

118TH CONGRESS
2D SESSION

H. R. 8901

To amend the Public Health Service Act to provide for the designation of institutions of higher education as Centers of Excellence in Cannabis Research, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JUNE 28, 2024

Mr. PETERS (for himself, Mr. JOYCE of Ohio, Mr. THANEDAR, and Mrs. CHAVEZ-DEREMER) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend the Public Health Service Act to provide for the designation of institutions of higher education as Centers of Excellence in 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 “Cannabis Research
5 Act”.

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

3 (a) NATIONAL CANNABIS RESEARCH AGENDA.—Part
4 B of title IV of the Public Health Service Act (42 U.S.C.
5 284 et seq.) is amended by adding at the end the fol-
6 lowing:

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

8 “(a) IN GENERAL.—Not later than 1 year after the
9 date of enactment of the Cannabis Research Act, the Di-
10 rector of NIH, in collaboration with the Director of the
11 Centers for Disease Control and Prevention, the Commis-
12 sioner of Food and Drugs, and the Assistant Secretary
13 for Mental Health and Substance Use, shall develop a na-
14 tional cannabis research agenda that addresses key ques-
15 tions and gaps in evidence, including with respect to each
16 of the following:

17 “(1) The safety and efficacy of cannabis in pro-
18 viding therapeutic benefits for certain priority dis-
19 eases or conditions, which may include epilepsy, mul-
20 tiple sclerosis-related spasticity, chemotherapy-in-
21 duced pain and discomfort, using cannabis as an al-
22 ternative to opioid analgesics for acute or chronic
23 pain, sleep apnea, Tourette syndrome, anxiety, post-
24 traumatic stress disorder, and any other disease or
25 condition determined to be appropriate and of im-
26 portance by the Director.

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

4 “(3) The nontherapeutic impacts of cannabis
5 use in the short-term and long-term.

6 “(4) The long-term effects of cannabis use, in-
7 cluding dose-response relationship and the connec-
8 tion between cannabis use and behavioral health.

9 “(5) The clinically appropriate dosages and
10 modes of delivery of cannabis.

11 “(6) Public safety considerations related to can-
12 nabis, including—

13 “(A) variation in the potency of cannabis
14 products;

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

18 “(C) risk factors for cannabis misuse;

19 “(D) impaired driving related to cannabis
20 use;

21 “(E) accidental ingestion of cannabis; and

22 “(F) relative risk of cannabis as compared
23 to alcohol and tobacco.

24 “(b) DEFINITION.—In this section, the term ‘can-
25 nabis’ means all parts of the plant *Cannabis sativa* L.,

1 whether growing or not; the seeds thereof; the resin ex-
2 tracted from any part of such plant; and every compound,
3 manufacture, salt, derivative, mixture, or preparation of
4 such plant, its seeds, or its resin.”.

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

8 **“SEC. 310C. SURVEILLANCE ACTIVITIES ON CANNABIS USE.**

9 “(a) IN GENERAL.—The Secretary, acting through
10 the Director of the Centers for Disease Control and Pre-
11 vention, in collaboration with the Assistant Secretary for
12 Mental Health and Substance Use, the Administrator of
13 the Centers for Medicare & Medicaid Services, and the Di-
14 rector of the Agency for Healthcare Research and Quality,
15 shall carry out surveillance activities to collect population-
16 wide data on cannabis use.

17 “(b) PERMISSIBLE ACTIVITIES.—

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

21 “(A) data on—

22 “(i) health outcomes, including bio-
23 logical data;

24 “(ii) health care utilization, which
25 shall include hospitalizations and utiliza-

1 tion of emergency departments related to
2 consumption of cannabis, including among
3 youth;

4 “(iii) demographic factors associated
5 with cannabis use;

6 “(iv) the variety of products and deliv-
7 ery modes used; and

8 “(v) other relevant health information
9 to improve the understanding of cannabis
10 use in all age groups and sub-populations;
11 and

12 “(B) data through public health surveil-
13 lance systems, surveys, questionnaires, and
14 databases of health care records, including, as
15 appropriate, the Behavioral Risk Factor Sur-
16 veillance System, the Youth Risk Behavioral
17 Surveillance System, the Monitoring the Future
18 health survey, the National Survey on Drug
19 Use and Health, or the Healthcare Cost and
20 Utilization Project (or any successor surveys).

21 “(2) PRIVACY.—Any data collected under para-
22 graph (1) shall be collected in a manner that pro-
23 tects personal privacy to the extent, at a minimum,
24 that is required under applicable Federal and State
25 law.

1 “(c) DEFINITION.—In this section, the term ‘can-
2 nabis’ means all parts of the plant *Cannabis sativa* L.,
3 whether growing or not; the seeds thereof; the resin ex-
4 tracted from any part of such plant; and every compound,
5 manufacture, salt, derivative, mixture, or preparation of
6 such plant, its seeds, or its resin.”.

7 **SEC. 3. CENTERS OF EXCELLENCE IN CANNABIS RE-**
8 **SEARCH.**

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

13 **“SEC. 409L. CENTERS OF EXCELLENCE IN CANNABIS RE-**
14 **SEARCH.**

15 “(a) DESIGNATION.—

16 “(1) IN GENERAL.—The Director of NIH shall
17 designate institutions of higher education as Centers
18 of Excellence in Cannabis Research for the purpose
19 of interdisciplinary research related to cannabis and
20 other biomedical, behavioral, and social issues re-
21 lated to cannabis.

22 “(2) APPLICATION.—To be designated as a
23 Center of Excellence in Cannabis Research, an insti-
24 tution of higher education shall submit an applica-
25 tion to, and receive approval from, the Director of

1 NIH. Such an application shall be submitted in such
2 manner and contain such information as the Direc-
3 tor of NIH may reasonably require. The Director of
4 NIH may not approve such an application unless—

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

7 “(i) the applicant has the experience,
8 or capability—

9 “(I) to conduct, through bio-
10 medical, behavioral, social, and related
11 disciplines, long-term research on can-
12 nabis; and

13 “(II) to provide coordination of
14 such research among such disciplines;

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

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

1 “(iv) the applicant will secure State
2 funds for research related to cannabis to
3 complement any Federal funds for such re-
4 search under this section; and

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

7 “(3) PRIORITY.—In selecting institutions of
8 higher education for designation as Centers of Ex-
9 cellence in Cannabis Research, the Director of NIH
10 shall give priority to such institutions that have
11 proven track records in medicinal cannabis research.

12 “(4) GEOGRAPHIC REPRESENTATION.—The Di-
13 rector of NIH shall, to the extent practicable, ensure
14 geographic representation across the United States
15 in designating institutions of higher education as
16 Centers of Excellence in Cannabis Research.

17 “(5) TERM OF DESIGNATION.—A designation
18 under this section shall be for a period of 5 years,
19 so long as the institution of higher education con-
20 tinues to meet the requirements of paragraph (2).
21 An institution of higher education may reapply in
22 accordance with the requirements of paragraph (2)
23 for a subsequent designation under this section.

24 “(b) CANNABIS RESEARCH.—

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

3 “(A) IN GENERAL.—The Director of NIH
4 may make grants to, or enter into cooperative
5 agreements with, 10 Centers that have been
6 designated under this section to expand the cur-
7 rent and ongoing interdisciplinary research and
8 clinical trials relating to cannabis research.

9 “(B) AUTHORIZATION OF APPROPRIA-
10 TIONS.—To carry out this paragraph, there is
11 authorized to be appropriated \$50,000,000 for
12 each of fiscal years 2026 through 2030.

13 “(2) RESEARCH RESULTS.—The Director of
14 NIH shall promptly disseminate research results
15 under this subsection to relevant governmental, aca-
16 demic, and research entities.

17 “(c) DEFINITIONS.—In this section:

18 “(1) The term ‘cannabis’ means all parts of the
19 plant *Cannabis sativa* L., whether growing or not;
20 the seeds thereof; the resin extracted from any part
21 of such plant; and every compound, manufacture,
22 salt, derivative, mixture, or preparation of such
23 plant, its seeds, or its resin.

1 “(2) The term ‘institution of higher education’
2 has the meaning given the term in section 101(a) of
3 the Higher Education Act of 1965.”.

4 (b) REGISTRATION REQUIREMENTS.—Section 303 of
5 the Controlled Substances Act (21 U.S.C. 823) is amend-
6 ed by adding at the end the following:

7 “(m) REGISTRATION OF PRACTITIONERS AT CEN-
8 TERS OF EXCELLENCE IN CANNABIS RESEARCH.—

9 “(1) IN GENERAL.—The Attorney General shall
10 register under subsection (f) practitioners at Centers
11 of Excellence in Cannabis Research designated
12 under section 409L of the Public Health Service Act
13 to conduct research with marijuana.

14 “(2) TESTING OF CONSTITUENTS.—To the ex-
15 tent a Center of Excellence in Cannabis Research in
16 a State tests marijuana products that are lawfully
17 available for such testing in such State for
18 cannabinoid and noncannabinoid constituents, no
19 sanction under this title shall apply to such testing,
20 including the acquisition of such products for such
21 testing.

22 “(3) USE OF MARIJUANA PRODUCTS UNDER
23 STATE LAW.—No sanction under this title shall
24 apply to the acquisition or use of marijuana prod-
25 ucts for a clinical trial or other research to the ex-

1 tent such clinical trial or other research is con-
2 ducted—

3 “(A) to further the goals of the national
4 cannabis research agenda under section 409K;
5 and

6 “(B) at a Center of Excellence in Cannabis
7 Research in a State using marijuana products
8 that are lawfully available for such purpose
9 under laws of the State.

10 “(4) DEFINITION.—In this subsection, the term
11 ‘Center of Excellence in Cannabis Research’ means
12 a Center of Excellence in Cannabis Research for
13 which a designation is in effect under section
14 409L(a) of the Public Health Service Act.”.

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