

A NATIONAL FORUM

On Catastrophic Drug Costs and the Insurability of Canadians

Multiple payers including provincial drug plans, employment-based insurance and compassionate programs of the pharmaceutical industry still leave wide gaps in prescription drug coverage. In the absence of reliable drug coverage, cancer patients must choose between financial solvency or the treatment recommended by their oncologists.

The shift from public to private payers, as amply put forth elsewhere in this publication, demonstrates the magnitude of the problem with oral, take home, cancer drugs. A further layer of tension exists for hospital based cancer drugs where provinces delay or deny funding for powerful new agents but “allow” patients to pay the hospitals directly.

Probing into the problems of un-and-underinsured cancer patients who cannot afford their cancer drugs exposes other complex issues under the surface. One of these is the battle between the federal and provincial governments over health care funding: the first one to blink has to pay. Another is the reluctance of most private insurers to assume responsibility for hospital-based drug costs, which they regard as the responsibility of governments. A third example would be the split opinions on whether a new type of coverage should be formulary based or available for any catastrophic drug cost.

Solutions require, at the outset, acknowledgement that a problem exists, recognition that it should be solved, and agreement that failure to solve it is unacceptable. On these points cancer patients are far ahead of their governments.

In some respects, payers, patients and planners simply did not foresee the evolution of the dilemma, arising from a patchwork of policies developed over time, finally converging on the shoulders of patients. The time for denial is past.

The national forum proposed by CACC is intended to engage public and private payers in acknowledgement of the new trend, i.e., retreat from public coverage of cancer drugs that leaves Canadians unaware of their vulnerability and unprepared for catastrophic costs.

When that reality is explored in a collaborative setting, the determination to find new solutions will not be far behind.

Employers, insurers, government payers, patient groups and researchers need a voice in this discussion. Each brings information, ideas and useful perspective on the workability of various scenarios.

The forum can be an opportunity to discover new funding partnerships, effectively closing the gap in coverage that poses such a threat to cancer patients. Depending on age, health status and even employment status the 11 per cent of Canadians who are un-or-underinsured have little other opportunity to find protection from unaffordable drug costs. The result should be the introduction of integrated and universal, public-private drug insurance.