

EC2022-382

DRUG COST ASSISTANCE ACT
DRUG COST ASSISTANCE PROGRAM REGULATIONS
AMENDMENT

Pursuant to section 21 of the *Drug Cost Assistance Act* R.S.P.E.I. 1988, Cap. D-14.1, Council made the following regulations:

1. **Section 1 of the *Drug Cost Assistance Act* Drug Cost Assistance Program Regulations (EC367/14) is amended**
 - (a) **by the addition of the following after clause (e):**
 - (e.1) **“nurse practitioner”** means a nurse practitioner authorized under the *Regulated Health Professions Act* R.S.P.E.I. 1988, R-10.1, to practise as a nurse practitioner in the province;
 - (b) **by the revocation of clauses (e) and (g).**
2. **Clause 7(2)(a) of the regulations is amended by the addition of the words “or nurse practitioner” after the words “medical practitioner”.**
3. **Subsection 8(2) of the regulations is amended by the addition of the following after clause (b):**
 - (b.1) the first \$20 of the cost of each unit of glucagon dispensed;
4. **Clauses 9(1)(c) and 12(1)(c) of the regulations are amended by the deletion of the words “line 236” and the substitution of the words “line 23600”.**
5. (1) **Subsection 19(1) of the regulations is amended by the addition of the words “or assured income under the *Supports for Persons with Disabilities Act* R.S.P.E.I. 1988, Cap. S-9.2” after the words “Cap. S-4.3”.**
 - (2) **Subsection 19(2) of the regulations is amended by the addition of the words “or assured income under the *Supports for Persons with Disabilities Act*” after the words “*Social Assistance Act*”.**
6. (1) **Part 11 of the regulations is amended**
 - (a) **by the deletion of the word “Disease” wherever it occurs and the substitution of the word “Infection”; and**
 - (b) **by the deletion of the word “disease” wherever it occurs and the substitution of the word “infection”.**

- (2) **Section 31 of the regulations is amended by the addition of the words “or nurse practitioner” after the words “medical practitioner” wherever they occur.**

7. **Part 12 of the regulations is revoked and the following substituted:**

PART 12

Substance Use Harm Reduction Drug Program

33. Definitions

In this Part,

- (a) **“Program”** means the Substance Use Harm Reduction Drug Program established under this Part;
- (b) **“substance”** means alcohol or an opiate.

34. Establishment of program

- (1) There is hereby established a program under the Plan entitled the Substance Use Harm Reduction Drug Program.

Eligibility criteria

- (2) A resident is entitled to benefits under the Program if
- (a) a medical practitioner or nurse practitioner recommends drug therapy for the resident for substance dependency; and
- (b) the resident is entitled to payment for basic health service benefits under the *Health Services Payment Act* and the *Hospital and Diagnostic Services Insurance Act*.

Cessation of eligibility

- (3) An eligible person ceases to be eligible for benefits under the Program and the person’s coverage ceases on the earliest day that
- (a) the person leaves the province to establish residence in another province or country;
- (b) a medical practitioner or nurse practitioner no longer recommends drug therapy for the person for substance dependency; or
- (c) the person ceases to be entitled to payment for basic health service benefits under the *Health Services Payment Act* and the *Hospital and Diagnostic Services Insurance Act*.

Transitional

- (4) A person who was enrolled in the Opioid Replacement Therapy Drug Program as it was established under this Part on May 31, 2022, is deemed to be enrolled in this Program on and after June 1, 2022, until the person ceases to be eligible for benefits under subsection (3).

35. Benefits

- (1) The benefits under the Program include drug therapy for substance dependency.

Eligible cost payable

- (2) Subject to any requirements set out in the formulary, the Program shall pay to or on behalf of an eligible person the eligible cost of the benefit claimed.

8. **Subsection 36(1) of the regulations is revoked and the following substituted:**

36. Definitions

(1) In this Part,

- (a) **“dependant”** means a child of a person or the person’s spouse, who
- (i) is under 19 years of age and does not have a spouse, or
- (ii) is 19 years of age or over but under 25 years of age, is a full-time student and does not have a spouse;

- (b) **“household”** means a person, the person’s spouse, if the person has a spouse, and any dependants;
- (c) **“household income”** means the total income of the persons in a household, other than any dependents, calculated in accordance with Schedule E;
- (d) **“program”** means the Insulin Pump Program established under this Part;
- (e) **“year”** in relation to the program, means a period of 12 months commencing on the date of enrolment or anniversary of enrolment of a person, as the case may be.

One household

- (1.1) For the purpose of this Part, no person may be considered to be part of more than one household and spouses shall be considered part of the same household unless the administrator is satisfied they are separated in accordance with section 47.

- 9. (1) Subsection 37(2) of the regulations is amended by the addition of the words “or nurse practitioner” after the words “medical practitioner”.**

- (2) Subsection 37(3) of the regulations is amended**

- (a) **in the words preceding clause (a), by the addition of the words “on the earliest day the person” after the words “coverage ceases,”; and**
- (b) **in clauses (a), (b), (c) and (d), by the deletion of the words “on the day the person”.**

- 10. Section 38 of the regulations is revoked and the following substituted:**

38. Program benefits

- (1) The benefits under the program include
- (a) one insulin pump of a type approved in the formulary, every five years; and
 - (b) the annual supplies approved in the formulary and required for the operation of the insulin pump set out in Schedule G,
- but do not include insulin or blood testing strips.

Amount payable to or on behalf of eligible person

- (2) Subject to any requirements set out in the formulary, the program shall pay to or on behalf of an eligible person
- (a) in respect of a benefit described in clause (1)(a), a percentage of the eligible cost of the benefit claimed, based on the eligible person’s household income, as set out in Schedule F; and
 - (b) in respect of a benefit described in clause (1)(b), a percentage of the eligible cost of the benefit claimed, based on the eligible person’s household income, as set out in Schedule F, to the maximum aggregate amount for the supply per year set out in Schedule G, subject to proration.

- 11. Subsection 38.1(1) of the regulations is revoked and the following substituted:**

38.1 Definitions

- (1) In this Part,
- (a) **“dependant”** means a child of a person or the person’s spouse, who
 - (i) is under 19 years of age and does not have a spouse, or
 - (ii) is 19 years of age or over but under 25 years of age, is a full- time student and does not have a spouse;
 - (b) **“household”** means a person, the person’s spouse, if the person has a spouse, and any dependants;
 - (c) **“household income”** means the total income of the persons in a household, other than any dependents, calculated in accordance with Schedule E;
 - (d) **“program”** means Ostomy Supplies Program established under this Part.

One household

- (1.1) For the purpose of this Part, no person may be considered to be part of more than one household and spouses shall be considered part of the same household unless the administrator is satisfied they are separated in accordance with section 47.

12. (1) Subsection 38.2(2) of the regulations is revoked and the following substituted:**Eligibility criteria**

- (2) A resident is eligible to be enrolled in the program if the resident
- (a) has a permanent abdominal stoma; and
 - (b) is entitled to payment for basic health service benefits under the *Health Services Payment Act* and the *Hospital and Diagnostic Services Act*.

(2) Subsection 38.2(4) of the regulations is amended

- (a) **in the words preceding clause (a), by the addition of the words “on the earliest day the person” after the words “coverage ceases,”; and**
- (b) **in clauses (a) and (b), by the deletion of the words “on the day the person”.**

13. Section 38.3 of the regulations is revoked and the following substituted:**38.3 Program benefits**

- (1) The benefits under the program include the supplies specified in the formulary that are required for the maintenance of an abdominal stoma and the collection of bodily waste.

Amount payable to or on behalf of eligible person

- (2) Subject to any requirements set out in the formulary, the program shall pay to or on behalf of an eligible person a percentage of the eligible cost of the benefit claimed, based on the eligible person’s household income, as set out in Schedule F, to a maximum aggregate of \$2,400 in a program year, subject to proration.

14. The regulations are amended by the addition of the following after section 38.3:**PART 13.2****Diabetes Glucose Sensor Program****38.4 Definitions**

- (1) In this Part,
- (a) **“dependant”** means a child of a person or the person’s spouse, who
 - (i) is under 19 years of age and does not have a spouse, or
 - (ii) is 19 years of age or over but under 25 years of age, is a full-time student and does not have a spouse;
 - (b) **“household”** means a person, the person’s spouse, if the person has a spouse, and any dependants;
 - (c) **“household income”** means the total income of the persons in a household, other than any dependents, calculated in accordance with Schedule E;
 - (d) **“Program”** means Diabetes Glucose Sensor Program established under this Part.

One household

- (2) For the purpose of this Part, no person may be considered to be part of more than one household and spouses shall be considered part of the same household unless the administrator is satisfied they are separated in accordance with section 47.

38.5 Program established

- (1) There is hereby established a program under the Plan entitled the Diabetes Glucose Sensor Program.

Eligibility criteria

- (2) A resident is eligible to be enrolled in the Program if the resident is
- (a) diagnosed by a medical practitioner or nurse practitioner as having diabetes;
 - (b) reliant on an insulin pump or multiple daily injections of insulin to manage the diabetes; and
 - (c) entitled to payment for basic health service benefits under the *Health Services Payment Act* and the *Hospital and Diagnostic Services Insurance Act*.

Eligibility ceases

- (3) An eligible person ceases to be eligible for benefits under the Program, and the person's coverage ceases, on the earliest day the person
- (a) leaves the province to establish residence in another province or country; or
 - (b) ceases to be an entitled person under the *Health Services Payment Act* and the *Hospital and Diagnostic Services Insurance Act*.

Program year

- (4) Subject to subsection (5), the program year commences July 1 in a year and ends June 30 in the following year.

Initial program year

- (5) The Program commences June 1, 2022 and runs for an initial partial program year, ending June 30, 2022.

38.6 Benefit

- (1) The benefits under the Program include a glucose sensor of a type approved in the formulary.

Amount payable to or on behalf of eligible person

- (2) Subject to any requirements set out in the formulary, the Program shall pay to or on behalf of an eligible person the eligible cost of a benefit claimed to a maximum aggregate of \$2,400 in a program year, subject to proration.

Co-payment, no third party insurance

- (3) For any benefit dispensed, an eligible person who is not covered by a contract of third-party insurance is responsible for the co-payment set out in the second column opposite the household income range in the first column in which the eligible person's household income falls in the following table:

Household Income	Co-payment
\$0 to \$20,000	\$0.00
\$20,001 to \$40,000	\$10.00
\$41,001 to \$50,000	\$20.00
\$50,001 to \$100,000	\$60.00
\$100,001 or greater	\$80.00

Co-payment, third party insurance

- (4) For any benefit dispensed, an eligible person who is covered by a contract of third-party insurance is responsible for a co-payment equal to the lesser of
- (a) twenty per cent of the co-payment amount specified in subsection (2) that would be payable if the eligible person was not covered by a contract of third-party insurance; and
 - (b) the balance owing after reimbursement for the benefit by the person's third-party insurer.

- 15. Schedule C to the regulations is amended**
- (a) **by the deletion of the words “Line 150” and the substitution of the words “Line 15000”;**
 - (b) **by the deletion of the words “Line 210” and the substitution of the words “Line 21000”;**
 - (c) **by the deletion of the words “Line 214” and the substitution of the words “Line 21400”; and**
 - (d) **by the deletion of the words “Line 220” and the substitution of the words “Line 22000”.**
- 16. Schedule E to the regulations is revoked and Schedule E as set out in Schedule 1 to these regulations is substituted.**
- 17. Schedule F to the regulations is revoked and Schedule F as set out in Schedule 2 to these regulations is substituted.**
- 18. These regulations come into force on June 1, 2022.**

SCHEDULE 1

SCHEDULE E

For the purposes of the Insulin Pump Program, the Ostomy Supplies Program and the Diabetes Glucose Sensor Program, the income of a person in a household, other than a dependant, shall be based on the amounts reported on the specified lines of the person’s income tax return for the preceding tax year, as filed with and verified by the Canada Revenue Agency, calculated as follows:

Line 15000 (total income)
 less Line 21000 (split income)
 less Line 21400 (child care expenses)
 less Line 22000 (support payments made)

SCHEDULE 2

SCHEDULE F

For the purposes of the Insulin Pump Program and the Ostomy Supplies Program the percentage of the eligible cost of a benefit claimed that is covered based on an eligible person’s household income is as follows:

Household Income	Percentage Covered of Eligible Cost of Benefit Claimed
\$0 to \$20,000	100%
\$20,001 to \$40,000	95%
\$41,001 to \$50,000	90%
\$50,001 to \$100,000	70%
\$100,001 or greater	60%

EXPLANATORY NOTES

SECTION 1 removes the definitions of “medical practitioner” and “resident”, which are defined in the *Interpretation Act* and the Act, respectively. It adds a definition of “nurse practitioner”.

SECTION 2 amends clause 7(2)(a) of the regulations to provide for diagnosis by either a nurse practitioner or a medical practitioner.

SECTION 3 adds a clause to subsection 8(2) of the regulations specifying the co-payment for glucagon under the Diabetes Drug Program.

SECTION 4 amends specified provisions to update the referenced income tax return line numbers.

SECTION 5 amends section 19 of the regulations to extend eligibility under the Financial Assistance Drug Program to persons in receipt of assured income under the *Supports for Persons with Disabilities Act*.

SECTION 6 amends Part 11 of the regulations to refer to a sexually transmitted infection instead of a sexually transmitted disease. It also amends section 31 in Part 11 to provide for a diagnosis by either a nurse practitioner or a medical practitioner.

SECTION 7 revokes and replaces Part 12 of the regulations to expand the Opioid Replacement Therapy Drug Program to the Substance Use Harm Reduction Drug Program to provide drug therapy for alcohol or opioid dependency.

SECTION 8 revokes and replaces subsection 36(1) of the regulations to update definitions of terms related to the Insulin Pump Program.

SECTION 9 amends subsection 37(2) of the regulations to provide for diagnosis by either a nurse practitioner or a medical practitioner for the purposes of the Insulin Pump Program. It amends subsection 37(3) of the regulations to clarify when eligibility under the program ceases.

SECTION 10 revokes and replaces section 38 of the regulations to clarify the benefits and payments in respect of benefits under the Insulin Pump Program.

SECTION 11 revokes and replaces subsection 38.1(1) of the regulations to update definitions of terms related to the Ostomy Supplies Program.

SECTION 12 revokes and replaces subsection 38.2(2) of the regulations to improve the wording. It amends subsection 38.2(4) of the regulations to clarify when eligibility under the Ostomy Supplies Program ceases.

SECTION 13 revokes and replaces section 38.3 of the regulations to clarify benefits and payments in respect of benefits under the Ostomy Supplies Program.

SECTION 14 adds a new Part 13.2 to establish a Diabetes Glucose Sensor Program under the Drug Cost Assistance Plan.

SECTION 15 amends Schedule C to update the referenced income tax return line numbers.

SECTION 16 revokes and replaces Schedule E of the regulations to extend its application to the Diabetes Glucose Sensor Program and to update the referenced income tax return line numbers.

SECTION 17 revokes and replaces Schedule F to improve the wording and to reference household income.

SECTION 18 provides for the commencement of these regulations.