Marijuana Policy Project
P.O. Box 77492
Washington, DC 20013
p: (202) 462-5747 • f: (202) 232-0442
info@mpp.org • www.mpp.org

"We change laws."

Sunset Provisions and Medical Cannabis Programs

Some medical cannabis laws sunset in part or in whole at a certain date or upon federal rescheduling. This is unfair to businesses and patients and may result in patients having no access at all — much less to the strain or preparation that works best for them — upon federal rescheduling. Legislators and regulators occasionally do some fine-tuning to programs, but no state has repealed its medical cannabis law. There is no need to have this cloud of uncertainty hanging over patients and businesses.

Sunsets are bad for patients.
The process of patients and loved ones having to trek to their state capitals and plead their case is extremely taxing and can be quite stressful. The legislature should not plan to put patients through that ordeal by including a sunset at a certain date. Patients deserve the dignity of legal protections and safe access to their medicine, and they should also be allowed to rest and focus on healing.

Sunsets are unfair to business.
Medical cannabis businesses sometimes invest in excess of a million dollars in startup costs. Recouping these costs may take years. A sunset based on federal rescheduling could result in the business suddenly losing their investment. This prospect will almost surely deter investment — and thus the variety of options available to patients — and would be grossly unfair to businesses. Similarly, a sunset after a set number of years would result in some businesses not being able to recoup their expenses, and would result in higher prices.

Federal law may explicitly allow state-legal programs.
When federal law changes, it may not simply reschedule cannabis. The CARERS Act — H.R. 1538 and S. 683 — would also remove federal penalties from those operating in compliance with a state medical marijuana laws.

Supply may be very limited, delayed, or nonexistent after scheduling.
A sunset that takes effect once marijuana is rescheduled seems to be based on the assumption that patients will have safe access to medical cannabis through pharmacies at that point. That is not the case. There is no federally legal source of supply for prescription sales. NIDA's marijuana can only be used for research. Even when the DEA eventually issues a license to private companies to produce medical grade marijuana that could be sold for prescription use, it could take several years for a company to obtain FDA approval for its product. Thus, if the state program sunset upon federal rescheduling, patients would lose their developed, statewide system of access for what would start out as no access at all, and what would eventually possibly be a greatly inferior number of options that may not include the strain a given patient needs.

Dispensaries and regulated growers will have important expertise.
Medical cannabis businesses will have staff who have been educated specifically in medical cannabis. Patients will have a relationship with these staffers and businesses and will know the products that work best for them. Patients will benefit from being able to use the same preparations that have given them relief before and from working with the same medical director and staff. Requiring patients to shift to different products from different entities may interfere with their treatment and could set patients back.