

Response to Reviewer:

Thank you for taking the time to review our paper and provide recommendations for improvement. We have made changes to the brief as described individually below. Two comments were addressed in the previous resubmission of this health policy brief, and while we made small changes, we still are unable to add the significant detail as requested as it would add significant word length and deter from the brief's focus on cannabis policy. While we agree with all the comments, cannabis policy is complex and multi-faceted, and one policy brief cannot address all the complexities of the issue. It was the goal of this brief to focus specifically on medical cannabis **policy** in the US and its effects on the US health care system. We have made changes where appropriate but were unable to fully incorporate all recommendations as we felt it would deter from the focus of the brief and significantly add to the length of the brief. We highlighted several areas where further research is needed. Rationale for those decisions is provided below.

Thank you again for your time in reviewing our article. We look forward to your timely final review.

Sincerely,
Primary Author

Reviewer Comment	Response from Author	Lines in Manuscript
1. I think there are far more implications for nurses and patients that weren't addressed here. including self-titration of the medicine, ability to determine correct chemovar choice, dosing, safety issues, tolerance, cannabis substance use disorder. I am not sure if you have page limit and if you wanted to delve a little deeper? This is a suggestion for strengthening the work.	1. We agree that this is an important issue, however, the focus of this policy brief is not on medical cannabis itself, but rather US cannabis policies and how conflicting policies impact the health care system. Our page limit, as well as focus of the policy brief, limits a full discussion on medical cannabis options for patients. We do however discuss several important implications regarding policy in the Patient section. We also included a sentence (line 61-62) to highlight the importance of more research to establish safety and efficacy.	Line 61-62

<p>2. For THC, please start with calling it delta-9-Tetrahydrocannabinol.</p>	<p>2. In accordance with APA format 7th edition, we appropriately use the abbreviation for delta-9 tetrahydrocannabinol. We elected to continue to use the abbreviation THC throughout the policy brief as it is the most common abbreviation used and will be most familiar to PPNP readers. We hope that using the abbreviation in a professional policy brief will help to decrease stigma surrounding the term.</p>	
<p>3. Beyond supporting continuing education, the NCSBN report calls for education across all levels of nursing academia. It should be mentioned here the problems and challenges of nurses receiving proper education about the ECS and medicinal cannabis. If faculty aren't educated, how will they educate nursing students? If the ECS is not taught in anatomy and physiology or pathophysiology, how will the nursing student gain this fundamental knowledge?</p>	<p>3. <u>This comment was addressed in the prior revision.</u> We have included a sentence (line 301-303) to address the recommendation for additional education. To our knowledge, it is largely unknown if nursing schools are adopting these recommendations.</p>	<p>Lines 239-241</p>
<p>4. Consider a little more depth around the findings in the NASEM report: what did they determine we have moderate evidence around and what needs more evidence? What has changed since the NASEM report was published? What countries are doing the research the USA should be</p>	<p>4. <u>This comment was addressed in prior revision.</u> We agree that these are important topics, however, we believe they are beyond the scope of this paper. A more thorough discussion of NASEM and research in other countries would deter from the purpose of this paper and add significantly to the length of</p>	<p>N/A</p>

<p>a part of (Israel, Spain, Canada). How are their cannabis policies and schedules different and what can we learn from them? Mexico has made access to cannabinoids a human right: is this something we should consider to ensure that adequate research is done.</p>	<p>the brief and we therefore have elected to not include it.</p>	
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