



Legislation Details (With Text)

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Title: Resolution calling on the United States Congress to pass and the President to sign the Compassionate Access, Research Expansion and Respect States Act, which seeks to reclassify marijuana from a Schedule I to a Schedule II substance and permit states to set their own medical marijuana policies

Sponsors: Jumaane D. Williams, Laurie A. Cumbo, Daniel Dromm, Corey D. Johnson, Darlene Mealy, Rosie Mendez, Deborah L. Rose

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Res. No. 711

Resolution calling on the United States Congress to pass and the President to sign the Compassionate Access, Research Expansion and Respect States Act, which seeks to reclassify marijuana from a Schedule I to a Schedule II substance and permit states to set their own medical marijuana policies

By Council Members Williams, Cumbo, Dromm, Johnson, Mealy, Mendez and Rose

Whereas, Narcotics and other chemicals that are considered controlled substances under the United States Controlled Substances Act ("CSA") are divided into five schedules; and

Whereas, The Schedule I classification applies to a category of substances considered by the United States Drug Enforcement Administration ("DEA") to have no currently accepted medical use in treatment in the United States and exhibit a high potential for dependence and abuse; and

Whereas, Cannabis, commonly known as marijuana, is a narcotic classified by the federal government as a Schedule I substance, which cannot be legally prescribed to patients; and

Whereas, Narcotics that share the same Schedule I classification with marijuana are heroin and ecstasy;

and

Whereas, The DEA categorizes Schedule II substances, such as opium and morphine, as drugs that are considered to have a strong potential for abuse or addiction and which may lead to severe psychological or physical dependence but do have currently accepted medical uses in treatment in the United States or a currently accepted medical use with severe restrictions; and

Whereas, Although Schedule II substances are heavily limited and controlled by the federal government, prescriptions are permitted for some of these substances, such as methadone and amphetamines (Adderall); and

Whereas, In 2009, the American Medical Association announced that it would support clinical research of medical marijuana and urged the federal government to reassess its Schedule I classification of the drug; and

Whereas, According to studies conducted by the University of California Center for Medicinal Cannabis Research, medical marijuana should be the first line of treatment for patients with neuropathy and other serious illnesses; and

Whereas, Initial studies and strong anecdotal evidence suggest cannabidiol (CBD), a compound in marijuana, may drastically reduce seizures; and

Whereas, There are currently twenty-three states, including New York, as well as the District of Columbia, that have enacted laws legalizing the medicinal use of marijuana thereby recognizing and affirming progress in the medical community concerning the therapeutic value of medicinal marijuana; and

Whereas, These states recognize that medical marijuana can be used to alleviate patients' suffering from debilitating medical conditions, such as cancer and multiple sclerosis; and

Whereas, The United States government continues to classify marijuana as a drug for which there is no medicinal value; and

Whereas, The divergence in state and federal law creates a problematic situation where there is no comprehensively regulated system to supply legitimate patients who are in need of medical marijuana; and

Whereas, The Compassionate Access, Research Expansion and Respect States (“CARERS”) Act (S. 683/ H.R.1538), was introduced by Senators Cory Booker (D-NJ), Kirsten Gillibrand (D-NY) and Rand Paul (R-KY) and Representative Steve Cohen (D-TN); and

Whereas, The CARERS Act would reclassify marijuana from a Schedule I to a Schedule II substance, paving the way to recognizing that the substance does have accepted medical uses and allowing it to be prescribed under certain circumstances; and

Whereas, The CARERS Act would amend the Controlled Substances Act so that states can set their own medical marijuana policies, removing the threat of federal prosecution from state medical marijuana program participants; and

Whereas, This legislation would amend the Controlled Substances Act to remove specific strains of CBD oil from the federal definition of marijuana, allowing states to import CBD; and

Whereas, Increasing access to CBD will help youth suffering from intractable epilepsy to gain some control over their seizures and allow for more studies on its effectiveness; and

Whereas, The CARERS Act would also permit VA doctors to prescribe veterans medical marijuana to treat serious injuries and chronic conditions; and

Whereas, The CARERS Act would provide protection to banks and credit unions, their officers and employees that provide financial services to marijuana-related businesses that engage in activities pursuant to state law; and

Whereas, The CARERS Act would remove a federal review process and increases access for researchers to gain government approval to undertake important research on marijuana; and

Whereas, The long-standing classification of marijuana in the United States as a Schedule I substance with no medicinal value is fundamentally flawed and should be changed; now, therefore, be it

Resolved, That the Council of the City of New York calls on the United States Congress to pass and the President to sign the Compassionate Access, Research Expansion and Respect States Act, which seeks to

reclassify marijuana from a Schedule I to a Schedule II substance and permit states to set their own medical marijuana policies.

CP
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4/30/15