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Adversaria

We begin this edition with a paper by Deber and Gamble of the University of Toronto. The topic is one that is frequently debated in Canadian policy circles – the boundaries of what should be covered by medicare. The authors completed a survey of 2,523 policy elites from across Canada to solicit their views on what types of healthcare services should be insured. The survey was conducted in both French and English and the findings were available for consideration by the Romanow and the Kirby investigations.

Deber and Gamble asked questions about 48 potential services and the extent to which these should receive full-funding, partial coverage, subsidized coverage or should not be included at all. As would be expected, the results showed that coverage should continue to be provided for hospitalization services as well as most medical services although for the later there appeared to be some sympathy for co-payment arrangements. Findings also suggested that innovative and elective services could be considered. Concerning drug coverage, respondents indicated that the current trend of supporting drug costs while patients are hospitalized should continue but there was not much support for broadening the medicare coverage for ambulatory care drug use. While the survey results were important in that they provided evidence of the elites' views, the authors also conclude that it is time to move on from this debate.

Next, Coombes, Morgan, Barer and Pagliccia at the University of British Columbia address the very important question of which provincial pharmacare model would best protect Canadians against catastrophic drug costs. In February 2003, the First Ministers' Accord on Health Care Renewal indicated a commitment to ensure that all Canadians have reasonable access to catastrophic drug coverage. The study by the current authors compared the private financial burdens from prescription drugs that Canadian households would face if any of the provincial pharmacare models were adopted as the national standard. By simulation modeling, the authors calculated household private financial burden by applying the cost-sharing rules from provincial drug plans to a nationally representative set of 4,860 household types differing in size, age composition, income and drug expense levels. The proportions of households that would face private out-of-pocket payments exceeding critical, or catastrophic, percentages of household income were calculated. The results showed that the provincial pharmacare models are quite varied in the financial burden due to prescription drug costs. Coombes et al. suggest that comprehensive, tax-financed pharmacare models that limit out-of-pocket expenditures to a given percentage of income, such as those found in British Columbia, Saskatchewan, Manitoba and Ontario, provide the greatest protection against catastrophic prescription drug costs. This suggests that a standard approach would be more in keeping with the National Health Insurance program in Canada.

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