

117TH CONGRESS  
1ST SESSION

# H. R. 3043

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.

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## IN THE HOUSE OF REPRESENTATIVES

MAY 7, 2021

Ms. GARCIA of Texas (for herself and Mr. YOUNG) 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 Labor, 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

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## 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,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Marijuana Data Col-  
5 lection Act”.

1 **SEC. 2. FINDINGS.**

2 Congress finds the following:

3 (1) Nearly two-thirds of Americans—about 68  
4 percent—favor marijuana legalization.

5 (2) A total of 33 States, the District of Colum-  
6 bia, Puerto Rico, and Guam have legalized mari-  
7 juana for medicinal use, and of those, 10 States and  
8 the District of Columbia have legalized marijuana  
9 for adult non-medicinal use.

10 (3) Despite State legalization, marijuana re-  
11 mains illegal under Federal law, listed in schedule I  
12 under the Controlled Substances Act (21 U.S.C. 801  
13 et seq.).

14 (4) Every day, more Americans die from over-  
15 dosing on opioids. In 2016, the Centers for Disease  
16 Control and Prevention estimated that more than  
17 42,000 Americans died from opioid-related drug  
18 overdoses. President Trump has, on 2 separate occa-  
19 sions, declared the opioid crisis as a public health  
20 emergency.

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

25 (A) A study published in the Journal of  
26 the American Medical Association (JAMA) in

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

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

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

22           (A) substance use disorder treatment and  
23           drug use prevention programs;

24           (B) school construction;

25           (C) behavioral health programs;

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

9 (7) A robust and properly regulated marijuana  
10 industry wherein States are allowed to operate mari-  
11 juana programs free from Federal interference  
12 stands to benefit States' public health, education,  
13 economic, and law enforcement and judicial sectors.

14 **SEC. 3. REPORT CONCERNING THE EFFECTS OF STATE LE-**  
15 **GALIZED MARIJUANA PROGRAMS.**

16 (a) IN GENERAL.—The Secretary of Health and  
17 Human Services, in coordination with the Attorney Gen-  
18 eral, the Secretary of Labor, and (to the greatest extent  
19 possible) with relevant State agencies responsible for  
20 health programs and activities in States that have legal-  
21 ized marijuana for medicinal or non-medicinal use, shall  
22 enter into a 10-year arrangement with the National Acad-  
23 emy of Sciences—

- 24 (1) to complete a study, not later than 18  
25 months after the date of enactment of this Act, and

1 to update such study on a biennial basis thereafter  
2 for the duration of the arrangement period, on the  
3 effects of State legalized marijuana programs on the  
4 economy, public health, criminal justice, and employ-  
5 ment in the respective States;

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

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

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

20 (1) REVENUES AND STATE ALLOCATIONS.—

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

24 (B) The purposes and relative amounts for  
25 which such funds were used.

1 (C) The total impact on the State and its  
2 budget.

3 (2) MEDICINAL USE OF MARIJUANA.—

4 (A) The rates of medicinal use of mari-  
5 juana among different population groups, in-  
6 cluding children, the elderly, veterans, and indi-  
7 viduals with disabilities.

8 (B) The purpose of such use.

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

12 (3) SUBSTANCE USE.—

13 (A) The rates of overdoses with opioids  
14 and other painkillers.

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

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

22 (D) The rates of opioid prescriptions and  
23 other pain killers.

24 (4) IMPACTS ON CRIMINAL JUSTICE.—

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

6 (i) the rates of such arrests on the  
7 Federal level, including the number of  
8 Federal prisoners so arrested,  
9 disaggregated by sex, age, race, and eth-  
10 nicity of the prisoners; and

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

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

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

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

24 (E) The total monetary amounts expended  
25 for marijuana-related enforcement, arrests,

1 court filings and proceedings, and imprisonment  
2 before and after legalization, including Federal  
3 expenditures disaggregated according to wheth-  
4 er the laws being enforced were Federal or  
5 State.

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

11 (5) EMPLOYMENT.—

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

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

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

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



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

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

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

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

17          (3) describe—

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

23                 (B) any gaps in the data sought for the  
24                 study required by subsection (a)(1) and how

1           these gaps can be eliminated or otherwise ad-  
2           dressed for purposes of future studies.

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

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

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