



**Neighbourhood
Pharmacy**
Association of Canada

Association canadienne
**des pharmacies
de quartier**

365 Bloor Street East, Suite 2003
Toronto, ON M4W 3L4
T : 416.226.9100
F : 416.226.9185
info@neighbourhoodpharmacies.ca
neighbourhoodpharmacies.ca

January 31, 2019

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

Dear Ms. McGurn,

The Neighbourhood Pharmacy Association of Canada (Neighbourhood Pharmacies) appreciates the opportunity to provide this Submission Brief regarding the Ministry of Health & Long-Term Care's proposed amendments to Ontario Regulation 201/96 made under the Ontario Drug Benefit Act (ODBA) pertaining to the OHIP+ program reform.

First and foremost, Neighbourhood Pharmacies supports the government's objective to support those vulnerable populations most in need of assistance with a fiscally responsible program that leverages the existing infrastructure and coverage provided by private plans to achieve savings of up to \$250 million. We welcome the opportunity to continue working closely with the government to improve access to medicines and related services for Ontarians. As we work together towards comprehensive coverage for children and youth in Ontario, there are a few critical considerations that we feel are important to address to ensure a seamless and successful implementation of the redesigned OHIP+ program, including the:

1. Verification of Eligibility
2. Definition of Private Plan
3. Resulting Gaps in Coverage

Verification of Eligibility

Neighbourhood pharmacies welcome the opportunity to support the transition from the OHIP+ program which was launched January 1, 2018, to the redesigned program to be launched March 2019. The current proposed mechanism to determine patients' eligibility for coverage relies on self-attestation from the patients which may or may not be reliable. Coverage can start, stop or lapse at any point in time, so validation would be required on an on-going basis. While pharmacists are capable and well positioned to verify patient eligibility for coverage, the nature of insurance coverage would require this validation of eligibility at every patient encounter. This has significant increased workload implications for pharmacy, and an increased potential for adjudication errors. Pharmacies act in good faith based on the information that is available to them, and in the absence of a mechanism to definitively validate coverage status, we would assume no claw-backs or liability to pharmacies processing claims according to the information made available to them as they continue to play an integral role in supporting the transition to the redesigned OHIP+ program.

We strongly recommend that the Ministry prioritize the updates to the HNS to enable real-time verification of patient coverage status and eligibility. While pharmacists are well positioned to support during a transition period, this is not a suitable solution longer-term. Additionally, we would expect indemnity for pharmacies acting in good faith based on the information made available to them during the transition, and retroactively, until the HNS can be updated to support the implementation of the program. We would also request a clear set of requirements that would be used should there be any audit verification of these claims, to ensure a transparent process.

Definition of Private Plan

To our knowledge, this is the first time "private plan" is defined in the ODBA or its Regulations. According to the ODBA Regulations 201/96 s. 3(8) regarding the Trillium Drug Program, "if the cost [...] or part of the cost of a product may be reimbursed under [...] an insurance plan or by an employer or a third party acting on behalf of an employer, [they are not] an allowable expense". The definition in the proposed regulations for O. Reg. 201/96 under the ODBA is overbroad and may unintentionally capture patients that in fact do not have private coverage, allowing some patients to fall through the cracks and remain uninsured. The use of the word Program or Account could unintentionally implicate individuals who receive some form of financial assistance through patient assistance, bridging or compassionate use programs. These patients do not actually have private drug coverage but are offered some financial relief through

various programs, such as manufacturer funded programs, disease-specific funds, or dedicated government or hospital funds.

We would recommend the following definition of private plan:

“Private Plan means a mechanism by which coverage can be obtained for a drug product through an employer, group or individual benefits provider, or a third party acting on behalf of an employer, group or individual benefits provider, regardless of the following:

1. Whether the drug product that could be eligible for coverage under the private plan is a drug product that has been prescribed for the person who has the plan and which the person is asking to be dispensed.
2. Whether the person who has the private plan or any other person is required to pay a premium, co-payment, deductible or other expense.
3. Whether the person who has the private plan has exhausted their entitlement under the plan”

This definition captures patients with true insurance plan coverage, but does not unintentionally implicate patients without coverage. This definition more accurately addresses the uninsured population without unintentionally excluding patients who do not otherwise have private insurance coverage.

Resulting Gaps in Coverage

We believe this program redesign is a positive step towards achieving a fiscally responsible universal program that ensures all children and youth residents of Ontario have access to drug coverage. The program aims to ensure that all uninsured children receive coverage under the public plan, but risks creating some gaps in coverage for the underinsured population.

The current program requires that patients with high out-of-pocket drug expenditure due to private plan co-payments and deductibles or annual plan limits receive additional coverage only through the Trillium Drug Program. These patients would be subject to annual Trillium deductibles and \$2.00 co-payments which are not incurred by other children and youth who receive coverage through the Ontario Drug Benefit Program through other streams such as social assistance, home care services, or residents in a home for special care or community home for opportunity. Additionally, some products (such as Valved Holding Chambers, and certain over the counter medications...) may be covered as pay-direct benefits under the public plans, but are either not covered or only covered through a pay and submit process under private plans. This creates significant gaps in coverage forcing patients with private plans to incur out-of-pocket

expenses that may present barriers to access, which would not be incurred by other children and youth covered under public plans. This could lead to unintended consequences in which children and youth may opt out of their private plans, which would cause them to also lose other health benefits (including vision care and dental care...etc.).

We recommend the Ontario Public Drug Program prioritize the online coordination of benefits between private and public plans to provide underinsured patients with secondary coverage through the OHIP+ program, rather than the Trillum Drug Program to reduce these gaps in coverage. Neighbourhood Pharmacies welcomes the opportunity to work with the Ministry to continue to close the gaps in coverage with a fiscally responsible program that provides equitable and accessible coverage to all children and youth living in Ontario.

Neighbourhood Pharmacies supports the government's decision to redesign the OHIP+ program and leverage the existing infrastructure and coverage provided by private plans. We welcome the opportunity to continue working closely with the government to improve access to medicines and related services for Ontarians.

Neighbourhood Pharmacies represents Canada's leading pharmacy organizations who deliver high value, quality care to Canadians in all models including chain, banner, long-term care, specialty and independent pharmacies as well as grocery chains and mass merchandisers with pharmacies. Our members are home to the most trusted providers of drug therapies, pharmacy-based patient services and innovative healthcare solutions. We advocate for community-based care through our members' high accessibility and proven track record of providing optimal patient care closer to where patients live, work and play. By leveraging the over 4,300 points of care with pharmacies conveniently located in every neighbourhood across Ontario, Neighbourhood Pharmacies aims to advance sustainable healthcare for all stakeholders.

Sincerely,

A handwritten signature in black ink, appearing to read 'S. Hanna', with a stylized flourish at the end.

Sandra Hanna
Vice President Pharmacy Affairs