



DOJ Reschedules State-Legal Medical Cannabis to Schedule III Questions and Answers

On April 23, 2026, the U.S. Department of Justice issued a [final order](#) reclassifying state-legal medical cannabis — along with cannabis included in an FDA-approved drug product — to Schedule III. For now, all other cannabis remains Schedule I, alongside heroin. However, acting Attorney General Todd Blanche [announced in a tweet](#) that he is also “[o]rdering a new, expedited hearing with set deadlines, to fully reschedule marijuana.”

While cannabis should not be in *any* schedule, just as alcohol is not, this is a major breakthrough.

At long last, the federal government has also acknowledged that cannabis has medical value, and that it is less harmful than Schedule I and II drugs.

There’s been a lot of confusion about what rescheduling does and doesn’t mean. Here are some answers to questions.

Does rescheduling legalize marijuana for adult-use consumers and businesses under federal law?

No. The April 23 final order does not legalize adult-use cannabis.

Will state-legal medical cannabis patients and businesses be federally legal?

That appears to be the intention of the order, although medical cannabis businesses would need to apply for DEA registrations.

The [order](#) provides, “the Attorney General has determined that incorporating state licensing systems into the federal registration framework represents the most effective and efficient means of achieving the CSA’s objectives with respect to medical marijuana while promoting the medical benefits of marijuana and causing the least disruption for patients and existing state systems. ... ”

It also provides, “the proposed amendments to Part 1301 establish a new registration pathway for state licensed medical marijuana entities seeking federal DEA registration as manufacturers, distributors, and/or dispensers. The regulation creates an expedited review process under which applicants holding state medical marijuana licenses may submit their existing state credentials as conclusive evidence of state-law authorization. The Administrator must grant registration unless doing so would be inconsistent with the public interest under the 21 U.S.C. § 823 factors or with the requirements of the Single Convention.”

Will prescriptions be needed?

It appears not. The order says, “State-authorized medical marijuana certifications or similar documents are sufficient to permit the dispensing of medical marijuana to users, provided they include the user’s name and address, are dated and signed on the day of issuance, and identify the issuing practitioner. Similarly, registrants may rely on state-law labeling, packaging, disposal, and

physical-security requirements in lieu of the otherwise-applicable federal requirements, subject to inclusion of the statutory warning label required by 21 U.S.C. § 825(c).”

Are prohibitionists trying to overturn rescheduling?

Yes. The prohibitionist organization “Smart Approaches to Marijuana” has announced they plan to sue.

Does the public support legalizing medical cannabis?

Yes, by a vast margin. As many Americans [believe medical cannabis should be legal](#) as recognize the [earth is round](#) — about 90%.

What led to this?

[Cannabis has been used as a medicine for thousands of years](#). In 1937, it was prohibited under federal law [over the objections of the American Medical Association](#). For decades, brave patients and loved ones, organizations (including MPP), and legislators have been spearheading state medical cannabis laws. The modern movement was largely the result of [people with AIDS and their networks defying and challenging laws](#) to alleviate wasting and nausea.

After the first modern medical cannabis law passed in 1996, [doctors had to go to court after the federal government threatened to take away their licenses to prescribe](#) if they recommended medical cannabis. [Researchers faced outrageous federal obstacles](#) and delays to conduct clinical trials to prove what thousands of patients already knew from real life experience. Some [patients](#), [cooperatives](#), and [caregivers](#) faced raids and prosecutions.

After decades of advocacy, 40 states — home to 84% of the U.S. population — have medical cannabis laws. The HHS found there are six million Americans using cannabis pursuant to the recommendation of 30,000 health care practitioners in medical cannabis programs, and there is credible evidence to support it. Thanks to all of those who spoke out and researched cannabis despite hurdles, cannabis now has “currently accepted medical use.”

What’s the bottom line?

Rescheduling acknowledges a reality patients have known for millennia — cannabis has medical value. The DOJ’s order appears to also legalize state-legal medical cannabis patients and businesses, although prohibitionists are trying to overturn it in court.

While rescheduling is a huge step forward, Congress and the president also need to *deschedule* and legalize cannabis to harmonize state and federal law and to stop criminalizing adult-use cannabis consumers, along with the businesses and workers who serve them.