117TH CONGRESS
2D SESSION

H. R. ______

To establish the policy of the Department of Veterans Affairs on medicinal cannabis, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

Mr. MOULTON introduced the following bill; which was referred to the Committee on ________________

A BILL

To establish the policy of the Department of Veterans Affairs on medicinal cannabis, and for other purposes.

1 Be it enacted by the Senate and House of Representative of the United States of America in Congress assembled,

2 SECTION 1. DEPARTMENT OF VETERANS AFFAIRS POLICY ON MEDICINAL CANNABIS.

3 (a) POLICY.—The policy of the Department of Veterans Affairs on medicinal cannabis is as follows:

4 (1) Veterans are encouraged to discuss their medicinal cannabis use with their health care providers without fear of negative repercussions.
(2) Veterans shall not be denied any benefit under the laws administered by the Secretary of Veterans Affairs by reason of cannabis use.

(3) The participation of a veteran in a State-legal marijuana program shall not affect the veteran’s eligibility for care and services furnished by the Department of Veterans Affairs.

(4) The use or possession of cannabis is prohibited on all Department property and in all Department facilities pursuant to Federal law, which applies at such locations and not the laws of the State where the property or facility is located.

(5) Department medical providers shall honor the desires of their patients to seek alternative forms of treatment.

(6) The Department of Veterans Affairs acknowledges medicinal cannabis use may be a legitimate alternative treatment and a Department medical provider will not recommend a veteran for drug addiction treatment solely by reason of medicinal cannabis use.

(7) Department medical providers are permitted to discuss cannabis use as part of comprehensive care planning and may adjust treatment plans as necessary. Treatment adjustment should be relevant
and a veteran should have the freedom to seek a second opinion if the veteran feels the change is not fair.

(8) Department medical providers will annotate a veteran’s cannabis use in the medical record of the veteran in order to have the information available in treatment planning. As with all clinical information, this is part of the confidential medical record and protected under patient privacy and confidentiality laws and regulations. Department medical providers will not record that a patient has a marijuana addiction problem in their medical record if the patient is responsibly using medicinal cannabis.

(9) Department clinicians shall follow Federal laws and regulations relating to medicinal cannabis.

(10) Department medical providers may not be fired nor have any other adverse personnel action taken against them for discussing cannabis use with their patients.

(11) Department scientists may conduct research on cannabis benefits and risks under regulatory approval.

(12) Department medical providers may not dissuade participation in non-Department medicinal cannabis research.
(b) Dissemination of Policy.—The Secretary of Veterans Affairs shall disseminate the policy under subsection (a) widely, including by displaying such policy prominently in all Department of Veterans Affairs hospitals and clinics and online.

c) Repeal in Event of Federal Legalization.—If the use of medicinal cannabis becomes legal under Federal law, the requirement under subsection (a)(4) shall be repealed.

Sec. 2. Survey on Cannabis Use by Veterans.

(a) In General.—The Secretary of Veterans Affairs shall seek to enter into an agreement with a federally funded research and development center to conduct surveys nationwide to measure cannabis use by veterans.

(b) Selection.—The Secretary shall select a federally funded research and development center under subsection (a) from among such centers that has—

(1) expertise and a record of independent, peer-reviewed publications with respect to—

(A) behavioral health research; and

(B) conducting independent evaluations of mental health programs using multidisciplinary methods; and
an in-depth knowledge of all State medicinal
marijuana programs and the ability to tailor the sur-
veys under subsection (a) accordingly.

(c) CONDUCT OF SURVEYS.—The surveys conducted
under subsection (a) shall meet the following criteria:

(1) One survey shall collect information from
veterans who use cannabis, including both veterans
enrolled in the health care system established under
section 1705(a) of title 38, United States Code, and
veterans who are not so enrolled.

(2) One survey shall collect information from
health care providers of the Department of Veterans
Affairs.

(3) Each survey shall be conducted in a manner
that ensures the anonymity of the individual being
surveyed.

(d) MATTERS SURVEYED.—

(1) VETERANS.—The survey described in sub-
section (c)(1) shall cover the following subjects:

(A) The current medicinal cannabis use by
the veteran, or the intent or desire by the vet-
eran to use medicinal cannabis, and the reasons
for such use, intent, or desire.

(B) The conditions, symptoms, or both,
that the veteran uses cannabis to treat.
(C) The types of cannabis and cannabis products used by the veteran, including with respect to—

(i) tetrahydrocannabinol or cannabidiol content;

(ii) indica, sativa, mixes, or hybrids; and

(iii) flower, oils, hash or kief, concentrates (wax, shatter, budder), edibles, drinks, tinctures, and topical ointments.

(D) Other medications taken by the veteran concurrently with cannabis and any medications the veteran stopped using because of the use of cannabis.

(E) How the veteran is self-administering medicinal cannabis, including—

(i) the method;

(ii) the typical times each day the veteran self-administers;

(iii) the frequency of different products per day and for what condition, symptom, or both; and

(iv) the amounts per product.
(F) The ratings and descriptions of the effectiveness of using cannabis to treat conditions, symptoms, or both.

(G) Any experiences with side effects.

(H) The number of different cannabis products tried before settling on the current product.

(I) The typical source of medical cannabis (such as a single dispensary, multiple dispensaries, mail order, or other source), the typical purchase frequency, and the typical amount purchased.

(J) The sources of information the veteran uses for products and dosages.

(K) Factors that influence the choice of the veteran for using a chosen product (such as with respect to the levels of tetrahydrocannabiol or cannabidiol content, cost, availability, consistency, or strain).

(L) Any other matters determined appropriate.

(2) HEALTH CARE PROVIDERS.—The survey described in subsection (c)(2) shall cover the following subjects:
(A) A description of the experience of the health care provider with respect to patents using medicinal cannabis.

(B) A description by the health care provider of how medicinal cannabis is changing patients.

(C) A description of how treatment plans have been modified after a veteran discloses using cannabis.

(D) Any documentation of the products, dosages, or frequency of such cannabis use in the medical records of the veteran.

(E) Reporting of adverse events.

(F) The sources of information used by the health care provider with respect to cannabis products and the medical effectiveness of cannabis.

(G) Any other matters determined appropriate.

(e) REPORT.—Not later than one year after the date of the enactment of this Act, the Secretary shall submit to the Committees on Veterans’ Affairs of the Senate and House of Representatives a report on the results of the surveys conducted under this section.
SEC. 3. TRAINING IN USE OF MEDICAL CANNABIS FOR DEPARTMENT OF VETERANS AFFAIRS PRIMARY CARE PROVIDERS.

(a) Training.—Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall provide for all primary care providers of the Department of Veterans Affairs an initial training in the use of medical cannabis. The Secretary shall provide supplemental training as necessary.

(b) Partnerships With Medical Schools.—In developing and providing the training to be provided under subsection (a), the Secretary shall enter into partnerships with medical schools that have incorporated education on medical cannabis into their curricula.