

117TH CONGRESS
2D SESSION

H. R. 6991

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

IN THE HOUSE OF REPRESENTATIVES

MARCH 8, 2022

Mr. MOULTON introduced the following bill; which was referred to the Committee on Veterans' Affairs

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 Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. DEPARTMENT OF VETERANS AFFAIRS POLICY**

4 **ON MEDICINAL CANNABIS.**

5 (a) **POLICY.**—The policy of the Department of Vet-
6 erans Affairs on medicinal cannabis is as follows:

7 (1) Veterans are encouraged to discuss their
8 medicinal cannabis use with their health care pro-
9 viders without fear of negative repercussions.

1 (2) Veterans shall not be denied any benefit
2 under the laws administered by the Secretary of Vet-
3 erans Affairs by reason of cannabis use.

4 (3) The participation of a veteran in a State-
5 legal marijuana program shall not affect the vet-
6 eran's eligibility for care and services furnished by
7 the Department of Veterans Affairs.

8 (4) The use or possession of cannabis is prohib-
9 ited on all Department property and in all Depart-
10 ment facilities pursuant to Federal law, which ap-
11 plies at such locations and not the laws of the State
12 where the property or facility is located.

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

16 (6) The Department of Veterans Affairs ac-
17 knowledges medicinal cannabis use may be a legiti-
18 mate alternative treatment and a Department med-
19 ical provider will not recommend a veteran for drug
20 addiction treatment solely by reason of medicinal
21 cannabis use.

22 (7) Department medical providers are permitted
23 to discuss cannabis use as part of comprehensive
24 care planning and may adjust treatment plans as
25 necessary. Treatment adjustment should be relevant

1 and a veteran should have the freedom to seek a sec-
2 ond opinion if the veteran feels the change is not
3 fair.

4 (8) Department medical providers will annotate
5 a veteran's cannabis use in the medical record of the
6 veteran in order to have the information available in
7 treatment planning. As with all clinical information,
8 this is part of the confidential medical record and
9 protected under patient privacy and confidentiality
10 laws and regulations. Department medical providers
11 will not record that a patient has a marijuana addic-
12 tion problem in their medical record if the patient is
13 responsibly using medicinal cannabis.

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

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

20 (11) Department scientists may conduct re-
21 search on cannabis benefits and risks under regu-
22 latory approval.

23 (12) Department medical providers may not
24 dissuade participation in non-Department medicinal
25 cannabis research.

1 (b) DISSEMINATION OF POLICY.—The Secretary of
2 Veterans Affairs shall disseminate the policy under sub-
3 section (a) widely, including by displaying such policy
4 prominently in all Department of Veterans Affairs hos-
5 pitals and clinics and online.

6 (c) REPEAL IN EVENT OF FEDERAL LEGALIZA-
7 TION.—If the use of medicinal cannabis becomes legal
8 under Federal law, the requirement under subsection
9 (a)(4) shall be repealed.

10 **SEC. 2. SURVEY ON CANNABIS USE BY VETERANS.**

11 (a) IN GENERAL.—The Secretary of Veterans Affairs
12 shall seek to enter into an agreement with a federally
13 funded research and development center to conduct sur-
14 veys nationwide to measure cannabis use by veterans.

15 (b) SELECTION.—The Secretary shall select a feder-
16 ally funded research and development center under sub-
17 section (a) from among such centers that has—

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

20 (A) behavioral health research; and

21 (B) conducting independent evaluations of
22 mental health programs using multidisciplinary
23 methods; and

1 (2) an in-depth knowledge of all State medicinal
2 marijuana programs and the ability to tailor the sur-
3 veys under subsection (a) accordingly.

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

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

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

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

17 (d) MATTERS SURVEYED.—

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

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

24 (B) The conditions, symptoms, or both,
25 that the veteran uses cannabis to treat.

1 (C) The types of cannabis and cannabis
2 products used by the veteran, including with re-
3 spect to—

4 (i) tetrahydrocannabinol or cannabidi-
5 ol content;

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

8 (iii) flower, oils, hash or kief, con-
9 centrates (wax, shatter, budder), edibles,
10 drinks, tinctures, and topical ointments.

11 (D) Other medications taken by the vet-
12 eran concurrently with cannabis and any medi-
13 cations the veteran stopped using because of
14 the use of cannabis.

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

17 (i) the method;

18 (ii) the typical times each day the vet-
19 eran self-administers;

20 (iii) the frequency of different prod-
21 ucts per day and for what condition, symp-
22 tom, or both; and

23 (iv) the amounts per product.

1 (F) The ratings and descriptions of the ef-
2 fectiveness of using cannabis to treat condi-
3 tions, symptoms, or both.

4 (G) Any experiences with side effects.

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

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

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

15 (K) Factors that influence the choice of
16 the veteran for using a chosen product (such as
17 with respect to the levels of tetrahydrocannabi-
18 nol or cannabidiol content, cost, availability,
19 consistency, or strain).

20 (L) Any other matters determined appro-
21 priate.

22 (2) HEALTH CARE PROVIDERS.—The survey de-
23 scribed in subsection (c)(2) shall cover the following
24 subjects:

1 (A) A description of the experience of the
2 health care provider with respect to patents
3 using medicinal cannabis.

4 (B) A description by the health care pro-
5 vider of how medicinal cannabis is changing pa-
6 tients.

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

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

13 (E) Reporting of adverse events.

14 (F) The sources of information used by the
15 health care provider with respect to cannabis
16 products and the medical effectiveness of can-
17 nabis.

18 (G) Any other matters determined appro-
19 priate.

20 (e) REPORT.—Not later than one year after the date
21 of the enactment of this Act, the Secretary shall submit
22 to the Committees on Veterans' Affairs of the Senate and
23 House of Representatives a report on the results of the
24 surveys conducted under this section.

1 **SEC. 3. TRAINING IN USE OF MEDICAL CANNABIS FOR DE-**
2 **PARTMENT OF VETERANS AFFAIRS PRIMARY**
3 **CARE PROVIDERS.**

4 (a) TRAINING.—Not later than one year after the
5 date of the enactment of this Act, the Secretary of Vet-
6 erans Affairs shall provide for all primary care providers
7 of the Department of Veterans Affairs an initial training
8 in the use of medical cannabis. The Secretary shall provide
9 supplemental training as necessary.

10 (b) PARTNERSHIPS WITH MEDICAL SCHOOLS.—In
11 developing and providing the training to be provided under
12 subsection (a), the Secretary shall enter into partnerships
13 with medical schools that have incorporated education on
14 medical cannabis into their curricula.

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