

**ACCESS TO VHA CLINICAL PROGRAMS FOR VETERANS PARTICIPATING IN
STATE-APPROVED MARIJUANA PROGRAMS**

1. SUMMARY OF MAJOR CHANGES: This directive:

- a. Updates roles, titles and responsibilities for the Assistant Under Secretary for Health for Patient Care Services and Assistant Under Secretary for Health for Operations and adds responsibilities for the Executive Director, Health Solutions and Department of Veterans Affairs (VA) health care provider (see paragraph 2).
- b. Removes responsibilities for the Chief Consultant, Population Health Services.
- c. Clarifies definition of marijuana to account for updates in 21 U.S.C. § 802(16) as a result of section 12619 of the Agriculture Improvement Act of 2018 (P.L. 114-334).

2. RELATED ISSUES: None.

3. POLICY OWNER: Clinical Services (11CS) is responsible for the content of this directive. Questions may be referred to Clinical Services at vha11clinicalservicesaction@va.gov. **NOTE:** *As of August 2024, this policy has transferred ownership to VHA Clinical Services from VHA Patient Care Services.*

4. RESCISSIONS: VHA Directive 1315, Access to VHA Clinical Programs for Veterans Participating in State-Approved Marijuana Programs, dated December 8, 2017, is rescinded.

5. RECERTIFICATION: This Veterans Health Administration (VHA) directive is scheduled for recertification on or before the last working day of July 2028. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

6. IMPLEMENTATION SCHEDULE: This directive is effective upon publication.

**BY DIRECTION OF THE OFFICE OF
THE UNDER SECRETARY FOR HEALTH:**

/s/ M. Christopher Saslo
DNS, ARNP-BC, FAANP
Assistant Under Secretary for Health
for Patient Care Services/CNO

July 28, 2023

VHA DIRECTIVE 1315

NOTE: All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.

DISTRIBUTION: Emailed to the VHA Publications Distribution List on July 31, 2023.

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1. POLICY

It is Veterans Health Administration (VHA) policy that Department of Veteran Affairs (VA) health care providers discuss relevant clinical information regarding marijuana use with Veterans who request information about marijuana or report marijuana use and document this information in the Veteran's electronic health record (EHR). **NOTE:** *Clinical treatment decisions based on marijuana use must be made on a case-by-case basis based on concerns regarding Veteran health and safety. Veterans must not be denied VHA services solely because they are participating in a State-approved marijuana program or because they acknowledge use of marijuana. To comply with Federal laws such as the Controlled Substances Act (21 U.S.C. § 801 et. seq.), VA health care providers are prohibited from recommending, making referrals to, completing forms or registering Veterans for participation in a State-approved marijuana program.* **AUTHORITY:** 38 U.S.C. § 7301(b).

2. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring VHA compliance with this directive.

b. **Assistant Under Secretary for Health for Patient Care Services.** The Assistant Under Secretary for Health for Patient Care Services is responsible for supporting Health Solutions with implementation and oversight of this directive.

c. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Services Networks (VISNs).

(2) Assisting VISN Directors to resolve implementation and compliance challenges in all VA medical facilities within that VISN.

(3) Providing oversight of VISNs to ensure compliance with this directive and its effectiveness.

(4) Ensuring that all VISN Directors and VA medical facility Directors are aware that VA health care providers may assess Veteran use of marijuana but that they are prohibited from recommending, making referrals to, completing forms or registering Veterans for participation in State-approved marijuana programs.

d. **Executive Director, Health Solutions.** The Executive Director, Health Solutions is responsible for providing oversight for the VISN and VA medical facility compliance with this directive and ensuring corrective action is taken when non-compliance is identified.

e. **Veterans Integrated Service Network Director.** The VISN Director is responsible for:

(1) Ensuring that all VA medical facilities within the VISN comply with this directive and informing leadership when barriers to compliance are identified.

(2) Communicating to VA medical facility Directors that VA health care providers may assess Veteran use of marijuana but are prohibited from recommending, making referrals to, completing forms or registering Veterans for participation in State-approved marijuana programs.

f. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

(1) Ensuring overall VA medical facility compliance with this directive and that appropriate corrective action is taken if non-compliance is identified.

(2) Ensuring VA health care providers discuss relevant clinical information regarding marijuana with each Veteran who requests information about marijuana or reports marijuana use and document this discussion in the Veteran's EHR.

(3) Ensuring VA medical facility staff are aware of the prohibition on recommending, making referrals to, completing forms or registering Veterans for participation in State-approved marijuana programs.

(4) Ensuring that if a Veteran presents an authorization for marijuana to a VA health care provider, the Veteran is made aware that the VA medical facility will not provide marijuana to the Veteran, including payment or reimbursement for marijuana to be provided to the Veteran.

(5) Ensuring VA medical facility staff are aware, and inform VA patients, that possession of marijuana while on VA medical facility property, including that obtained from a State-approved marijuana program, is a violation of 38 C.F.R. § 1.218(a)(7) and subject to prosecution under the Controlled Substances Act, 21 U.S.C. § 844.

(6) Ensuring that if a Veteran reports marijuana use or participation in a State-approved marijuana program to a member of the clinical staff, that information is documented in the Veteran's EHR and considered in the development or modification of the treatment plan on a case-by-case basis based on concerns regarding Veteran health and safety.

g. **VA Health Care Provider.** The VA health care provider is responsible for, if a Veteran reports marijuana use or participation in a State-approved marijuana program, discussing relevant clinical information regarding marijuana with the Veteran and documenting this information in the Veteran's EHR. This includes discussing how their use of marijuana may relate to other clinical activities such as how marijuana may interact with other medications the Veteran is taking, or how the use of marijuana may impact other aspects of care such as pain management and

treatment of mental health disorders, including but not limited to post-traumatic stress disorder, or substance use disorder treatment.

3. TRAINING

There are no formal training requirements associated with this directive. A VA factsheet is available at: <https://www.publichealth.va.gov/marijuana.asp>.

4. RECORDS MANAGEMENT

All records regardless of format (e.g., paper, electronic, electronic systems) created by this directive must be managed as required by the National Archives and Records Administration (NARA) approved records schedules found in VHA Records Control Schedule 10-1. Questions regarding any aspect of records management should be addressed to the appropriate Records Officer.

5. DEFINITIONS

a. **Controlled Substances Act.** The Controlled Substances Act (21 U.S.C. § 801 et seq.) places all substances which are in some manner regulated under existing Federal law into one of five schedules based on their medical use, potential for abuse and safety or dependency liability. Schedule I includes drugs or other substances with a high potential for abuse, without a currently accepted medical use in the United States and lacking accepted safety for use under medical supervision. Marijuana is classified as a Schedule I drug.

b. **Marijuana.** For purposes of this directive, marijuana is all parts of the plant *Cannabis sativa* L., whether growing or not; the seeds thereof; the resin extracted from any part of such plant; and every compound, manufacture, salt, derivative, mixture or preparation of such plant, its seeds or resin. This term does not include:

(1) Hemp, defined as the plant *Cannabis sativa* L. and any part of that plant, including the seeds thereof and all derivatives, extracts, cannabinoids, isomers, acids, salts, and salts of isomers, whether growing or not, with a delta-9 tetrahydrocannabinol (THC) concentration of not more than 0.3% on a dry weight basis.

(2) The mature stalks of such plant, fiber produced from such stalks, oil or cake made from the seeds of such plant, any other compound, manufacture, salt, derivative, mixture or preparation of such mature stalks (except the resin extracted therefrom), fiber, oil or cake or the sterilized seed of such plant which is incapable of germination.

6. REFERENCES

- a. 7 U.S.C. § 1639o.
- b. 21 U.S.C. §§ 801 et seq.
- c. 38 C.F.R. § 1.218(a)(7).

d. VA Public Health, VA and Marijuana – What Veterans Need to Know.
<https://www.publichealth.va.gov/marijuana.asp>.