American Cannabis Nurses Association Position on Cannabis Rescheduling: Advocating for Schedule VI

Position & Policy Statement of the American Cannabis Nurses Association (ACNA)

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Introduction

On April 30, 2024, the United States Department of Justice (DOJ) announced its intention to reclassify cannabis under the Controlled Substances Act (CSA), moving it from Schedule I to Schedule III (U.S. Drug Enforcement Administration, 2024). This proposed rescheduling reflects acknowledges cannabis's potential medical benefits. However, significant regulatory gaps remain including inadequate patient protections, inconsistent product safety standards, regulatory consistency, and absence of a cohesive framework for integrating cannabis into the U.S healthcare system.

The American Cannabis Nurses Association (ACNA) supports evidence-based cannabis policy reform. While rescheduling to Schedule III may reduce certain barriers, it does not fully address the broader clinical, legal, and social complexities of medical cannabis. ACNA endorses exploring alternative regulatory models, such as the Schedule VI framework proposed by Americans for Safe Access (ASA, 2025).

Overview of the Schedule VI Proposal

ASA's Schedule VI proposal outlines a regulatory structure specifically designed for cannabis-based medicine. The proposed model aims to:

- Establish uniform product safety and quality standards.
- Correct historical inequities associated with cannabis prohibition.
- Support legitimate medical use while addressing gaps unresolved by Schedule III reclassification.

Key Components of the Schedule VI Approach

The Schedule VI model incorporates several mechanisms to enhance public health, improve research access, and safeguard patients:

- **Recognition of Medical Use** – Aligns cannabis regulation with Department of Health and Human Services (HHS) and Food and Drug Administration (FDA) positions on accepted medical use (HHS, 2024).
- **Creation of the Office of Medical Cannabis & Cannabinoid Control (OMC)** – A proposed federal oversight body to regulate medical cannabis, ensuring national safety and quality standards (ASA, 2025).
- **Establishment of a National Medical Cannabis Program (NMCP)** – Federal regulatory infrastructure to support consistent product standards, research protocols, and equitable patient protections nationwide (Safe Access Now, 2024).
- **Harmonization of State and Federal Law** – Reduces regulatory fragmentation by aligning policies, enhancing legal clarity for patients, providers, and businesses (ASA, 2025).
- **Addressing Criminal Justice Disparities** – Supports the expungement of non-violent, cannabis-related offenses, promoting equitable justice reform (Nguyen et al., 2023).
- **Patient Access and Healthcare Protections** – Advocates for non-discrimination in healthcare, employment, housing, and parental rights for patients utilizing medical cannabis (Safe Access Now, 2024).
- **Facilitation of Research and Development** – Reduces DEA-imposed research restrictions, enhancing the ability to conduct clinical trials and advance therapeutic innovations (Schauer et al., 2022).
- **Insurance Coverage for Cannabis-Based Therapies** – Encourages development of reimbursement models to improve affordability and accessibility (ASA, 2025).
- **Resolution of IRS 280E Tax Barriers** – Addresses tax inequities for cannabis-related businesses, supporting a sustainable healthcare infrastructure (Safe Access Now, 2024).
- **Robust Product Regulation** – Supports FDA-led safety, consistency, and quality standards to protect patients and promote transparency (FDA, 2024).

The Role of Cannabis Nurses within a National Framework

The American Nurses Association (ANA) recognizes cannabis nursing as a specialty practice (ANA, 2023). Cannabis nurses play a vital role in patient education, therapeutic guidance, and advocacy, particularly in evolving regulatory landscapes.

ACNA recommends:

- Inclusion of cannabis nurses in federal policy development and implementation efforts under the proposed OMC.

- Development of standardized training programs to equip nurses with evidence-based cannabis education in alignment with the NCSBN National Nursing Guidelines for Medical Marijuana (July, 2018).

- Integration of practice standards and competencies from *The Scope and Standards of Cannabis Nursing* (ANA, 2023)

- Investment in workforce development to ensure nurses are prepared to deliver patient-centered cannabis care.

Related Federal Cannabis Policy Proposals
Several federal initiatives relevant to cannabis regulation and research are under consideration:

- **Evidence-Based Drug Policy Act of 2025 (H.R. 3082)** – Encourages research into the impacts of cannabis legalization by easing federal restrictions, supported by various public health and industry organizations (Colli, 2025)
- **Strengthening the Tenth Amendment Through Entrusting States (States 2.0 Act, H.R. 2934)** – Seeks to clarify state authority over cannabis regulation, promoting state-level autonomy within broader federal reforms (Strengthening the Tenth Amendment, 2025)
- **PREPARE Act of 2025 (H.R. 2935)** – Proposes the establishment of a Commission on the Federal Regulation of Cannabis to study regulatory pathways (PREPARE Act, 2025)
- **Veterans Equal Access Act (H.R. 1384**) – Expands access to medical cannabis for veterans by allowing Department of Veterans Affairs (VA) healthcare providers to discuss, recommend, and complete necessary forms for veterans to participate in state-approved medical cannabis programs.
- **Veterans Cannabis Use for Safe Healing Act (H.R. 966)** – Prohibits the Department of Veterans Affairs from denying veterans access to VA services based on lawful participation in state-approved medical cannabis programs.

ACNA continues to monitor these and other legislative proposals to assess their potential impacts on healthcare delivery, patient safety, equitable access, and nursing practice. ACNA recognizes the importance of protecting veterans' healthcare rights and ensuring consistent standards for cannabis access across all populations.

Limitations of Schedule III Reclassification
While Schedule III reclassification marks progress, it remains insufficient for the following reasons:

- Persistent legal contradictions between federal and state laws.
- Barriers to equitable patient access, particularly for marginalized populations.
- Lack of Incomplete protection for patients in employment, housing, and parental rights contexts.
- Continued DEA oversight, which may impede research expansion (NASEM, 2017; ASA, 2025).

ACNA Position and Recommendations

As a professional organization committed to advancing patient-centered care and healthcare equity, ACNA in alignment with American for Safe Access recommends:

- Adoption of a dedicated Schedule VI classification tailored to cannabis medicine.
- Creation of the Office of Medical Cannabis & Cannabinoid Control to oversee national standards, patient protections, and research facilitation.
- Integration of cannabis nurses into all aspects of policy development, implementation, and healthcare delivery.
- Elimination of IRS 280E tax restrictions to support equitable healthcare business operations.
- Investment in clinical research, workforce development, and public health education related to cannabis therapeutics.
- Implementation of justice reform policies to address past cannabis-related criminalization.

Identified Gaps for Policymaker Consideration

To ensure a holistic and effective cannabis regulatory framework, ACNA urges consideration of the following:

- Development of national educational standards for all healthcare providers regarding cannabis therapeutics.
- Clear guidance for integrating cannabis into existing healthcare delivery models, including hospitals, long-term care, and primary care settings.
- Establishment of safeguards to prevent commercialization from disproportionately influencing medical practice.
- Provisions to ensure affordability and accessibility for economically disadvantaged populations.
- Mechanisms to evaluate long-term public health outcomes and potential unintended consequences of policy changes.
- Strategies to promote diversity, equity, and inclusion within the cannabis healthcare workforce.

Conclusion

Rescheduling of cannabis to a Schedule III represents a significant milestone in U.S. drug policy reform. However, for cannabis to be fully and equitably integrated into healthcare systems with equitable patient protections and evidence-based standards, policymakers must consider regulatory models beyond Schedule III. The Schedule VI framework offers a viable path to address persistent gaps in access, equity, research, and patient safety.

ACNA remains committed to collaborating with stakeholders, healthcare professionals, advocates, and legislators to advance safe, equitable, evidence-based, and patient-centered integration of cannabis medicine into the U.S. healthcare system.

For more information on ACNA's policy work, visit www.cannabisnurses.org.

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