

This is not a new message for the government:

- In December of last year, the Ministry of Health's Advisory Committee on HIV and AIDS released Building on Our Strengths: Focusing Our Efforts -- Ontario's HIV/AIDS Plan to the Year 2000. It lays out the overall strategy for the province in addressing the AIDS crisis, and it also identified access to drugs as a top priority. It recommended:

Ontario should move immediately to develop a fair, equitable, income-sensitive prescription drug policy that would ensure that anyone with a life-threatening illness has access to the cost-effective prescription drugs he or she needs to enjoy quality of life.

- A year ago AIDS Action Now! submitted a comprehensive brief to the Minister on how a catastrophic drug funding program could be implemented. We reviewed the experience of other provinces and American and European jurisdictions, set out a structure through which a program could effectively and fairly operate, and developed cost estimates (we estimated a cost of \$24.6 million for HIV treatments).
- Two years ago, in the spring of 1992, a working group of clinical experts, primary care physicians, community representatives and Ministry personnel had also developed a plan for a comprehensive program.
- In addition to the Ministry's own advisory committee OACHA, the Ontario AIDS Network (front-line service providers from across the province), health care practitioners and dozens of community groups have all identified the high cost of drugs as the number-one barrier preventing PLWA/HIVs from getting the health care they need.

As the needs assessment says, there has been enough study. The government has had more than enough reports; all the necessary policy analysis has been done for it. Now is the time for action

Action Needed on Two Fronts

- The Ontario Drug Benefit Program must be expanded to cover all people living with HIV/AIDS -- and other catastrophic illnesses -- immediately.
- But that won't be enough to ensure equitable access to treatment. The formulary of the ODB program does not cover many of the most important treatments for HIV/AIDS and it is very slow to include the latest most promising treatments.
 - A good example is Rifabutin. It is a crucial prophylactic treatment for MAC, a common opportunistic infection that is one of the leading cause of death for

PLWA/HIVs. It received its federal notice of compliance -- meaning that it was approved for marketing -- a year ago. But it is still not on the Ontario formulary. So, if your CD4 counts are low and you are at risk of getting MAC, than you had better have some \$200-250 a month to pay for Rifabutin.

- The formulary needs to be immediately expanded to cover all useful HIV treatments. One mechanism could be to establish a working group within the Drug Quality and Therapeutics Committee of the ODB with significant PLWA/HIV representation and specialized expertise. This group would develop a sub-listing within the formulary for HIV treatments and mechanisms to keep this sub-listing up to date as treatments evolve.

Cost

We understand that the proposal to Cabinet estimates that the cost of a catastrophic drug program would be \$60 million.

- That is a significant amount of money; but it is also worth remembering that it would only amount to about 1/3 of 1% of the Ministry of Health budget.
- In fact, expenditure on a catastrophic drug plan will save significant amounts elsewhere, all highlighted in the OACHA needs assessment.
- People will no longer have to quit their jobs to go on welfare to get the ODB card, which will cover some of their drug costs. What happens now is that productive employment is lost to society as a whole and the individual loses the autonomy and self-esteem associated with employment. If the government had a comprehensive plan, it would be paying for the drugs anyway, but it wouldn't also be paying to keep a person on social assistance unnecessarily.
- Similarly, the high costs of drugs means that some people get sicker faster than they would have with proper treatment, and that some are hospitalized sooner than they need to be. It takes only a few days in hospital (at over \$800 a day) to be more expensive than the prophylactic treatment that could have kept people well longer.
- In fact, it is not unusual for people with AIDS to be hospitalized when it is not medically necessary at all, simply to get drugs that they cannot afford.
- We estimated that these types of cost savings, for people living with HIV/AIDS alone, would amount to at least \$10 million.

- We need to always remember the human cost of the government's inaction to date:
 - At the moment people with HIV/AIDS are forced to make their health care decisions for all the wrong reasons. Many must decide on treatment options not in terms of what can contribute to a healthier and better quality life, but in terms of what drugs they can afford to buy.
 - Because Ontario does not have a catastrophic drug funding policy, many PLWA/HIVs get sick with illnesses that could be prevented or delayed, or die before they need to because they can't pay for treatment.
- In terms the government likes to think in these days, investment in a catastrophic drug plan is highly cost-effective.
 - Its benefits are clear and immediate: equitable access to treatments will improve people's health.
 - And a comprehensive plan will result in significant savings elsewhere: people will no longer have to quit their jobs and go on welfare; people will not longer be hospitalized unnecessarily; and access to effective prophylactic treatment will mean that serious illnesses, with their much more expensive treatment, will be averted or delayed.
- Where is the money going to come from? A simple answer is that if the Ministry of Health had not given away control of the health budget to the Ontario Medical Association in its special agreement with the OMA, then there would be money for such essential reforms.
 - For example, the government is going to allow high-income physicians to incorporate. This is nothing more than a way of these doctors avoiding taxation. The Ministry hasn't said how much this incorporation would cost, but it may very well be more than enough to cover a catastrophic drug program.