

Human Resources Legislative Update

WSIB Issues New Policy on Medical Cannabis

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The Workplace Safety and Insurance Board (WSIB) has issued Policy 17-01-10 [Cannabis for Medical Purposes](#) (Policy) which will come into effect on March 1, 2019.

The WSIB has previously covered the cost of medical cannabis in some circumstances, primarily for the relief of pain in accordance with section 33 of the *Workplace Safety and Insurance Act, 1997 (WSIA)*, which provides that a worker who sustains an injury is entitled to such health care as may be necessary, appropriate and sufficient as a result of the injury. There was not, until now, a specific policy addressing cannabis and entitlement was determined on a case-by-case basis pursuant to the *WSIA* and WSIB Policy *Entitlement to Health Care Document No. 17-01-02*.

The new Policy is quite detailed. To have entitlement to medical cannabis, a worker must have one of five conditions, although the explanatory note indicates that as the scientific research continues to evolve, more conditions may be approved. The person's condition must also be work-related – that is, it must be clinically associated with a work-related injury/illness or the treatment of a work-related injury/illness. The five work-related conditions set out in the Policy are:

- neuropathic pain
- pain and other symptoms in palliative care
- spasticity resulting from a spinal cord injury
- chemotherapy-induced nausea and vomiting
- loss of appetite associated with HIV or AIDS.

Before the WSIB will consider entitlement to medical cannabis for one of these five conditions, there are a number of elements that must be satisfied:

- the person must first exhaust appropriate conventional treatments for the work-related condition
- the treating health care professional must complete a clinical assessment of the person, which is similar to the WSIB's approach to other narcotics, such as opioids
- the worker must have a valid medical document or a written order and must comply with the dosing and route of administration criteria in the Policy
- the potential therapeutic benefits must outweigh the risk of harm to the worker. For example, if a person has a personal or strong family history of psychosis, medical cannabis will generally not be appropriate.

The Policy also sets out limits on dosing and administration as follows:

- the route of administration must not involve smoking
- the daily quantity of dried medical cannabis must not exceed 3 grams per day
- the medical cannabis should be CBD-rich with minimal THC
- the THC percentage of the medical cannabis must not exceed 9 per cent
- the milligrams (mg) of THC per day should be no more than 30 mg, but in no case shall exceed 75 mg.

The Policy also addresses the source of the medical cannabis. The medical cannabis must be obtained from a licence holder with whom the worker is registered as a client or from a hospital. No payment will be made where the worker obtains or seeks to obtain cannabis from any other source, e.g. personal production or a recreational cannabis retailer. The Policy does not provide for a maximum cap. If entitlement to medical cannabis is allowed, the WSIB will pay for the reasonable costs of medical cannabis and, where the approved route of administration is vapourizing, a vapourizer.

The Policy also provides for regular monitoring and follow-up. The WSIB will closely monitor and regularly review entitlement, including no later than three months after initial entitlement to medical cannabis is allowed, as well as no later than three months after a change to the person's dosage. Outside of these situations, regular reviews will be conducted no later than six months after the last entitlement review.

In summary, the new Policy sets out a detailed framework for adjudicators and provides some welcome clarity on when and in what circumstances medical cannabis will be approved by the WSIB.