

Did Trump Accidentally Legalize Medical Cannabis in SC?

Federal Cannabis Rescheduling Sparks Confusion as States React Cautiously to New Schedule III Status and Tennessee Moves to Preserve Prohibition

U.S. Department of Justice Final Order Reclassifies Medical Marijuana as Schedule III Under Federal Controlled Substances Act

The U.S. Department of Justice on Thursday issued a final order reclassifying medical marijuana as a Schedule III substance, formally completing a process initiated after a December directive from President Donald Trump. The move marks one of the most significant federal shifts in cannabis policy in decades, officially recognizing marijuana as a medical substance under federal law.

The decision places cannabis in the same scheduling category as certain prescription medications, signaling a partial departure from its longstanding classification as a Schedule I drug, which previously defined it as having no accepted medical use.

However, despite the federal reclassification, the immediate impact on state laws remains uncertain—and in some cases, states are actively moving to prevent alignment with Washington’s new position.

Tennessee Governor Bill Lee Signs Law Blocking Automatic Alignment With Federal Cannabis Reclassification

On the same day the federal government reclassified cannabis, Tennessee Republican Governor Bill Lee signed legislation designed to prevent automatic changes to state drug policy that would otherwise follow federal scheduling updates.

The move effectively ensures that Tennessee will maintain its prohibition-based approach to cannabis, even as federal law now recognizes its medical use.

The timing drew attention from lawmakers and advocates who saw it as a direct countermeasure to federal reform.

“Shockingly, President Trump is before Tennessee on this issue,” said state Sen. London Lamar in comments to Nashville-based WKRN.

Tennessee’s decision highlights a growing divide between federal policy evolution and state-level resistance, particularly in states without comprehensive medical or adult-use cannabis programs.

State Governments Respond Cautiously Amid Uncertainty Over Federal Cannabis Reform and Its Regulatory Consequences

Across the country, state regulators are reacting cautiously to the federal rescheduling, emphasizing that while federal classification has changed, state cannabis laws remain fully intact unless amended by local legislatures.

This cautious approach reflects broader uncertainty about how Schedule III status will affect key regulatory areas, including interstate commerce, pharmaceutical research, taxation, and banking access.

Officials in multiple states have stated that they are reviewing the implications but are not rushing to implement changes.

The lack of immediate action underscores a broader theme: while federal policy is shifting, cannabis regulation in the United States remains primarily state-driven.

South Carolina's Decades-Old Controlled Substances Law Could Become a Legal Trigger for Medical Cannabis Reform

In South Carolina, the federal rescheduling has raised questions about whether an obscure state law could suddenly become relevant.

According to reporting from the *Charleston Post and Courier*, the state's Controlled Substances Therapeutic Research Act of 1980 may now provide a legal framework for medical cannabis access.

The law authorizes a therapeutic research program allowing regulated distribution of marijuana to patients suffering from conditions such as cancer and glaucoma, primarily to alleviate symptoms associated with treatment.

The statute also directs state health authorities to develop regulatory guidelines in coordination with federal agencies, including the U.S. Department of Justice, the Food and Drug Administration, and the National Institutes of Health.

Despite this potential legal pathway, state health officials have not yet committed to action.

“The Department of Public Health is aware of the proposed rescheduling of medical marijuana from Schedule I to Schedule III under the Controlled Substances Act,” the agency said in a statement. “We are assessing the impacts to DPH and the state of South Carolina,” according to *The Post and Courier*.

Stalled Legislative Efforts in South Carolina Leave Medical Marijuana Reform in Uncertainty Despite Federal Policy Shift

Even before the federal rescheduling announcement, efforts to legalize medical cannabis in South Carolina had repeatedly failed in the state legislature.

Although some bipartisan support has existed—particularly in the state Senate—comprehensive reform has not advanced to final passage.

State Sen. Tom Davis, a longtime advocate for medical marijuana legislation, reportedly chose not to introduce a bill this year, signaling diminishing momentum within the legislative session.

With limited time remaining in the current legislative calendar, observers say it is unlikely that lawmakers will take immediate action in response to federal changes.

This leaves South Carolina in a regulatory holding pattern, where federal recognition does not automatically translate into state-level access.

State Cannabis Regulators Emphasize Continuity of Existing Laws Despite Federal Schedule III Classification

In more established cannabis markets, regulators are advising businesses to continue operating under current state frameworks, noting that federal rescheduling does not override state law.

California regulators, for example, stated they are reviewing the federal order while maintaining that existing state regulations remain unchanged.

They added that while the policy shift may eventually provide benefits—such as potential relief from federal tax burdens under Section 280E and improved conditions for medical research—it does not immediately alter enforcement, licensing, or interstate commerce rules.

Why Federal Cannabis Rescheduling Does Not Immediately Legalize Interstate Commerce or Expand Banking Access

Despite widespread speculation, experts and regulators emphasize that moving cannabis to Schedule III does not automatically legalize interstate cannabis trade, nor does it resolve long-standing financial and banking restrictions affecting the industry.

Cannabis businesses must still comply with state-specific laws, which continue to govern production, distribution, and sales.

Additionally, federal financial regulations remain largely unchanged, meaning access to traditional banking and institutional investment continues to be limited.

As a result, while the rescheduling represents a significant symbolic and regulatory milestone, its practical effects are expected to unfold gradually rather than immediately transforming the industry.

A Patchwork Future for Cannabis Policy as States Navigate Between Federal Reform and Local Control

The federal government's decision to reclassify marijuana marks a turning point in U.S. drug policy, but the response from states underscores a familiar reality: cannabis regulation remains deeply fragmented.

Some states are exploring how to adapt to the new federal classification, while others like Tennessee are taking steps to explicitly maintain prohibition.

Meanwhile, states without comprehensive medical cannabis programs, such as South Carolina, are left evaluating whether existing statutes or new legislation will define their next steps.

As federal and state systems continue to diverge in their timelines and priorities, the cannabis industry is entering a new phase defined less by uniform reform and more by regulatory complexity and regional variation.

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