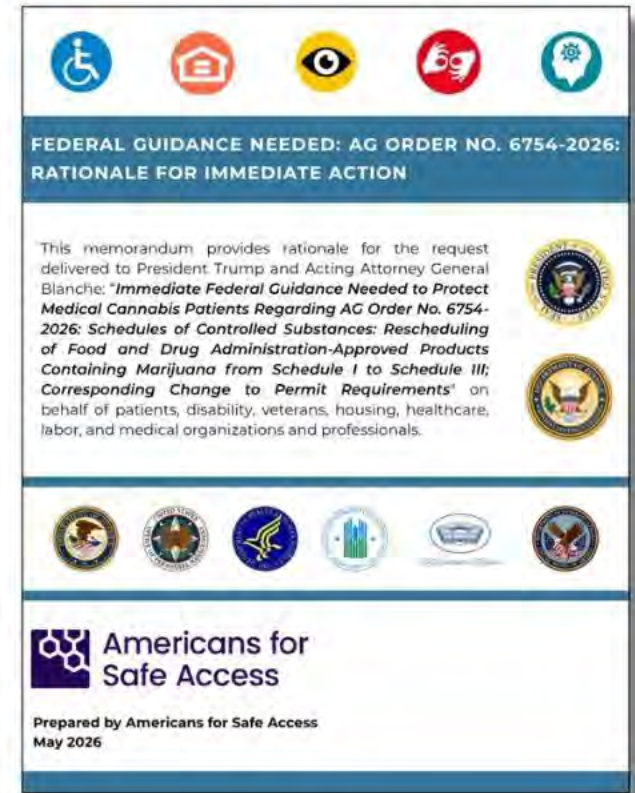
LAWS HAVE CHANGED. STIGMA MAY DELAY IMPLEMENTATION.

The White House and Congress must press the Department of Justice to issue nationwide civil rights guidance clarifying that state-authorized medical cannabis patients are entitled to individualized assessment and reasonable accommodation. That guidance should make clear that patients may not be denied services, housing, healthcare, employment, benefits, reasonable accommodations, or federal program participation solely because they participate in a state-approved medical cannabis program or use medical cannabis in accordance with state law.



Read Americans for Safe Access Memo: “AG Order No. 6754-2026: Federal Guidance Needed for Patient Protections: A Rationale for Immediate Action” for specific policy citations.

www.SafeAccessNow.org/Guidance_Rationale_AG_Order



THE NEW FEDERAL MEDICAL CANNABIS FRAMEWORK



DEPARTMENT OF HOUSING & URBAN DEVELOPMENT:

HUD should withdraw and replace housing guidance that permits denial of admission, eviction, termination of assistance, lease nonrenewal, or refusal of reasonable accommodation for state-authorized medical cannabis patients in federally assisted housing.



DEPARTMENT OF VETERANS AFFAIRS:

VA should replace VHA Directive 1315 so VA clinicians may discuss medical cannabis with veterans, recommend medical cannabis where permitted by state law, complete state medical cannabis forms, make referrals, document therapeutic cannabis use, and treat medical cannabis use as part of clinical care rather than substance use or misconduct by default.



OFFICE OF PERSONNEL MANAGEMENT, HHS, SAMHSA, & DOJ:

These agencies should review federal cannabis testing practices and clarify that a cannabis-positive test alone does not establish impairment, misconduct, deficient performance, or lack of fitness for duty for qualified medical cannabis patients absent evidence of on-duty impairment, unsafe conduct, or demonstrable job-related safety risk.



THE NEW FEDERAL MEDICAL CANNABIS FRAMEWORK



U.S. Department of Defense

HHS & CMS:

HHS and CMS should instruct hospitals, hospices, nursing homes, assisted living facilities, federally qualified health centers, Medicare- and Medicaid-participating providers, transplant programs, pain clinics, and other federally supported healthcare settings not to deny care, refuse documentation, or force the discontinuation of medical cannabis solely because of outdated federal policy. Medical cannabis-related care decisions should be based on clinical judgment, patient safety, care coordination, and individualized review.



DEPARTMENT OF DEFENSE:

DOD should create a responsible medical cannabis review pathway for active-duty service members and end zero-exception policies that treat therapeutic medical use as automatic misconduct. Military policy must preserve readiness and safety while allowing appropriate clinical review, transition planning, disability evaluation, and continuity-of-care planning.



FORM 4473 - QUESTION 21(F):

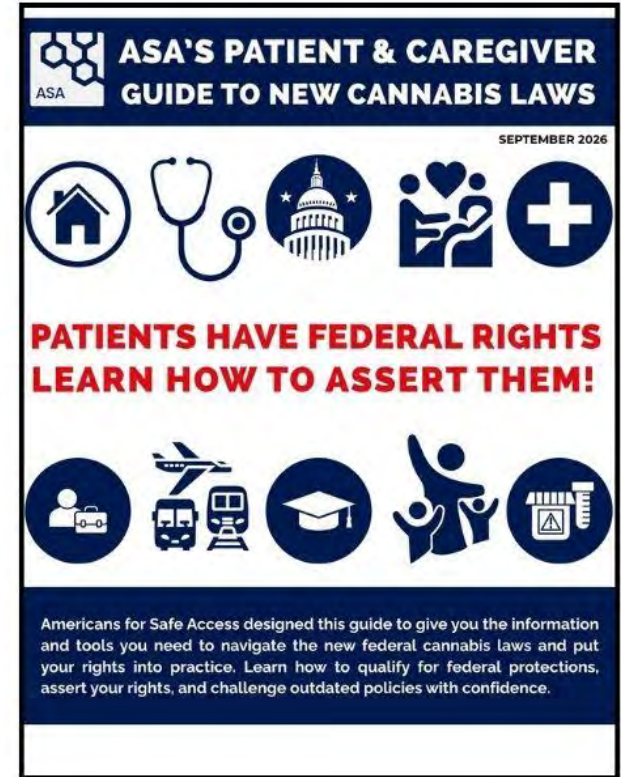
Are you an unlawful user of, or addicted to, marijuana or any depressant, stimulant, narcotic drug, or any other controlled substance?



WARNING:

The use or possession of marijuana remains unlawful under Federal law, regardless of whether it has been legalized or decriminalized for medicinal or recreational purposes in the state where you reside.

5 RIGHTS ONLY EXIST IF THEY ARE EXERCISED.



UNDERSTANDING A PATIENT'S FEDERAL RIGHTS

A patient's status in a medical cannabis program is equivalent to having a prescription.



THE AMERICANS WITH DISABILITIES ACT

The Americans with Disabilities Act, commonly called the ADA, protects qualified people with disabilities from discrimination in many areas of public life.



THE FAIR HOUSING ACT

The Fair Housing Act protects people with disabilities from discrimination in housing.



SECTION 504 OF THE REHABILITATION ACT

Section 504 protects qualified people with disabilities from discrimination by federal agencies and by programs or organizations that receive federal funding.

This may include:

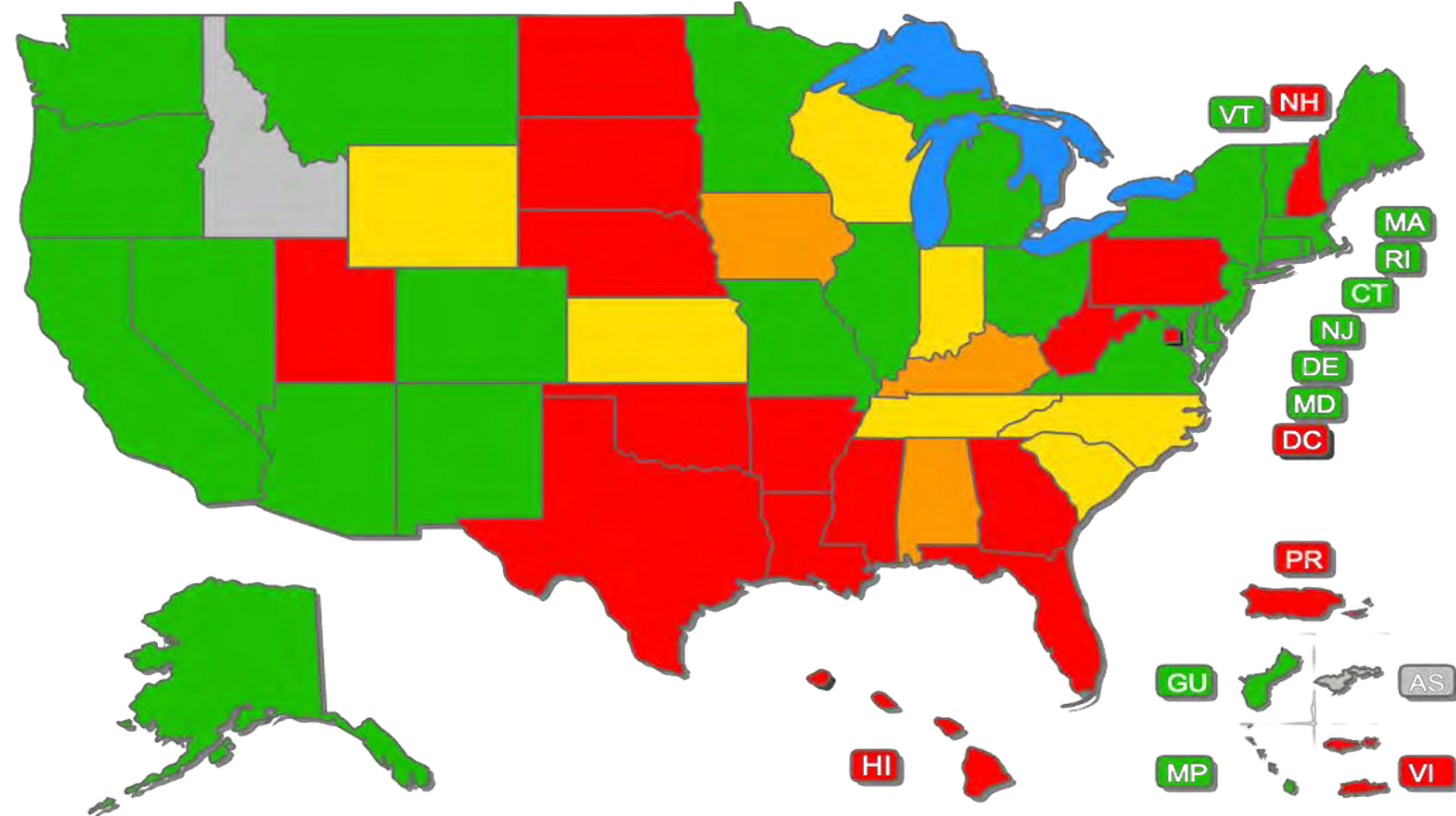
- Hospitals and healthcare facilities;
- Nursing homes and rehabilitation centers;
- Public housing agencies;
- Schools and universities;
- Social-service programs;
- Government contractors; and
- Other federally funded organizations.



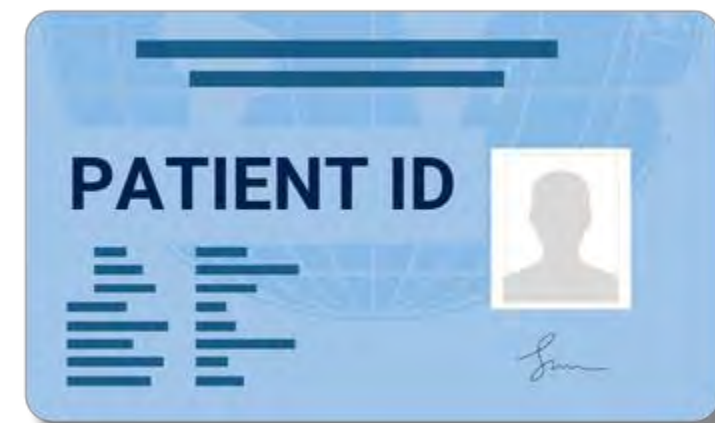
A covered program should not deny an otherwise qualified person access to services or benefits solely because of a disability. It must now consider reasonable accommodations and conduct an individualized review before denying care, housing, participation, or other benefits.



WHAT THIS MEANS FOR STATES:



SALES
TAV
✂️ -----
IHA



Exempt registered and provisionally registered medical cannabis patients and caregivers from cannabis taxes.

Require individualized review and prohibit categorical discrimination against patients and caregivers.

Strengthen medical cannabis product safety, testing, labeling, track-and-trace, recall, and adverse-event reporting.

Issue emergency labeling, packaging, and sealing guidance for medical cannabis products.

Identify hemp-reliant patients and Access Deserts and prepare an access-continuity plan before November 11, 2026.

Authorize reciprocity, temporary visiting-patient access, and medical-only direct-to-patient access where consistent with law.

Educate patients, businesses, and clinicians about new Laws

EMERGENCY STATE GUIDANCE FROM AMERICANS FOR SAFE ACCESS

STATE PREPAREDNESS FOR FEDERAL CANNABIS REGULATION & ENFORCEMENT

PART 1:

STATE ACTIONS NEEDED TO PRESERVE & PROTECT PATIENT ACCESS BEFORE JUNE 26, 2026, DEA REGISTRATION DEADLINE

June 2026

This memorandum provides states with immediate guidance for preserving medical cannabis patient access and supporting state-licensed medical cannabis businesses seeking DEA registration under AG Order No. 6754-2026.



This is the first memorandum in a two-part state guidance series. Part 1 focuses on urgent state actions needed before the June 26, 2026, DEA registration deadline, including clearly delineated state medical-only supply chains; automatic relief for cannabis conviction records through expungement and sealing; stakeholder education; and, if necessary, patient enrollment plans.



Part 2 will address federal alignment and access-continuity issues that will need to be addressed in 2026, but not by June 26. These include product safety policies, revisions to track-and-trace procedures, civil rights implementation, tax policy alignment, interstate medical access, hemp transition planning, firearm-related policy updates, and alignment of international treaties with state statutes.



Prepared for Governors, State Legislators, State Cannabis Regulators, Health Departments, Attorneys General, and State Agency Leaders

WHAT STATES NEED TO KNOW (PAGES 5-8)

- AG Order No. 6754-2026 & New Federal Medical Cannabis Framework
- State Role in Ensuring Federal Patient Rights & Protections
- The New Federal Enforcement Landscape
- Urgency: June 26 DEA Registration Deadline
- Political Reality Check: Anti-Cannabis Backlash Is Real

STATE EMERGENCY ACTIONS NEEDED (PAGES 9-13)

- State Support for DEA Registration Readiness
- Licensee Education & DEA Registration Readiness
- Patient Enrollment & Education
- Medical-Only Supply Chains in Adult-Use States



GOVERNOR ACTIONS, LEGISLATION & REGULATION (PAGES 13-19)

- Adult-Use & Dual-Market States
- Medical-Only & Emerging Medical States
- Low-THC, CBD-Only, Limited-Program, & No-Program States

RESOURCES (PAGES 19-60)

- Model Emergency Governor Actions
- Model Emergency Legislation
- Stakeholder Notifications
- Medical Cannabis Access in the US
- AG 6754-2026 Breakdown





ASA'S PATIENT & CAREGIVER GUIDE TO NEW CANNABIS LAWS

SEPTEMBER 2026



**PATIENTS HAVE FEDERAL RIGHTS
LEARN HOW TO ASSERT THEM!**



Americans for Safe Access designed this guide to give you the information and tools you need to navigate the new federal cannabis laws and put your rights into practice. Learn how to qualify for federal protections, assert your rights, and challenge outdated policies with confidence.

THE NEW FEDERAL MEDICAL CANNABIS FRAMEWORK.

UNDERSTANDING A PATIENT'S FEDERAL RIGHTS.

QUALIFYING FOR FEDERAL RIGHTS & PROTECTIONS.

ASSERTING YOUR FEDERAL RIGHTS.

ENCOUNTERING DISCRIMINATION.

DOCUMENTING DISCRIMINATION & POLICY BARRIERS.

REPORTING DISCRIMINATION & ADVANCING IMPLEMENTATION.

ADVOCATING FOR FEDERAL GUIDANCE & SUPPORT.

MOVING FORWARD.

QUALIFYING FOR FEDERAL RIGHTS & PROTECTIONS

GET & STAY REGISTERED:
SafeAccessNow.org/States



Federal protections depend on being actively registered and up to date with your state medical cannabis program.



FOLLOW STATE LIMITS ON PRODUCTS, QUANTITIES, & CULTIVATION

FOLLOW RULES ON POSSESSION, STORAGE, TRANSPORTATION, & USE



ASSERTING YOUR FEDERAL RIGHTS

ASSUME BEST INTENTIONS.



“I am a medical cannabis patient participating in a state-authorized medical cannabis program.”

“I am an authorized caregiver for a medical cannabis patient participating in a state-authorized medical cannabis program.”



REQUESTING REASONABLE ACCOMMODATIONS

- Allowing a patient to explain a positive drug test;
- Adjusting a medication schedule when it does not interfere with job duties or safety;
- Allowing vaporizing of medical cannabis when “vaping” is otherwise prohibited;
- Making an exception to a housing policy that automatically treats all cannabis use as illegal;
- Allowing secure storage of a patient’s medicine in a healthcare facility, school, or workplace;
or
- Reviewing a patient’s situation individually instead of applying an automatic ban.



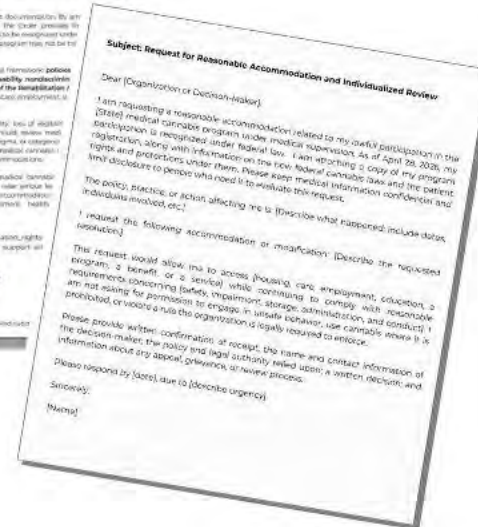
INDIVIDUALIZED REVIEW

Individualized review requires an employer, housing provider, healthcare facility, or other covered organization to look at the facts of the specific situation.

- Whether the person has a protected disability;
- Whether the person is qualified for the job, housing, service, or program;
- Whether an accommodation is needed;
- Whether the requested accommodation is reasonable;
- Whether there is evidence of actual impairment;
- Whether there is a documented safety risk; and
- Whether another option could address the concern without excluding the patient.



ANTICIPATING NEED FOR REASONABLE ACCOMMODATIONS OR INDIVIDUALIZED REVIEW





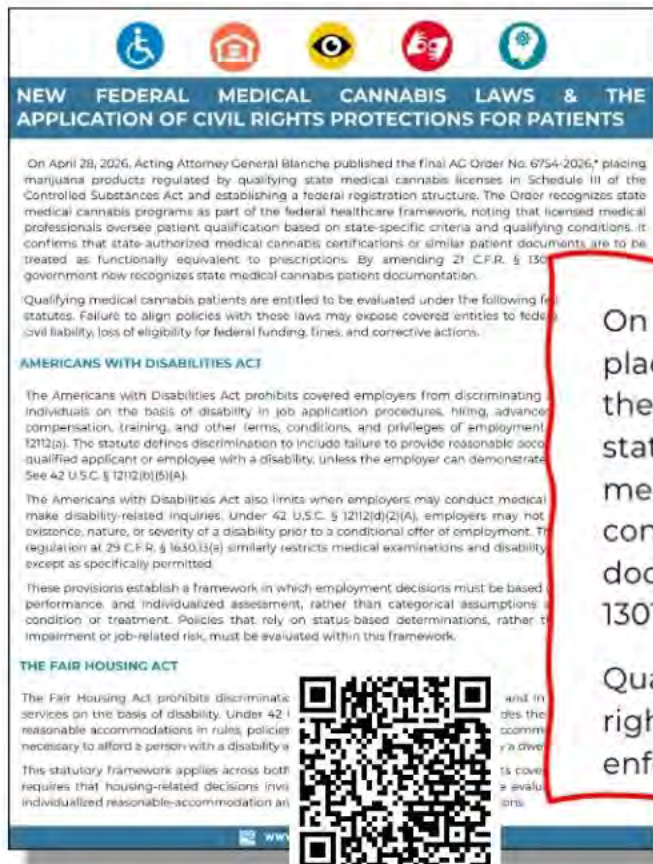
"I am a medical cannabis patient participating in a state-authorized medical cannabis program. I am requesting a reasonable accommodation to use medical cannabis. Please let me know the hospital's policy and confirm the process for submitting documentation."

"I am a medical cannabis patient participating in a state-authorized medical cannabis program. I am requesting an individualized review based on my status in the program. Please confirm the process for submitting documentation."



IF YOU ARE REFUSED REASONABLE ACCOMMODATIONS OR AN INDIVIDUALIZED REVIEW, YOU MAY BE EXPERIENCING DISCRIMINATION.

The **“New Federal Medical Cannabis Laws & the Application of Civil Rights Protections for Patients”** one-pager is an educational tool that patients and caregivers can use to support discussions about the new law.



On April 28, 2026, Acting Attorney General Blanche published the final AG Order No. 6754-2026,* placing marijuana products regulated by qualifying state medical cannabis licenses in Schedule III of the Controlled Substances Act and establishing a federal registration structure. The Order recognizes state medical cannabis programs as part of the federal healthcare framework, noting that licensed medical professionals oversee patient qualification based on state-specific criteria and qualifying conditions. It confirms that state-authorized medical cannabis certifications or similar patient documents are to be treated as functionally equivalent to prescriptions. By amending 21 C.F.R. § 1301.13, the federal government now recognizes state medical cannabis patient documentation.

Qualifying medical cannabis patients are entitled to be evaluated under the following federal civil rights statutes. Failure to align policies with these laws may expose covered entities to federal enforcement, civil liability, loss of eligibility for federal funding, fines, and corrective actions.

Download a free copy:

www.SafeAccessNow.org/new_federal_laws_civil_rights_protections

This letter is provided to inform covered entities, employers, housing providers, healthcare providers, government agencies, federally funded programs, and service providers of the changed federal legal status of medical cannabis patients following **AG Order No. 6754-2026*** and the need to review medical cannabis policies under federal civil rights and disability nondiscrimination standards.



Download a free copy:

www.SafeAccessNow.org/patient_caregiver_guide_to_new_cannabis_laws

A violation of these rights may result in federal enforcement, civil liability, loss of eligibility for federal



**Americans for
Safe Access**

* AG Order No. 6754-2026" 91 Fed. Reg. 22714, April 28, 2026.
www.federalregister.gov/documents/2026/04/28/2026-08176/schedules-of-controlled-substances-rescheduling-of-food-and-drug-administration-approved-products



RESOURCES

SAMPLE REQUEST FOR REASONABLE ACCOMMODATION OR INDIVIDUALIZED REVIEW

Subject: Request for Reasonable Accommodation and Individualized Review

Dear [Organization or Decision-Maker]:

I am requesting a reasonable accommodation related to my lawful participation in the [State] medical cannabis program under medical supervision. As of April 28, 2026, my participation is recognized under federal law. I am attaching a copy of my program registration, along with information on the new federal cannabis laws and the patient rights and protections under them. Please keep medical information confidential and limit disclosure to people who need it to evaluate this request.

The policy, practice, or action affecting me is: [Describe what happened: include dates, individuals involved, etc.]

I request the following accommodation or modification: [Describe the requested resolution.]

This request would allow me to access [housing, care, employment, education, a program, a benefit, or a service] while continuing to comply with reasonable requirements concerning [safety, impairment, storage, administration, and conduct]. I am not asking for permission to engage in unsafe behavior, use cannabis where it is prohibited, or violate a rule the organization is legally required to enforce.

Please provide written confirmation of receipt; the name and contact information of the decision-maker; the policy and legal authority relied upon; a written decision; and information about any appeal, grievance, or review process.

Please respond by [date], due to [describe urgency].

Sincerely,

[Name]

SAMPLE URGENT ACCOMMODATION REQUEST

Subject: Urgent Accommodation Request—Action Needed by [Date]

Dear [Organization or Decision-Maker]:

I am a registered medical cannabis [patient/caregiver] in [State]. I am requesting an urgent reasonable accommodation concerning [briefly identify the problem].

The [eviction, termination, discharge, surgery cancellation, benefit cutoff, hearing, removal from a program, hospital, or other action] on [date]. I request that you temporarily pause this action while you review my documentation and consider an individualized review and reasonable accommodation.

The accommodation I am requesting is:
[State the requested solution.]

As of April 28, 2026, my participation in the [state] medical cannabis program is recognized under federal law. I am not requesting permission to engage in unsafe behavior, use cannabis in a prohibited location, or violate a rule that the organization is legally required to enforce. I am requesting that the organization provide an individualized exception, alternative procedure, or a reasonable solution.

I am attaching a copy of my registration in the [state] medical cannabis program, [a copy of the written notice, if available], and information about the new federal cannabis laws and patient rights and protections under them.

Please confirm receipt today and provide the name and contact information of the person reviewing this request.

Sincerely,

[Name]

NOTE:

NOT ALL REQUESTS FOR ACCOMMODATIONS ARE REASONABLE

NOT ALL POLICIES SHOULD BE LIMITED TO INDIVIDUALIZED REVIEW



ENCOUNTERING DISCRIMINATION.



“I am a medical cannabis patient participating in a state-authorized medical cannabis program. My medical cannabis use is part of a lawful medical framework recognized under current federal policy. I am requesting that this matter be reviewed through an individualized process and not treated as automatic misconduct or illegal drug use.

Are you aware of the new federal cannabis laws?"

“What is the process for requesting a reasonable accommodation?”



“I am requesting that my positive cannabis test be reviewed together with evidence of my conduct, performance, and whether I was actually impaired.”

DOCUMENTING DISCRIMINATION & POLICY BARRIERS.

ASK QUESTIONS TO VERIFY DISCRIMINATION



“Was this decision based solely on my medical cannabis patient status or a cannabis-positive test, or was an individualized review conducted based on actual evidence of risk, impairment, safety, or job-related concerns?”

“Can you provide the policy you are relying on and the specific reason for this decision in writing?”



REPORTING HEALTHCARE DISCRIMINATION

Gather as much of the following information to report a physician, clinic, hospital, health system, pain clinic, specialist, transplant program, or other healthcare provider that denies or interrupts care because of medical cannabis. You do not need to have all of this information to report an incident. However, this information will be needed if you intend to challenge a decision.

REPORT HEALTHCARE DISCRIMINATION.

GENERAL INFORMATION:

- ☐ Contact information
- ☐ Attorney or legal representative's name and contact information, when applicable
- ☐ Current state medical cannabis identification card
- ☐ Medical cannabis recommendation, certification, authorization, or registration document
- ☐ Pending application confirmation, when applicable
- ☐ Caregiver registration or authorization

PROVIDER & INCIDENT INFORMATION

- ☐ Name of the physician, clinic, hospital, health system, pain clinic, specialist, transplant program, or other provider
- ☐ Address and contact information for the provider or facility
- ☐ Names and titles of the clinicians, administrators, or staff involved
- ☐ Date, time, and location of each incident
- ☐ A written timeline in chronological order
- ☐ A description of the care requested and what happened
- ☐ Exact words used, especially statements that cannabis is federally illegal, substance misuse, prohibited by policy, or incompatible with treatment
- ☐ Names and contact information for witnesses
- ☐ Notes from telephone calls, appointments, consultations, or meetings

MEDICAL RECORDS & EVIDENCE

- ☐ Medical records related to the denied, delayed, or interrupted care
- ☐ Appointment summaries and after-visit notes
- ☐ Referral, surgery, transplant, procedure, or treatment eligibility documents
- ☐ Pain-management agreement or controlled-substance agreement
- ☐ Drug-test results and laboratory reports
- ☐ Medication list
- ☐ Written instructions requiring the patient to stop medical cannabis
- ☐ Notes stating that medical cannabis use was considered substance misuse or a substance use disorder
- ☐ Denial, discharge, dismissal, or termination letter
- ☐ Copies of emails, letters, portal messages, text messages, forms, and other communications
- ☐ Healthcare facility cannabis, medication, drug-testing, or substance-use policies
- ☐ Insurance denial or prior-authorization documents

ACCOMMODATION, COMPLAINTS & HARM

- ☐ Copy of any accommodation request
- ☐ Documentation submitted in support of the accommodation
- ☐ The provider or facility's response to the accommodation request
- ☐ Records of complaints, grievances, appeals, internal reviews, or meetings
- ☐ Documentation of delayed care, unmanaged symptoms, worsening health, added expenses, lost wages, or transportation costs
- ☐ Any upcoming appointment, surgery, procedure, evaluation, prescription cutoff, or appeal deadline
- ☐ A statement of the outcome requested, such as reinstatement of care, reconsideration of treatment, correction of records, or approval of an accommodation.

REPORT DISCRIMINATION:
[SafeAccessNow.org/Medical_Cannabis_Discrimination](https://www.safeaccessnow.org/Medical_Cannabis_Discrimination)

DOWNLOAD: [WWW.SAFEACCESSNOW.ORG/DISCRIMINATION_HEALTHCARE](https://www.safeaccessnow.org/discrimination_healthcare)

Use ASA discrimination checklists to help with questions & documentation.



REPORTING DISCRIMINATION & ADVANCING IMPLEMENTATION



CHECKLISTS AVAILABLE ONLINE

EMPLOYMENT

HOUSING

HEALTHCARE

CARE FACILITIES

MISC. DISCRIMINATION

EDUCATION

VETERANS' SERVICES

MILITARY/SERVICE MEMBERS

PUBLIC SERVICES

SAFEACCESSNOW.ORG/ENDING_PATIENT_DISCRIMINATION



PATIENT & CAREGIVER GUIDE TO NEW CANNABIS LAWS



PRESIDENT TRUMP:

DIRECT DOJ TO ISSUE GUIDANCE IMMEDIATELY

**“NEW CANNABIS LAWS MEAN CIVIL
PROTECTIONS & EQUAL TREATMENT FOR
MEDICAL CANNABIS PATIENTS”**



**Patients Shouldn't Have to Prove
They Have Federal Rights.**

**Ask the Trump Administration
Should Update Policies to Ensure
Patient Rights are Respected!**

WWW.SAFEACCESSNOW.ORG/PATIENT_RIGHTS_SIGN_ON



ADVOCATING FOR FEDERAL GUIDANCE & SUPPORT

www.SafeAccessNow.org/Patient_Rights_Sign_On

TELL CONGRESS PATIENTS NEED LEADERSHIP IN DC

AG Order No. 6754-2026 recognizes state medical cannabis programs within the federal healthcare framework.

FOR STATE-AUTHORIZED PATIENTS, THIS MEANS...

- Protections under the ADA, FHA & Section 504
- Fair treatment in housing, employment & healthcare
- Protections for parents, caregivers & veterans
- Reasonable accommodation and access in federal systems

FOR ALL OTHER PATIENTS ...

They are still waiting for Congress to create nation-wide access!



Patients should not have to fight for these rights alone.



ADVOCATING FOR FEDERAL GUIDANCE & SUPPORT

www.SafeAccessNow.org/Take_Action_2026_Leadership

RESOURCES:



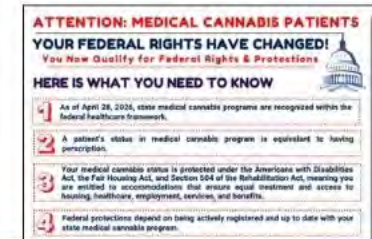
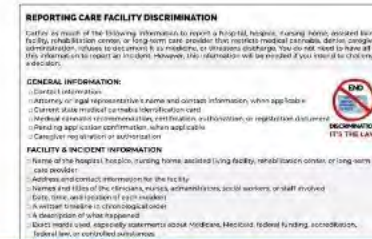
Information on state laws & becoming a legal patient.

www.SafeAccessNow.org/States

“Notice of Federal Legal Status”



SafeAccessNow.org/Tools for Asserting Federal Rights



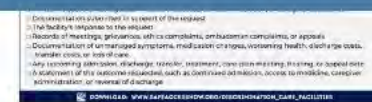
New Federal Medical Cannabis Laws-One Pager



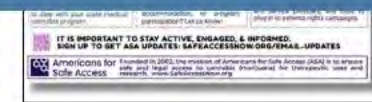
Sample Requests for reasonable accommodations



Documenting Discrimination Checklists



Outreach Materials



www.SafeAccessNow.org/patient_caregiver_guide_to_new_cannabis_laws

THE MEDICAL CANNABIS & CANNABINOID ACT

A NATIONAL FRAMEWORK FOR SAFE
ACCESS & REGULATORY CONTROL

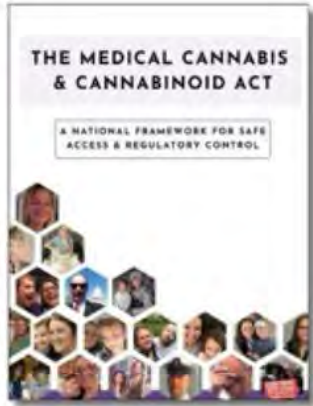


**Americans for
Safe Access**

Advancing Legal Medical Cannabis Therapeutics



MCCA vs AG Order No. 6754-2026



**SCHEDULE
VI**



PRESS RELEASE

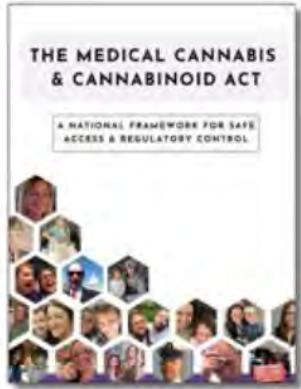
Justice Department Places FDA-Approved Marijuana Products and Products Containing Marijuana Subject to a Qualifying State-issued License in Schedule III, Strengthening Medical Research While Maintaining Strict Federal Controls



**SCHEDULE
III**



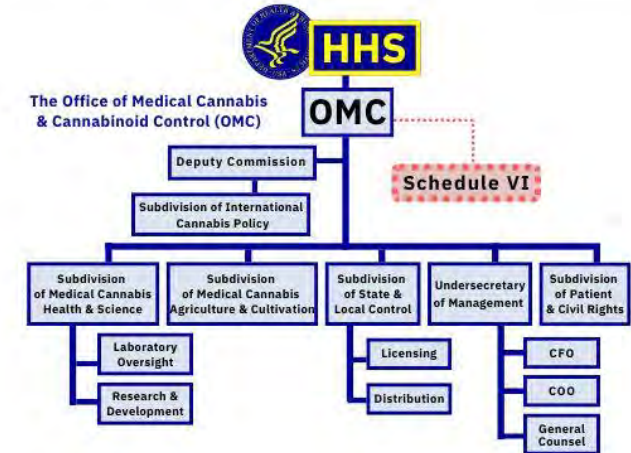
MCCA vs AG Order No. 6754-2026



**REGULATIONS
FOR ALL
CANNABINOID
PRODUCTS**



**INTERSTATE
COMMERCE**



 **Office of Public Affairs**
U.S. Department of Justice

PHOTO RELEASE

Justice Department Places FDA-Approved Marijuana Products and Products Containing Marijuana Subject to a Qualifying State-issued License in Schedule III, Strengthening Medical Research While Maintaining Strict Federal Controls



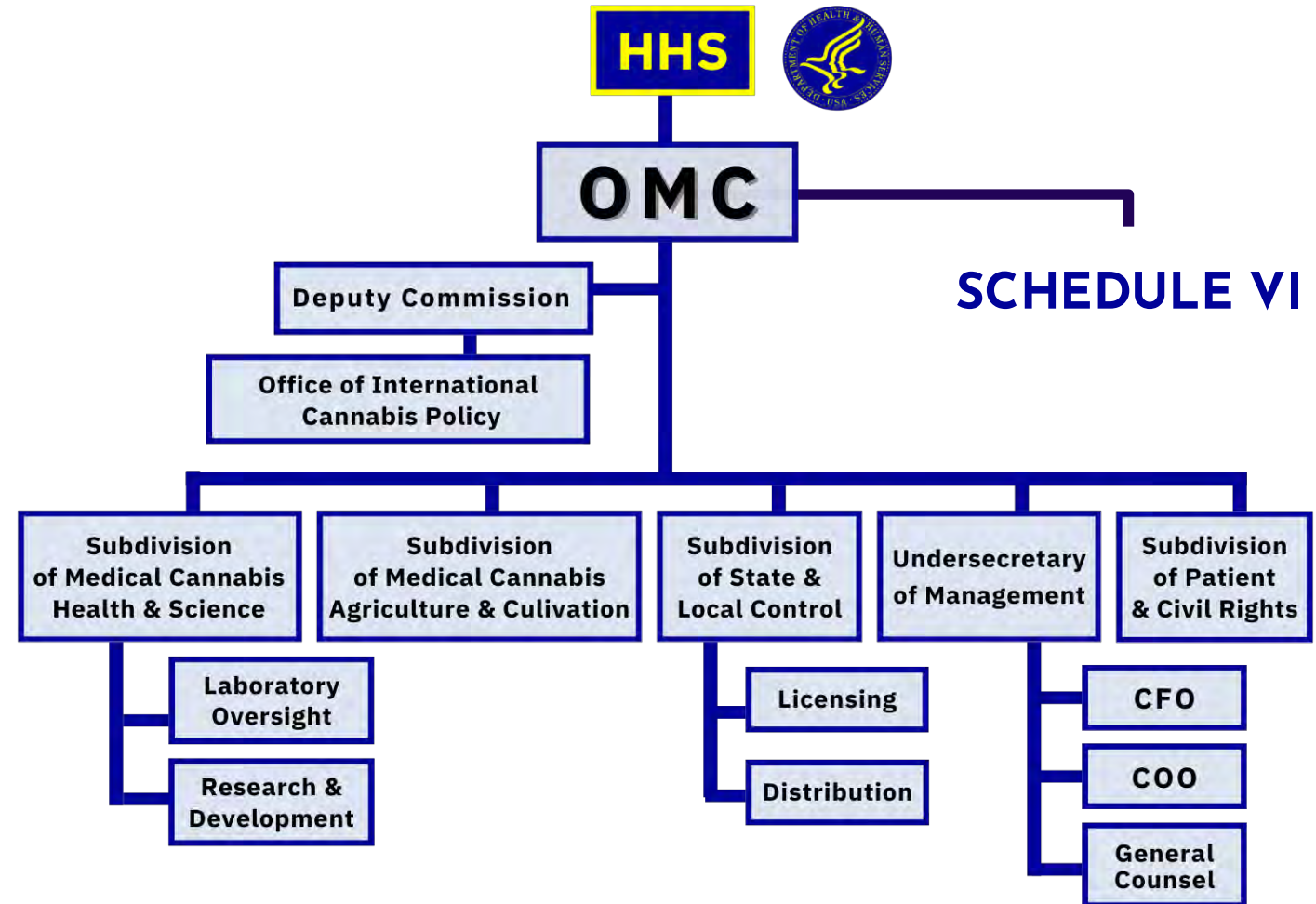
The Office of Medical Cannabis & Cannabinoid Control's mission is to facilitate access to medical cannabis for therapeutic use & research, regulate the production of medical cannabis & cannabinoid products, & oversee the new Schedule VI.

Housed in HHS

**Brings US in compliance
with UN Drug Treaties**

**Coordinates cannabis matters
across federal agencies &
with state regulators**

**Funded by agency reorganization,
licensing & permitting fees,
& public-private partnerships**



KEEP IN TOUCH!

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Steph@SafeAccessNow.org



GET UPDATES & ALERTS!
SafeAccessNow.org/email-updates



BECOME AN ASA MEMBER!
SafeAccessNow.org/membership