

**Opening Statement of Republican Leader Michael C. Burgess, M.D.  
Subcommittee on Health  
“Cannabis Policies for the New Decade.”  
January 15, 2020**

*As Prepared for Delivery*

Thank you, Madame Chair. I appreciate that we are holding this hearing today to discuss marijuana policy, a topic that is of interest to many Members on this subcommittee. At the end of last year, a few Republican Members of the full Energy & Commerce Committee and I sent a letter to request a hearing on three of the bills before us today that focus on easing pathways to marijuana research. I am glad that you have followed through and included H.R. 171, the Legitimate Use of Medicinal Marijuana Act, H.R. 601, Medical Cannabis Research Act of 2019, and H.R. 3797, Medical Marijuana Research Act of 2019, in this hearing.

States and localities across the country have moved forward with different policies to address marijuana, including both recreational and medical use.

As a physician, I am concerned that the available research on the benefits and risks of marijuana, both medical and recreational, do not

adequately justify the actions states have taken. Thus far, the Food and Drug Administration and the National Academies have found that there is a lack of evidence to demonstrate effective medical use for marijuana. That being said, we need more research.

It is concerning that there are arguments over what may or may not be a great medicinal use for marijuana, but we don't even have the data. It's time to get the data and let the decision be driven by the data.

Additionally, some of the data that we do have includes some concerning results. For example, a study conducted by researchers at Kaiser Permanente in Northern California found that cannabis use among pregnant mothers nearly double between 2009 and 2016.

Researchers also found that “prenatal marijuana may impair fetal growth and neurodevelopment,” but added that more studies are necessary as THC potency continues to rise. As an OB/GYN, I worry that the health of mothers and their babies could be at risk.

One of the key hurdles to research is that researchers require DEA-approval, and for decades they have only been allowed to obtain their marijuana from one source – the University of Mississippi – which is the

only contract that the National Institute on Drug Abuse has for research-grade cannabis.

In the past it may have made sense to have a single source for research purposes. However, because the diversity of the quality, potency, and other aspects of marijuana that individuals obtain for medical and recreational purposes varies across the United States, research using this sole source of marijuana may not adequately assess the current landscape. Not to mention that it is difficult to obtain the quantity necessary to conduct research under the existing structure.

To that point, the Drug Enforcement Agency announced in 2016 that it would establish a new policy to increase the number of approved sources of research-grade marijuana but has failed to do so. I hope that the DEA will update us on its administrative efforts to streamline the research process today, and that we can identify ways to work together to achieve that goal.

While three of the bills before us today aim to enhance research efforts, there are two that take a step too far. H.R. 2843 and H.R. 3884 completely remove marijuana from the list of Controlled Substances.

It is worth noting, and I believe that the Food and Drug Administration will explain this in more detail, that in order for the Drug Enforcement Agency to reschedule a drug administratively without Congressional direction, the Food and Drug Administration must conduct a medical evaluation of the drug and provide a recommendation to the DEA as to what the rescheduling should be. That recommendation is binding; therefore, the DEA must do what the FDA recommends. I think that completely descheduling marijuana using our Congressional authority is a dangerous move, especially given the lack of research to back up that decision.

It is critical that the American public, and the medical community, understand what marijuana does to our bodies and to our brains, at different potencies, and throughout our life cycle. We have a way to go before we will have a full understanding all of those factors, but some of the bills before us are a step in the right direction.

I look forward to learning more about the issues our federal agencies are facing and the current efforts they are working on. Thank

you to all of our agency witnesses for being here today to discuss this important topic. I yield back.