

## **CACC Position Paper on The Report of the Provincial Working Group on the Delivery of Oncology Medications for Private Payment in Ontario Hospitals**

### **User Fees for Hospital-based Cancer Treatment Violate the Canada Health Act**

The Ontario Ministry of Health and Long-Term Care is considering a proposal that would have patients pay directly for cancer treatments administered in hospitals, where these treatments are not funded by the government.

#### **PRINCIPLES**

Our health system is based on equal access for all citizens, regardless of income.

Cancer patients require and deserve equitable access to the most effective treatments for their disease. All citizens should be able to benefit from the hospitals their tax dollars built and operate, on terms that are equitable and fair, with no financial barriers to access.

Any hospital-based cancer treatment shown to be effective and appropriate for the patient should be provided by the hospital system without extra charges to the patient.

The CACC supports the principles of the Canada Health Act, which prohibits user fees for hospital care within the publicly funded health care system.

#### **COMMENTARY**

The proposal recommends that cancer patients pay for their own treatments when the province has decided the drugs are too expensive. An extra fee to administer the treatment would be collected by hospitals, in the range of \$250 for each infusion to \$2,500 for radioimmunotherapy. This violates the Canada Health Act and is unacceptable.

Ontarians pay taxes and pay a special levy for health. In this new proposal, patients suffering from cancer would be required to pay a third levy for essential treatments. This third levy targets the most vulnerable citizens, who are fighting for their lives.

The usual and historical interpretation of the Canada Health Act is that hospital treatments are available to all citizens at no charge.

The solution to Ontario's continuing problems in funding the acknowledged standard of care for cancer is not to create a private pay system, but to review why these standard treatments are not available to all Ontario citizens.

### **EXCERPT FROM THE CANADA HEALTH ACT**

"Hospital services" means any of the following services provided to in-patients or out-patients at a hospital, if the services are medically necessary for the purpose of maintaining health, preventing disease or diagnosing or treating an injury, illness or disability, namely,

- (a) accommodation and meals at the standard or public ward level and preferred accommodation if medically required,
- (b) nursing service,
- (c) laboratory, radiological and other diagnostic procedures, together with the necessary interpretations,
- (d) drugs, biologicals and related preparations when administered in the hospital,
- (e) use of operating room, case room and anaesthetic facilities, including necessary equipment and supplies,
- (f) medical and surgical equipment and supplies,
- (g) use of radiotherapy facilities,
- (h) use of physiotherapy facilities, and
- (i) services provided by persons who receive remuneration therefor from the hospital,

but does not include services that are excluded by the regulations;

## **RESPONSE TO RECOMMENDATIONS OF THE WORKING GROUP**

### **Recommendation 1**

Agree on common principles for formulary decision-making for IV cancer drugs that hospitals will continue to fund.

#### **CACC Position**

There are variations in the range of IV cancer drugs provided by hospitals from their global budgets, i.e., outside the New Drugs Funding Program and these variations should be reviewed and explained prior to developing solutions. If the recommendation is intended to create one list of drugs that hospitals offer to cancer patients, the process should engage all stakeholders, including patients.

### **Recommendation 2**

Recommend criteria through which unfunded drugs should be provided for private payment in Ontario hospitals.

#### **CACC Position**

This recommendation recognizes that using drugs outside their official indication or drugs that are still under review may be appropriate in selected cancer patients, and that unique patient circumstances should be met regardless of the drug's status. The CACC prefers this flexible approach for all cancer patients, rather than a select few.

### **Recommendation 3**

Recommend a mechanism for prioritizing patients for treatment based on availability of resources.

#### **CACC Position**

The Working Group appears to have conflicting advice: first that private-pay patients should not displace patients accessing publicly funded care; and second that patients should be seen according to urgency. It is highly likely that these two concepts would be in constant conflict. All cancer patients should be able to benefit from appropriate and timely cancer treatment.

### **Recommendation 4**

Develop the payment structure for the provision of unfunded drugs.

#### **CACC Position**

Medically necessary hospital care is protected by the Canada Health Act. Patients are not required to pay a user fee for services provided by hospital staff (infusion and nuclear medicine). It is not appropriate to create a new partition in cancer care, offering the newest and often more effective treatments only to patients who can afford pay.

**Recommendation 5**

Determine the optimal approach to purchasing and dispensing consistent with professional standards to ensure patient safety.

**CACC Position**

We agree that cancer treatments administered in hospitals should be purchased, prepared, admixed and dispensed by the hospital.

**Recommendation 6**

Make recommendations concerning requirements for documentation of patient care activities.

**CACC Position**

It is in the best interests of our health care system that all of the costs and outcomes of treatments and administrative processes be monitored to ensure development of a more effective and efficient system.

**Recommendation 7**

Develop mechanisms (e.g., review mechanisms) to ensure consistency of application across the province.

**CACC Position**

Consistency of best practices is the more desirable goal. Ontarians need to have confidence that effective cancer treatments will be provided by the hospital system. Where the global standard of cancer care is not covered in Ontario because of cost, a more robust model of economic analysis is called for, to take into account the totality of the effect of the drug on health system costs, including cost avoidance.