Opening Statement
Chairwoman Anna G. Eshoo
Subcommittee on Health
Energy and Commerce Committee
Hearing on "Cannabis Policies for the New Decade"
January 15, 2020

According to the Department of Health and Human Services National Survey on Drug Use, 44 million Americans reported using cannabis in the past year. Thirty-three states now allow the medicinal use of cannabis and 11 states and the District of Columbia have legalized cannabis for adult use.

But states' laws and federal policy are a thousand miles apart. As more states allow cannabis, the federal government still strictly controls and prohibits it, even restricting legitimate medical research.

Given the widespread availability of cannabis, the purpose of today's hearing is to examine the pressing need for medical research about cannabis and its chemical compounds with CBD being one of them.

Fifty years ago, Congress listed cannabis as a highly-controlled Schedule I substance. Other schedule I drugs include heroin, LSD, and ecstasy.

Schedule 1 drugs have no medical value and high potential for abuse. Schedule 2 drugs (for example, cocaine and Vicodin) through schedule 5 drugs (for example, Robitussin) all have some medical value but differ in ranking depending on their potential for abuse.

The Schedule I designation restricts legitimate medical research about cannabis. For example, scientists who wish to study cannabis must seek approval from three federal agencies -- the NIH, the FDA, and the DEA.

Once scientists are federally-approved, which can take more than a year, they're allowed to only research cannabis grown by a government-authorized farm at the University of Mississippi. This cannabis lacks the properties and potency of commercially-available cannabis and leads to inadequate research.

Researchers are in a catch-22. They can't conduct cannabis research until they show cannabis has a medical use, but they can't show cannabis has a medical use until they can conduct research.

Why is it concerning that research about cannabis is blocked by federal law?

First, cannabis has therapeutic potential for chronic pain or nausea and the treatment of neurological disorders such as seizures. For example, in 2018, the FDA approved the first cannabis-derived medication, Epidolex, which treats seizures in patients two years of age or older.

Second, the restrictions on cannabis research has led to unanswered questions about the safety and quality of products containing CBD.

In December 2018, the Farm Bill removed hemp, including CBD derived from hemp, from the Controlled Substances Act. The Farm Bill explicitly preserved the FDA's authority over CBD products, but the FDA has yet to issue regulations due to its unanswered questions about the intrinsic safety of CBD.

The FDA says it will take three to five years to finalize CBD regulations, and in the meantime, the CBD market is predicted to reach $20 billion in sales by 2024. CBD is now available in everything from fast food hamburgers, to scented lotions, to over-the-counter pills.

Today we'll consider six bills that offer a range of solutions to update federal policy to advance research on cannabis and its compounds.

I thank the leaders of the bills for their work: Representatives Barbara Lee and Earl Blumenauer, who have joined us in the audience today, as well as Representatives Jerry Nadler, Hakeem Jeffries, Matt Gaetz, and our fellow Subcommittee Member Representative Morgan Griffith.

Working together, I hope our Subcommittee can move forward on a commonsense proposal that stops the federal government from impeding medical research and allows Americans to have access to the information they need about the harmful and therapeutic effects of cannabis.

I yield the remainder of my time to Representative Kennedy.