

July 17, 2024

Honorable Merrick Garland  
Attorney General  
Department of Justice  
Drug Enforcement Administration  
Attn: DEA Federal Register Representative/DPW  
8701 Morrisette Drive  
Springfield, VA 22152

Submitted electronically at [www.regulations.gov](http://www.regulations.gov)

**Re: Schedules of Controlled Substances: Rescheduling of Marijuana [DEA–1362; A.G. Order No. 5931–2024]**

Attorney General Garland:

The American Nurses Association (ANA) is pleased to submit these comments supporting the rescheduling of Marijuana (hereafter referred to as the botanical name “cannabis”) from a Schedule I drug to a Schedule III drug under the Controlled Substances Act (CSA). Since 1996, ANA has supported nurses caring for their patients with evidence-based compassionate therapeutic cannabis and advancement of research into this area.<sup>1</sup> In these comments ANA agrees with the analysis that cannabis has numerous therapeutic qualities and should be moved to Schedule III. Further, ANA urges the Department of Justice and Drug Enforcement Administration to act expeditiously to have cannabis decontrolled under the CSA.

**1. Cannabis meets all requirements of the currently accepted medical use test therein justifying reclassification as a Schedule III drug under the CSA.**

As the Department of Justice and Drug Enforcement Administration (hereafter “the agencies”) explain in the proposed rule, the Department of Health and Human Services (HHS) has found substantial evidence that cannabis has a currently accepted medical use. HHS, through the Food and Drug Administration’s Controlled Substance Division, found substantial evidence that cannabis meets all parts of the currently accepted medical use (CAMU) test.<sup>2</sup> The CAMU test evaluates a drug’s abuse potential, whether there is a currently accepted medical use in treatment, and the drug’s relative safety or ability to produce physical dependence. HHS’ recommendation report searched available evidence and found that the abuse potential was lower than other drugs in Schedule I and Alcohol. Cannabis typically was not listed as the substance producing the most adverse outcomes or severe cases of substance abuse disorder.

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<sup>1</sup> American Nurses Association, *Position Statement: Therapeutic Use of Marijuana and Related Cannabinoids*, updated 2021, available at: <https://www.nursingworld.org/~49c0a0/globalassets/practiceandpolicy/nursing-excellence/ana-position-statements/therapeutic-use-of-marijuana-and-related-cannabinoids-position-statement-final-2021.pdf>.

<sup>2</sup> Department of Health and Human Services, *Basis for the Recommendation to Reschedule Marijuana*, August 29, 2023, available at: <https://www.dea.gov/sites/default/files/2024-05/2016-17954-HHS.pdf>.

The report also found a low risk to the public health compared to other drugs commonly abused. The report identified widespread current medical use of cannabis and credible scientific support for some medical uses. Finally, the report concludes that while there is some evidence of low to moderate physical dependence and while there is a higher risk of psychic dependence, it does not occur in most individuals and the symptoms are mild.

ANA strongly supports the currently accepted medical use of cannabis to alleviate disease-related symptoms and side effects.<sup>3</sup> In September of 2023, ANA officially recognized cannabis nursing as a specialty nursing practice.<sup>4</sup> The American Cannabis Nurses Association (ACNA) leads this practice developing the Scope and Standards and advancing the profession through advocacy, education, and research. ACNA also strongly supports this proposed rule as a critical first step needed to support cannabis nursing.<sup>5</sup> Cannabis nursing supports and educates patients while they navigate underlying chronic conditions and work toward overall wellness. Yet due to cannabis being listed in Schedule I, research on its therapeutic uses have been stymied. By opening more research ability, providers and researchers will be able to fully study all possible uses dictated by scientific review principles.

ANA has long held that health care practitioners, patients, and researchers using and studying cannabis therapeutically must be allowed access the substance without risk of criminal liability. Advances in therapeutic use of cannabis made on the state level have left many health care practitioners and patients in a dangerous limbo as they comply with state law but fear federal prosecution. The proposed reschedule will allow full research into the treatment benefits of cannabis and allow nurses and other health care practitioners to give the best care possible to their patients. ANA applauds the work done by HHS and urges the agencies to complete this rescheduling as soon as possible.<sup>6</sup>

## **2. For advancement of the public health and therapeutic access, cannabis should ultimately be removed from CSA scheduling.**

Current evidence shows that alcohol consistently has a higher abuse rate than cannabis.<sup>7</sup> HHS' review to reschedule cannabis shows it has less risk to public safety than alcohol, and even with the limited amount of therapeutic research allowed at this time, the review confirmed at least three medical

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<sup>3</sup> American Nurses Association, *Position Statement: Therapeutic Use of Marijuana and Related Cannabinoids*, 2021, available at: <https://www.nursingworld.org/~49c0a0/globalassets/practiceandpolicy/nursing-excellence/ana-position-statements/therapeutic-use-of-marijuana-and-related-cannabinoids-position-statement-final-2021.pdf>.

<sup>4</sup> American Nurses Association, *ANA Officially Recognizes Cannabis Nursing as a Specialty Nursing Practice*, September 27, 2023, available at: <https://www.nursingworld.org/news/news-releases/2023/ana-officially-recognizes-cannabis-nursing-as-a-specialty-nursing-practice/>.

<sup>5</sup> American Cannabis Nurses Association, *ACNA Response to Rescheduling Announcement*, May 7, 2024, available at: <https://www.linkedin.com/pulse/acna-response-rescheduling-announcement-pdbfe/>.

<sup>6</sup> American Nurses Association, *ANA Applauds HHS' Recommendation to Reconsider Marijuana's Drug Classification*, January 18, 2024, available at: <https://www.nursingworld.org/news/news-releases/2024/ana-applauds-hhs-recommendation-to-reconsider-marijuanas-drug-classification/>.

<sup>7</sup> Substance Abuse and Mental Health Services Administration, *2022 National Survey on Drug Use and Health*, 2022, available at: <https://www.samhsa.gov/data/sites/default/files/reports/rpt42731/2022-nnr-briefing-slides.pdf>.

benefits.<sup>8</sup> From a public health perspective, legalization of cannabis will remove it from the illegal market allowing proper regulation, testing, and safety procedures.<sup>9</sup> Thirty-eight states have legalized medical cannabis and twenty-four states, as well as the District of Columbia and three territories, have legalized recreational cannabis.<sup>10</sup> The current legal scheme for cannabis at the federal level and the differences across states has left providers and patients in many of these states in a constant place of fear when trying to utilize medical benefits. By removing cannabis from the CSA schedule, the agencies can focus on minimum public safety standards to advance public health and therapeutic access. ANA urges the agencies to follow the evidence as more research is finally allowed and funded, and to work with Congress to remove cannabis from CSA scheduling.

ANA is the premier organization representing the interests of the nations over 5 million registered nurses (RNs) through its state and constituent member associations, organizational affiliates, and the individual members. ANA advances the nursing profession by fostering high standards of nursing practice, promoting a safe and ethical work environment, bolstering the health and wellness of nurses, and advocating on health care issues that affect nurses and the public. RNs serve in multiple direct care, care coordination, and administration leadership roles, across the full spectrum of health care settings. RNs provide and coordinate patient care, educate patients and the public about various health conditions including essential self-care, and provide advice and emotional support to patients and their family members. ANA members also include the four Advanced Practice Registered Nurse (APRN) roles: nurse practitioner, certified nurse midwife, clinical nurse specialist, and certified registered nurse anesthetist. ANA is dedicated to partnering with health care consumers to improve practice, policies, delivery models, outcomes, and access across the health care continuum.

ANA appreciates the opportunity to submit these comments and looks forward to continued engagement with the agencies. Please contact me at (301) 628-5166 or [tim.nanof@ana.org](mailto:tim.nanof@ana.org), with any questions.

Sincerely,



Tim Nanof

Vice President, Policy and Government Affairs

cc: Jennifer Mensik Kennedy, PhD, MBA, RN, NEA-BC, FAAN, ANA President  
Angela Beddoe, ANA Interim Chief Executive Officer  
Debbie Hatmaker, PhD, RN, FAAN, ANA Chief Nursing Officer

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<sup>8</sup> Department of Health and Human Services, *Basis for the Recommendation to Reschedule Marijuana*, August 29, 2023, available at: <https://www.dea.gov/sites/default/files/2024-05/2016-17954-HHS.pdf>.

<sup>9</sup> Lindsey Smith Rogers, *The Evidence—and Lack Thereof—About Cannabis*, August 25, 2023, available at: <https://publichealth.jhu.edu/2023/risks-and-benefits-of-legalized-cannabis>.

<sup>10</sup> National Conference of State Legislatures, *State Medical Cannabis Laws*, updated June 4, 2024, available at: <https://www.ncsl.org/health/state-medical-cannabis-laws>.