



ONTARIO  
PHARMACISTS  
ASSOCIATION

## Office of the Chief Executive Officer

January 30, 2019

Ms. Suzanne McGurn  
Assistant Deputy Minister and Executive Officer  
Drugs and Devices Division  
Ministry of Health and Long-Term Care  
Ontario Public Drug Programs  
5700 Yonge Street, 5th Floor  
Toronto ON M2M 4K5

Dear Ms. McGurn;

**Re: Ontario Regulation made under the Ontario Drug Benefit Act Amending O. Reg. 201/96**

The Ontario Pharmacists Association ('OPA', the 'Association') appreciates the opportunity to provide comments to the proposed amendments to O. Reg. 201/96 under the *Ontario Drug Benefit Act, 1990* ('ODBA') that aim to revamp OHIP+ for Children and Youth.

OPA is committed to evolving the pharmacy profession and advocating for excellence in practice and patient care. As Canada's largest provincial advocacy organization, professional development and drug information provider for pharmacists, the Association represents and supports pharmacy professionals across Ontario and across all practice settings. By leveraging the unique expertise of pharmacy professionals, enabling them to practise to their fullest potential, and making them more accessible to patients, OPA envisions a more efficient and effective healthcare system that is predicated on healthcare's Quadruple Aim – enhancement in the provision of high-quality patient care, driving cost-efficiency for patients and the overall health system, facilitating and streamlining access to care in a way that improves the patient experience, and optimizing pharmacy workflow, workplace standards, system integration and scope of practice that improves the pharmacy provider's experience within Ontario's health system.

The Ontario Pharmacists Association acknowledges the efforts of the Ontario Government to mitigate costs to Ontario's health system and supports the government's objective to generate significant annual savings through OHIP+ reforms. The Association believes it is prudent for the Ontario government to leverage private insurance to share in the costs related to drug coverage for children and youth under 25 years of age. However, OPA would like to highlight its concerns with the proposed amendments in this consultation that might possibly create coverage gaps and inequities for many patients as well as introduce operational challenges and financial risks to pharmacy providers upon implementation.

**COVERAGE GAPS AND INEQUITIES**

On June 30, 2018, the Honourable Christine Elliott, Deputy Premier and Minister of Health and Long-Term Care, announced the Ontario government's intention "to fix the OHIP+ program by focussing benefits on



## Office of the Chief Executive Officer

those who do not have existing prescription drug benefits”.<sup>1</sup> With this announcement, Minister Elliott stated that “children and youth who are not covered by private benefits would continue to receive their eligible prescriptions free...[while] those who are covered by private plans would bill those plans first, with the government covering all remaining eligible costs of prescriptions.” With this statement, the Ontario government signified its intention to retain the policy of free access to eligible medications to children and youth under age 25 but would shift the onus of first payer to private insurers.

On November 15, 2018, the Honourable Victor Fedeli, Minister of Finance, unveiled “*A Plan for the People - Ontario Economic Outlook and Fiscal Review*”<sup>2</sup> which marked a dramatic shift in the intent expressed in the June 30, 2018 statement. The change would no longer guarantee free drug coverage for eligible drug products for those under 25 years of age and would stipulates that OHIP+ eligibility and coverage extends only to those without private insurance.

Under the original OHIP+ program, individuals under 25 years of age were generally protected against significant out-of-pocket costs stemming from claims deemed ineligible from government coverage, as these costs were typically picked up by the secondary private plan. While the original OHIP+ was operationally complex for pharmacy providers and costly to the Ontario government as the first payer, the program offered a financial safety net to children and youth through coordination of benefits (‘COB’), an industry standard when two or more insurance plans are in place. With the proposed amendments to O. Reg. 201/96, this COB standard would be removed, thereby creating inequities in coverage for children and youth. When considering the financial pressures facing today’s youth and their families, OPA is concerned that these amendments, if approved, may cause some to incur more out-of-pocket costs.

The Association is also concerned with the potential for unintended consequences resulting from the regulatory changes.

1. Impacts on Private Plan Coverage, including University/College Health Plans:

- There are rumours of some employers and/or insurers contemplating the dropping private coverage altogether for the under 25-year-old cohort to shift the onus back to government.
- Similarly, it is anticipated that many post-secondary school students may opt out of university/college insurance plans to avoid the need to pay the premiums. In either scenario, students would not only lose their private drug coverage, but also access to other important coverages, such as mental health counselling, vision care, vaccinations, dental care and physiotherapy, to name a few.

2. General Gaps in Coverage:

- There are a few instances where certain drug products may not be covered by a private plan but are ODB-eligible benefits (e.g., over-the-counter (OTC) remedies such as valve-holding chambers, acetaminophen, ibuprofen, Plan B<sup>®3</sup>). For children and youth who might require chronic or emergency use of such OTC products, the proposed revisions to OHIP+ for Children and Youth would create coverage inequities between those with and those without private coverage.

---

<sup>1</sup> Ontario Newsroom <https://news.ontario.ca/mohltc/en/2018/06/ford-government-making-ohip-more-cost-effective.html>

<sup>2</sup> A Plan for the People - Ontario Economic Outlook and Fiscal Review <https://www.fin.gov.on.ca/fallstatement/2018/fes2018-en.pdf>

<sup>3</sup> Plan B<sup>®</sup> is a trademark of Paladin Labs Inc.



### **RECOMMENDATION NO. 1**

To minimize the creation of gaps and/or inequities in coverage under a revised OHIP+ for Children and Youth program, the Ontario Pharmacists Association recommends that:

- i. Private insurance plans remain as primary payers but that the Ontario Public Drug Program would become the second payer such that it could absorb any residual payments through the allowance of coordination of benefits, and
- ii. The Ontario Public Drug Program becomes the payer of first choice in instances where the prescribed drug product is an eligible benefit under the Ontario Drug Benefit Program but not a benefit through the patient's private insurance plan.

### **OPERATIONAL CHALLENGES AND RISKS TO PHARMACY PROVIDERS**

As it relates to pharmacy operations, the Ontario Pharmacists Association and its members are particularly concerned with implementation of the new program and the process for claims verification. The onus falls to pharmacy providers to validate the presence or absence of private coverage. In the processing of every prescription for an ODB-eligible medication for those under 25 years of age, the pharmacy team must inquire on the presence of private insurance regardless of the drug in question. If no private coverage is in place, the pharmacy would submit a claim for an eligible drug product to Health Network System ('HNS') for adjudication utilizing a designated Special Service Code ('SSC'). The Ministry has indicated that the SSC will serve as a confirmation from the pharmacy that the child/youth does not have private drug plan coverage, and the code will be required for every claim submitted for an OHIP+ eligible recipient.

The Association is concerned regarding the accuracy of a patient's denial of private insurance coverage, as some patients might choose to inform the pharmacy team that they are uninsured to avoid paying out-of-pocket for a private plan's copayment and/or deductible. As the pharmacy has no mechanism to validate this information, there is a fear that use of the SSC will be insufficient proof of non-coverage attestation and that they could be held responsible and subject to recovery by Ministry auditors. While a solution is technically available by means of a signed document of attestation by the patient with each OHIP+ claim, it will add significantly to a pharmacy's workload to maintain this in their records for audit purposes.

### **RECOMMENDATION NO. 2<sup>4</sup>**

To indemnify pharmacies and pharmacy professionals in the event of a patient's inaccurate attestation of "no private coverage":

- The Ministry will assert that use of the SSC will be deemed sufficient evidence and documentation that the question of presence of private coverage was asked by the pharmacy team member and was answered by the patient, agent or guardian in the negative.

---

<sup>4</sup> Should Recommendation No. 1 above be deemed acceptable and approved by government, then Recommendation No. 2 becomes moot.



ONTARIO  
PHARMACISTS  
ASSOCIATION

## Office of the Chief Executive Officer

### **SUMMARY**

With this submission, the Ontario Pharmacists Association is expressing its thoughts and concerns for Ontario's children and youth (and their families). The Association applauds the revisions to the program that denote a shift to a more sustainable program and one that leverages existing drug coverage offered through private insurers as the first payer. However, OPA is concerned regarding the inability of pharmacies to coordinate benefits between private plans and OHIP+ and the possible creation of inequities in coverage for children and youth, as well as unintended shifts away from private coverage altogether. Given the financial pressures facing today's youth and their families, OPA fears these amendments, if approved, may cause some young persons (and/or their families) to incur more out-of-pocket costs.

This submission also addresses the interests and concerns of Ontario's pharmacists and technicians working in the community sector, as well as pharmacy software providers who technologically facilitate the care these professionals provide every day. OPA is seeking assurance from government that the amended regulations neither impact its members' practice workflow significantly nor introduce financial risk and uncertainty to pharmacy operators that could result from OHIP+ claims being submitted in good faith despite the undisclosed presence of private insurance.

The Association appreciates the opportunity to provide these comments and recommendations to the Ontario government and looks forward to working closely with you and your staff within the Ministry and with the Minister's Office to ensure a smooth transition to the revised OHIP+ for Children and Youth program. Should you have any questions or comments related to this submission, please do not hesitate to contact me at your earliest convenience by email at [bwilson@opatoday.com](mailto:bwilson@opatoday.com) or by phone at 416-441-0788.

Yours sincerely,

A handwritten signature in black ink, appearing to read "Bill Wilson".

Bill Wilson, BSP RPh FCSHP  
Interim Chief Executive Officer

cc: The Honourable Christine Elliott, Deputy Premier and Minister of Health and Long-Term Care  
Ms. Heather Watt, Chief of Staff, Ministry of Health and Long-Term Care  
Mr. Charles Lammam, Director of Policy, Ministry of Health and Long-Term Care  
Ms. Emily Beduz, Senior Policy Advisor, Ministry of Health and Long-Term Care  
Mr. Mike Cavanagh, Chair of the Board, Ontario Pharmacists Association  
Mr. Allan Malek, EVP and Chief Pharmacy Officer, Ontario Pharmacists Association  
Mr. Amedeo Zottola, Chief Financial Officer & SVP, Operations, Ontario Pharmacists Association