

Oncology and Reimbursement Memo

How federal legality should support coverage and medically necessary use.

Medical Access + Coverage • Audience: Public / Staff / Partner • Draft v2.1 • whole-plant framework



What this resource does: *Frames cancer care as one of the clearest examples of why WRCL advocates for full implementation instead of partial federal adoption reform.*

Why oncology matters for WRCL

Cancer patients are among the groups most likely to face the gap between widespread public support for cannabis and the limited federal options available. Cannabis and cannabinoids are often discussed in cancer care for symptom relief, but current federal law lacks a clear framework that connects legality, research, product classifications, clinician confidence, and coverage.

Current baseline

- FDA has approved a limited number of cannabis-derived or cannabis-related drug products, but not a comprehensive oncology-focused cannabis framework.
- NCI recognizes that cannabis and cannabinoids are studied for cancer-related symptoms such as pain, nausea and vomiting, anxiety, and appetite loss.
- CMS Part D coverage functions based on medically accepted indications for qualifying prescription drugs, meaning federal legality alone does not automatically guarantee reimbursement.

What a serious federal approach should include

- Expand research focused on cancer symptom management, palliative care, and relevant delivery methods.
- A separate medical product lane for therapeutic use instead of forcing all care into the adult-use market.
- Clinician-safe pathways for recommending, documenting, and supervising medically necessary cannabis use where authorized.
- A federal coverage strategy that outlines how approved cannabinoid drugs, future therapeutic products, and other authorized medical categories interact with Medicare, Medicaid, and private payors.
- A phased policy approach that can ultimately enable Medicare coverage for cancer patients utilizing federally approved therapeutic cannabis products, provided that medically accepted indications, product standards, and payment criteria are met.
- Data systems capable of supporting real-world evidence, safety monitoring, and evidence-based payment decisions.

What WRCL should not promise

- Do not assume that whole-plant Cannabis will be widely reimbursed just because it is legalized.
- Avoid suggesting that current CMS rules already resolve this issue.
- Do not suggest that whole-plant products become Part D-eligible just because federal prohibition ends.
- Do not mistake support for symptom relief with evidence of cancer-fighting effectiveness.

Recommended WRCL posture

Frame oncology and palliative care as reasons why full implementation is important. The message is not that current federal law already supports these outcomes. The message is that a strong legal framework should be established so that cancer patients can eventually access research-backed medical treatments, achieve real coverage options under Medicare, and utilize choices supported by evidence, product categories, and statutory design.

Selected source basis

FDA regulation of Cannabis and cannabis-derived products — Current FDA baseline for THC/CBD in foods, supplements, cosmetics, and approved drugs. <https://www.fda.gov/news-events/public-health-focus/fda-regulation-cannabis-and-cannabis-derived-products-including-cannabidiol-cbd>

CMS Medicare Part D Manual, Chapter 6 — Current Part D coverage rules for prescription drugs used for medically accepted indications. <https://www.cms.gov/medicare/prescription-drug-coverage/prescriptiondrugcovcontra/downloads/part-d-benefits-manual-chapter-6.pdf>

NCI PDQ: Cannabis and Cannabinoids — Current NCI summary of evidence for cancer-related symptom use. <https://www.cancer.gov/about-cancer/treatment/cam/hp/cannabis-pdq>