

Editorial ? Pharmacare should be affordable here

A half-century has passed since Canada followed Britain and other industrialized countries in providing universal medicare for its residents.

But until now, our Provincially operated health care plans don't include universal drug plans.

In Ontario, for instance, we do have a new plan, dubbed OHIP-plus, that gives anyone younger than 25 free access to some 4,400 prescription drugs, and we've long since have a drug plan for those older than 65 which requires seniors to pay \$100 annually before having access to any prescription drug for a token \$6.11. But those between 25 and 65 who don't have a drug plan through employment have no protection against soaring drug costs.

That's why the federal government is finally committed to coming up with some form of universal 'pharmacare,' and has appointed Dr. Eric Hoskins to head up 'an Advisory Council on the Implementation of National Pharmacare.'

Until recently Ontario's health minister, Hoskins will take charge of a body which federal Finance Minister Bill Morneau said in his recent budget speech will have 'a mandate to study, evaluate, and ultimately recommend options on a path forward on pharmacare that puts Canadians first.'

Explaining the government's plan, the minister said that currently 'at least one in 10 Canadians cannot afford the prescription drugs they need. Every year, over a million Canadians are forced to give up food and heat in order to afford their medicines, and those who can afford to pay for their medication face some of the highest costs in the Organization for Economic Co-operation and Development (OECD).'

Since tabling the budget, the Minister has faced accusations that he is in a 'perceived conflict of interest' on the newly promised national pharmacare program because of his previous ties to Morneau Shepell, a pension and benefits consulting firm.

Those accusations followed remarks he made suggesting that the government is merely looking for a 'strategy . . . that deals with the gaps and that doesn't throw out the system we currently have.'

Those remarks were remarkably similar to the position taken by the Ontario government in the 1960s when it and Alberta initially opposed the advent of universal medicare.

Bowing to pressure from the private insurance industry, the government of Premier John Robarts in 1966 came up with a scheme to 'fill the gaps.' Called the Ontario Medical Services Insurance Plan (OMSIP), it made medical services available to anyone not covered by private insurers.

It didn't take long for the government to discover that the private insurers wound up covering all the healthy Ontarians and OMSIP got stuck with everyone else. The result in 1969 was OHIP (the Ontario Health Insurance Plan) which supplanted the private plans and covers everyone.

Morneau and Health Minister Ginette Petitpas Taylor insist that the government intends to 'listen to experts.' The health minister said the Hoskins report, due in the spring of 2019, will bring forward 'recommendations' to be considered along with a report expected soon from a Commons health committee that has studied the issue for two years.

If the Advisory Council looks at what has been done elsewhere, it will find that few, if any, countries provide free prescription drugs to everyone. Even under England's public health system, most people pay £8.60 (about \$15) each time or buy a pre-paid certificate for a set time period. (Free drugs are available for those over 60 or under 16, as well as pregnant women and those on social assistance.)

If the government opts for something similar to Ontario's current plan for seniors, the net cost to taxpayers of a universal pharmacare program should be relatively modest.