

August 29, 2008

Helen Stevenson, Executive Officer
Ontario Public Drug Programs
Ministry of Health and Long-Term Care
Hepburn Block, 9th Floor
80 Grosvenor St.
Toronto ON
M7A 1R3

Dear Ms Stevenson:

Re: Changes to Dispensing under the Ontario Drug Benefits Program

We are writing to you to express our concern regarding amendments to O.Reg.201/96 under the Ontario Drug Benefit Act, which took effect August 1, 2008. This change limits the payment of dispensing fees by the Ontario government to pharmacists for medications covered under the Ontario Drug Benefit Program to a maximum of twice monthly, except for certain exempted medications.

CMHA, Ontario is a non-profit provincial association, committed to improving services and support for individuals with mental illness and their families, and to the promotion of mental health in Ontario. We have 32 branches providing community mental health services throughout Ontario.

Our branches have reported that the change in regulation is having an impact on some of the most vulnerable people in Ontario, that is, people experiencing a mental illness and/or concurrent disorders. Many of these individuals have multiple health problems, including hepatitis C, diabetes and HIV/AIDS. The corresponding volume of prescribed medications that must be now stored under the terms of the new regulation increases risk, resulting in a greater likelihood of having one's drugs stolen, sold, or incorrectly consumed. Agencies expect they will be strained due to insufficient staff resources to monitor medication compliance and irregularities as closely as will be necessary under this situation.

Some medications are on the exempted list and others are not. In some cases, pharmacists are waiving the dispensing fees for the non-exempt medication and in other cases they are not. In one community mental health agency, one of their programs has been told their clients will no longer receive daily blister packs, while another program has been told that their pharmacist partner will continue to dispense weekly, absorbing the loss of the dispensing fee for those medications not on the exemption list.

Dispensing smaller amounts of medication supports an individual's ability to assume responsibility for their medication regimes, and therefore progress towards independence.

"Blister packs dispensed weekly...has been the only way [individuals] can be independent in taking their own medication at the right time." [Community Mental Health Agency]

The situation is even more complex for people who face additional life challenges. For example, returning to a rural community from jail with a mental illness and other health problems, without access to a family physician, can result in individuals having to navigate a number of obstacles to access prescription medication. Having to then deal with some medications being available daily/weekly and others bimonthly/monthly, can be stressful and discouraging.

"Our justice program clients...jump through a number of quite difficult hoops to get their medication...Most leave the jail with nothing... Combine this with [living in] an area that has no access to family doctors... Access to a prescription itself is often a 1-3 day process for case managers working with this client group. This [change] would be adding another hoop for this client group and would quite seriously discourage them from following their medication schedule." [Community Mental Health Agency]

The current regulation needs to be person-centred, rather than medication-centred. An exemption that allows vulnerable people to have their dispensing customized to their needs, including receiving their medications on a daily or weekly basis, is needed. Such an exemption would also support the Ministry's goal of increased financial efficiency in the health system, by reducing the risk of hospitalization due to misuse of medications and reducing the intensity of staff resources required for medication monitoring.

We are requesting that you consider the impact of the regulation on individuals with mental health and addiction needs, and other populations in-need. We look forward to hearing back from you.

Sincerely,



Michelle Gold
Senior Director, Policy and Programs