

CITY OF HAMILTON

NOTICE OF M O T I O N

Board of Health Date: August 14, 2014

MOVED BY COUNCILLOR S. MERULLA.....

SECONDED BY COUNCILLOR.....

Provincially Supported Universal Drug Programs

WHEREAS, the Canadian Medical Association (CMA) identified and stated in their 2013 Health Care Reform, Change that Works document that, “Crucial to improved care is (A) universal access to comprehensive prescription drug coverage” (page 15),;

AND WHEREAS, there are segments of the population that report barriers to acquire financial support for drugs that are deemed required by an authorized health care professional and it is difficult to ensure access is obtained,

Therefore be it resolved:

That the Mayor write to the Ontario Provincial Minister of Health and Federal Minister of Health on behalf of City Council requesting that this matter be brought forward to the appropriate provincial and federal government officials to establish an action plan that would be considered consistent with the following CMA recommendations on page 15 of their report:

“Governments, in consultation with the life and health insurance industry and the public, should establish a program of comprehensive prescription drug coverage to be administered through reimbursement of provincial/territorial and private prescription drug plans to ensure that all Canadians have access to medically necessary drug therapies.

Such a program should include the following elements:

- a mandate for all Canadians to have either private or public coverage for prescription drugs
- uniform income-based ceiling (between public and private plans and across provinces/territories) on out-of-pocket expenditures on drug plan premiums and/or prescription drugs (e.g., 5% of after-tax income)
- federal/provincial/territorial cost-sharing of prescription drug expenditures above a household income ceiling, subject to capping the total federal and/or provincial/territorial contributions either by adjusting the federal/provincial/territorial sharing of reimbursement or by scaling the household income ceiling or both
- group insurance plans and administrators of employee benefit plans to pool risk above a threshold linked to group size
- a continued strong role for private supplementary insurance plans and public drug plans on a level playing field (i.e., premiums and co-payments to cover plan costs)

Furthermore the federal government should:

- establish a program for access to expensive drugs for rare diseases where those drugs have been demonstrated to be effective
- assess the options for risk pooling to cover the inclusion of expensive drugs in public and private drug plan formularies
- provide adequate financial compensation to the provincial and territorial governments that have developed, implemented and funded their own public prescription drug insurance plans
- provide comprehensive coverage of prescription drugs and immunization for all children in Canada
- mandate the Canadian Institute for Health Information (CIHI) and Statistics Canada to conduct a detailed study of the socio-economic profile of Canadians who have out-of-pocket prescription drug expenses, in order to assess barriers to access and to design strategies that could be built into a comprehensive prescription drug coverage program”