that they work together seamlessly to resolve disputes while ensuring spectrum is allocated as efficiently as possible. I strongly urge all my colleagues to support the Spectrum Coordination Act.

Mr. LATTA. Madam Speaker, I yield myself such time as I may consume to close.

First, I thank the chairman of our Energy and Commerce Committee for helping get this bill to the floor. I greatly appreciate his work and leadership, and also for the members' work on this, and also the gentleman from Pennsylvania (Mr. MICHAEL F. DOYLE), as the chair of the Communications and Technology Subcommittee.

As we have heard today, the United States has to retain its leadership in wireless for the years to come, and it really requires the FCC and the NTIA to work together, especially on this MOU, because of the new spectrum management that we have to have out there and the landscape that we have.

Madam Speaker, I urge passage of the legislation, and I yield back the balance of my time.

Mr. PALLONE. Madam Speaker, I would ask bipartisan support for this bill, which will continue the objective of trying to coordinate better between the two agencies, the FCC and the NTIA.

Madam Speaker, I yield back the balance of my time.

Ms. JACKSON LEE. Madam Speaker, I rise in strong support of H.R. 2501, the ''Spectrum Coordination Act'' which requires the National Telecommunications and Information Administration and the Federal Communications Commission to update the Memorandum of Understanding on Spectrum Coordination to improve the process for resolving frequency allocation disputes in shared or adjacent spectrum bands and ensure the efficient use or sharing of spectrum.

The memorandum of understanding formalizes the cooperative relationship between the two agencies to ensure that spectrum policy decisions promote efficient use of spectrum consistent with both the economic interests and national security of the Nation.

Spectrum encompasses a variety of communications, from extremely low frequencies which are used by military submarines to communicate with one another, to extremely high frequencies which allow all of us to use Wi-Fi in our homes and at work.

Spectrum is also critical for air travel, one of the most important industries in the United States and the world. It provides pilots and air traffic controllers the ability to communicate from surface to air, ensuring passenger safety and scheduled arrival at their destinations.

In terms of domestic national security, spectrum is crucial in saving lives. Due to the devastating effects of climate change, we are seeing natural disasters that are more devastating than ever before. The effects of these disasters demand an equally significant response from our first responders, from local police all the way to FEMA.

Thanks to the manipulability of spectrum, we have created dedicated interoperable frequencies for first responders, allowing them to effectively communicate with their counterparts and save more lives.

Madam Speaker, properly designating jurisdiction of spectrum or radio wave oversight is critical in maintaining this country's economic prosperity and national security.

Our society is increasingly relying on technology, and therefore spectrum, every day.

We must update this memorandum to accurately assess and subsequently assign jurisdiction based on the technological advances we have made since the memorandum's last update in 2003.

Since 2003, the Internet has transitioned from a luxury to a commodity, smart phones are mandatory to be able to fully participate in society, and threats to national security have evolved in ways we never thought possible.

In addition, spectrum allocation will even be increasingly important in the distant future.

Astronomers use specialized devices to read radio waves emitted from outer space, allowing us to learn more about the universe and its origins. Just last week The South African Radio Astronomy Observatory released a new image of what it called astronomy's newest mystery: the Odd Radio Circle or ORC.

Astronomers have spotted only a handful of ORCs. They're huge, about a million light-years across which is 16 times bigger than our Milky Way galaxy. Despite this, the ORCs are hard to see. They're visible only at radio wavelengths.

Right now, we don't know what ORCs are or what causes them, but one day we will. The case could be made that when we do know more, it will be objectively critical knowledge because humans are explorers, and space is our next frontier.

Space is the next place we will go, and maybe not in this generation nor the one after that, but one day we will go. Humans will need all the information they can get while exploring the unknown, and all of it will be thanks to radio waves and those who read them and understood them. Their importance truly cannot be understated.

Madam Speaker, I firmly believe these factors make updating this memorandum of the utmost necessity, so I am proud to support the ''Spectrum Coordination Act'' and urge my colleagues to as well.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 2501, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. GOOD of Virginia. Madam Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

Pursuant to clause 8 of rule XX, further proceedings on this motion are postponed.

MEDICAL MARIJUANA RESEARCH ACT

Mr. PALLONE. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 5657) to amend the Controlled Substances Act to make marijuana accessible for use by qualified marijuana researchers for medical purposes, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5657

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Medical Marijuana Research Act''.

SEC. 2. FACILITATING MARIJUANA RESEARCH.

(a) PRODUCTION AND SUPPLY.—The Secretary of Health and Human Services—

(1) until the date on which the Secretary determines that manufacturers and distributors (other than the Federal Government) can ensure a sufficient supply of marijuana (as defined in section 102 of the Controlled Substances Act (21 U.S.C. 802), as amended by section 8) intended for research by qualified marijuana researchers registered pursuant to paragraph (3) of section 303(f) of the Controlled Substances Act (21 U.S.C. 823(f)), as added by section 3, shall—

(A) continue, through grants, contracts, or cooperative agreements, to produce marijuana through the National Institute on Drug Abuse Drug Supply Program;

(B) not later than one year after the date of enactment of this Act, act jointly with the Attorney General of the United States to establish and implement a specialized process for manufacturers and distributors, notwithstanding the registration requirements of section 303 of such Act (21 U.S.C. 823), to supply qualified marijuana researchers with marijuana products—

(i) available through State-authorized marijuana programs; and

(ii) consistent with the guidance issued under subsection (c); and

(C) not later than 60 days after the date of enactment of this Act, jointly convene with the Attorney General a meeting to initiate the development of the specialized process described in subparagraph (B); and

(2) beyond the date specified in paragraph (1), may, at the Secretary's discretion, continue—

(A) through grants, contracts, or cooperative agreements, to so produce marijuana; and

(B) to implement such specialized process.

(b) REQUIREMENT TO VERIFY REGISTRATION.—Before supplying marijuana to any person through the National Institute on Drug Abuse Drug Supply Program or through implementation of the specialized process established under subsection (a)(1)(B), the Secretary of Health and Human Services shall—

(1) require the person to submit documentation demonstrating that the person is a qualified marijuana researcher seeking to conduct research pursuant to section 303(f)(3) of the Controlled Substances Act, as added by subsection (d) of this section, or a manufacturer duly registered under section 303(l) of the Controlled Substances Act, as added by section 3 of this Act; and

(2) not later than 60 days after receipt of such documentation, review such documentation and verify that the marijuana will be used for such research (and for no other purpose authorized pursuant to this Act or the amendments made by this Act).

(c) GUIDANCE ON USE OF STATE-AUTHORIZED MARIJUANA PROGRAMS.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Health and Human Services shall issue guidance related to marijuana from State-authorized marijuana programs for research.

(d) RESEARCH.—Section 303(f) of the Controlled Substances Act (21 U.S.C. 823(f)) is amended—

(1) by redesignating paragraphs (1) through (5) as subparagraphs (A) through (E), respectively;

(2) by striking ''(f) The Attorney General'' and inserting ''(f)(1) The Attorney General'';

(3) by striking ''Registration applications'' and inserting the following:

''(2) Registration applications'';

(4) in paragraph (2), as so designated, by striking ''schedule I'' each place that term appears and inserting ''schedule I, except marijuana,'';

(5) by striking ''Article 7'' and inserting the following:

''(4) Article 7''; and

(6) by inserting before paragraph (4), as so designated, the following:

''(3)(A) The Attorney General shall register the applicant to conduct research with marijuana (including any derivative, extract, preparation, and compound thereof) if, irrespective of whether the applicant is registered pursuant to paragraphs (1) and (2)—

''(i) the applicant meets the requirements for being registered under such paragraphs to dispense, or conduct research with respect to, controlled substances in schedule I, II, III, IV, or V;

''(ii) the applicant is compliant with, and authorized to conduct the activities described in clause (i) under, the laws of the State in which the applicant practices; and

''(iii) in the case of an applicant pursuing clinical research, the applicant's clinical research protocol has been reviewed and authorized to proceed by the Secretary under section 505(i) of the Federal Food, Drug, and Cosmetic Act.

''(B) An applicant registered under subparagraph (A) shall be referred to in this section as a 'qualified marijuana researcher'.

''(C)(i) Not later than 60 days after the date on which the Attorney General receives a complete application for registration under this paragraph, the Attorney General shall approve or deny the application.

''(ii) For purposes of clause (i), an application shall be deemed complete when the applicant has submitted documentation showing that the requirements under subparagraph (A) are satisfied.

''(iii) In the case of a denial under clause (i), the Attorney General shall provide a written explanation of the basis for the denial.

''(D) The Attorney General shall grant an application for registration under this paragraph unless the Attorney General determines that the issuance of the registration would be inconsistent with the public interest. In determining the public interest, the following factors shall be considered:

''(i) The applicant's experience in dispensing, or conducting research with respect to, controlled substances.

''(ii) The applicant's conviction record under Federal or State laws relating to the manufacture, distribution, or dispensing of controlled substances.

''(iii) Compliance with applicable State or local laws relating to controlled substance misuse or diversion.

''(iv) Such other conduct which may threaten the public health and safety.

''(E)(i) A qualified marijuana researcher shall store marijuana to be used in research in a securely locked, substantially constructed cabinet.

''(ii) Except as provided in clause (i), any security measures required by the Attorney General for applicants conducting research with marijuana pursuant to a registration under this paragraph shall be consistent with the security measures for applicants conducting research on other controlled substances in schedule II that have a similar risk of diversion and abuse.

''(F)(i) If the Attorney General grants an application for registration under this paragraph, the applicant may amend or supplement the research protocol and proceed with the research under such amended or supplemented protocol, without additional review or approval by the Attorney General or the Secretary of Health and Human Services if the applicant does not change the type of marijuana (including any derivative, extract, preparation, and compound thereof), the source of the marijuana, or the conditions under which the marijuana is stored, tracked, or administered.

''(ii) If an applicant amends or supplements the research protocol or initiates research on a new research protocol under clause (i), the applicant shall, in order to renew the registration under this paragraph, provide notice to the Attorney General of the amended or supplemented research protocol or any new research protocol in the applicant's renewal materials.

''(iii)(I) If an applicant amends or supplements a research protocol and the amendment or supplement involves a change to the type of marijuana, the source of the marijuana, or conditions under which the marijuana is stored, tracked, or administered, the applicant shall provide notice to the Attorney General not later than 30 days before proceeding on such amended or supplemental research or new research protocol, as the case may be.

''(II) If the Attorney General does not object during the 30-day period following a notification under subclause (I), the applicant may proceed with the amended or supplemental research or new research protocol.

''(iv) The Attorney General may object to an amended or supplemental protocol or a new research protocol under clause (i) or (iii) only if additional security measures are needed to safeguard against diversion or abuse.

''(G) If marijuana is listed on a schedule other than schedule I, the provisions of paragraphs (1), (2), and (4) that apply to research with a controlled substance in the applicable schedule shall apply to research with marijuana or that compound, as applicable, in lieu of the provisions of subparagraphs (A) through (F) of this paragraph.

''(H) Nothing in this paragraph shall be construed as limiting the authority of the Secretary under section 505(i) of the Federal Food, Drug, and Cosmetic Act or over requirements related to research protocols, including changes in—

''(i) the method of administration of marijuana;

''(ii) the dosing of marijuana; and

''(iii) the number of individuals or patients involved in research.''.

SEC. 3. MANUFACTURE AND DISTRIBUTION OF MARIJUANA FOR USE IN LEGITIMATE RESEARCH.

Section 303 of the Controlled Substances Act (21 U.S.C. 823), as amended by section 2, is further amended by adding at the end the following:

''(l) REGISTRATION OF PERSONS TO MANUFACTURE AND DISTRIBUTE MARIJUANA FOR USE IN LEGITIMATE RESEARCH.—

''(1) REGISTRATION OF MANUFACTURERS.—

''(A) IN GENERAL.—Beginning not later than the day that is 1 year after the date of enactment of the Medical Marijuana Research Act, the Attorney General, pursuant to subsection (f)(3) and subject to subparagraph (B) of this paragraph, shall register an applicant to manufacture marijuana (including any derivative, extract, preparation, and compound thereof) that is intended for—

''(i) use by qualified marijuana researchers for research pursuant to subsection (f)(3); or

''(ii) subsequent downstream manufacture by a duly registered manufacturer for use by qualified marijuana researchers for research pursuant to subsection (f)(3).

''(B) PUBLIC INTEREST.—The Attorney General shall register an applicant under subparagraph (A) unless the Attorney General determines that the issuance of such registration is inconsistent with the public interest. In determining the public interest, the Attorney General shall take into consideration—

''(i) maintenance of effective controls against diversion of marijuana and any controlled substance compounded therefrom into other than legitimate medical, scientific, or research channels;

''(ii) compliance with applicable State and local laws relating to controlled substance misuse and diversion;

''(iii) prior conviction record of the applicant under Federal or State laws relating to the manufacture, distribution, or dispensing of such substances; and

''(iv) such other conduct which may threaten the public health and safety.

''(2) REGISTRATION OF DISTRIBUTORS.—

''(A) IN GENERAL.—Beginning not later than the day that is 1 year after the date of enactment of the Medical Marijuana Research Act, the Attorney General shall register an applicant to distribute marijuana (including any derivative, extract, preparation, and compound thereof) that is intended for use by qualified marijuana researchers for research pursuant to subsection (f)(3) or intended for subsequent downstream manufacture by a duly registered manufacturer for use by qualified marijuana researchers for research pursuant to such subsection, unless the Attorney General determines that the issuance of such registration is inconsistent with the public interest.

''(B) PUBLIC INTEREST.—In determining the public interest under subparagraph (A), the Attorney General shall take into consideration—

''(i) the factors specified in clauses (i), (ii), (iii), and (iv) of paragraph (1)(B); and

''(ii) past experience in the distribution of controlled substances, and the existence of effective controls against diversion.

''(3) NO LIMIT ON NUMBER OF MANUFACTURERS AND DISTRIBUTORS.—Notwithstanding any other provision of law, the Attorney General shall not impose or implement any limit on the number of persons eligible to be registered to manufacture or distribute marijuana pursuant to paragraph (1) or (2).

''(4) REQUIREMENT TO VERIFY USE FOR LEGITIMATE RESEARCH.—As a condition of registration under this section to manufacture or distribute marijuana, the Attorney General shall require the registrant—

''(A) to require any person to whom the marijuana will be supplied to submit documentation demonstrating that the marijuana (including any derivative, extract, preparation, and compound thereof) will be used by qualified marijuana researchers for research pursuant to subsection (f)(3) or for subsequent downstream manufacture by a duly registered manufacturer for use by qualified marijuana researchers for research pursuant to such subsection;

''(B) in the case of distribution, to complete, with respect to that distribution, the appropriate order form in accordance with section 308 and to upload such forms to the system used by the Drug Enforcement Administration for such distribution;

''(C) to include in the labeling of any marijuana so manufactured or distributed—

''(i) the following statement: 'This material is for biomedical and scientific research purposes only.'; and

''(ii) the name of the requestor of the marijuana;

''(D) to limit the transfer and sale of any marijuana under this subsection—

''(i) to researchers who are registered under this Act to conduct research with marijuana or to manufacturers duly registered under this subsection; and

''(ii) for purposes of use in preclinical research or in a clinical investigation pursuant to an investigational new drug exemption under 505(i) of the Federal Food, Drug, and Cosmetic Act or for the purposes of further manufacturing of marijuana; and

''(E) to transfer or sell any marijuana manufactured under this subsection only with prior, written consent for the transfer or sale by the Attorney General.

''(5) TIMING.—Not later than 60 days after receipt of a request for registration under this subsection to manufacture or distribute marijuana, the Attorney General shall—

''(A) grant or deny the request; and

''(B) in the case of a denial, provide a written explanation of the basis for the denial.

''(6) DEEMED APPROVAL.—If the Attorney General fails to grant or deny a request for registration under this subsection to manufacture or distribute marijuana within the 60-day period referred to in paragraph (5), such request is deemed approved.''.

SEC. 4. TERMINATION OF INTERDISCIPLINARY REVIEW PROCESS FOR NON-NIH-FUNDED QUALIFIED MARIJUANA RESEARCHERS.

The Secretary of Health and Human Services may not—

(1) reinstate the Public Health Service interdisciplinary review process described in the guidance entitled ''Guidance on Procedures for the Provision of Marijuana for Medical Research'' (issued on May 21, 1999); or

(2) create an additional review of scientific protocols that is only conducted for research on marijuana other than the review of research protocols performed at the request of a qualified marijuana researcher conducting nonhuman research that is not federally funded, in accordance with section 303(f)(3)(A) of the Controlled Substances Act, as added by section 2 of this Act.

SEC. 5. CONSIDERATION OF RESULTS OF RESEARCH.

Immediately upon the approval by the Food and Drug Administration of an application for a drug that contains marijuana (as defined in section 102 of the Controlled Substances Act (21 U.S.C. 802), as amended by section 8 of this Act) under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355), and (irrespective of whether any such approval is granted) not later than the date that is 5 years after the date of enactment of this Act, the Secretary of Health and Human Services shall—

(1) conduct a review of existing medical and other research with respect to marijuana;

(2) submit a report to the Congress on the results of such review; and

(3) include in such report whether, taking into consideration the factors listed in section 201(c) of the Controlled Substances Act (21 U.S.C. 811(c)), as well as any potential for medical benefits, any gaps in research, and any impacts of Federal restrictions and policy on research, marijuana should be transferred to a schedule other than schedule I (if marijuana has not been so transferred already).

SEC. 6. PRODUCTION QUOTAS FOR MARIJUANA GROWN FOR LEGITIMATE, SCIENTIFIC RESEARCH.

Section 306 of the Controlled Substances Act (21 U.S.C. 826) is amended by adding at the end the following:

''(j) The Attorney General may only establish a quota for production of marijuana that is manufactured and distributed in accordance with the Medical Marijuana Research Act that meets the changing medical, scientific, and industrial needs for marijuana.''.

SEC. 7. ARTICLE 28 OF THE SINGLE CONVENTION ON NARCOTIC DRUGS.

Article 28 of the Single Convention on Narcotic Drugs shall not be construed to prohibit, or impose additional restrictions upon, research involving marijuana, or the manufacture, distribution, or dispensing of marijuana, that is conducted in accordance with the Controlled Substances Act (21 U.S.C. 801 et seq.), this Act, and the amendments made by this Act.

SEC. 8. DEFINITIONS.

(a) QUALIFIED MARIJUANA RESEARCHER.—In this Act, the term ''qualified marijuana researcher'' has the meaning given the term in section 303(f)(3) of the Controlled Substances Act, as added by section 2(d) of this Act.

(b) UPDATING TERM.—Section 102(16) of the Controlled Substances Act (21 U.S.C. 802(16)) is amended—

(1) in subparagraph (A), by striking ''the term 'marihuana' means'' and inserting ''the terms 'marihuana' and 'marijuana' mean''; and

(2) in subparagraph (B), by striking ''The term 'marihuana' does not'' and inserting ''The terms 'marihuana' and 'marijuana' do not''.

SEC. 9. DETERMINATION OF BUDGETARY EFFECTS.

The budgetary effects of this Act, for the purpose of complying with the Statutory Pay-As-You-Go Act of 2010, shall be determined by reference to the latest statement titled ''Budgetary Effects of PAYGO Legislation'' for this Act, submitted for printing in the Congressional Record by the Chairman of the House Budget Committee, provided that such statement has been submitted prior to the vote on passage.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Virginia (Mr. GRIFFITH) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 5657.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. PALLONE. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise in support of H.R. 5657, the Medical Marijuana Research Act.

Last week, Congress considered and passed the MORE Act, which effectively removes marijuana from the strictest category of regulation under the Controlled Substances Act. Today, medical marijuana is approved and regulated in 37 States, the District of Columbia, Guam, Puerto Rico, and the U.S. Virgin Islands. These actions highlight the need for increased research about safety and efficacy of the marijuana products being consumed by millions of Americans.

Unfortunately, comprehensive research on marijuana has been regulated in a restrictive, time-consuming way, and the current body of research is not representative of the products available to the average American adult consumer.

H.R. 5657 is a bipartisan bill that streamlines the registration process for scientists seeking to engage in cannabis research. It also maintains the appropriate oversight and control by the Department of Health and Human Services and the Drug Enforcement Administration.

The bill requires HHS and DEA to respond to registration applicants in a timely manner and expands the number of federally approved manufacturers and distributors that can supply marijuana products for research purposes.

The bill also creates a special process to allow State-authorized marijuana to be used for research purposes. This is an important step toward understanding the positive and negative health effects of the products being frequently consumed by people across our country.

The House passed this bill by a voice vote in the 116th Congress. The Senate also passed a similar measure last Congress and did so again by unanimous consent last month.

Madam Speaker, I want to thank Representatives BLUMENAUER, HARRIS, HOLMES NORTON, DINGELL, COHEN, GRIFFITH, LEE, and CASE for their leadership on this issue. I look forward to working with them and our colleagues in the Senate to expand comprehensive cannabis research and protect the health of our constituents.

Madam Speaker, I urge my colleagues to support this bill, and I reserve the balance of my time.

Mr. GRIFFITH. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise today in strong support of H.R. 5657, the Medical Marijuana Research Act.

I first thank Mr. BLUMENAUER, Mr. HARRIS, and, of course, the chairman of the committee, but Mr. HARRIS and Mr. BLUMENAUER are the lead sponsors of this legislation.

Though our long-term goals for marijuana regulation may differ, the three of us share a strong conviction that scientific data should form the basis for policymaking whenever possible. For four Congresses now, we have joined forces to advocate for more research on the use of cannabis products to treat medical conditions.

My belief that medical marijuana probably can be beneficial when used in the proper setting for treatment of certain medical conditions is based largely on anecdotal evidence from constituents and citizens.

Despite the increasing use of cannabis products around the country, there have been very few legitimate, peer-reviewed studies to determine the effects of cannabis on the body, particularly over a long period of time.

This lack of research is due, in large part, to the Federal Government standing in the way. Marijuana's schedule I status makes it extremely difficult for scientists to, one, obtain approval to conduct cannabis research; and, two, obtain a quality product of marijuana to use for that research.

H.R. 5657 addresses both of these issues. It encourages medical marijuana research by establishing a new set of research standards that are specific to cannabis. This will allow cannabis to remain classified as a schedule I substance while increasing access for those who wish to study it.

It also ensures the availability of verified cannabis products necessary for legitimate research by establishing a new registration process. Entities who choose to register and are approved will be able to legally manufacture and distribute marijuana for the purpose of conducting such research.

Madam Speaker, I urge my colleagues to support this bill, and I reserve the balance of my time.

Mr. PALLONE. Madam Speaker, I yield such time as she may consume to the gentlewoman from Michigan (Mrs. DINGELL), who is one of the sponsors of this legislation.

□ 1730

Mrs. DINGELL. Madam Speaker, I rise in support of the Medical Marijuana Research Act, legislation that would modernize Federal rules and procedures to facilitate additional medical research into the impacts of medical marijuana.

We have seen dramatic changes in the legal status of marijuana at the State level, my State included. Sales of recreational marijuana began in my home State of Michigan in 2019, and medical marijuana is now legal in 37 States. However, the Federal framework for conducting marijuana research is decades old and has not kept pace with these changes.

Currently, scientists in the United States looking to conduct research on marijuana must contend with a heavy-handed, duplicative registration and licensure process. Additionally, researchers are limited to using marijuana grown at a single location overseen by the National Institute on Drug Abuse at the University of Mississippi.

Collectively, these outdated, bureaucratic barriers and Federal roadblocks greatly limit our understanding of the health impacts of marijuana and prevent qualified researchers from engaging in further study.

The Medical Marijuana Research Act will modernize the cumbersome process by streamlining marijuana research registration applications. It will also direct FDA to issue guidelines on the production of marijuana and ensure that adequate amounts are available for research.

The legislation also mandates a comprehensive review of the available body of research on marijuana by the Secretary of Health and Human Services 5 years after enactment.

I thank my colleagues, Representatives BLUMENAUER, HARRIS, NORTON, COHEN, GRIFFITH, BARBARA LEE, and CASE, who led this with me to get this legislation passed.

Additionally, I recognize Chairman PALLONE and Ranking Member RODGERS of Washington, as well as the Energy and Commerce Committee staff, for their very thoughtful input and efforts.

Madam Speaker, it is high time we modernize our Nation's Federal regulations to facilitate legitimate medical research into the impacts of marijuana, and I urge my colleagues to support this legislation.

Mr. GRIFFITH. Madam Speaker, I yield to gentleman from Maryland (Mr. HARRIS) as much time as he may consume.

Mr. HARRIS. Madam Speaker, I thank the gentleman from Virginia for yielding me time.

Mr. BLUMENAUER and I have jointly led and sponsored this bill for four Congresses. Although we disagree about recreational marijuana—he supports it; I oppose it—as a physician, I realize that if we are going to have medical marijuana legal, as the gentlewoman from Michigan says, in over three dozen States, we really ought to do research on it to see what it is used for and what it can't be used for because, Madam Speaker, many claims are made about it. Some are legitimate; some are illegitimate.

The American public, if we are to have this product legal in 37 States now, they deserve to know whether it works for what the claims are made.

What this bill does is simple. It makes it easier to do rigorous medical research, the same type of research we expect to be done on any of the drugs that are sold as medicines in this country. That is what this bill does.

It has been a long time coming. I thank the chairman for bringing this bill out. Hopefully, it gets across the finish line in both Houses and goes to the President's desk for signature.

Madam Speaker, the American public deserves to know what medical marijuana is useful for because, again, for anyone who has one of the conditions that it might be useful for, this could be a godsend. For other conditions where it is claimed, it will be found to be not effective, but the American public needs to know.

The Medical Marijuana Research Act is the way to get this done. Modernize our research methods. Bring them up to the scientific standards we use for every other type of medication in this country that is sold as a drug.

Madam Speaker, I support H.R. 5657.

Mr. PALLONE. Madam Speaker, I reserve the balance of my time.

Mr. GRIFFITH. Madam Speaker, I yield myself such time as I may consume.

I would say, Madam Chair, you have heard the comments from both sides of the aisle. We need the research. It is good for the American public to know whether or not this stuff works.

But you hear accounts from citizens that they are having to buy marijuana on the street. Maybe they can get it in some of these States now. But when you are dealing with epilepsy, for example, they have to boil up a tincture to make sure that it has the CBD and some level of THC, but nobody really knows what level of THC is necessary to help with juvenile epilepsy. We just don't know. We have no research.

Parents out there, concerned about the well-being of their children, have turned their children into guinea pigs. Yet, because in many States it is still illegal, and was illegal until just a few years ago, they haven't been able to report their findings to anybody who is working on this in an official sense.

It is time that ends. Let's do research on cannabis. I yield back the balance of my time.

Mr. PALLONE. Madam Speaker, I yield myself such time as I may consume.

Let me agree with my Republican colleague that this is very important because there really hasn't been enough research done on marijuana and the impacts of it.

That is why this bill really needs to pass, and I urge my colleagues, on a bipartisan basis, to support it. I yield back the balance of my time.

Ms. JACKSON LEE. Madam Speaker, I rise in strong support of H.R. 5657, the Medical Marijuana Research Act.

The purpose of this bill is to amend the Controlled Substances Act to make marijuana accessible for use by qualified marijuana researchers for medical purposes, and for other purposes.

This bill establishes new, separate registration requirements to facilitate medical marijuana research.

It will remove the barriers on conducting cannabis research, by allowing scientists to access products from dispensaries that are legally authorized by state law.

Current barriers include the burdensome registration process, redundant protocol reviews, lack of adequate research material, and unnecessarily onerous security requirements.

The act will speed up the process for researchers to apply and get approved to study cannabis.

It will also set clear deadlines on federal agencies to act on their registration applications.

The bill also makes it easier for scientists to modify their research protocols without having to seek federal approval.

It would additionally require that the Drug Enforcement Administration (DEA) license more growers.

With this requirement there would be no limit on the number of additional entities that can be registered to cultivate marijuana for research purposes.

For half a century, researchers have only been able to study marijuana grown at the University of Mississippi, because it is the only federally approved facility.

These researchers have complained that it is difficult to obtain the medical marijuana at the facility, and when they do obtain it, it is low quality.

The medical marijuana that researchers at the University of Mississippi have access to is often compared to industrial hemp, a botanical class of Cannabis sativa that is grown specifically for industrial and medical use.

There are many differences between hemp and marijuana such as:

Hemp is specifically bred to produce plants because of its strong durable fibers, whereas marijuana is bred specifically for its resin properties, which is used for recreational purposes.

Hemp is bred to have less than .03 percent THC. THC is the mood-altering compound in marijuana. Regular marijuana has 1 percent to 30 percent of THC.

The hemp plant produces a high level of CBD oil and low levels of THC resin. Marijuana has a low level of CBD oil, and high levels of THC resin.

In humans, the CBD oil produced by the hemp plant works on the inflammatory systems of the brain which is why some patients say they get relief after using it. Marijuana works on the part of the brain that regulates mood and hunger.

The cannabis that government-authorized institutions typically access is more like hemp than marijuana, and marijuana is what consumers use in the real world.

These researchers need to have access to marijuana and not facility-grown hemp to further our education around the drug.

With this bill, the U.S. Department of Health and Human Services (HHS) and the U.S. attorney general would be required to create a process for marijuana manufacturers and distributors to supply researchers with cannabis from dispensaries.

This will allow researchers to be able to study the recreational marijuana that is being used and sold from state-legal businesses, instead of having to use only government grown cannabis.

Ninety-nine percent of Americans live in a state that has legalized some form of cannabis, yet the federal law is still hindering researchers' ability to study all the full range of health benefits.

Providing researchers with the actual marijuana that consumers are purchasing is the only way to provide the most efficient and relevant results.

We need to stop making researchers jump through regulatory hoops in their efforts to study the medical potential of the plant.

Expanding the marijuana studies will help ensure that Americans have adequate access to these potentially life changing medicines and treatments.

There are about 4 million registered cannabis patients in the United States, and likely millions more are self-medicating.

The United States leads the world in biomedical research yet research on cannabis, a drug that many of our citizens benefit from and are already using, lags far behind.

Limiting the resources for this research will leave patients, health care professionals, and policy makers without the evidence needed to make sound decisions about the use of marijuana.

I ask my colleagues to join me in voting for H.R. 5657 because providing the resources for this research could make the difference in millions of lives.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 5657, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. GOOD of Virginia. Madam Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

Pursuant to clause 8 of rule XX, further proceedings on this motion are postponed.

CONSENSUS CALENDAR

The Speaker pro tempore. The Chair announces the Speaker's designation, pursuant to clause 7(a)(1) of rule XV, of H.R. 1916 as the measure on the Consensus Calendar to be considered this week.

ENSURING LASTING SMILES ACT

Ms. ESHOO. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 1916) to provide health insurance benefits for outpatient and inpatient items and services related to the diagnosis and treatment of a congenital anomaly or birth defect, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1916

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Ensuring Lasting Smiles Act''.

SEC. 2. COVERAGE OF CONGENITAL ANOMALY OR BIRTH DEFECT.

(a) PUBLIC HEALTH SERVICE ACT AMENDMENTS.—Part D of title XXVII of the Public Health Service Act (42 U.S.C. 300gg–111 et seq.) is amended by adding at the end the following new section:

''SEC. 2799A–11. STANDARDS RELATING TO BENEFITS FOR CONGENITAL ANOMALY OR BIRTH DEFECT.

''(a) REQUIREMENTS FOR CARE AND RECONSTRUCTIVE TREATMENT.—

''(1) IN GENERAL.—A group health plan, and a health insurance issuer offering group or individual health insurance coverage, shall provide coverage for outpatient and inpatient items and services related to the diagnosis and treatment of a congenital anomaly or birth defect.

''(2) REQUIREMENTS.—

''(A) IN GENERAL.—Coverage provided under paragraph (1) shall include any medically necessary item or service to functionally improve, repair, or restore any body part to achieve normal body functioning or appearance, as determined by the treating physician (as defined in section 1861(r) of the Social Security Act), due to congenital anomaly or birth defect.

''(B) FINANCIAL REQUIREMENTS AND TREATMENT REQUIREMENTS.—Any coverage provided under paragraph (1) under a group health plan or individual or group health insurance coverage offered by a health insurance issuer may be subject to coverage limits (such as medical necessity, pre-authorization, or precertification) and cost-sharing requirements (such as coinsurance, copayments, and deductibles), as required by the plan or issuer, that are no more restrictive than the predominant coverage limits and cost-sharing requirements, respectively, applied to substantially all medical and surgical benefits covered by the plan (or coverage).

''(3) TREATMENT DEFINED.—In this section:

''(A) IN GENERAL.—Except as provided in subparagraph (B), the term 'treatment' includes, with respect to a group health plan or group or individual health insurance coverage offered by a health insurance issuer, inpatient and outpatient items and services performed to improve, repair, or restore bodily function (or performed to approximate a normal appearance), due to a congenital anomaly or birth defect, and includes treatment to any and all missing or abnormal body parts (including teeth, the oral cavity, and their associated structures) that would otherwise be provided under the plan or coverage for any other injury or sickness, including—

''(i) any items or services, including inpatient and outpatient care, reconstructive services and procedures, and complications thereof;

''(ii) adjunctive dental, orthodontic, or prosthodontic support from birth until the medical or surgical treatment of the defect or anomaly has been completed, including ongoing or subsequent treatment required to maintain function or approximate a normal appearance;

''(iii) procedures that materially improve, repair, or restore bodily function; and

''(iv) procedures for secondary conditions and follow-up treatment associated with the underlying congenital anomaly or birth defect.

''(B) EXCEPTION.—The term 'treatment' shall not include cosmetic surgery performed to reshape normal structures of the body to improve appearance or self-esteem.

''(b) NOTICE.—Not later than one year after the date of the enactment of this section and annually thereafter, a group health plan, and a health insurance issuer offering group or individual health insurance coverage, shall, in accordance with regulations or guidance issued by the Secretary, provide to each enrollee under such plan or coverage a written description of the terms of this section. Such description shall be in language which is understandable to the typical enrollee.''.

(b) ERISA AMENDMENTS.—

(1) IN GENERAL.—Subpart B of part 7 of subtitle B of title I of the Employee Retirement Income Security Act of 1974 is amended by adding at the end the following:

''SEC. 726. STANDARDS RELATING TO BENEFITS FOR CONGENITAL ANOMALY OR BIRTH DEFECT.

''(a) REQUIREMENTS FOR CARE AND RECONSTRUCTIVE TREATMENT.—

''(1) IN GENERAL.—A group health plan, and a health insurance issuer offering group health insurance coverage, shall provide coverage for outpatient and inpatient items and services related to the diagnosis and treatment of a congenital anomaly or birth defect.

''(2) REQUIREMENTS.—

''(A) IN GENERAL.—Coverage provided under paragraph (1) shall include any medically necessary item or service to functionally improve, repair, or restore any body part to achieve normal body functioning or appearance, as determined by the treating physician (as defined in section 1861(r) of the Social Security Act), due to congenital anomaly or birth defect.

''(B) FINANCIAL REQUIREMENTS AND TREATMENT REQUIREMENTS.—Any coverage provided under paragraph (1) under a group health plan or group health insurance coverage offered by a health insurance issuer may be subject to coverage limits (such as medical necessity, pre-authorization, or pre-certification) and cost-sharing requirements (such as coinsurance, copayments, and deductibles), as required by the plan or issuer, that are no more restrictive than the predominant coverage limits and cost-sharing requirements, respectively, applied to substantially all medical and surgical benefits covered by the plan (or coverage).