

115TH CONGRESS
2D SESSION

H. R. 6495

To direct the Secretary of Health and Human Services to enter into a 10-year arrangement with the National Academy of Sciences to conduct and update biennially a study on the effects of State legalized marijuana programs, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JULY 24, 2018

Ms. GABBARD (for herself, Mr. CURBELO of Florida, Mr. YOUNG of Alaska, Mr. SOTO, Mr. O'ROURKE, Mr. BLUMENAUER, Mr. ROHRABACHER, Mr. GAETZ, Mr. DEFazio, Ms. NORTON, Ms. TITUS, Mr. CRIST, Mr. GARRETT, Mr. CORREA, Ms. LEE, Mr. POCAN, Mr. CARBAJAL, Mr. QUIGLEY, Ms. JAYAPAL, Ms. HANABUSA, Mr. RASKIN, Mr. POLIS, Ms. SCHAKOWSKY, and Mr. COHEN) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on the Judiciary, and Education and the Workforce, 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 direct the Secretary of Health and Human Services to enter into a 10-year arrangement with the National Academy of Sciences to conduct and update biennially a study on the effects of State legalized marijuana programs, 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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Marijuana Data Col-
3 lection Act”.

4 **SEC. 2. FINDINGS.**

5 Congress finds the following:

6 (1) Nearly two-thirds of Americans—about 64
7 percent—favor marijuana legalization.

8 (2) A total of 31 States, the District of Colum-
9 bia, Puerto Rico, and Guam have legalized mari-
10 juana for medicinal use, and of those, eight States
11 and the District of Columbia have legalized mari-
12 juana for adult non-medicinal use.

13 (3) Despite State legalization, marijuana re-
14 mains illegal under Federal law, listed in schedule I
15 under the Controlled Substances Act.

16 (4) Every day, more Americans die from over-
17 dosing on opioids. In 2016, the Centers for Disease
18 Control and Prevention estimated that more than
19 42,000 Americans died from opioid-related drug
20 overdoses. President Trump has, on two separate oc-
21 casions, declared the opioid crisis as a public health
22 emergency.

23 (5) Studies suggest that increased access to
24 marijuana is associated with reductions in opioid
25 abuse and opioid-related deaths, among other eco-
26 nomic and social benefits:

1 (A) A study published in the Journal of
2 the American Medical Association (JAMA) in
3 2014 that compared mortality rates between
4 States that legalized medical marijuana versus
5 States that have not legalized medical mari-
6 juana found that States that had legalized med-
7 ical marijuana had, on average, 20 percent
8 fewer opioid-related overdose deaths in the first
9 year of legalization compared to States that had
10 not legalized marijuana. This difference wid-
11 ened in subsequent years after legalization.

12 (B) A study published in the American
13 Journal of Public Health in 2017 found that
14 opioid-related deaths tended to decline after the
15 legalization of non-medicinal marijuana for
16 adults in the State of Colorado. This study esti-
17 mated a 6.5 percent reduction in opioid-related
18 deaths compared to pre-legalization.

19 (6) Due to marijuana legalization, States have
20 generated millions in taxes and revenue and have al-
21 located these funds into public health, education,
22 economic development, restorative justice, and job
23 creation, such as—

24 (A) substance use disorder treatment and
25 drug use prevention programs;

- 1 (B) school construction;
- 2 (C) behavioral health programs;
- 3 (D) State alcohol and drug treatments
- 4 funds;
- 5 (E) basic health plans;
- 6 (F) community residential centers;
- 7 (G) youth drug use prevention;
- 8 (H) jail diversion;
- 9 (I) mental health treatment; and
- 10 (J) job creation and placement.

11 (7) A robust and properly regulated marijuana

12 industry wherein States are allowed to operate mari-

13 juana programs free from Federal interference

14 stands to benefit States' public health, education,

15 economic, and law enforcement and judicial sectors.

16 **SEC. 3. REPORT CONCERNING THE EFFECTS OF STATE LE-**

17 **GALIZED MARIJUANA PROGRAMS.**

18 (a) IN GENERAL.—The Secretary of Health and

19 Human Services, in coordination with the Department of

20 Justice, the Department of Labor, and (to the greatest

21 extent possible) with relevant State agencies responsible

22 for health programs and activities in States that have le-

23 galized marijuana for medicinal or non-medicinal use,

24 shall enter into a 10-year arrangement with the National

25 Academy of Sciences—

1 (1) to complete a study, not later than 18
2 months after the date of enactment of this Act, and
3 to update such study on a biennial basis thereafter
4 for the duration of the arrangement period, on the
5 effects of State legalized marijuana programs on the
6 economy, public health, criminal justice, and employ-
7 ment in the respective States;

8 (2) upon the completion of the initial study pur-
9 suant to paragraph (1) and upon each update to the
10 study, to prepare or update a report on the results
11 of such study and submit such report to the Con-
12 gress; and

13 (3) not later than 30 days after the date of sub-
14 mission of the initial report under paragraph (2),
15 develop and publish best practices on data collection
16 under subsection (e).

17 (b) STUDY CONSIDERATIONS.—The study pursuant
18 to subsection (a)(1) shall consider the effects of State le-
19 galized marijuana programs, including yearly rates and
20 trends over the course of the study under such subsection,
21 with respect to the following:

22 (1) REVENUES AND STATE ALLOCATIONS.—

23 (A) The monetary amounts generated
24 through revenues, taxes, and any other financial
25 benefits.

1 (B) The purposes and relative amounts for
2 which these funds were used.

3 (C) The total impact on the State and its
4 budget.

5 (2) MEDICINAL USE OF MARIJUANA.—

6 (A) The rates of medicinal use among dif-
7 ferent population groups, including children, the
8 elderly, veterans, and individuals with disabil-
9 ities.

10 (B) The purpose of such use.

11 (C) Which medical conditions medical
12 marijuana is most frequently purchased and
13 used for.

14 (3) SUBSTANCE USE.—

15 (A) The rates of overdoses with opioids
16 and other painkillers.

17 (B) The rates of admission in health care
18 facilities, emergency rooms, and volunteer treat-
19 ment facilities related to overdoses with opioids
20 and other painkillers.

21 (C) The rates of opioid-related and other
22 painkiller-related crimes to one's self and to the
23 community.

24 (D) The rates of opioid prescriptions and
25 other pain killers.

1 (4) IMPACTS ON CRIMINAL JUSTICE.—

2 (A) The rates of marijuana-related arrests
3 for possession, cultivation, and distribution, and
4 of these arrests, the percentages that involved a
5 secondary charge unrelated to marijuana pos-
6 session, cultivation, or distribution, including—

7 (i) the rates of such arrests on the
8 Federal level, including the number of
9 Federal prisoners so arrested, disaggregat-
10 ed by sex, age, race, and ethnicity of the
11 prisoners; and

12 (ii) the rates of such arrests on the
13 State level, including the number of State
14 prisoners so arrested, disaggregated by
15 sex, age, race, and ethnicity.

16 (B) The rates of arrests and citations on
17 the Federal and State levels related to teenage
18 use of marijuana.

19 (C) The rates of arrests on the Federal
20 and State levels for unlawful driving under the
21 influence of a substance, and the rates of such
22 arrests involving marijuana.

23 (D) The rates of marijuana-related pros-
24 ecutions, court filings, and imprisonments.

1 (E) The total monetary amounts expended
2 for marijuana-related enforcement, arrests,
3 court filings and proceedings, and imprisonment
4 before and after legalization, including Federal
5 expenditures disaggregated according to wheth-
6 er the laws being enforced were Federal or
7 State.

8 (F) The total number and rate of defend-
9 ants in Federal criminal prosecutions asserting
10 as a defense that their conduct was in compli-
11 ance with applicable State law legalizing mari-
12 juana usage, and the effects of such assertions.

13 (5) EMPLOYMENT.—

14 (A) The amount of jobs created in each
15 State, differentiating between direct and indi-
16 rect employment.

17 (B) The amount of jobs expected to be cre-
18 ated in the next 5 years, and in the next 10
19 years, as a result of the State’s marijuana in-
20 dustry.

21 (c) STUDY TIMEFRAME.—The study pursuant to sub-
22 section (a)(1) shall consider the data collected and ana-
23 lyzed in connection with the items listed in subsection (b)
24 in the respective States to the extent possible across the
25 period—

1 (1) beginning 5 years before the effective date
2 of legalization of marijuana in the State; and

3 (2) ending on a date determined by the Na-
4 tional Academy of Sciences to allow collection and
5 analysis of the most recent data available.

6 (d) REPORT CONTENTS.—Reports pursuant to sub-
7 section (a)(2) shall—

8 (1) address both State programs that have le-
9 galized marijuana for medicinal use and those that
10 have legalized marijuana for adult non-medicinal use
11 and to the extent practicable distinguish between
12 such programs and their effects;

13 (2) include a national assessment of average
14 trends across States with such programs in relation
15 to the effects on economy, public health, criminal
16 justice, and employment in the respective States, in-
17 cluding with respect to the items listed in subsection
18 (b); and

19 (3) describe—

20 (A) any barriers that impeded the ability
21 to complete or update aspects of the study re-
22 quired by subsection (a)(1) and how such bar-
23 riers can be overcome for purposes of future
24 studies; and

1 (B) any gaps in the data sought for the
2 study required by subsection (a)(1) and how
3 these gaps can be eliminated or otherwise ad-
4 dressed for purposes of future studies.

5 (e) BEST PRACTICES FOR DATA COLLECTION BY
6 STATES.—The best practices pursuant to subsection
7 (a)(3) shall consist of best practices for the collection by
8 States of the information described in the items listed in
9 subsection (b), including such best practices for improv-
10 ing—

- 11 (1) data collection;
- 12 (2) analytical capacity;
- 13 (3) research integrity; and
- 14 (4) the comparability of data across States.

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