

## Pharmacare cuts: a bad plan

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After the new Liberal government passed its 90-day timeline in August, the real Liberal agenda started to come clear.

In September, Health Services Minister Colin Hansen said that Pharmacare is up for review, and said the ministry is looking at cuts to the program as part of the governments push to reduce provincial spending. The review of Pharmacare was fast-tracked, and left almost no time for public input on a very important public program.

In fact, the review has been fast-tracked so much that in October, the government announced the de-listing of a number of drugs, saying the MSP and Pharmacare changes were done to -protect patient care." And Minister Hansen made it clear that this was just the beginning of cuts to Pharmacare and other aspects of our public health care system.

As a pharmacist, I am concerned about what reducing Pharmacare and MSP coverage means for the people I see. Drugs that treat minor conditions may be foregone for people who dont have a benefit plan that covers those medications, and the result could be that the minor conditions develop into serious health problems.

Even before these cuts to Pharmacare many patients, particularly seniors, have been concerned that the medications that they have been provided in hospital will not be paid for by Pharmacare upon discharge from hospital. This situation will be worsened by continuing Pharmacare cuts and may result in unnecessary delays in hospital discharges.

Similarly, eye exams are an important screening for people who may develop glaucoma or diabetes. For British Columbians on a tight budget, dropping a regular eye exam to save the \$50 or \$75 cost of the exam could result in a longer-term drain on the medical system.

Prevention of injury and illness is a critical ingredient to improved health. The more the preventative measures are cut to find some quick savings in the health care budget, the more our health and our health care system pay in the long run.

British Columbias Pharmacare system is an efficient one. BC has managed to keep the annual per capita cost of drugs at the nations lowest, despite the fact that at 13 per cent we have the highest percentage of citizens over the age of 65. In fact, BC spends less of its total health care budget on drug expenditures than any other province.

The government is also considering means testing for seniors to reduce coverage for those who are deemed to be able to afford to pay for a higher proportion of their medication costs. This is likely to result in many patients, those neither rich nor extremely poor, making tough decisions to forgo the medications they require to maintain their health. Resulting hospital admissions will easily wipe out Pharmacare savings.

Pharmacare works because it has found ways to control drug costs by requiring the use of generic and low-cost options that have been proven to be as clinically effective as the patented equivalents.

Reducing the number of drugs covered by Pharmacare directly hits British Columbians in the pocket ... either because they have to pay for the drugs directly themselves or through benefit plan premium increases. Pharmacists can work with patients and physicians to identify alternative medications to meet their needs but this will likely result in increased billing to MSP for physician visits, wiping out any real savings for the taxpayer.

*Rae Johnson represents Region 6 on HSAs Board of Directors.*

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