



Impact of Trump Executive Order 14370

Trump's executive order did not legalize marijuana or immediately reschedule all cannabis. The major practical development was the action by the Justice Department as a result of the Executive Order in April 2026, when the Justice Department moved qualifying state-regulated medical marijuana and FDA-approved marijuana products into Schedule III for enforcement decisions.

What the executive order did

Trump signed Executive Order 14370, "**Increasing Medical Marijuana and Cannabidiol Research**," on December 18, 2025. It directed the attorney general to complete the Schedule III rulemaking process for medical marijuana as quickly as federal law permits. It also directed federal officials to expand research on marijuana and CBD and work with Congress on the legal framework for certain hemp-derived cannabinoid products.

There are two separate steps to understand:

Action	Effect
December 2025 executive order	Directed federal agencies to accelerate rescheduling; it was not itself the final scheduling rule.
April 2026 Justice Department action	Placed FDA-approved marijuana products and marijuana subject to qualifying state medical-marijuana licenses in Schedule III , while starting a separate hearing process for broader rescheduling.
Current broader proceeding	The hearing has concluded testimony, but broader marijuana rescheduling remains under consideration. Recreational marijuana is not covered by the medical-only change.

Main practical impacts

1. Federal recognition of medical use

Schedule I classification means a substance has no currently accepted medical use under federal controlled-substance law. **Schedule III recognizes an accepted medical use** and a lower abuse potential than Schedule I or II, while retaining controls because

dependence and misuse remain possible. This is a significant change in marijuana's federal medical status, not a declaration that it is harmless.

2. Potentially substantial tax relief for medical-marijuana businesses

Internal Revenue Code Section 280E prevents businesses trafficking in Schedule I or II substances from deducting otherwise ordinary business expenses. Moving qualifying marijuana activity to Schedule III removes the scheduling basis for that restriction, potentially allowing deductions for expenses such as payroll and rent for sales related to medical use.

The important limitation is that the current change covers qualifying medical marijuana, not recreational cannabis. Businesses with mixed activities need to distinguish which operations qualify.

3. Better opportunities for research

The Executive Order's central objective is to reduce barriers to studying marijuana's medical benefits, risks, dosing, interactions, and long-term effects. Schedule III status can make research easier, but it does not eliminate federal research requirements or substitute for clinical evidence.

4. No automatic FDA approval or ordinary prescription status

Recognizing marijuana's medical use under the Controlled Substances Act is different from FDA approval of a particular product. The April action expressly distinguishes FDA-approved marijuana products from products regulated through qualifying state medical programs. The federal government can still ban products not demonstrating medical benefit.

Likewise, the change does not automatically turn a state medical-marijuana recommendation into a conventional federally recognized prescription or eliminate federal workplace drug-testing restrictions or requirements.

What this means for Oklahoma

For patients and physicians, the immediate takeaway is that the best way to be defensible **from civil or criminal consequences is for the recommendation and use of marijuana is narrowly restricted to documented medical use.** For a physician, this means the best way to defend from civil or criminal liability is for the doctor to **strictly follow the medical standard of care when recommending or treating a patient with marijuana for medical purposes.**

Importantly, if the patient's use of marijuana is determined to be only for recreational use, the physician and patient could both be subject to legal action.