

# United States Senate

WASHINGTON, DC 20510

July 19, 2024

The Honorable Denis Richard McDonough  
Secretary  
U.S. Department of Veterans Affairs  
810 Vermont Avenue NW  
Washington, D.C. 20420

Dear Secretary McDonough,

On May 21, 2024, the Drug Enforcement Administration (DEA) made the historic and science-based decision to recommend the rescheduling of cannabis. Once complete, cannabis would move from a Schedule I to a Schedule III substance under the Controlled Substances Act (CSA), recognizing the medical benefits of cannabis.<sup>1</sup> In response, we urge the Department of Veterans' Affairs (VA) to expeditiously produce a VA-approved standard of care for medical cannabis. We also strongly recommend issuing clear guidance allowing and preparing Veterans Health Administration (VHA) providers to discuss, recommend, and assist patients in qualifying for enrollment in state-legal medical cannabis programs following cannabis' official rescheduling.

Millions of Americans, including millions of veterans, live in states that have legalized the use of medical cannabis. As of 2023, 39 states, plus the District of Columbia, Puerto Rico, Guam, the Northern Mariana Islands, and the U.S. Virgin Islands, have legalized cannabis for medical use. This shift increases the likelihood that veterans seeking care through the VHA are considering, or already utilizing, medical cannabis treatments. Yet, given cannabis' current placement in Schedule I, veterans living in any of these states or territories currently lack parity with their non-veteran counterparts. Veterans must instead seek a new, trusted medical system and provider outside of the VA to have a productive conversation about the benefits of, and potential access to, medical cannabis.

The DEA's recommendation to reschedule cannabis to Schedule III also has the potential to decrease the prescription and use of more dangerous pain relief methods. Studies have shown that cannabis has significantly fewer addictive properties and is much less likely to result in dependency than other forms of pain relief, such as opioids. Tragically, a 2011 VA study found that veterans were twice as likely as the rest of the population to die from an opioid overdose.<sup>2</sup>

Since the release of this study, almost every VA facility has experienced a 41 percent decline in its opioid prescription rates.<sup>3</sup> However, the decline in opioid prescription rates has not seen a corresponding decline in veteran overdose or suicide rates, with veteran overdose mortality rates

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<sup>1</sup> <https://www.federalregister.gov/documents/2024/05/21/2024-11137/schedules-of-controlled-substances-rescheduling-of-marijuana>

<sup>2</sup>

[https://journals.lww.com/lww-medicalcare/abstract/2011/04000/accidental\\_poisoning\\_mortality\\_among\\_patients\\_in\\_11.aspx](https://journals.lww.com/lww-medicalcare/abstract/2011/04000/accidental_poisoning_mortality_among_patients_in_11.aspx)

<sup>3</sup> <https://news.va.gov/44376/va-becomes-first-hospital-system-release-opioid-prescribing-rates/#:~:text=Highlights%20from%20the%20data%20include%20facilities%20decreased%20their%20prescribing%20rates.>

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increasing by 53 percent from 2010 to 2019.<sup>4</sup> As you know, the wounds of war are not always visible. Leaving our nation's heroes without access to effective pain management methods is unconscionable. The Institute of Medicine found that, "Scientific data indicate the potential therapeutic value of cannabinoid drugs, primarily THC, for pain relief, control of nausea and vomiting, and appetite stimulation."<sup>5</sup> The demonstrated medical benefits of cannabis are especially relevant for countless veterans who experience chronic pain and struggle with post-traumatic stress disorder.

Congress tasked the VA with providing the best quality health options for our veterans and the Department has repeatedly affirmed that suicide prevention is its top clinical priority. To fulfill these obligations, VHA providers must be able to discuss the full range of legal treatment options with their VA patients. This requires the VA to commit to robust research to analyze, integrate, and coordinate cannabis care, to develop a VA-approved standard of care. This is essential to adequately prepare VHA providers to discuss, recommend, and assist patients in qualifying for enrollment in state-legal medical cannabis programs.

This standard of care must, at a minimum, include sufficient education for VHA providers on the endocannabinoid system and the benefits and risks of medical cannabis use. This includes their existing rights as state-licensed physicians under Section 301 of the *Medical Marijuana and Cannabidiol Research Act of 2022* to discuss medical cannabis as a treatment without risk of violating the CSA.<sup>6</sup> It must also include state-specific instructions for enrolling patients in state-legal medical cannabis programs. Updates to the VHA's electronic medical record system to include a code for "medical cannabis use" separate from the only current cannabis code, "cannabis use disorder," are also essential.

The DEA's recommendation to reschedule cannabis is based on consensus with the Department of Health and Human Services and the Food and Drug Administration that cannabis has accepted medical use in treatment. This finding, in addition to the rights already granted to state-licensed physicians under the *Medical Marijuana and Cannabidiol Research Act of 2022*, enable VHA providers in states with state-legal medical cannabis programs to discuss, recommend, and assist patients in qualifying for enrollment in state-legal medical cannabis programs, once a patient and their provider agree that medical cannabis is a suitable treatment option.

We strongly urge the VA to recognize the established benefits of medical cannabis and to fulfill its duty to our nation's heroes by ensuring the best quality of care through VHA. This must include facilitating legal access to medical cannabis for veterans by developing a VA-approved standard of care and issuing clear guidance allowing and preparing VHA providers to discuss, recommend, and assist patients in qualifying for enrollment in state-legal medical cannabis programs following cannabis' official rescheduling. Our nation's heroes deserve access to all federally-legal treatment options to meet their healthcare needs.

Sincerely,

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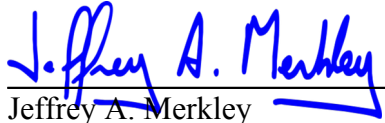
<sup>4</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9262363/>

<sup>5</sup> <https://nap.nationalacademies.org/catalog/6376/marijuana-and-medicine-assessing-the-science-base>

<sup>6</sup> <https://www.congress.gov/bill/117th-congress/house-bill/8454/text>

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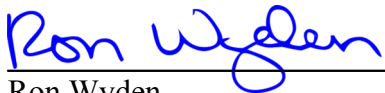
Bernard Sanders  
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John Fetterman  
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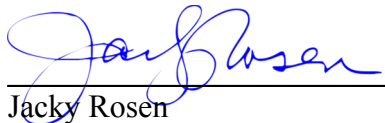
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