January 31, 2019

Ministry of Health and Long-Term Care
Ontario Public Drug Programs
5700 Yonge Street, 5th Floor
Toronto, ON
M2M 4K5
Sent by email

Re: Proposed Amendments to Ontario Regulation 201/96 made under the *Ontario Drug Benefit Act*

To whom it may concern,

Thank you for the opportunity to provide input into the proposed amendments to Ontario Regulation 201/96 made under the *Ontario Drug Benefit Act*. The following comments respond to the current public consultation on behalf of members of the Canadian Life and Health Insurance Association (CLHIA). CLHIA and our member companies agree with the overall intent of the proposed changes, but are making recommendations to mitigate against unintended consequences as a result.

The CLHIA is a voluntary trade association with member companies that account for 99 percent of Canada's life and health insurance business. In Ontario, at the end of 2017, the life and health insurance industry provided more than 9.8 million Ontarians with private supplementary health insurance coverage and made payments of about $5 billion on prescription drugs.

We are in agreement with the general intent of these changes to ensure that children and youth under the age of 25 with existing private drug coverage will revert to having eligible drug claims reimbursed through the private plan. However, as the government moves forward with this change in the proposed amendments, the industry strongly encourages consideration of the following to preserve the revised program as planned, and avoid unintended consequences.

Require employers with existing drug plans for their employees and dependents to continue coverage for dependents under 25:
It will be important that the proposed amendments protect against opportunities for employers to remove coverage for Ontario dependents under age 25 years, thereby shifting responsibility to OHIP+. We encourage the government to consider including a requirement within the proposed regulations for employers with existing drug plans to continue providing this coverage to dependents in Ontario. We understand change could take time, and in the interim would strongly encourage a clear policy statement be considered to avoid unintended consequences as noted above.

Canadian Life and Health Insurance Association
79 Wellington St. West, Suite 2300
P.O. Box 99, TD South Tower
Toronto, Ontario M5K 1G8
416-777-2221 www.clhia.ca

Association canadienne des compagnies d'assurances de personnes
79, rue Wellington Ouest, bureau 2300
CP 99, TD South Tower
Toronto (Ontario) M5K 1G8
416-777-2221 www.accap.ca

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Definition of 'private insurance' in the proposed regulations:
The proposed regulations have the following definition of 'private insurance':
"*private plan" means an employer, group or individual plan, program or account, however described, that could provide coverage for, including the provision of funding that could be used to pay for, any drug product, 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.

The wording included in the above section is clear in that the individual is determined to have a private plan when there is some form of funding for a drug product. However, the additional proposed wording in the draft regulations (indicated below) confuses the situation. If the intent of this paragraph is to prevent employers from eliminating drug coverage, but providing other extended health coverage, to those persons under 25, it will need to be much clearer. This aligns to the first recommendation in our response.

(2.2) For the purposes of paragraph 3.1 of subsection (1),
a person is considered to have a private plan if they are in any way captured by the plan, including, without being limited to, being captured as a named insured, an unnamed insured or an additional insured.

Automate drug claims through the Trillium Drug Program:
We appreciate and support the continuance of the Trillium Drug Program to assist all Ontarians with out-of-pocket costs for drug claims once they reach their income-tested household threshold, regardless of private plan coverage. However, as the annual deductible is divided into quarters and is paper-based, it is very complex for patients, insurers, and pharmacists to navigate and integrate private benefits with the Trillium Drug Program.
Prior to OHIP+ being initially implemented in January 2018, Ministry staff worked closely with CLHIA and other stakeholders within the drug claim payment stream, to automate these claims. Unfortunately, the planned technology improvements to assist with ease of access were not implemented. With the changes to OHIP+ and the potential increased need for Ontarians to access this program, we encourage the government to complete this work. The industry would be happy to work with the government to assist with implementation as needed.

Communication to OHIP+ recipients regarding these changes:
At the operational level, the industry looks forward to working with the Ministry to develop common messaging and Frequently Asked Questions to ensure patients are aware of the changes and access to needed prescription drugs is not impacted during the transition.

We encourage, as a priority, that the Ministry launch general public communications well in advance of implementation to ensure awareness of the proposed changes.

We understand pharmacists will play a key role in ensuring that the correct payer is billed. As mentioned earlier in this letter, public program changes can sometimes create incentives for potential recipients to navigate around barriers. We would encourage communication of the patient obligation to disclose private coverage as pharmacists implement the Pharmacy Validation of Eligibility approach.

Transitioning EAP Patients:
Transitioning back Exceptional Access Program (EAP) patients will be most difficult for private insurers as the recipients are unknown to us. We understand that there are challenges with a Ministry communication direct to EAP patients but would request that the Ministry consider such a communication so that patients are aware of this change, particularly if other clinical requirements are needed.

Lastly, given the short timeframe, we'd request that the regulatory approval process be as efficient as possible.

We look forward to continuing to work with the Ministry of Health on ensuring that the transition of drug claims for children and youth under 25 years back to private insurance plans is managed smoothly and seamlessly. We would be pleased to discuss any of the issues raised and suggestions made in this submission in more detail at your convenience.

Yours sincerely,

Joan Weir

Director, Health and Disability Policy