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**IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF PENNSYLVANIA
PITTSBURGH DIVISION**

Sara Bloch, Mary Cease, and those :
individuals similarly situated; and the :
Housing Authority of Indiana County, :

Plaintiffs,

v.

U.S. Department of Housing and Urban :
Development and Marcia Fudge, in her :
official capacity as Secretary, U.S. :
Department of Housing and Urban :
Development, :

Defendants.

Case No. _____

COMPLAINT

Introduction

1. This lawsuit concerns the Hobbesian choice faced by low-income Pennsylvanians in need of federal housing assistance that lawfully use medical marijuana under Pennsylvania state law: receive federal assistance for safe and secure housing *or* their life-changing medicine.

2. The U.S. Department of Housing and Urban Development (“HUD”) irrationally discriminates against low-income persons legally using medical marijuana under state law when it refuses housing to these individuals based on medical marijuana’s status as a Schedule I substance under the Controlled Substance Act of 1970, 21 U.S.C. §§ 801, *et seq.*, (“CSA”).

3. Under the CSA a Schedule I substance: (i) has a high potential for abuse, (ii) has no accepted medical use, and (iii) cannot be used safely even under medical supervision.

4. Because the federal government has already determined that medical marijuana has (i) an acceptable medical use, (ii) can be used safely under medical supervision and (iii) has a low potential for abuse, HUD’s continued discrimination, refusing housing to low-income persons legally using medical marijuana under state law, has no rational basis related to its stated goals.

Factual Background

5. Much has changed since the CSA was passed over 50 years ago. Today, 44 states plus the District of Columbia and certain U.S. Territories have legalized medical marijuana for medical use and 22 states have legalized it for adult use. In fact, only 4 states in the entire U.S. continue to criminalize any and all use of marijuana.

6. Since at least 2009, the U.S. Department of Justice (“DOJ”) has issued written policies on limiting its enforcement of federal drug laws relating to the production and use of medical marijuana so long as such production and use was pursuant to and under the supervision of the state’s marijuana laws and regulatory agencies.

7. For the first time in 2014, Congress used the power of the purse via the commonly known Rohrbacher-Farr Amendment to restrain the DOJ from investigating or prosecuting any medical marijuana operations so long as such operations were compliant under the laws of the state tasked with overseeing and regulating them. The Rohrbacher-Farr Amendment has been extended or re-authorized without fail since its initial passage. In 2022, President Biden was the first president to propose incorporating the Rohrbacher-Farr amendment into the national budget.

8. In 2015, the then U.S. Surgeon General Vivek Murthy stated in an interview that marijuana can be helpful in treating certain medical conditions and symptoms.

9. In June 2018, the U.S. Food and Drug Administration (“FDA”) approved Epidiolex, a pharmaceutical-grade, marijuana-based cannabidiol (“CBD”) extract, to treat children suffering from Dravet and Lennox-Gastaut Syndromes.

10. The FDA has also approved other THC-based medications such as dronabinol and nabilone for the treatment of nausea in patients undergoing cancer chemotherapy and to stimulate appetites in patients with AIDS or wasting syndrome (these are the same medical conditions commonly approved by states to be treated with medical marijuana).

11. The U.S. Drug Enforcement Administration reports that “[n]o death from overdose of marijuana has been reported.” A copy of the DEA “Drug Fact Sheet” is attached hereto as **Exhibit 1**.

12. Due to opioid’s status as a Schedule II and/or Schedule III drug under the CSA, HUD does not discriminate against users of opioids in allowing access to affordable housing.

13. There are more than 45 opioid overdose deaths each day in the U.S.¹

¹ <https://www.cdc.gov/drugoverdose/deaths/opioid-overdose.html> .

14. In a 2018 research article the National Institute of Health (“NIH”) concluded that the “compelling nature of these data and the *relative safety profile of cannabis* warrant further exploration of cannabis as an adjunct or alternative treatment to [opioid use disorder]”² (emphasis added).

15. Despite federal agencies’ acknowledgments that state-legal medical marijuana has: (1) a zero likelihood of fatal abuse, (2) can be an effective treatment for certain medical conditions, and (3) should not be the target of federal law enforcement efforts, HUD continues to enforce a zero medical marijuana policy on some of the most vulnerable people in Pennsylvania and nationwide - low-income individuals suffering from debilitating medical conditions that need housing.

16. Given the positions and actions of the President, executive agencies, and Congress, there is no rational basis for HUD’s continued enforcement against applicants seeking federal housing assistance under the Housing Choice Voucher program (i.e. Section 8 housing) that *lawfully* use medical marijuana under Pennsylvania law.

Procedural History

17. A Pennsylvania court has already ruled that, under Pennsylvania’s medical marijuana law, a Section 8 housing applicant’s admission cannot be

² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6135562/> .

prohibited if the applicant is lawfully using medical marijuana. *Cease v. Housing Auth. Indiana Cnty.*, 247 A.3d 57 (Pa. Cmwlth. 2021), *pet. for allocatur denied*, 263 A.3d 243 (Pa. 2021). Instead, the Housing Authority of Indiana County (“HAIC”) – the local entity that administers the federal funding disbursed by HUD for the Section 8 housing program – is required to “establish fair and reasonable standards for determining in what circumstances admission to Section 8 housing is prohibited for an applicant who is legally using medical marijuana under state law” and was ordered to apply those standards to plaintiff Mary Cease’s case. *Id.* at 65. A copy of the *Cease* decision is attached hereto as **Exhibit 2**.

18. Subsequent to the *Cease* decision, HUD made it clear to plaintiff HAIC, the appellee housing authority in the *Cease* case, that compliance with the Commonwealth Court’s decision would result in the withholding of all federal funds to the HAIC, the primary source of the HAIC’s funding.

19. As a result of HUD’s disregard of the *Cease* decision and its threats to withhold federal funds from the HAIC, the HAIC is left to choose between its funding (i.e. its continued operation) and violating a state court order.

20. Based on HUD’s threats to shut off funding for the HAIC’s compliance with a state court decision, so too is the HAIC faced with a Hobbesian choice: receive HUD funding and face penalties and recurring litigation at the state level or comply with the *Cease* decision and risk losing all federal funding.

21. Accordingly, plaintiffs bring this lawsuit to end HUD's disparate treatment of the most vulnerable in our population and to seek declarations that federalism mandates HUD respect the *Cease* decision, that applicable federal law does not require an applicant's denial to a Section 8 housing program, and that under Pennsylvania state law, Section 8 Housing Program applicants legally using medical marijuana are entitled to reasonable accommodations; additionally, plaintiffs seek permanent injunctive relief to prevent HUD from withholding federal funds on the basis of the HAIC's compliance with state law.

JURISDICTION

22. Jurisdiction is proper in this Court pursuant to 28 U.S.C. §1331 (federal question) and 28 U.S.C. §1343 (civil rights actions) as this case concerns a violation of the United States Constitution and various federal laws.

23. Venue is properly vested in the District Court for the Western District of Pennsylvania pursuant to 28 U.S.C. §1391(e) because defendant HUD is a federal agency and defendant Fudge is an officer of the United States acting in her official capacity, and because a substantial part of the events or omissions giving rise to the claims occurred within the court's jurisdiction.

24. This Court can grant declaratory and injunctive relief under 28 U.S.C. §2201 (declaratory judgment) and 28 U.S.C §2202 (injunctive relief) for violations of the Fifth Amendment to the U.S. Constitution and various federal laws. This Court

also has jurisdiction to hear any state claims related to the same set of facts underpinning Plaintiffs' federal claims. 28 U.S.C. §1367.

PARTIES

25. Plaintiff Sara Bloch is a single parent, low-income, disabled Pennsylvania resident who was denied admission into the HAIC-administered Section 8 Housing Program based solely on her voluntary disclosure to the HAIC that she lawfully used medical marijuana under the Pennsylvania Medical Marijuana Act ("MMJ Act"), 35 P.S. §10231.101, *et seq.*

26. Plaintiff Mary Cease is a veteran, domestic abuse survivor, certified-disabled, and low-income Pennsylvania resident who, in 2018, sought admission into the HAIC-administered Section 8 Housing Program but was denied admittance based solely on her voluntary disclosure to the HAIC that she lawfully used medical marijuana under the MMJ Act. Ms. Cease was the named appellant in the Pennsylvania Commonwealth Court decision at issue, *Cease v. Housing Auth. Indiana Cnty.*, 247 A.3d 57 (Pa. Cmwlth. 2021).

27. Plaintiff HAIC is a duly Pennsylvania registered residential finance authority created pursuant to the Pennsylvania Housing Authorities Law, 35 P.S. §1544, and is the entity responsible for administering all federal Section 8 housing funding for Indiana County, Pennsylvania. The HAIC was the named appellee in the Pennsylvania Commonwealth Court decision at issue, *Cease v. Housing Authority.*

Indiana County, 247 A.3d 57 (Pa. Cmwlth. 2021), and pursuant to said decision is required to “establish fair and reasonable standards for determining in what circumstances admission to Section 8 housing is prohibited for an applicant who is legally using medical marijuana under state law” but the HAIC has failed to do so as a result of defendant HUD’s threats to cut off all federal funding for Indiana County’s Section 8 Housing Program.

28. Defendant HUD is an executive federal agency that is purportedly “focused on housing and community development and dedicated to equity, inclusive communities, and quality, affordable homes for all.” As part of its first strategic goal, HUD allegedly seeks to “[f]ortify support for vulnerable populations, underserved communities, and Fair Housing enforcement.” As part of its second strategic goal, HUD allegedly seeks to “[i]mprove rental assistance to address the need for affordable housing.”³ Part of HUD’s responsibilities include managing and disbursing to housing authorities congressional appropriations for low-income housing, including the funding for what is commonly referred to as the Section 8 housing program. HUD’s mission statement includes the goal of building “communities free from discrimination.”⁴

³ FY 2022-2026 HUD Strategic Plan, www.hud.gov/HUD-FY22-26-Strategic-Plan-Focus-Areas (last accessed Sept. 15, 2023).

⁴ Available at https://www.hud.gov/program_offices/cfo/afr/section1#:~:text=The%20core%20fo

29. Defendant Marcia Fudge was appointed by President Biden in 2021 to serve as the Secretary of HUD and in that role Secretary Fudge leads, manages, and otherwise oversees the establishment and implementation of HUD policies and programs.

30. Through a January 31, 2022 letter from her Deputy Assistant Secretary, Danielle Bastarache, Secretary Fudge reiterated her position to deny housing to new applicants who legally use medical marijuana under state law. A copy of the January 31, 2022 letter is attached hereto as **Exhibit 3**.

HOUSING LEGAL BACKGROUND

The Section 8 Housing Program

31. “It is the policy of the United States ... to assist States and political subdivisions of States to remedy the unsafe housing conditions and the acute shortage of decent and safe dwellings for low-income families [and] ... to address the shortage of housing affordable to low-income families.” 42 U.S.C. §1437(a)(1)(A)-(B).

[cus%20of%20HUD's,communities%20free%20from%20discrimination%3B%](#)
(Last accessed Sept. 15, 2023).

32. Today, the largest federal housing assistance program is the Housing Choice Voucher program, commonly referred to as “Section 8” housing. *See* 42 U.S.C. §1437f(o).⁵ This Program is administered by HUD.

33. Admission into the Section 8 housing program is open only to citizens and certain non-citizen families who are income-eligible under HUD’s regulations. 24 C.F.R. §982.201(a).

34. To satisfy the income eligibility requirement for admission into the Section 8 housing program a family must qualify as being a “very low” or “extremely low” income family. 24 C.F.R. §982.201(b).

35. For purposes of the Section 8 housing program, the term “very low-income family” is defined as a family whose annual income does not exceed 50% of the median income for the area. 24 C.F.R. §5.603.

36. HUD’s definition of “very low-income families” is defined as follows:

A family whose annual income does not exceed 50 percent of the median family income for the area, as determined by HUD with adjustments for smaller and larger families, except that HUD may establish income ceilings higher or lower than 50 percent of the median income for the area if HUD finds that such variations are necessary because of unusually high or low family incomes.

⁵ Roger Valdez, *Series: A Brief History of the Section 8 Housing Voucher Program*, [www.FORBES.com](https://www.forbes.com/sites/rogervaldez/2023/02/09/series-a-brief-history-of-the-section-8-housing-voucher-program/?sh=257202db511f) available at <https://www.forbes.com/sites/rogervaldez/2023/02/09/series-a-brief-history-of-the-section-8-housing-voucher-program/?sh=257202db511f> (last accessed Sept. 15, 2023).

Id. (definition of “very low-income family”).

37. For purposes of the Section 8 housing program, the term “extremely low-income family” is defined as a family whose annual income does not exceed the higher of the poverty limit applicable to the family’s size or 30% of the median income for the area. *Id.*

38. HUD’s definition of “extremely low-income families” is defined as follows,

A very low-income family whose annual income does not exceed the higher of:

- (1) The poverty guidelines established by the Department of Health and Human Services applicable to the family of the size involved (except in the case of families living in Puerto Rico or any other territory or possession of the United States);
or
- (2) Thirty (30) percent of the median income for the area, as determined by HUD, with adjustments for smaller and larger families, except that HUD may establish income ceilings higher or lower than 30 percent of the area median income for the area if HUD finds that such variations are necessary because of unusually high or low family incomes.

Id. (definition of “extremely low-income family”).

39. To qualify as a “very low-income family” or an “extremely low-income family” in Pennsylvania, under HUD guidelines, a family must meet the following income eligibility criteria:

Very Low-Income Limit (VLIL)							
50% of Median*							
1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
\$33,400	\$38,150	\$42,900	\$47,700	\$51,500	\$55,350	\$59,150	\$62,950

Extremely Low-Income Limit (ELIL)							
30% of Median*							
1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
\$20,050	\$22,900	\$25,750	\$28,650	\$30,900	\$33,200	\$35,500	\$37,800

See HUD’s FY 2023 Income Limits Documentation System, Pennsylvania State Income Limits.⁶

40. To qualify as a “very low-income family” or an “extremely low-income family” in Indiana County, Pennsylvania, under HUD guidelines, a family must meet the following income eligibility criteria:

⁶ Available at https://www.huduser.gov/portal/datasets/il/il2023/2023summary.odn?inputname=STTLT*4299999999%2BPennsylvania&selection_type=county&stname=Pennsylvania&statefp=42.0&year=2023 (last accessed Sept. 15, 2023).

FY 2023 Income Limit Category	Persons in Family							
	1	2	3	4	5	6	7	8
Very Low (50%) Income Limits (\$) Click for More Detail	27,250	31,150	35,050	38,900	42,050	45,150	48,250	51,350
Extremely Low Income Limits (\$)*) Click for More Detail	16,350	19,720	24,860	30,000	35,140	40,280	45,420	50,560
Low (80%) Income Limits (\$) Click for More Detail	43,550	49,800	56,000	62,200	67,200	72,200	77,150	82,150

See HUD's FY 2023 Income Limits Documentation System, Indiana County, Pennsylvania Income Limits.⁷

41. In addition to the income eligibility component, Section 8 applicants must comply with the Quality Housing and Work Responsibility Act ("QHWRA"), 42 U.S.C. §§13661-13664, insofar as it sets forth applicant screening and tenancy termination requirements related to safety and security in public and federally assisted housing programs.

42. Section 13661(b)(1)(A) of QWHRA (Screening of applicants for federally assisted housing) provides:

⁷ Available at https://www.huduser.gov/portal/datasets/il/il2023/2023summary.odn?STATES=42.0&INPUTNAME=NCNTY42063N42063*4206399999%2BIndiana+County&statelist=&stname=Pennsylvania&wherefrom=%24wherefrom%24&statefp=42&year=2023&ne_flag=&selection_type=county&incpath=%24incpath%24&data=2023&SubmitButton=View+County+Calculations (last accessed Sept. 15, 2023)

(b) INELIGIBILITY OF ILLEGAL DRUG USERS AND ALCOHOL ABUSERS

(1) IN GENERAL

Notwithstanding any other provision of law, a public housing agency or an owner of federally assisted housing, as determined by the Secretary, shall establish standards that prohibit admission to the program or admission to federally assisted housing for any household with a member—

(A) who the public housing agency or owner determines is *illegally using* a controlled substance ...

42 U.S.C. §13661(b)(1)(A) (emphasis added).

43. Section 13662(a)(1) of QWHRA (Termination of tenancy and assistance for illegal drug users and alcohol abusers in federally assisted housing) provides:

(a) IN GENERAL

Notwithstanding any other provision of law, a public housing agency or an owner of federally assisted housing (as applicable), shall establish standards or lease provisions for continued assistance or occupancy in federally assisted housing that allow the agency or owner (as applicable) to terminate the tenancy or assistance for any household with a member—

(1) who the public housing agency or owner determines is *illegally using* a controlled substance ...

42 U.S.C. §13662(a)(1) (emphasis added).

Current Federal and State Treatment of Marijuana

44. In 1970, the U.S. Congress signed into law the CSA, 21 U.S.C. §801, *et seq.*, wherein it scheduled “marihuana” as a Schedule I drug where a drug on Schedule I was defined as having a high potential for abuse, no currently accepted

medical use, and a lack of accepted safety for its use under medical supervision. 21 U.S.C. §812(b)-(c).

45. The CSA makes it “unlawful for any person knowingly or intentionally to manufacture, distribute, or dispense, or possess with intent to manufacture, distribute, or dispense, a controlled substance” listed on Schedule I. 21 U.S.C. §841(a).

46. Today, marijuana remains a Schedule I substance under the CSA. Other drugs listed on Schedule I of the CSA include heroin, Lysergic Acid Diethylamide (LSD), and ecstasy.

47. Pursuant to the Tenth Amendment of the U.S. Constitution and in contravention of the CSA, California in 1996, was the first state to decriminalize and legalize marijuana for medicinal purposes.

48. On April 21, 1999, the U.S. Department of Health and Human Services (“DHS”) filed for a U.S. Patent on “Cannabinoids As Antioxidants and Neuroprotectants” wherein the patent application states, in part, “[c]annabinoids have been found to have antioxidant properties ... [t]his new found property makes cannabinoids useful in the treatment and prophylaxis of wide variety of oxidation associated diseases, such as ischemic, age-related inflammatory and autoimmune diseases.” A copy of the patent application approval is attached hereto as **Exhibit 4**. On October 7, 2003, the United States Patent and Trademark Office (“USPTO”) issued

a patent, Patent No. US 6,630,507 wherein the USPTO, a function of the federal government, determined that marijuana possesses medical health benefits.

49. By 2009, thirteen states – California, Alaska, Nevada, Oregon, Washington, Maine, Colorado, Hawaii, Montana, Vermont, Rhode Island, New Mexico, and Michigan – had legalized marijuana at the state level for medical use.

50. Cannabinoids are a class of biological compounds most frequently sourced from and associated with cannabis plants, the scientific term for marijuana, and create a medical benefit by binding to cannabinoid receptors found in the human brain.⁸

51. Despite marijuana still being considered a Schedule I substance, on October 19, 2009, U.S. Deputy Attorney General David W. Ogden of the DOJ issued a memorandum (“Ogden Memo”) to United States Attorneys providing, in part:

As a general matter, pursuit of these priorities should not focus federal resources in your States on individuals whose actions are in clear and unambiguous compliance with existing state laws providing for the medical use of marijuana. For example, prosecution of individuals with cancer or other serious illnesses who use marijuana as part of a recommended treatment regimen consistent with applicable state law, or those caregivers in clear and unambiguous compliance with existing state law who provide such individuals with marijuana, is unlikely to be

⁸ Natl. Health Institute, *National Library of Medicine: Cannabinoids*, last updated Feb. 27, 2023 available at <https://www.ncbi.nlm.nih.gov/books/NBK556062/#:~:text=Cannabinoids%2C%20broadly%20speaking%2C%20are%20a,Cannabis%20indica%2C%20and%20Cannabis%20ruderalis>. (last visited Sept. 15, 2023).

an efficient use of limited federal resources. On the other hand, prosecution of commercial enterprises that unlawfully market and sell marijuana for profit continues to be an enforcement priority of the Department.

Ogden Memo at 1-2; a copy of the Ogden Memo is attached hereto as **Exhibit 5**.

52. Between 2009 and 2013, an additional seven states – Arizona, New Jersey, Delaware, Connecticut, Massachusetts, Illinois, Maryland, and New Hampshire – and the District of Columbia enacted state laws that legalized medical marijuana for certain residents within their state’s respective jurisdictions.

53. On August 29, 2013, U.S. Deputy Attorney General James M. Cole of the DOJ issued a memorandum (“Cole Memo”) setting forth updated guidance reiterating the Ogden Memo and the DOJ’s restraint concerning marijuana enforcement by the federal government and therein provided in part:

In jurisdictions that have enacted laws legalizing marijuana in some form and that have also *implemented strong and effective regulatory and enforcement systems* to control the cultivation, distribution, sale, and possession of marijuana, conduct in compliance with those laws and regulations is less likely to threaten the federal priorities set forth above ... In those circumstances, consistent with the traditional allocation of federal-state efforts in this area, *enforcement of state law by state and local law enforcement and regulatory bodies should remain the primary means of addressing marijuana-related activity*.

Cole Memo at 3 (emphasis added); a copy of the Cole Memo is attached hereto as **Exhibit 6**.

54. The Cole Memo highlights the federal government's conviction that marijuana can be used safely under medical supervision when that usage is overseen by state law enforcement and regulatory bodies as it is in Pennsylvania.

55. In December 2014, Congress enacted a rider to an omnibus appropriations bill commonly referred to as the Rohrbacher-Farr amendment which prohibited the DOJ from using any appropriations provided thereby to prosecute the use, distribution, possession, or cultivation of medical marijuana.

56. The Rohrbacher-Farr amendment provides:

None of the funds made available in this Act to the Department of Justice may be used, with respect to the States of Alabama, Alaska, Arizona, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Hawaii, Illinois, Iowa, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Oklahoma, Oregon, Rhode Island, South Carolina, Tennessee, Texas, Utah, Vermont, Virginia, Washington, and Wisconsin, to prevent such States from implementing their own State laws that authorize the use, distribution, possession or cultivation of medical marijuana.

See Consolidated and Further Continuing Appropriations Act, 2015 Pub. L. No. 113-235, §538, 128 Stat. 2130, 2217 (2014).

57. The Rohrbacher-Farr amendment was extended, renewed, or re-authorized every subsequent year.

58. In 2017, the Rohrbacher-Farr amendment was updated to include additional states and territories that had legalized medical marijuana specifically, the 2017 Rohrbacher-Farr amendment provides:

None of the funds made available in this Act to the Department of Justice may be used, with respect to any of the States of Alabama, Alaska, Arkansas, Arizona, California, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Illinois, Iowa, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, and Wyoming, or with respect to the District of Columbia, Guam, or Puerto Rico, to prevent any of them from implementing their own laws that authorize the use, distribution, possession, or cultivation of medical marijuana.

See Consolidated Appropriations Act, 2017, Pub. L. No. 115-31, §537 (2017)

59. Between 2013 and 2018, an additional twelve states— Minnesota, New York, Georgia, Louisiana, Arkansas, Florida, North Dakota, Ohio, Pennsylvania, Iowa, West Virginia – enacted state laws that legalized medical marijuana in some form.

60. On February 4, 2015, the then U.S. Surgeon General Vivek Murthy stated in a CBS interview that “[w]e have some preliminary data showing that for certain medical conditions and symptoms that marijuana can be helpful.”⁹

61. Upon information and belief, the guidance contained in the Ogden and Cole Memos remains the standard utilized by the DOJ today.

62. The Rohrbacher-Farr amendment is currently effective through September 30, 2023.

63. On October 26, 2017, then President Trump declared the opioid crisis a national public health emergency; that same day, then Acting Secretary of Health Eric D. Hargan issued a Determination That a Public Health Emergency Exists nationwide concerning the opioid crisis. A copy of the determination is attached hereto as **Exhibit 7**.

64. In June 2018, the FDA approved Epidiolex, a pharmaceutical-grade, marijuana-based cannabidiol (“CBD”) extract, to treat children suffering from Dravet and Lennox-Gastaut Syndromes.

65. On or about August 30, 2023, the DHS recommended to the U.S. Drug Enforcement Agency that marijuana be re-scheduled to a Schedule III drug under the CSA.

⁹ CBS Interview with U.S. Surgeon General Vivek Murthy, Feb. 4, 2015 at 4:24 – 4:32 <https://www.cbsnews.com/news/surgeon-general-dr-vivek-murthy-on-measles-vaccine-marijuana-legalization/> (last accessed Sept. 15, 2023).

66. Schedule III drugs and substances (i) have a potential for abuse less than the drugs or other substances in Schedules I and II, (ii) have a currently accepted medical use in treatment in the United States, and (iii) abuse of the substance may lead to moderate or low physical dependence or high psychological dependence. 21 U.S.C. §812(b)(3).

67. Today, 44 states, three territories, plus the District of Columbia have legalized medicinal marijuana in at least some form. (Some states have a cannabidiol (CBD)/low THC program).

68. The U.S. DEA has stated that there has not been a single documented death from an overdose of marijuana.¹⁰

Pennsylvania's Medical Marijuana Act

69. In 2016, the General Assembly of Pennsylvania in a bi-partisan vote, overwhelmingly passed, and former Governor Wolf enacted the MMJ Act, 35 P.S. §§10231.101, *et seq.* In so doing, the General Assembly specifically found and declared that “[s]cientific evidence suggests that medical marijuana is one potential therapy that may mitigate suffering in some patients and also enhance quality of life.” *Id.* at §10231.102(1).

¹⁰ CDC – Drug Overdose Deaths
<https://www.cdc.gov/drugoverdose/deaths/index.html#:~:text=Opioids%20were%20involved%20in%2080%2C411,and%20without%20synthetic%20opioid%20involvement.> (last accessed Sept. 15, 2023).

70. The MMJ Act, administered and overseen by the Pennsylvania Department of Health (“Pa. DOH”), provides that patients suffering from serious medical conditions as defined by law and who have been certified to use medical marijuana by Pa. DOH-registered medical practitioners may lawfully use and possess medical marijuana in accordance with the MMJ Act. *Id.* at §10231.303(a). Conversely, Section 304 of the MMJ Act retains criminal liability for the use, possession, manufacture, and sale of marijuana that is not in compliance with the MMJ Act. *Id.* at §10231.304.

71. Section 2103 of the MMJ Act provides that a patient shall not be “subject to arrest, prosecution or penalty in any manner, or *denied any right or privilege*, including civil penalty or disciplinary action by a Commonwealth licensing board or commission, solely for lawful use of medical marijuana ... or for any other action taken in accordance with this act”. 35 P.S. §10231.2103(a). (emphasis added).

72. On May 12, 2018, the Pa. DOH amended its medical marijuana regulations to add “[o]pioid use disorder for which conventional therapeutic interventions are contraindicated or ineffective, or for which adjunctive therapy is indicated in combination with primary therapeutic interventions” a “serious medical condition” eligible to use medical marijuana as a therapeutic medicine. A copy of the pertinent pages of Pa. DOH's notice amending the regulations is attached hereto as **Exhibit 8**.

73. Upon information and belief, the DOJ has not sought enforcement of any federal criminal law against a Pennsylvania-certified patient or caregiver for purchasing, possessing, and/or using medical marijuana in accordance with the MMJ Act.

Mary Cease and the Cease Decision

74. In 2018, Ms. Cease – an indigent, sixty-five-year-old, U.S. Navy veteran, with no criminal record, fleeing domestic violence– filed for a family-of-one admission into HAIC’s Section 8 Housing Program and, as part of her application, voluntarily disclosed that she lawfully used medical marijuana under the MMJ Act as an alternative to opioids to treat PTSD and chronic pain – a result of domestic violence and several back surgeries.

75. At the time she applied for admission to the HAIC-administered Section 8 housing program in Indiana County, Pennsylvania, Ms. Cease had an annual income of \$11,516.67, and, therefore, she qualified for admission to the Section 8 housing program as an extremely low-income family of one.

76. Today, Ms. Cease’s annual income of \$11,472.00 would still qualify her as an extremely low-income family of one under HUD’s formulations for Indiana County.

77. In June of 2018, the HAIC denied Ms. Cease’s application for admission stating, “[w]e must deny program participation as marijuana is still

considered to be an illegal substance by the Federal government ...” A copy of the June 13, 2018 denial letter is attached hereto as **Exhibit 9**.

78. But for Ms. Cease’s lawful use of medical marijuana under state law, she qualified for admission into the HAIC-administered Section 8 Housing Program.

79. In accordance with HUD’s and the HAIC’s policies and procedures, Ms. Cease participated in an “informal” and “formal” hearing before the HAIC wherein the HAIC affirmed her denial; Ms. Cease then sought review of the HAIC’s decision by the Court of Common Pleas for Indiana County (“Trial Court”) pursuant to the Pennsylvania Local Agency Law, 2 Pa.C.S. §752, challenging the HAIC’s denial; the Trial Court affirmed the HAIC’s denial.

80. On April 26, 2019, Ms. Cease timely filed an appeal of the Trial Court’s decision to the Pennsylvania Commonwealth Court, one of Pennsylvania’s intermediate appellate courts with exclusive jurisdiction to hear cases involving government entities such as the HAIC.

81. On February 19, 2021, the Commonwealth Court issued its opinion that found that the HAIC, contrary to the Trial Court’s decision, was not required to prohibit Ms. Cease’s admission under QHWRA but rather the HAIC was required to exercise its discretion to determine the eligibility of an applicant that is lawfully using medical marijuana pursuant to the MMJ Act. Specifically, the Commonwealth Court found that: (1) there is a distinction between the express language of Section

13661(b)(1)(A) of the QHWRA that provides the HAIC “shall establish standards that prohibit admission to the program” versus the HAIC’s proffered reading that the QHWRA “shall prohibit admission”; (2) Section 13661(b)(1)(A)’s “illegally using a controlled substance” language is ambiguous in situations such as this, where marijuana is illegal under federal law but legal under state law; (3) that criminal law is a matter left primarily for the states to determine within their own jurisdiction and federalism dictates the federal government must respect Pennsylvania’s sovereignty in this respect, and, with respect to marijuana, Pennsylvania decriminalized and legalized medical marijuana under the MMJ Act; and (4) that Pennsylvania’s General Assembly expressly declared that there is scientific evidence that suggests marijuana has acceptable medical uses, thus rendering Section 13661 of the QHWRA obsolete and scientifically flawed. *See* Exh. 2; *Cease*, 247 A.3d at 62-64.

82. The Commonwealth Court held that the HAIC is required to “establish fair and reasonable standards for determining in what circumstances admission to Section 8 housing is prohibited for an applicant who is legally using medical marijuana under state law”. *Id.* at 65.

83. The Commonwealth Court even provided the types of standards that should be considered including: whether it is clearly unlawful or in an unclear legal state such as that involved here; the reason for such use; whether it is being used in accordance with legal requirements; other factors concerning the applicant’s

background, including behavior during any prior residence in federally subsidized housing; and the presence or absence of any prior criminal record. *Id.* at 62. Following the Commonwealth Court's decision, the HAIC sought further review by the Pennsylvania Supreme Court, but the Supreme Court declined to review the *Cease* decision, thus rendering the Commonwealth Court's decision in *Cease* the law of the land in Pennsylvania.

84. At no time during the *Cease* case did HUD seek to intervene in the proceedings, nor did it seek to remove the case to federal court, nor did it seek to pursue federal appellate review of the *Cease* decision.

85. Following the *Cease* decision and the Pennsylvania Supreme Court's declination to hear the HAIC's appeal, the HAIC conferred with HUD for guidance as to how the HAIC should comply with the Pennsylvania state court decision and specifically what standards the HAIC should impose upon new applicants to the Section 8 Housing Program vis-à-vis lawful use of marijuana under the MMJ Act. HUD advised the HAIC that if the HAIC complied with the *Cease* decision, no matter the standards that the HAIC may impose, HUD would cut off all federal funding to the HAIC.

86. As a result of HUD's threats, the HAIC has failed to comply with the *Cease* decision.

87. The HAIC has not and will not create and implement fair and reasonable standards in compliance with the *Cease* decision unless and until the HAIC obtains clarity that complying with the valid Pennsylvania state court decision will not result in the cessation of federal funding by HUD.

Sara Bloch's admission denial

88. In 2023, Sara Bloch, an indigent single mother who is lawfully using medical marijuana under the MMJ Act, submitted an application with the HAIC for admission to the HAIC-administered Section 8 housing program in Indiana County, Pennsylvania.

89. Ms. Bloch's annual income is \$24,423 qualifying her as a very-low-income family of two.

90. On March 29, 2023, the HAIC denied Ms. Bloch's admittance into the Section 8 Housing Program solely based on her use of medical marijuana. Specifically, the denial stated:

Your application included a letter from Rebecca Lang, CCM, which indicated that you currently use MMJ (a common acronym for medical marijuana) for chronic pain.

Pursuant to the Housing Authority's Rules and Regulation and guidelines promulgated by the United States Department of Housing and Urban Development (HUD), a new applicant is prohibited admission into the Section 8 program if the applicant is currently a user of a Schedule 1 controlled substance under federal law.

A copy of the HAIC's March 29, 2023 denial letter is attached hereto as **Exhibit 10**.

91. In denying Ms. Bloch's admission, the HAIC did not apply fair and reasonable standards to ascertain whether her admission should be denied but instead relied on HUD's policies and threats to cut off funding.

COUNT I
DECLARATORY JUDGMENT
EQUAL PROTECTION CLAIM

92. Plaintiffs incorporate paragraphs 1-91 as if fully set forth herein.

93. The Due Process Clause of the Fifth Amendment provides that "No person shall be ... deprived of life, liberty, or property, without due process of law". U.S. CONST. amend. V.

94. The Fifth Amendment "forbids the Federal Government to deny equal protection of the laws." *Davis v. Passman*, 442 U.S. 228, 234 (1979).

95. The United States Supreme Court's "approach to Fifth Amendment equal protection claims has always been precisely the same as to equal protection claims under the Fourteenth Amendment." *Weinberger v. Wiesenfeld*, 420 U.S. 636, 636 n. 2 (1975).

96. The CSA makes the manufacturing, distributing, and possession of marijuana illegal because it allegedly has a high potential for abuse, has no accepted medical use, and cannot be used safely even under medical supervision.

97. In contradiction to the criteria a drug must meet in order to be on Schedule I of the CSA, the federal government has acknowledged that marijuana has medical benefits; can be safely used under medical supervision overseen by the states; and does not have a high potential for abuse in that its use has not led to a single overdose death. (*See*, Paragraphs 7-10 *supra*).

98. The federal government undercuts any rational basis for marijuana being a Schedule I drug when it approved patent applications on the premise that marijuana provides medical benefits; approved a pharmaceutical medication derived from marijuana; instructed federal law enforcement to refrain from enforcing federal law against medical marijuana operators acting in compliance with state law; and enacted budgetary restrictions to prohibit federal law enforcement from enforcing federal law against medical marijuana operators acting in compliance with state law.

99. Because the federal government provides protections for growers, processors, and dispensaries, who are in compliance with state medical marijuana laws, it is irrational that the federal government applies a different standard when considering housing to low-income persons who are using medical marijuana in compliance with those same state laws.

100. In fact, the only federal agency still treating medical marijuana as a Schedule I substance is HUD in its harsh discrimination of low-income individuals, like Ms. Cease and Ms. Bloch, who dare to seek affordable housing and relief from

their serious medical conditions without turning to highly addictive and dangerous opioids.

101. Ms. Cease, a low-income veteran suffering from chronic pain and post-traumatic stress disorder (“PTSD”) caused by domestic violence chose to legally take marijuana in lieu of opioids.

102. Ms. Cease has been certified by her Pennsylvania-licensed physicians as disabled and unable to work as a result of her suffering from her her medical conditions.

103. Following the passage of Pennsylvania’s MMJ Act, Ms. Cease switched from opioids to medical marijuana to treat her chronic pain, PTSD, and associated symptoms.

104. Ms. Cease lawfully uses medical marijuana under the Pennsylvania MMJ Act.

105. In 2018, Ms. Cease, homeless after she fled domestic violence, applied for admission into the HAIC’s Section 8 housing program in Indiana County, Pennsylvania.

106. Ms. Cease met the income eligibility requirements to be admitted into the HAIC’s Section 8 housing program in Indiana County, Pennsylvania.

107. Ms. Cease’s admission into the HAIC's Section 8 housing program was denied due to her lawful use of medical marijuana under state law.

108. Ms. Bloch is a low-income, single parent who suffers from chronic pain due to psoriatic arthritis and PTSD.

109. In April 2022, the Pennsylvania Department of Labor & Industry, Office of Vocational Rehabilitation determined that Ms. Bloch was an individual “with Significant Disabilities”. A copy of the Department of Labor and Industry’s April 2022 determination is attached hereto as **Exhibit 11**.

110. In 2019, Ms. Bloch was certified by her Pennsylvania-licensed doctors to use medical marijuana under Pennsylvania’s MMJ Act to treat the symptoms of her medical conditions.

111. Ms. Bloch lawfully uses medical marijuana under the Pennsylvania MMJ Act.

112. In early 2023, Ms. Bloch was homeless and staying with friends and family; she applied for admission to the HAIC’s Section 8 housing program in Indiana County, Pennsylvania.

113. On March 29, 2023 Ms. Bloch’s application to the HAIC’s Section 8 housing program was denied on the basis that she was “currently a user of a Schedule 1 controlled substance under federal law.”

114. The HAIC is responsible for implementing and enforcing HUD’s policies, guidelines, and regulations.

115. The HAIC denied both Ms. Cease's and Ms. Bloch's applications because HUD policy required the HAIC to deny any Section 8 applicant who uses medical marijuana regardless of whether that applicant's use is in conformity with state law.

Discrimination based on income.

116. The continued misapplication of enforcement of the CSA and QHWRA by HUD, as directed by Secretary Fudge, to prohibit admission into the federal Section 8 housing program constitutes discrimination against low-income individuals like plaintiffs Ms. Cease and Ms. Bloch.

117. The impact of HUD's manner of enforcement of the CSA – to preclude admission into Section 8 housing programs – treats low-income Pennsylvania residents differently than more affluent residents because, under the federal government's actions, the more affluent residents are not and cannot be penalized by the federal government for lawfully using medical marijuana. Given that the President and Congress have enacted spending restrictions against pursuing criminal liability under federal drug laws for medical marijuana operations and users whose actions comply with comprehensive state-regulated industries, there is no legitimate purpose or rational basis for HUD's misapplied enforcement of the CSA against individuals seeking housing that are lawfully using medical marijuana under state law.

Discrimination based on disability.

118. The continued misapplication of enforcement of the CSA and QHWRA by HUD, as directed by Secretary Fudge, to prohibit admission into the federal Section 8 housing program constitutes discrimination against individuals with medical disabilities like plaintiffs Ms. Cease and Ms. Bloch. The impact of HUD's enforcement of the CSA – to preclude admission into Section 8 housing programs – treats individuals with serious medical conditions that qualify them to use medical marijuana under the Pennsylvania MMJ Act differently than individuals not using medical marijuana under state law because individuals that are ineligible to use medical marijuana may be admitted to Section 8 housing programs while medical marijuana eligible applicants are not. The result of this discrimination produces a bizarre result where someone using opioids may obtain federally assisted housing, but an individual choosing to escape the highly addictive character of opioids by using marijuana may not. Given that the President and Congress have enacted spending restrictions to stop prosecution of medical marijuana growers, processors or retailers that comply with state laws, there is no legitimate purpose or rational basis for HUD to enforce the CSA in a way that discriminates against individuals that are lawfully using medical marijuana under state law.

119. Plaintiffs have no remedy at law to stop HUD's application of the CSA or its treatment of low-income individuals seeking housing and medical marijuana treatment.

120. By reason of the foregoing, Plaintiffs are entitled to issuance of an order and judgment: (i) permanently enjoining HUD from barring Section 8 housing applicants who legally use medical marijuana under state laws and (ii) declaring that HUD's enforcement of the CSA violates the equal protection clause of the Fifth Amendment as it discriminates against low-income individuals using medical marijuana to treat serious medical conditions. Such an order is necessary because HUD's continued enforcement against such low-income housing applicants, in light of the remainder of the federal government's restraint from enforcing drug laws against lawful medical marijuana users, is irrational, arbitrary, capricious, and not rationally related to any legitimated governmental interests, and, thus, is unconstitutional.

WHEREFORE, Plaintiffs respectfully request that this Court (i) issue an order declaring that HUD's manner of enforcing the Controlled Substances Act and the Quality Housing and Work Responsibility Act violates the Equal Protection Clause of the Fourteenth Amendment and (ii) issue a permanent injunction prohibiting HUD's and Secretary Fudge's continued method of enforcement.

COUNT II
DECLARATORY JUDGMENT
VALIDITY OF THE *CEASE* DECISION

121. Plaintiffs incorporate paragraphs 1-120 as if fully set forth herein.

122. “We start with the premise that nothing in the concept of our federal system prevents state courts from enforcing rights created by federal law.” *Charles Dowd Box Co. v. Courtney*, 368 U.S. 502, 522 (1962).

123. “Absent proof of prejudice or abuse of discretion, the state courts must be presumed to act in good faith and with judicial wisdom”. *Silverman v. Browning*, 414 F. Supp. 80, 88 (D. Conn. 1976), *aff’d* 429 U.S. 876 (1976).

124. The Pennsylvania Commonwealth Court’s decision in *Cease v. HAIC* is a valid state court decision that pronounces the law in Pennsylvania and, thus, HAIC is required to abide by it.

125. The HAIC is considered a local government agency.

126. Under Pennsylvania law, the denial of admission into a Section 8 housing program, including any appeal before the housing authority that issued the denial, is considered an adjudication under the Local Agency Law, 2 Pa. C.S. §752, and, accordingly, the Courts of Common Pleas are the first level of appellate review.

127. In 2018, Ms. Cease properly appealed the adjudication issued by the HAIC to the Indiana County Court of Common Pleas, which ultimately affirmed her denial into the HAIC’s Section 8 housing program.

128. Under Pennsylvania law, “the Commonwealth Court shall have exclusive jurisdiction of appeals from final orders of the courts of common pleas” to review cases involving local government civil matters. 42 Pa.C.S. §762(a)(4).

129. In 2019, following the Trial Court’s decision affirming her denial, Ms. Cease timely filed an appeal to the Pennsylvania Commonwealth Court.

130. The Pennsylvania Commonwealth Court has jurisdiction to hear cases, including those on appeal, involving federal laws. *See*, 42 Pa.C.S. §762 (Appeals from courts of common pleas).

131. The Pennsylvania Commonwealth Court was properly vested with jurisdiction to hear Ms. Cease’s appeal.

132. At no point during the administrative hearing process, the appeal before the Trial Court, the appeal before the Pennsylvania Commonwealth Court, or the HAIC’s request for the Pennsylvania Supreme Court to hear an appeal of the Commonwealth Court’s decision (such appeal was denied) did HUD seek to intervene, seek to remove the case to federal court, seek appeal to the U.S. Supreme Court, or otherwise participate in the *Cease* proceedings.

133. Following the issuance of the *Cease* decision, HUD threatened to withhold all funding from the HAIC if it complied with the Pennsylvania Commonwealth Court’s decision.

134. In issuing the *Cease* decision, the Pennsylvania Commonwealth Court did not abuse its discretion or prejudice any party thereto.

135. Accordingly, the *Cease* decision is valid and enforceable law within the Commonwealth of Pennsylvania such that HUD is required to abide by it.

WHEREFORE, Plaintiffs respectfully request that this Court (i) issue an order declaring that the law set forth in *Cease v. Housing Authority of Indiana County*, 247 A.3d 57 (Pa. Cmwlth. 2021), *pet. for allocatur denied*, 263 A.3d 243 (Pa. 2021), is valid state law to which HUD is bound and (ii) issue a permanent injunction prohibiting HUD and Secretary Fudge from withholding funding from the HAIC for complying with the *Cease* order.

COUNT III
DECLARATORY ORDER
QHWRA DOES NOT REQUIRE ADMISSION BE
DENIED FOR THOSE LAWFULLY USING MEDICAL MARIJUANA

136. Plaintiffs incorporate paragraphs 1-135 as if fully set forth herein.

137. To be eligible for admission into a Section 8 housing program, an applicant must meet the income eligibility requirements and the requirements imposed by the QHWRA.

138. Section 13661 of the QHWRA provides, in relevant part:

(b) INELIGIBILITY OF ILLEGAL DRUG USERS AND ALCOHOL ABUSERS
(1) IN GENERAL

Notwithstanding any other provision of law, a public housing agency or an owner of federally assisted housing, as determined by the Secretary, shall establish standards that prohibit admission to the program or admission to federally assisted housing for any household with a member—

(A) who the public housing agency or owner determines is *illegally using* a controlled substance ...

42 U.S.C. §13661(b)(1)(A) (emphasis added).

139. There is a difference between “illegally using a controlled substance” and “using an illegal substance”; QHWRA focuses on whether the use is illegal, not on whether the substance is illegal.

140. Ms. Bloch, Ms. Cease, and all other Pennsylvania residents certified to use medical marijuana under and in compliance with the MMJ Act are lawfully – not illegally – using marijuana – a controlled substance.

141. Even if the federal government, in the face of its own contradictory actions, continues to determine that medical marijuana is “illegal”, Section 13661 of QHWRA does not expressly require prohibition for applicants illegally using a controlled substance”; rather, the QHWRA requires only that the housing authority “establish standards that prohibit admission”.

142. In contrast, Section 13663 of QHWRA (Ineligibility of dangerous sex offenders for admission to public housing) provides, in relevant part:

(a) IN GENERAL

Notwithstanding any other provision of law, an owner of federally assisted housing *shall prohibit*

admission to such housing for any household that includes any individual who is subject to a lifetime registration requirement under a State sex offender registration program.

42 U.S.C. §13663(a). (emphasis added).

143. Section 13661’s requirement that a housing authority “establish standards that prohibit admission” rather than outright prohibiting admission stands in stark contrast to the express prohibition found in Section 13663 relating to sex offenders.

144. In enacting QHWRA, Congress elected to use different words in Sections 13661 and 13663, and the deployment of different words indicates that Congress’ intent for prohibition for sexual offenders was absolute, while prohibition for “illegally using” a controlled substance is subject to the administering housing authority’s establishment of standards.

145. Congress’ intent, derived from the plain language of the QHWRA, makes clear that QHWRA does not require housing authorities to deny a Section 8 applicant who is using medical marijuana in compliance with state law.

WHEREFORE, Plaintiffs respectfully request this Court (i) issue an order declaring that the Quality Housing and Work Responsibility Act does not require the HAIC and other housing authorities administering Section 8 funding to deny admission to applicants lawfully using medical marijuana in accordance with state law and (ii) issue a permanent injunction prohibiting HUD and Secretary Fudge from

mandating that housing authorities that receive Section 8 funding automatically deny the admission of an applicant that lawfully uses medical marijuana under state law.

COUNT IV
DECLARATORY JUDGMENT
REASONABLE ACCOMMODATIONS UNDER STATE LAW

146. Plaintiffs incorporate paragraphs 1-145 as if fully set forth herein.

147. The HAIC is a Pennsylvania registered residential finance authority created pursuant to the Pennsylvania Housing Authorities Law. 35 P.S. §1544.

148. The HAIC is the entity responsible for administering all federal Section 8 housing funding for Indiana County, Pennsylvania.

149. In administering its federal funding for the Section 8 housing program, the HAIC is required to abide by and comply with Pennsylvania laws and regulations.

150. The Pennsylvania Human Relations Act (“PHRA”) prohibits discrimination in the leasing of housing on the basis of a disability and requires a reasonable accommodation in the “rules, policies, practices or services as may be necessary to afford equal opportunity “to use and enjoy ... housing.” 43 P.S. § 955.

151. Under the MMJ Act, no person may be “denied any right or privilege” for the “lawful use of medical marijuana”. 35 P.S. § 10231. 2103(a).

152. Individuals like Ms. Cease and Ms. Bloch, who are certified disabled and lawfully use medical marijuana to treat their disability, are required to be afforded reasonable accommodation under the PHRA. 43 P.S. § 955(h)(1).

153. HUD has threatened that it would cut off all Section 8 federal funding if the HAIC admits a Section 8 housing applicant that lawfully uses medical marijuana under the MMJ Act.

154. Based on HUD's threats to cut off funding, the HAIC has refrained from granting Section 8 housing applicants who are lawfully using medical marijuana under the MMJ Act, a reasonable accommodation in the HAIC's admission process.

155. Individuals like Ms. Bloch and Ms. Cease, who are disabled and lawfully treating their disabilities with medical marijuana under the MMJ Act, cannot be discriminated against on the basis that they use medical marijuana. 35 P.S. §10231.2103.

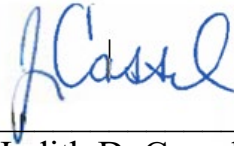
156. It is a reasonable accommodation for HAIC to allow residents to treat their disabilities with a medicine that is legal in Pennsylvania.

157. Accordingly, HUD's threat to cut funding if the HAIC complies with valid state anti-discriminatory laws is unlawful.

WHEREFORE, because the Plaintiffs should not have to choose between safe, effective, medicine and a home, Plaintiffs respectfully request this Court (i) issue an order declaring that the HAIC must afford a reasonable accommodation and may not

discriminate against any individual on the basis that they use medical marijuana, and
(ii) issue a permanent injunction prohibiting HUD and Secretary Fudge from cutting off funding for the HAIC for the HAIC's compliance with Pennsylvania's caselaw and anti-discriminatory statutory laws.

Respectfully submitted,



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Dated: September 18, 2023

ClassAction.org

This complaint is part of ClassAction.org's searchable class action lawsuit database and can be found in this post: [Class Action Alleges Legal Medical Marijuana Users Denied Section 8 Housing](#)
