

Virtual Cannabis Clinic Pushes for THC Insurance Coverage

As Federal Cannabis Rescheduling Inches Forward, A Virtual Cannabis Clinic Waits to See Whether Interstate Commerce and Insurance Coverage Will Follow

Emily Fisher is cautiously optimistic that federal marijuana rescheduling will eventually open the door to interstate commerce, allowing the medical cannabis industry to offer standardized products to patients across the country.

But Fisher, founder and chief executive officer of Leafwell, says that because of the politics involved, she'll just have to "wait and see" how it all shakes out.

Today, cannabis products can vary dramatically from state to state — not just in potency and formulation but in testing standards, labeling and availability. For patients who depend on cannabis to manage chronic or life-threatening conditions, that inconsistency can mean the difference between relief and relapse.

Fisher believes that true interstate commerce — if it comes — could smooth those disparities by enabling national brands, uniform quality standards and centralized manufacturing. But that outcome hinges on how federal regulators implement marijuana's expected move from Schedule 1 to Schedule 3 under the Controlled Substances Act.

A Breast Cancer Diagnosis at 26 Sparked a Personal Journey Into Medical Cannabis and Revealed Gaps in Clinical Guidance

Fisher's interest in medical cannabis is deeply personal. She started using marijuana as a breast cancer patient at age 26.

The experience was transformative. During her treatment and recovery, cannabis helped her manage pain and reduce reliance on opioids. But she also discovered something troubling: there was little clinical guidance to help her navigate dosing, product selection or potential drug interactions.

That lack of information and the broader absence of standardized medical oversight — prompted Fisher to launch Leafwell in 2019. Her goal was to create a telemedicine platform where patients could consult with trained healthcare providers about cannabis in a structured, evidence-informed setting.

Since its founding, the company has enlisted roughly 100 healthcare providers and served about 500,000 patients nationwide. Through virtual appointments, patients receive evaluations, education and, where permitted by state law, medical cannabis certifications.

Fisher's personal journey has also come full circle: her breast cancer has returned after 14 years. Once again, cannabis plays a role in her treatment plan.

The Shift From Schedule 1 to Schedule 3 Could Redefine Cannabis as Medicine and Accelerate Pharma-Based Development

The future of medical cannabis may soon look very different following President Donald Trump's Dec. 18 executive order directing that marijuana be reclassified from a Schedule 1 to a Schedule 3 drug — a designation that would officially recognize cannabis as having accepted medical use under federal law.

If finalized, rescheduling is expected to encourage research, lower tax burdens for cannabis businesses and potentially unlock new streams of institutional investment. It could also reshape how cannabis is regulated and prescribed, bringing it closer to the traditional pharmaceutical model.

For medical cannabis operators who have often taken a backseat during the rapid expansion of adult-use legalization, that shift could be a turning point.

In her view, the long-term trajectory is clear: more cannabis-based pharmaceuticals, more standardized formulations and eventual reimbursement by health plans.

That could mean FDA-approved cannabinoid medications developed through rigorous clinical trials — or standardized cannabis products manufactured under pharmaceutical-grade protocols. Either way, insurance coverage would represent a seismic change for patients who currently pay out of pocket in most states.

Employer-Sponsored Health Plans May Become a Catalyst for Cannabis Adoption as Companies Look to Reduce Healthcare Costs

With employers bearing much of the cost for job-based health insurance, they have strong incentives to explore benefits that could reduce overall healthcare spending. Fisher believes medical cannabis has the potential to do just that.

Leafwell is conducting research aimed at demonstrating that patients who use medical cannabis may visit doctors less frequently, file fewer claims and rely on fewer high-cost medications.

“When we have that data, it's going to be very powerful in driving adoption,” Fisher said.

The company plans to share its findings with businesses and benefits managers. It is already working with several employers open to considering cannabis as a covered therapy or reimbursable wellness benefit.

Under Leafwell's proposed arrangement, employees would consult with a cannabinoid specialist to review their current medications and receive a personalized care plan. The plan would include specific product recommendations and guidance on responsible use.

For employers grappling with rising pharmacy costs — particularly for chronic pain, anxiety and sleep disorders cannabis could emerge as a complementary or alternative therapy. But convincing insurers and benefits administrators will require robust data, standardized products and clearer federal rules.

Patchwork State Regulations, Data Gaps and Testing Inconsistencies Continue to Complicate Cannabis Integration Into

Mainstream Healthcare

Even as federal reform looms, significant hurdles remain.

One of the biggest challenges, Fisher said, is the lack of national standards. Cannabis remains regulated primarily at the state level, creating a patchwork of rules governing cultivation, testing, labeling and distribution. Certificates of analysis and lab results are not always consistent or reliable.

Leafwell aggregates anonymized patient data in an effort to identify patterns in dosing, efficacy and side effects. The goal is to move beyond anecdote and toward structured clinical guidance that mirrors traditional medical practice.

Fisher argues that the industry should adopt the rigorous protocols and quality controls long used by pharmaceutical companies. That includes standardized formulations, validated testing methods and clearly defined treatment pathways.

For years, medical cannabis programs in many states have been overshadowed by the rapid growth of adult-use markets. In some cases, medical programs have stagnated as companies chase higher-margin recreational consumers.

Rescheduling and insurance reimbursement could shift that dynamic, re-centering cannabis within the healthcare system rather than the retail marketplace.

Fisher predicts that as more peer-reviewed research emerges, physicians' interest in cannabis will grow. Greater scientific clarity around cannabinoids, terpenes and delivery methods could make doctors more comfortable recommending cannabis alongside or instead of conventional therapies.

For now, though, much depends on how federal regulators implement rescheduling and whether interstate commerce becomes a reality. Standardized products, insurance coverage and employer adoption all hinge on those next steps.

Until then, she and the broader medical cannabis industry remain in a holding pattern hopeful that a new chapter in cannabis healthcare is finally within reach, but realistic about the political and regulatory hurdles still ahead.

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