AMERICAN ACADEMY OF
HOSPICE AND PALLIATIVE MEDICINE

Submitted electronically via regulations.gov

July 12, 2024

The Honorable Anne Milgram
Administrator
U.S. Drug Enforcement Administration
8701 Morrissette Drive
Springfield, VA 22152

RE: Schedules of Controlled Substances: Rescheduling of Marijuana [Docket No. DEA-1362]

Dear Administrator Brooks-LaSure:

On behalf of the more than 5,200 members of the American Academy of Hospice and Palliative Medicine (AAHPM), we would like to thank the Drug Enforcement Administration (DEA) for the opportunity to comment on the Rescheduling of Marijuana proposed rule referenced above. AAHPM is the professional organization for physicians specializing in Hospice and Palliative Medicine. Our membership also includes nurses, social workers, spiritual care providers, pharmacists, and other health professionals deeply committed to improving quality of life for the expanding and diverse population of patients facing serious illness, as well as their families and caregivers. Together, we strive to advance the field and ensure that patients across all communities and geographies have access to high-quality, equitable palliative and hospice care.

Rescheduling of Marijuana

The DEA proposes to transfer marijuana from schedule I of the Controlled Substances Act (CSA) to schedule III. ***AAHPM strongly supports DEA's proposal, which reflects available evidence that demonstrates multiple legitimate medical uses for marijuana with accepted safety when furnished under medical supervision.*** As hospice and palliative medicine physicians, our members recognize the benefit that marijuana can provide in managing pain and other symptoms for certain patients with serious illness. Notably, even incremental benefits can be meaningful for patients suffering from these conditions.

We highlight that, if finalized, DEA's proposal would enable more widespread research on the management of and clinical uses for marijuana. As a result, physicians and patients would be able to benefit from more rigorous evidence on appropriate dosing, frequency, and route of administration of marijuana products. Expanded research could also identify additional medical uses and support the development of new pharmaceutical products that may aid in palliation of severe or distressing symptoms. Research could also provide evidence on the risks of marijuana use, including the risk for misuse or abuse as well as on risks of interactions with other medications, most notably with emerging cancer therapies, that could impact patient safety and medication effectiveness.

At the same time, we emphasize that there will be confusion and uncertainty regarding the impact that reclassification will have on how providers can prescribe marijuana and other cannabis-based products. ***AAHPM therefore urges DEA to provide clear guidance that explicitly specifies what products may or may not be prescribed, including to offer training and educational resources for the prescriber community; information on any restrictions or limitations that may apply, including any additional requirements that must be met to prescribe marijuana products, will also be critical.*** In particular, we note the need to distinguish between marijuana – which typically refers to portions of the cannabis plant that can be smoked or consumed in foods – and other products that contain cannabinoids. We also recognize that state laws will impact marijuana prescribing rules, so ***we encourage DEA to work with states to provide additional information on a state-by-state basis to ensure that providers are aware of the specific flexibilities, requirements, and restrictions that apply for prescribing marijuana in their specific states.***

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Thank you again for the opportunity to provide feedback on Rescheduling of Marijuana proposed rule. If you have any questions or requests for additional information, please direct them to Wendy Chill, Director of Health Policy and Government Relations, at wchill@aahpm.org.

Sincerely,

Vicki Jackson, MD, FAAHPM
President