

June 6, 2006

PROPOSED AMENDMENTS TO BILL 102 AT SECOND READING

Tougher provisions to eliminate rebates

- Empowering the Executive Officer to penalize any pharmacists or pharmacies that accept rebates by clawing back the full amount of the rebate
- Amend the definition of manufacturer to clarify that the ban on rebates includes a supplier, distributor, broker, or agent of a manufacturer.

Clarify 'professional allowances'

- Clarify the term "professional allowances" and develop a new Code of Conduct for their use
- Enable the creation of a regulation that would allow up to 20 per cent of public sector generic sector sales to be paid as professional allowances by manufacturers to pharmacists. There would be no percentage limit on professional allowances on private sector sales.

Include new Councils

- Establish Pharmacy Council and Citizens' Council in the legislation.

Review recommendations not to list drugs

- Establish a process to review recommendations or decisions not to list a drug product that are made by the Committee to Evaluate Drugs or the Executive Officer.

Improve the transparency of the Executive Officer and Drug Benefits program

- Require the Executive Officer to prepare an Annual Report.

Encourage innovation

- Establish a joint working group with industry and the Ministries of Health and Long-Term Care, Research and Innovation, and Economic Development and Trade to promote investment in Ontario.

Clarify generic drug interchangeability (generic drug substitution)

- Define "similar active ingredient"
- Delete the provision that would have allowed a pharmacist to interchange drugs for similar products.

Clarify intent that therapeutic substitution not permitted

- Clarify that nothing in the legislation permits therapeutic substitution.

Strengthen the Principles in the Legislation

- Include "patients" with consumers and taxpayers: "The public drug system aims to meet the needs of Ontarians, as patients, consumers and taxpayers"

- Include importance of timeliness: “Funding decisions for drugs are to be made on the best clinical and economic evidence available, and will be openly communicated, in as timely a manner as possible, to the greatest extent possible.”

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