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Trump’s Marijuana Rescheduling Could Finally Break the Logjam on Cannabis Research

Trump’s Marijuana Rescheduling Could Unlock Long-Stalled Cannabis Research—But Barriers Remain

For decades, U.S. cannabis research has operated under severe constraints. Scientists seeking to understand how marijuana actually affects the human body have largely been forced into one of two imperfect paths: relying on survey-based, self-reported data from cannabis users, or navigating a complex federal approval process to study “research-grade” marijuana that bears little resemblance to the products sold in licensed dispensaries across nearly 40 states.

That structural disconnect has long limited the quality, credibility, and applicability of cannabis science in the United States. Now, federal marijuana rescheduling under President Donald Trump could fundamentally change that dynamic—potentially ending decades of stalled or compromised research.

Why Cannabis Research Has Been So Limited

Under marijuana’s former Schedule I status, researchers faced extraordinary hurdles. Accessing federally approved cannabis often meant working with products that were low-potency, inconsistent, and outdated compared to modern high-THC flower, vape cartridges, edibles, and functional cannabinoid blends widely available in state-legal markets.

As a result, much of what policymakers and regulators knew about cannabis came from observational data—particularly surveys and state-level medical cannabis reports—rather than controlled clinical trials using real-world products.

Ironically, it was this same body of survey-driven evidence that led the U.S. Department of Health and Human Services (HHS) in August 2023 to conclude that cannabis has a “currently accepted medical use” in the United States. That finding became the foundation for both the Biden administration’s proposed rescheduling rule and Trump’s December 18 executive order directing marijuana’s move to Schedule III.

What Rescheduling Changes for Researchers

Rescheduling marijuana to Schedule III does not legalize cannabis at the federal level, but it dramatically alters the research landscape. Scientists will no longer be confined to studying proxy substances or outdated formulations. Instead, they can begin evaluating how today’s commercially available products—such as high-THC vaporizers, low-dose functional blends, and novel delivery systems—affect patients in controlled, clinically relevant settings.

As one researcher recently explained, the shift allows for “meaningful clinical trial–type research using actual marijuana products that Americans are using.” That distinction is critical for public health, consumer

safety, and evidence-based regulation.

From a risk-management perspective, improved research clarity could influence everything from product labeling standards and impairment thresholds to insurance underwriting and workplace safety rules.

Can Cannabis Research Compete With Big Pharma?

Even with rescheduling, cannabis research still faces economic realities. Developing FDA-approved therapies is a costly, multi-year process traditionally dominated by pharmaceutical companies with access to deep capital and federal research support.

However, rescheduling may help narrow that gap. Removing marijuana from Schedule I reduces institutional stigma and regulatory risk, making federally funded universities, hospitals, and research centers more willing to engage with cannabis studies. At the same time, the elimination of IRS Code 280E could free up capital within the cannabis industry itself—allowing operators to reinvest profits into research, development, and clinical trials.

Trump's executive order also signals federal interest in expanding cannabinoid research. The directive instructs top health officials to develop research models using real-world evidence, particularly related to hemp-derived cannabinoids and consumer access. While details remain limited, the order suggests that cannabis research may finally receive coordinated federal attention.

The Red Tape That Still Remains

Despite rescheduling, not all barriers disappear. A cannabis research law signed in late 2022—the Medical Marijuana and Cannabidiol Research Expansion Act—still imposes cannabis-specific requirements that apply regardless of marijuana's scheduling status.

Some anti-cannabis groups have argued that these provisions will continue to slow research. In practice, however, researchers and legal experts suggest the law has already had limited impact.

"The law was intended to streamline cannabis research, but its real-world effect has been modest," said Chad Johnson, an assistant professor of pharmaceutical sciences at the University of Maryland School of Pharmacy. While rescheduling does not automatically override the statute, Johnson noted that moving marijuana to Schedule III is likely to reduce institutional hesitation and encourage more funding and participation.

Legal experts agree that if research continues to lag despite rescheduling, Congress may face pressure to revisit and modernize the statute to align with the new regulatory reality.

What This Means for Risk Management and Policy

From a cannabis risk-management standpoint, the implications are significant. More rigorous research using real-world products could:

- Improve product safety standards and dosing guidance
- Clarify impairment and workplace risk thresholds
- Inform insurance underwriting and liability assessments
- Support evidence-based regulation at both the state and federal levels.

Rescheduling alone will not instantly transform cannabis science, but it removes one of the largest structural obstacles researchers have faced for decades. Whether the industry, regulators, and Congress move quickly

enough to capitalize on that opportunity remains an open question.

What is clear is that cannabis research in the U.S. is entering a new phase—one that could finally replace anecdote and approximation with data, clarity, and credible science.

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