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Alternative and Holistic Medicines in Health Care and CBD... Is There a Path to Future Health Plan Coverage?

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I recently interviewed someone for my weekly podcast series, Benefits Executive Roundtable, on Holistic and Alternative Medicines in Healthcare (S5 E12), including the use of CBD and similar cannabis plant-based products. This particular podcast episode prompted me to do some more research and write this article, as this is an emerging healthcare science that could save health plans money and plan participants some pain and suffering, if more people had access to these products and methods. I then recalled various conversations I've had with my technology and HIPAA Security partner, Ted Flittner, of Aditi Group, who has been a long-term user of alternative medicine for the past twenty years, and asked him to give me an end-user perspective of alternative healthcare, nutrition and natural supplementation, from his perspective.

Currently, there is access through legal dispensaries, health care providers and other means, but the cost is 100% outside of your health plan. This can be very expensive and can restrict certain populations that may need and want these products and services. Is there a path towards future health plan coverage for alternative and holistic medicines like CBD and similar products? Let's examine that together.

First, I want to thank my podcast guest, Elisabeth Mack, who inspired me to write this article. She is an owner of Holistic Caring (HC) and The Green Nurse (GN) in Southern California, and as an RN, BSN, BA since 1987, who worked in hospitals until 1996, then completed her MBA in Healthcare Administration. She has also worked in the insurance industry, with her last post at Anthem Blue Cross as a Regional Sales Manager in San Diego. If you listen to the podcast episode, you will know instantly of her depth of knowledge and passion for what she calls Holistic Caring. When I asked her to tell me about her business, she said "We are running what I call an Ecosystem – a CBD & Cannabis HMO where we provide the HC programs, GN services, and needed to have a pharmacy, so we purchased Bloom Hemp CBD in June, 2023. Bloom Hemp is USDA Organic Hemp CBD grown in Evergreen Colorado, with 21 SKUs and 30 products that are expertly crafted and symptom-targeted formulations. With 8 tinctures, 6 topicals, 2 gummies, 2 capsules, and 3 isolates, we can fill the needs of patients new to cannabis and help people nationwide 'heal without the high'."

At Holistic Caring and The Green Nurse, they have what they refer to as "a dynamic double delight" – Holistic Caring is the online educational program(s) for patients and professionals, and the Green Nurse is the one-to-one nurse coaching for patients and mentoring services for nurses," commented Elisabeth. "We run the academy to train the nurses, and then we put them to work seeing patients in their own practice or through our own shop. We bridge the gap between cannabis and conventional medicine for people by providing the pertinent research and initial titration protocols on all products, so that patients can be successful in practical application."

Second, I want to thank Ted Flittner for giving me his thoughts on this topic, for a less technical and real-world perspective, which we will dive into shortly.

Background

Before we go further, let me back up and provide some additional background and information gathered from my research. CBD and other cannabis products in some form are legal in approximately 47 of 50 states, but there are many variances state-by-state on the sales, the percentage of THC, and more.

CBD, incidentally, is short for cannabidiol, which is a non-psychoactive compound found in the cannabis plant. For the most part, CBD is legal on the federal level, provided that it contains less than 0.3% of THC.

CBD is fully legal as of this writing in, from what I can gather, Alaska, Arizona, California, Colorado, Connecticut, the District of Columbia, Maine, Massachusetts, Michigan, Montana, Nevada, New Jersey, New York, Oregon, Vermont, Virginia, and Washington. In addition, CBD is conditionally legal in the remaining states, meaning that it may be legal under certain circumstances, such as for medical use or with a prescription, but otherwise it could be considered illegal.

Here in California, where cannabis businesses are allowed, be advised that certain cities or counties can prohibit cannabis businesses, just like they can with other retail businesses. According to the California Department of Cannabis Control, 44% of cities and counties allow at least one type of cannabis business (239 out of 539), 56% of cities and counties do not allow any type of cannabis business (300 out of 539), and 60% of cities and counties do not allow any retail cannabis business (324 out of 539). Cannabis business rules are set at the local level, and are regulated in two ways; by the state, and by their city or county. The state issues licenses based on the type of activity that a business performs. State license types include cultivation, manufacturing, testing laboratories, distribution, retail and microbusinesses. The main statute for cannabis businesses is in the Business and Professions Code. It is called, according to the Department of Cannabis Control, the Medicinal and Adult Use Cannabis Regulation and Safety Act. There are also statutes that set rules for people using cannabis in California. The Health and Safety Code has a section on cannabis with rules to prevent people under the age of 21 from getting cannabis, limits on how much cannabis a person can carry at a time, and requirements for medical cannabis.

Cannabis in California has been legal for medical use since 1996, and for recreational use since late 2016, according to Wikipedia.

Not surprisingly, California has been at the forefront of efforts to liberalize cannabis laws in the US, beginning as early as 1972, with the nation's first ballot initiative attempting to legalize cannabis under proposition 19. Although that first attempt was unsuccessful,

"Today, the pharmaceutical industry looks to nature for plants and compounds that have health benefits and then develops synthetic, patentable, forms of some small part of a certain plant or animal DNA. Drugs are driven by the ability to patent them for huge profit."

we later became the first state to legalize medical cannabis through the Compassionate Use Act of 1996 (Proposition 215). In November, 2016, California voters approved the Adult Use of Marijuana Act (Proposition 64) with 57% of the vote, which legalized the recreational use of cannabis.

Ted Flittner has "used only alternative healthcare, nutrition and natural supplementation for the last 20 years." When I asked him to provide some background, he stated, "When mainstream medical care and drugs couldn't solve my carpal tunnel syndrome in 2003, I stumbled upon holistic health practitioner, Shannon Eggleston, founder of Natural Healing Center (Newport Beach). My carpal tunnel went away early on, and I avoided surgery and drugs. We balanced my body with natural supplements, bodywork and diet. I never looked back since then and have had countless hours of study and workshops on wellness. I know that non-pharmaceutical options work better at getting to the root cause and long-term solution."

Ensuring Safety, Responsibility in Cannabis Use and the Highest Medical Benefit

In my podcast episode, I asked Elisabeth what they do to ensure safety and responsibility. In general, HC and GN create a "connection and synergy" between medical marijuana patients, providers, and registered medical dispensaries in an attempt to ensure it is consumed as prescribed. "In

our one-to-one coaching, we determine the client's goals and objectives, and help them meet their needs in the most efficient and cost-effective manner. In normal healthcare, a MD/NP directs the path to the pharmacy and the pharmacist tells you how to use the medications. We do that same thing here, connecting patients with their local dispensary, and helping them navigate the menu items to find medicinal formulations to accomplish their goals. If those don't work, we help adjust them until they do." That is not all they do, however. "We educate them on dosing because these products come in wide varieties of potencies – a tincture can be 300 mgs or 3,000 mgs. If they take 1 dropper, that can vary between 10-100 milligrams! Many patients come to our services after over-consuming and having a horrible experience with too much THC. The problem is, they've also had horrible experiences in conventional care, and many can't take those pharmaceuticals anymore. Many have cancer and need other options for healing than the chemo, radiation, or surgeries. We see kids

with autism, epilepsy, ADHD etc., with parents that need instruction on how to use CBD, CBG, CBN, THCV, CBDV, CBDA, THCA, and even low doses of THC to manage symptoms and improve quality of life. The same for geriatrics and navigating palliative care and hospice. We navigate them to personal success – whether that be NED from stage 4 cancer or being able to die with presence and peace."

Elisabeth elaborated on some of the legality issues I mentioned above in the Background. "Medical cannabis is legal in 38 states with 24 permitting adult use, but no clinical guidance is given at dispensaries. There are now 50 million Americans, or 18% of the population who are current cannabis users. Only 11% smoke cigarettes for comparison. Today over 70% of Americans support full legalization of cannabis and think it is benign, contrasted with 75% who think alcohol is dangerous and should be more regulated."

"Humans have always used plants and elixirs to balance our bodies and fight disease," stated Ted. "And myriad healing and wellness processes have been discovered and practiced that really work; often better than modern ones."

"The history of 'medicine,' 'pharmaceuticals,' and 'drugs' has taken many twists and turns," stated Ted. "Unfortunately, money, politics, and corruption, have created many misconceptions and untruths. All pharmaceuticals, drugs, or medical

supplements were once made directly from plants, animals, and minerals. Today, the pharmaceutical industry looks to nature for plants and compounds that have health benefits and then develops synthetic, patentable, forms of some small part of a certain plant or animal DNA. Drugs are driven by the ability to patent them for huge profit.”

I asked Ted about the scrutiny of medical cannabis. “Sure, in every industry there are legit players and scammers. But natural or ‘alternative’ medicines have been purposely vilified for more than one hundred years. Some for good reason, as unsavory sales people pitched outright fake cures and potions - mostly in the 1800's and early 1900's. But mostly, natural medicines have been thrown under the bus in a power play by the modern pharmaceutical industry to eliminate competition.”

Ted provided an interesting historical story of Motor Oil to CBD Oil, which I wanted to share with you. “In my view, the misconceptions of CBD oil tie to motor oil. Specifically to the monopoly that John D Rockefeller, founder of Standard Oil, created beginning in the 1910's. Rockefeller saw the petro-chemical based pharmaceutical industry potential. He funded the flawed Flexner Report in 1910 and used his influence in government and education to push for the slandering and elimination of the competition; natural non-allopathic healing modalities including naturopathy, homeopathy, plant and herbal medicine and others. Rockefeller's efforts led Congress to declare the AMA (American Medical Association) the only body with the right to grant medical school licenses in the United States. He then used the AMA to drive a synthetic pharmaceutical agenda and diminish what we now call alternative medicines and healthcare.”

Plant-Based Approach to Medicine

One of the advantages and positives of using cannabis products is that they are plant-based medicines, not produced by a pharmaceutical company. Many people have more confidence in the health benefits over anything plant-based over their pharmaceutical solutions.

I asked Elisabeth why it is so important to understand plant medicine. “Plant medicine has always been with us, with the first documented uses of cannabis dating back to 8000BC,” stated Elisabeth. “God made plants that would nourish our bodies and the healers among us have figured out how to use them. Phytonutrients – plant compounds as we know from herbal medicine – balance the body more gently than single molecule pharmaceuticals. Cannabinoids and terpenes made by the plant are to protect itself from

insects, UV light, and other pathogens. Cannabis compounds work in the body because they activate receptors that bring us into homeostasis, or balance at the cellular level. We named the Endocannabinoid System that because of the research into cannabis, finding the master regulatory system in our body. Endocannabinoids are made from essential fatty acids, and our diet is critical to our wellbeing in creating all we need to stay healthy.”

Elisabeth continued: “ We have more CB1 & CB2 receptors in our brain than any other receptor, and CBD modulates over 70 others such as serotonin, dopamine, mu (opioid), GABA, Glutamate, TRPV1, GP55... When we understand that plants are our friends, we stop fearing them and learn how to master their use. This is also happening now with psychedelics, which are being fast-tracked to help our mental health crisis and treatment resistant depression and PTSD. Historically it is hard to patent plants, so they were used by herbalists which were synonymous with witches at one point. Now we have bio-pharma pathways emerging.”

“Plant medicines and supplements don't come with the frightening fine-print warnings that pharmaceuticals do,” stated Ted. “When used in appropriate doses and ways, most plant-based cures have little to no side effects and overall health benefits.”

Common Uses Of Cannabis In Medical Treatments Today

It's widely reported that Cannabis is being used to treat Cancer and Chronic pain. According to “Medical Cannabis for Chronic Nonmalignant Pain Management”, published online in the National Library of Medicine, March 10, 2023, “Current cannabis research has shown that medical cannabis is indicated for symptom management for many conditions not limited to cancer, chronic pain, headaches, migraines, and psychological disorders (anxiety and post-traumatic stress disorder). Δ 9-Tetrahydrocannabinol (THC) and cannabidiol (CBD) are active ingredients in cannabis that modulate a patient's symptoms. These compounds work to decrease nociception and symptom frequency via the endocannabinoid system.” Further, this report states: “A total of 77 articles were selected after a thorough screening process using PubMed and Google Scholar. This paper demonstrates that medical cannabis use provides adequate pain management. Patients suffering from chronic, nonmalignant pain may benefit from medical cannabis due to its convenience and efficacy.”

Further, the report states: “Due to its association with decreased quality of life, opioid dependence, and negative impact on mental health, chronic pain is a common reason adults seek medical attention. Chronic

pain is assessed through the experience of patients, who, when asked, ‘how often have you experienced pain in the past three months?’ respond with ‘most days’ or ‘every day.’ According to the Centers for Disease Control and Prevention (CDC), in 2019, approximately 20.4% of adults in the USA had chronic pain, while 7.4% reported high-impact chronic pain. Chronic pain was highest among females (8.5%) and patients aged ≥ 65 . Non-Hispanic adults experienced more chronic pain (23.6%) and high-impact chronic pain (8.4%) in the past 3 months compared to their Hispanic and non-Hispanic Black/Asian counterparts [1].

“The current standard of treatment for chronic pain involves opioid analgesics, which can be problematic due to side effects ranging from severe constipation to respiratory depression and opioid dependence. The opioid epidemic poses a formidable challenge. The World Health Organization (WHO) estimates that approximately 0.5 million deaths yearly are attributable to drug use; more than 70% are due to opioid use [2]. Compounds derived from the Cannabis sativa and Cannabis indica plants have been studied and seen to have a therapeutic role in pain management while simultaneously decreasing opioid prescriptions among patients with long-term conditions such as chronic kidney disease [3, 4].”

In my podcast, I asked Elisabeth what are the most important things people should know about Cannabis use for cancer and chronic pain? “Chronic pain is the number one indication for medical cannabis use in America, and it is mostly an issue of inflammation and damage that occurred from injuries. Healing is complex and we don't take the time to rehab very well – leading to chronicity in pain that now one out of every four people live with. Medications are the first line of defense, but cause problems, including NSAIDs (hypertension, GI bleeds, stroke, kidney failure), Opioids (addiction, constipation, drowsiness, dopiness), Muscle Relaxants (drowsiness, dopiness, lack of coordination) etc. Pills and procedures rack up claims and do little to fix the underlying issues. Pain needs to be treated by reducing inflammation, increasing mobility (use it or lose it), and improving the nutritional tone (anti-inflammatory Mediterranean diet) to create root cause healing. Cannabinoids (all of them) are anti-inflammatory and reduce the excessive cytokines that create an overabundance of inflammation making joints and muscles hot, red, and sore. CBD can turn that down, while THC reduces pain signals traveling from the injury to the brain. They are a powerful 1 – 2 punch that can be effective and not harmful long-term like prescription drugs, and help patients move,

rest for deeper sleep, and hopefully begin craving healthier foods.”

Elisabeth then continued... “Cancer is an emerging field for cannabis, but already 40% of USA cancer patients are trying CBD and Cannabis products to reduce symptoms and tolerate other treatments. Cancer is now a chronic disease, and people battle off and on for years. Chemotherapy causes nausea, vomiting, wasting from not being able to eat, and neuropathies. Cannabinoids like CBD have proven effective at reducing all of those without compromising function. THC is feared because high doses will cause a ‘high’ that may be uncomfortable for some. THC can be controlled in a dose-dependent way to allow patients to use it without being high, and if they are a slight bit, that’s okay. Euphoria is the opposite of dysphoria, which most cancer patients have. It lifts mood, energy, appetite, decreases pain, improves sleep, and helps them laugh again. On another level, cannabinoids are being studied and used as anti-cancer compounds capable of apoptosis, inhibiting angiogenesis, and stopping metastasis and proliferation of cancer cells. They are biologically superior to most treatments, and one day we will have targeted cannabis therapies for various cancers... and I hope it’s soon.”

Today, CBD and THC is thought to perhaps also slow down the progression of Parkinson’s disease and MS. I asked Elisabeth to explain that further. “Neurodegeneration is common and for most of us inevitable. In movement disorders like Parkinson’s & MS, there is a breakdown in neurochemistry and signaling, and immune issues tied to inflammation. Cannabinoids are anti-inflammatory, preserve nerve cells, and repair signaling errors to slow tremors from excessive glutamate. In MS, there are losses of feeling and sensations, mobility, vision, incontinence, depression, and poor sleep. Sativex is a one-to-one CBD & THC ratio extract, approved in 30+ European countries for MS spasticity and it works well. 55% efficacy is seen with its use, and it helps the multiple co-morbidities above.”

In addition, cannabis products, including CBD, are also being used for Alzheimer’s and Dementia. “CBD is neuroprotective and antioxidant – meaning it can slow down nerve cell death and preserve cell vitality from oxidative stress (like rusting). It is non-psychoactive and can also stimulate serotonin directly, calming agitation, anxiety, and helps restore better sleep,” Elisabeth explained.

To explain further, Elisabeth continued. “THC is active at CB2 receptors – cleaning up the brain from amyloid plaques, and inhibiting acetylcholinesterase – which helps preserve acetylcholine, key to memory and cognition. Using them together is key; and we do that in ratios of CBD to THC.

Personalization is needed because every ECS varies, and people need very different things. We submitted a proposal for the ANA Innovation Grant on The CBD Project – using CBD in nursing homes to decrease the use of antipsychotics and sedatives and aiding geriatric patients’ quality of lives.”

Another use today is for a variety of mental health, autism, epilepsy, and autoimmune diseases. Keep in mind, however, that these products in many cases are not legal for use with children. These uses for such conditions are often for adult patients. I asked Elisabeth to talk about these uses today and in the future.

“Returning to the neurological – immune – endocrine – behavioral nexus, cannabinoids soothe erroneous signaling that cause these disorders,” Elisabeth explained. “Epidiolex is an FDA Approved pharmaceutical version of CBD for severe seizure disorders with almost 60% efficacy, and works for refractory cases where nothing else eliminated the 300 seizures a week. Autism responds to combination protocols, and we guide individualized dosing with CBD, CBG, CBN, THCA, THC, and use a toolkit of formulations and products. Auto-immune conditions happen when the body’s inflammatory pathways don’t turn off and attacks itself. Biological medicines try to help, but are expensive and CBD+ can do things in a more balanced way.”

Can Cannabis Be An Option for Anti-Drug Patients?

There is definitely a fear, a continued stigma, about using cannabis products. I’m afraid I’ve been one of them, being 100% anti-drug my entire life, and very healthy overall. I rarely get sick, and my only medical care has been primarily preventive or injury-related. I remember after having my ACL reconstruction surgery several years ago, when my surgeon put me on pain killers immediately after, which I was supposed to use for 5-7 days, and I pulled myself off of them after just 48 hours, and just lived with the pain with only over-the-counter pain killers instead, for fear of addiction and not wanting to feel like I wasn’t in control, and definitely not wanting to feel fog-brained or loopy. Perhaps I’d have been better off to try cannabis at that time, rather than the hard-core pain killers, but again, my stubbornness, my need for control and my high pain tolerance took over and I suffered rather than take the chance of getting into trouble with pain killers. After an auto accident five+ years ago when I was rear-ended, I have been living with back issues since. My chiropractor recommended CBD... I was stubborn and didn’t take his advice, but opted for daily (sometimes multiple times per day) use of my inversion table instead, although

that does not take away the pain. It does take some pressure off my spine, however, and I have continued to live with back pain. Now that I’m researching (which is what I do) and writing this article, I’m considering trying cannabis products myself.

So, with a history of that anti-drug stigma and fear, I asked Elisabeth about people like me... those of us that are “anti-drug” in general and won’t use anything that will make them feel “out of control” or “high.” I asked if there is a danger of addiction, and asked her to talk about the differences in CBD and THC in general.

“Many people are THC phobic, and that is due to 100 years of prohibition,” replied Elisabeth. “There is a huge stigma still, but it is fading as more people experience CBD, CBG, CBN, THCV, and other non-psychoactive cannabinoids for healing. You do not have to be high!!! However, THC is useful in low doses and tolerance can build, so that users can increase slowly to address their needs without impairment. Of all the plant compounds, THC is the only one that will cause changes to perceptions, moods, memory, coordination, anxiety, tachycardia, etc. The others can be used like taking any vitamins and supplements.”

Elisabeth continued with more information about THC and its uses. “THC does have addictive properties because it impacts the dopamine system and that is what leads to cravings and addiction. About 10% of users develop cannabis use disorder where they use more than intended and cannot stop. We must put this in perspective though, because if they’re healing from conditions or eliminating other drugs or alcohol in a harm-reduction manner, then it is a net positive. Everything needs to be personalized.”

I then also asked her about THC microdosing, as she’d explained to me in a pre-podcast discussion. “Microdosing THC is using low doses to accomplish specific goals (< pain, < anxiety) but not be impaired – contrary to those who do several big bong hits to purposely get high. This is key to controlling the experience and making it work for you; ie, dose every few hours to keep cannabis in the system to heal. Pharmacokinetics matter too – we discuss onset and duration with clients to help them manage their symptoms with many various products like vaping, gummies, capsules, tinctures, topicals... they all work differently.”

“Some laws were intended to stop abuse of cannabis as a recreational drug. It was lumped in with highly addictive opium. All the trash campaigns of cannabis overshadowed the real, demonstrated benefits of using cannabis in moderation and medicinally,” stated Ted. “US classification of cannabis as a schedule 1 drug has blocked

most well-intended scientific research in the US. That needlessly delayed our understanding of cannabis and the elements - CBD, THC, CBC, CBG, etc.

“Other countries like Israel led the way, including the basic discovery of the endocannabinoid system in our bodies. All that happened outside the US because research was blocked by US drug laws. And slowly we began to understand scientifically about CBD oil and its great benefits as a master regulator in our bodies. Truth and access have only come through uphill battles with CBD and THC, thanks to the entrenched monopolies of the AMA and Big Pharma,” continued Ted.

Holistic Wellness and Alternative Medicines - What Does This Mean?

Elisabeth's companies take the approach of “Holistic Wellness.” I asked her to explain what that means. “Holistic wellness is looking at the whole person – body, mind, spirit. Allopathic medicine looks at us in parts without seeing all the dependencies. Read some of Dr. Gabor Mate's work – When the Body Says No, or The Body Keeps the Score. Holistic looks at everything as interconnected and realizes the physical body responds to our stressful thoughts and environments. The four pillars of health are key to reclaiming wellbeing: Rest, Nutrition, Connection, and Movement. We teach people how to use cannabinoids to accomplish better health in the 4 pillars.”

Ted provided some additional insight as a user of alternative medicine. “First, it is important to remember that what is termed ‘alternative’ medicine today was just medicine or healthcare before the last century. Alternative is original medicine and healthcare. I've experienced it first-hand in my own life. I'm healthy and haven't taken a prescription drug in over 20 years, and most people think I'm a lot younger than I am. Through events and seminars I've met hundreds of wellness practitioners who have helped their patients heal from incurable or intractable health issues with natural remedies. And there continues to be new discoveries like redox molecules and stem cell therapies that don't rely on pharmaceuticals,” he stated. “We need to support all options that really work.”

Holistic Treatments, Alternate Medicine and Health Plans

Today, health plans generally don't cover holistic treatments and alternative medical treatments such as cannabis. Any costs related to such are generally paid out-of-pocket, with no health insurance reimbursement or coverage. However, that may be changing. We've already seen it with health plans offering things like acupuncture.

Will cannabis be next? Some feel our current system is “broken” or is not keeping up with the treatments many are seeking. I asked Elisabeth why she feels that healthcare in America is “broken.”

“I have been in medicine 40 years – since I was 17. We've always talked about patient-centered care, but never delivered it. I was a nurse, administrator, and patient, and it's not improved. Over 30% of nurses are leaving within the next year. Medical bills are the #1 cause of bankruptcy and chronic diseases rob our life expectancy... and the USA places near last in outcomes despite spending \$4.5 trillion dollars. There's a better way of patient empowerment and I believe the personalized, guided, professional use of cannabis products can heal us as a nation over time. I would love to put CBD in the water of every town and see how we respond and remember statistics that note removing hemp from the grain feed of agriculture in 1937 led to developing autism and other neurodegenerative diseases. What if we reversed that now – what would happen?”

Elisabeth has a theory about the 4 D's and how they stand in the way of government approval of cannabis products. “The 4 D's = Disconnect between providers, patients, and the dispensaries – no RX sharing; Distrust between patients and this new industry, products, people; Disorganization of 38 legal states with patchwork laws and no federal cohesion; and Dosing needs to be guided by clinicians with personalized cause / effect instruction.”

She also has what they call the 4 P's of Progress via holistic caring. “Professionalization to integrate process and protocols into healthcare; Provider training / mentoring for doctors, nurses, health professionals to participate; Products that are vetted, quality, standardized, consistent, reliable, GMP, USDA; and Patients need personalized dosing guidance and care by clinicians.”

One of the reasons people may not be using cannabis products is their cost, particularly if they are paying 100% out-of-pocket, with no health plan coverage. Can Cannabis be an effective prescription, and a more cost effective one? It's not cheap, especially if health plans aren't covering it. Is it a better and more viable option than its prescription pharmaceutical products?

I asked Elisabeth her thoughts on this.

“Health plans are not covering it today, but they will be soon! The (US) Department of Health & Human Services (HHS) has written to the DEA to reschedule cannabis to Schedule 3. This would slate it next to Marinol (synthetic THC), Tylenol with codeine, and steroids. In an election year, we believe 2024 will finally be the time, and Biden can expect an 11% increase in

polling if this happens prior to the election. Currently cannabis is a Schedule 1 – no medical benefits, highly addictive, and dangerous even in professional settings. Obviously, it does not belong in Schedule 1 due to enormous benefits, low addiction rates, and with 38 states providing data, we know that no one is dying.”

“Modern science of cannabis has been overshadowed by politics,” commented Ted. “The Federal government has been reticent to change since the [19]20's and [19]30's when cannabis and industrial hemp were villainized and criminalized. Laws continued to increase the criminalization well into the 70's and again in the 90's. Government is slow to remove laws or to admit to past mistakes. We really need to push for a modern, unbiased review of cannabis.”

Elisabeth continued her explanation. “Once it is rescheduled, FDA Approved versions – GMP products will be approved, and bio-pharma pathways developed will finally be explored. I also want to see coverage of the current botanical version because they will be much less expensive. Epidiolex is \$3,000 per month, whereas a quality 3,000 mg CBD oil can be purchased for \$100-150 per month. I hope to lead the industries – healthcare, insurance, and cannabis forward in creating benefit structures that are sensible and work for everyone. Cannabis is beginning to be offered by some carriers as an opt-in extra benefit, and a monthly allowance of \$200 is the norm in some contracts. Canada offers a \$5,000/year reimbursement program through HSAs and for Veterans with PTSD. There are innovative ways forward.”

Most health plans, as discussed, do not cover CBD or other cannabis products, or if they do, it's following an exhaustive approval process. How and when can plan participants get the use of CBD covered?

“There are carriers that are willing to try this already – approving a Cannabis Savings Card that members can use at participating dispensaries. Stay tuned for more on that,” Elisabeth replied. “But some are using HSA cards now, and Worker's Compensation coverage is the first to offer the step therapy coverage of cannabis for injured workers where other measures fail.”

Elisabeth continued: “We also need to build in CPT Codes for ECS counseling and medication adjustments just like we do for pharmaceuticals. Reimbursements are necessary to help mainstream these treatments as out-of-pocket coverage can be expensive without insurance participation. Once we begin documenting savings, more carriers will begin covering these options.”

“Health insurance plans drive choices in two ways: most obviously, what patients/the insured have to pay, and secondly,

perhaps more importantly, they influence the practitioner/doctor side,” stated Ted. “Many doctors who want to try natural and alternative options are afraid to wade into areas that aren’t covered by Medicare. So, they don’t educate themselves or their patients on these options. It’s a double whammy.”

I asked about the option for cannabis products being covered in self-funded health plans. Is there a way to offer these products and services in a self-funded health plan, particularly if it could save overall costs in the long run? Elisabeth replied: “Self-funded plans have a greater ability to steer care by getting creative. CBD can be given through a Nurse Coaching process where the four pillars of health are taught along with giving the member high quality CBD products in tinctures or capsules. We can offer App tracking to measure subjective changes, biometrics to measure objective improvements, and the nurses can document and coordinate the cost-effective delivery of the CBD system. Nurses are the missing link in this and will emerge as game changers – educators, healers, guides.”

Self-funded health plans would of course need plan amendments, approval from their stop loss carriers, and a confidence that this could save money in treatment plans over the long run. What type of research, reports, etc. are available to the self-funded marketplace or others to provide to their stop loss carriers, for example, to be able to cover these costs in their health plan? I asked Elisabeth. “My dear friend and colleague, Dr. Philip Blair saved one company \$537,000 in one year.” How, I asked?

“Design: 36 members w/ chronic inflammatory conditions: arthritis, diabetes, psoriasis, liver disease, cancer, and alcoholism - offered CBD and health coaching for a period of 1 year. Costs of CBD embedded in Nurse Coaching; Results: 26 members completed program with 30 positive clinical events. 34 pharmaceutical medications were reduced or discontinued (including Biologics).” Elisabeth broke down the savings as follows:

“8 Biologics (DMARDS) and Chemo avoided savings = \$301,425
3 Inpatient Hospitalizations Avoided = \$42,000
3 Procedures Avoided = \$138,000
Rx drugs discontinued = \$52,280
The Grand Total: \$ 537,705.”

Certainly, if we could gather more data like this, in a comprehensive study or studies, we would likely take large strides in gaining approval from stop loss carriers for self-funded plans and likely insured carriers also in covering cannabis products.

Stop Loss Carrier Involvement

While researching for this article, I reached out to a couple of our stop loss carriers for self-funded plans to see if they were allowing cannabis products and alternative medicines in their stop loss contracts, and accepting plan document provisions allowing these yet. Both said that they are concerned with the potential of addiction, and that there hasn’t been enough research and studies to convince them to allow coverage at this point. In addition, they felt that unless the government’s recategorization or rescheduling of cannabis products happens, it was unlikely that it would be widely accepted. One said they do not have any current self-funded health plans offering any of these products or services yet, and the other said they are looking into a limited benefit for one of their self-funded clients in California, but had concerns about multi-state acceptance of cannabis.

If fully insured carriers were to start allowing cannabis products in health plans, it’s likely that stop loss carriers would follow... But again, that “rescheduling” is key for the widespread future use in health plans.

Primary Takeaways

I think the biggest takeaway is that CBD and cannabis are medicines with huge potential and they are here to stay, so those of us concerned with the stigma or addiction questions should work on more acceptance, as they really do help a lot of people. When asked her biggest takeaway, Elisabeth replied: “This is the time to look at plants as our heroes and to try something new by trying something very old. We can live our best lives when we are balanced – body, mind, spirit, and cannabinoids are the perfect tool to help. It’s all about product choices, dosing, and optimizing the treatment plan on a daily basis.”

“Time after time I’ve seen people explore alternative medicines and wellness care only after trying everything that mainstream medicine has to offer,” stated Ted. “When they get fed up or get the answer ‘nothing else we can do,’ people finally try the alternatives and THEN finally heal. What if everyone had natural holistic care options available to them throughout life”?

A good question indeed, Ted... Now I just need to convince myself that it’s time to give it a try....

Author’s Note:

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