

116TH CONGRESS
1ST SESSION

S. 2400

To promote cannabis research, and for other purposes.

IN THE SENATE OF THE UNITED STATES

JULY 31, 2019

Mr. DURBIN introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To promote cannabis research, 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 “Expanding Cannabis
5 Research and Information Act”.

6 **SEC. 2. CANNABIS RESEARCH AT THE DEPARTMENT OF**
7 **HEALTH AND HUMAN SERVICES.**

8 (a) NATIONAL CANNABIS RESEARCH AGENDA.—Part
9 B of title IV of the Public Health Service Act (42 U.S.C.
10 284 et seq.) is amended by adding at the end the fol-
11 lowing:

1 **“SEC. 409K. NATIONAL CANNABIS RESEARCH AGENDA.**

2 “Not later than 1 year after the date of enactment
3 of the Expanding Cannabis Research and Information
4 Act, the Director of NIH, in collaboration with the Direc-
5 tor of the Centers for Disease Control and Prevention and
6 the Assistant Secretary for Mental Health and Substance
7 Use, shall develop a national cannabis research agenda
8 that addresses key questions and gaps in evidence, includ-
9 ing with respect to each of the following:

10 “(1) The efficacy of cannabis in providing
11 therapeutic benefits for certain priority diseases or
12 conditions, which may include epilepsy, multiple scler-
13 osis-related spasticity, chemotherapy-induced pain
14 and discomfort, using cannabis as an alternative to
15 opioid analgesics for acute or chronic pain, sleep
16 apnea, Tourette syndrome, anxiety, post-traumatic
17 stress disorder, and any other disease or condition
18 determined to be appropriate and of importance by
19 the Director.

20 “(2) The effect of cannabis on at-risk popu-
21 lations, including children, older individuals, and
22 pregnant or breast-feeding women.

23 “(3) The long-term effects of cannabis use, in-
24 cluding dose-response relationship and the connec-
25 tion between cannabis use and behavioral health.

1 “(4) The clinically appropriate modes of deliv-
2 ery of cannabis.

3 “(5) Public safety considerations related to can-
4 nabis, including—

5 “(A) variation in the potency of cannabis
6 products;

7 “(B) youth access to and use of cannabis,
8 including marketing, packaging, edible formula-
9 tions, and flavor options that target youth;

10 “(C) risk factors for cannabis misuse;

11 “(D) impaired driving related to cannabis
12 use; and

13 “(E) accidental ingestion of cannabis.”.

14 (b) SURVEILLANCE ACTIVITIES.—Part A of title III
15 of the Public Health Service Act (42 U.S.C. 241 et seq.)
16 is amended by adding at the end the following:

17 **“SEC. 310B. SURVEILLANCE ACTIVITIES ON CANNABIS USE.**

18 “(a) IN GENERAL.—The Secretary, acting through
19 the Director of the Centers for Disease Control and Pre-
20 vention, in collaboration with the Assistant Secretary for
21 Mental Health and Substance Use, the Administrator of
22 the Centers for Medicare & Medicaid Services, and the Di-
23 rector of the Agency for Healthcare Research and Quality,
24 shall carry out surveillance activities to collect population-
25 wide data on cannabis use.

1 “(b) PERMISSIBLE ACTIVITIES.—

2 “(1) IN GENERAL.—In carrying out activities
3 under this section, the Secretary may collect, as ap-
4 propriate, with respect to cannabis use—

5 “(A) data on—

6 “(i) health outcomes, including bio-
7 logical data;

8 “(ii) health care utilization, which
9 shall include hospitalizations and utiliza-
10 tion of emergency departments related to
11 consumption of cannabis, including among
12 youth;

13 “(iii) demographic factors associated
14 with cannabis use;

15 “(iv) the variety of products and deliv-
16 ery modes used; and

17 “(v) other relevant health information
18 to improve the understanding of cannabis
19 use in all age groups and sub-populations;
20 and

21 “(B) data through public health surveil-
22 lance systems, surveys, questionnaires, and
23 databases of health care records, including, as
24 appropriate, the Behavioral Risk Factor Sur-
25 veillance System, the Youth Risk Behavioral

1 Surveillance System, the Monitoring the Future
 2 health survey, the National Survey on Drug
 3 Use and Health, or the Healthcare Cost and
 4 Utilization Project (or any successor surveys).

5 “(2) PRIVACY.—Any data collected under para-
 6 graph (1) shall be collected in manner that protects
 7 personal privacy to the extent, at a minimum, that
 8 is required under applicable Federal and State
 9 law.”.

10 **SEC. 3. RESCHEDULING OF MARIHUANA.**

11 (a) IN GENERAL.—Subsection (c) of schedule I of
 12 section 202(c) of the Controlled Substances Act (21
 13 U.S.C. 812(c)) is amended by striking paragraph (10).

14 (b) SCHEDULE III.—Schedule III of section 202(c)
 15 of the Controlled Substances Act (21 U.S.C. 812(c)) is
 16 amended by adding at the end the following:

17 “(f) Marihuana.”.

18 **SEC. 4. CENTERS OF EXCELLENCE IN CANNABIS RE-**
 19 **SEARCH.**

20 (a) IN GENERAL.—Part B of title IV of the Public
 21 Health Service Act (42 U.S.C. 284 et seq.), as amended
 22 by section 2(a), is further amended by adding at the end
 23 the following:

1 **“SEC. 409L. CENTERS OF EXCELLENCE IN CANNABIS RE-**
2 **SEARCH.**

3 “(a) DESIGNATION.—

4 “(1) IN GENERAL.—The Director of NIH shall
5 designate institutions of higher education as Centers
6 of Excellence in Cannabis Research for the purpose
7 of interdisciplinary research related to cannabis and
8 other biomedical, behavioral, and social issues re-
9 lated to cannabis. No institution of higher education
10 may be designated as a Center unless an application
11 therefor has been submitted to, and approved by, the
12 Director of NIH. Such an application shall be sub-
13 mitted in such manner and contain such information
14 as the Director of NIH may reasonably require. The
15 Director of NIH may not approve such an applica-
16 tion unless—

17 “(A) the application contains or is sup-
18 ported by reasonable assurances that—

19 “(i) at least 1 individual employed by
20 the applicant—

21 “(I) is registered under section
22 303(f) of the Controlled Substances
23 Act to conduct research with con-
24 trolled substances in schedule III of
25 section 202(c) of that Act; and

1 “(II) is an active participant in
2 the cannabis research activities of the
3 applicant;

4 “(ii) the applicant has not had a reg-
5 istration to conduct research with con-
6 trolled substances under section 303 of the
7 Controlled Substances Act denied, revoked,
8 or suspended under section 304 of that
9 Act;

10 “(iii) the applicant has the experience,
11 or capability, to conduct, through bio-
12 medical, behavioral, social, and related dis-
13 ciplines, long-term research on cannabis
14 and to provide coordination of such re-
15 search among such disciplines;

16 “(iv) the applicant has available to it
17 sufficient personnel and facilities (includ-
18 ing laboratory, reference, storage, security,
19 and data analysis facilities) to carry out
20 the research plan required under subpara-
21 graph (B); and

22 “(v) the applicant has the capacity to
23 conduct academic courses and train stu-
24 dents and professionals on appropriate re-
25 search and knowledge of cannabis; and

1 “(B) the application contains a detailed 5-
2 year plan for research relating to cannabis.

3 “(2) GEOGRAPHIC REPRESENTATION.—The Di-
4 rector of NIH shall ensure geographic representation
5 across the United States in designating institutions
6 of higher education as Centers of Excellence in Can-
7 nabis Research.

8 “(3) TERM OF DESIGNATION.—A designation
9 under this section shall be for a period of 5 years.
10 An institution of higher education may reapply in
11 accordance with the requirements under paragraph
12 (1) for a subsequent designation under this section.

13 “(b) CANNABIS RESEARCH.—

14 “(1) GRANTS OR COOPERATIVE AGREE-
15 MENTS.—

16 “(A) IN GENERAL.—The Director of NIH
17 may make grants to, or enter into cooperative
18 agreements with, Centers that have been des-
19 ignated under this section to expand the cur-
20 rent and ongoing interdisciplinary research and
21 clinical trials relating to cannabis research.

22 “(B) USE OF FUNDS.—Amounts made
23 available under a grant or cooperative agree-
24 ment under subparagraph (A) may be used to
25 address key questions and gaps in evidence ad-

1 dressed by the national cannabis research agen-
2 da described in paragraphs (1) through (5) of
3 section 409K.

4 “(2) RESEARCH RESULTS.—The Director of
5 NIH shall promptly disseminate research results
6 under this subsection to relevant governmental, aca-
7 demic, and research entities.

8 “(c) DEFINITIONS.—In this section:

9 “(1) CANNABIS.—The term ‘cannabis’ has the
10 meaning given the term ‘marihuana’ in section 102
11 of the Controlled Substances Act.

12 “(2) INSTITUTION OF HIGHER EDUCATION.—
13 The term ‘institution of higher education’ has the
14 meaning given the term in section 101(a) of the
15 Higher Education Act of 1965.”.

16 (b) REGISTRATION REQUIREMENTS.—Section 303(f)
17 of the Controlled Substances Act (21 U.S.C. 823(f)) is
18 amended by adding after the period at the end the fol-
19 lowing: “The Attorney General shall register under this
20 part practitioners at Centers of Excellence in Cannabis
21 Research designated under section 409L of the Public
22 Health Service Act to conduct research with marihuana.
23 No separate registration shall be required for each indi-
24 vidual employed by a Center of Excellence in Cannabis Re-
25 search who is conducting research described in subsection

1 (a)(1) of that section and in accordance with applicable
2 State and local laws, nor shall separate registrations be
3 required for distinct research activities, including research
4 activities related to distinct constituent compounds of
5 marihuana or amended protocols. The registration shall
6 expire on the date on which the entity is no longer des-
7 ignated as such a Center of Excellence in Cannabis Re-
8 search under that section. A Center of Excellence in Can-
9 nabis Research registered under this part may cultivate
10 marihuana, including any constituent component of mari-
11 huana, to conduct research under this part if the Attorney
12 General has determined that the research to be conducted
13 is for legitimate scientific research and is consistent with
14 effective controls against diversion. A Center of Excellence
15 in Cannabis Research may contract with such additional
16 manufacturers of marihuana registered under this section
17 to meet the needs of the Center of Excellence in Cannabis
18 Research to the maximum extent permissible under inter-
19 national treaties to which the United States is a signatory
20 and which govern marihuana. Before entering into such
21 contract, the Center of Excellence in Cannabis Research
22 shall submit to the Attorney General a request to enter
23 into the contract that includes information to demonstrate
24 the experience or capability of the contractor to conduct
25 such cultivation and assurances that the contractor will

1 comply with the provisions of this Act. Not later than 60
2 days after the date on which the request is submitted, the
3 request shall be deemed to be approved by the Attorney
4 General, unless the Attorney General determines that the
5 granting of such request is inconsistent with the public
6 interest. A Center of Excellence in Cannabis Research reg-
7 istered under this section may purchase or acquire com-
8 mercially available marihuana for the purpose of research
9 described in section 409L(a)(1) of the Public Health Serv-
10 ice Act in accordance with the law of the State in which
11 the transaction occurs. No Federal funds may be used by
12 the Center of Excellence in Cannabis Research for such
13 purchase or acquisition.”.

○