

Supports for Ostomy Patients

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Research Question: In other jurisdictions what supports are provided for ostomy patients, along the lines of Pharmacare, disability support, wholesale/bulk purchasing or other forms of support?

Summary

For this research, legislative libraries in provincial and territorial legislatures were consulted, as were provincial/territorial health and/or social services departments. Jurisdictional responses indicate that each respective jurisdiction has one or more program in place that provides support to ostomy patients. These programs vary in their benefits, eligibility, and coverage amounts. Alberta, Manitoba, New Brunswick, the Northwest Territories, Ontario, Quebec, and Saskatchewan require an assessment by a specified healthcare professional. British Columbia does not specify such a requirement, and eligible seniors in Newfoundland and Labrador are automatically registered in the program. Coverage for ostomy supplies is provided in Yukon and Nunavut, though to what degree is unclear. The level of ostomy supply coverage by province may be summarized as follows:

- Alberta: 75% of costs covered; Albertans pay 25% to a maximum of \$500/family annually; low-income Albertans and those on social assistance do not pay cost-share
- British Columbia: Depends on plan and annual deductible requirements (see BC section for details)
- Manitoba: 100% coverage
- New Brunswick: 100% coverage for Social Development clients
- Newfoundland and Labrador: 75% of costs covered (seniors only)
- Northwest Territories: "reasonable and customary charges" are covered
- Nova Scotia: actual acquisition/manufacture's list price covered
- Nunavut: Not specified
- Ontario: \$975/ostomy annually; \$1300 annually under certain circumstances (see Ontario section for details)
- Quebec: \$700 annually; 100% coverage for those on last-resort financial assistance
- Saskatchewan: 50% of costs covered
- Yukon: Not specified

Alberta

Ostomy supplies are included in the Alberta Aids to Daily Living Benefits program. Alberta Aids to Daily Living (AADL) assists Albertans with a long-term disability, chronic illness or terminal illness, in maintaining independence in their community. AADL provides funding for basic medical equipment and supplies to meet clinically assessed needs. An assessment by a health care professional determines the equipment and supplies an Albertan can receive through the AADL program. Albertans pay 25% of the

benefit cost to a maximum of \$500 per individual or family per year. Low-income Albertans and those receiving income assistance are exempt from paying the cost-sharing portion.

Eligibility for ostomy supplies:

- client's ostomy (colostomy, ileostomy, urostomy) must be considered chronic (the client will have the ostomy at a minimum of six months)
- for fistula management (not wound fistulas), cecostomies and esophagectomies are covered

Exclusions for ostomy products include:

- wound care
- enteral feedings
- collecting drainage from tubing or wounds
- enemas
- temporary stomas (less than six months)

Supplies must be purchased from an AADL approved vendor found on the [list](#) provided on their website.

British Columbia

In British Columbia, the [PharmaCare program](#) covers ostomy supplies for patients who have undergone bowel or bladder surgery that results in a colostomy, ileostomy, or urostomy, requiring an external pouch. Ostomy supply coverage is found under the [Medical Devices and Supplies Coverage](#) part of the PharmaCare program. The coverage includes people who are on the following PharmaCare plans: [Fair PharmaCare](#) (income-based plan, under which most BC residents are covered), [Plan B](#) (Permanent Residents of Licensed Residential Care Facilities), [Plan C](#) (Recipients of B.C. Income Assistance), and [Plan E](#) (Children in the At Home Program).

PharmaCare covers most ostomy supplies up to the regular retail price, but does not cover a dispensing fee. The actual amount PharmaCare reimburses depends on applied plan rules and annual deductible requirements.

The [PharmaCare Ostomy Supplies document](#) lists what items are and are not currently covered by PharmaCare. The document contains the following note:

"PharmaCare does not cover any items, even if they are listed in this document, not used for the purposes stated. Non-benefit uses include management of a catheter, diabetes, an insulin pump, wounds, ineligible types of ostomy (e.g., a cecostomy or nephrostomy), feeding tubes, or urinary incontinence."¹

Manitoba

In Manitoba, the Winnipeg Regional Health Authority (WRHA) administers the [Manitoba Ostomy Program](#) for all Manitobans. The management and delivery of ostomy supplies is the responsibility of

¹ List of ineligible equipment available in the [PharmaCare Ostomy Supplies](#) document

the Winnipeg Regional Health Authority (WRHA). A person is registered with the program either at the time of hospital discharge or by contacting an Enterostomal Therapy (ET) Nurse.

From the beginning of the Manitoba Ostomy Program in July of 1974 until July of 1993 ostomy supplies were free to Manitobans registered with the MOP. As of July 1, 1993, Manitoba ostomates (a person with an ostomy) began paying a co-payment for their supplies. The MOP covered half of the first \$600 of the cost of ostomy supplies and everything over that \$600 mark each fiscal year. Therefore Manitoba ostomates did not pay more than \$300 per year for their supplies. A news release on September 7, 2004 announced the end of co-payments for users of ostomy supplies in the home, retro-active to April 1, 2004.² The Manitoba Ostomy Program picks up the cost for these in-home patients, and the cost for ostomy supplies for hospital patients is borne by the hospital.

Once an assessment by an Enterostoma Therapy (ET) nurse has been completed, decisions are made regarding the type and quantity of ostomy supplies. Products may then be ordered on a bi-monthly basis. If a new item is requested, an ET Nurse must order the item the first time to monitor the quantity and combination of supplies being used. Clients who are noted to be using large quantities of supplies are reassessed by the program ET Nurse.

New Brunswick

In New Brunswick, support for ostomy supplies is available through the New Brunswick Health Services Ostomy - Incontinence Program for clients of the Department of Social Development. The program covers supplies directly related to the management of:

- A colostomy, ileostomy or urostomy
- Internal, external or intermittent catheterization
- Incontinence

This program is only for clients of the Department of Social Development who have a "yellow" or "white" health cards (not to be confused with Medicare Cards, which are given to all New Brunswickers to access provincial healthcare).³ Requests for a health card from those who are not eligible for assistance may be assessed under the discretion of the assigned case manager. The New Brunswick Drug Plan covers prescription drugs only. Vaccines, medical devices, supplies and equipment (e.g. diabetic supplies, ostomy supplies, oxygen, etc.) are not eligible benefits under the New Brunswick Drug Plan formulary. Some private insurers offer extended health benefits that cover these products.

Eligibility for Ostomy-Incontinence Program:

- Department of Social Development clients and their dependents who hold a valid white health card (i.e. social assistance clients) indicating "Supplementary" in the Basic Health Eligibility section or "OS" (Ostomy Supplies) in the Additional Health Eligibility section
- Department of Social Development clients who hold a valid yellow health card (i.e. long-term care clients and children) that indicates a "Y" under the "OTH" in the "Valid only for" box

Clients must not have any other medical coverage to be eligible for full benefits.

² This action followed up on an election promise that the NDP had made during the 2003 election campaign.

³ http://www2.gnb.ca/content/gnb/en/departments/social_development/policy_manual/benefits/content/health_card.html

Eligible services are paid monthly. Quantities and frequencies are monitored and may be restricted. Brand name products are only considered when generic products are not available or when generic products will not meet the client's medical needs (justification is required). There is no cost to eligible clients for entitled ostomy, catheterization or incontinence supplies.

Eligible clients must fill out an application form, which requires an assessment from an enterostomatherapist or nurse practitioner.

Newfoundland and Labrador

The response from Newfoundland and Labrador indicated that the only ostomy supports that are available are for individuals 65 and older through The 65Plus Plan. This plan provides coverage of eligible prescription drugs and medical supplies to residents 65 years of age and older who receive Old Age Security Benefits (OAS) and the Guaranteed Income Supplement (GIS). There is, however, a possibility that ostomy supplies are available through the Special Assistance Program under Medical equipment and supplies. This program covers medical supplies (including incontinence supplies), which may or may not include ostomy supplies.

Those who qualify for a drug card under The 65Plus Plan also qualify for the Ostomy Subsidy Program. The program will reimburse for 75% of the retail cost of benefit ostomy items. The beneficiary is responsible for the remaining costs. The beneficiary is required to purchase the ostomy supplies and submit their original prescription receipts. No application is necessary. A Prescription Drug Program card is automatically issued when the Department of Health and Community Services is notified by Service Canada that an individual is in receipt of the Guaranteed Income Supplement (GIS) and Old Age Security benefits (OAS).

Northwest Territories

The NWT Health Care Plan covers basic hospital and medical treatment. This means that anyone with a valid NWT Health Care Card can go to a hospital, health centre, or medical clinic for treatment and will not have to pay for medically necessary health services.

There are some services provided by health professionals that are not covered under the NWT Health Care Plan. The NWT Health Care Plan also does not provide coverage for extended health benefits like medicine from the drugstore, eyeglasses, dental services or medical supplies. However, the following programs are listed as being available for extended health benefits:

- Employer (varies by employer);
- Extended Health Benefits programs offered by the Government of the Northwest Territories (GNWT) such as the Seniors Program, the Extended Health Benefits Program, and the Métis Health Benefit Program; or
- Non-Insured Health Benefits Program for First Nations and Inuit (NIHB) offered by the Federal Government.

Ostomy supplies are covered under all the listed government programs. Alberta Blue Cross administers benefits for the Métis Health Benefits program on behalf of the Government of the North West Territories (GNWT).

For those who are not eligible for any of the listed provincial programs, the Non-Insured Health Benefits Program for First Nations and Inuit (NIHB) is a national program that provides coverage to registered First Nations and recognized Inuit for a specified range of medically necessary items and services that are not covered by other plans and programs. Ostomy supplies are covered under this program.

Medical Supplies and Equipment

The Métis Health Benefit Program, the Extended Health Benefits for Specified Disease Conditions program, and the Seniors Program will pay reasonable and customary charges for medically necessary supplies and equipment provided in Canada as follows:

- Diabetic supplies and equipment (e.g. blood testing strips and injection supplies)
- Incontinence products for adults and disabled children only
- Medical equipment (e.g. wheelchairs and walkers)
- Medical supplies (e.g. bandages and dressings)
- Orthotics and custom-made footwear
- Oxygen and respiratory supplies and equipment
- Pressure garments and
- Prosthetics

As mentioned above, ostomy supplies are included.

The GNWT sponsors the Extended Health Benefits program to provide non-Aboriginal and Métis residents of the Northwest Territories who have specified disease conditions with certain benefits not covered by hospital and medical care insurance.

Through these programs, patients receive coverage for eligible prescription drugs, medical supplies and equipment. They may also receive benefits related to medical travel, such as meals and accommodation. To make a claim for these supplies, a prescription or written order from a recognized health care professional is required. Many of the medical supplies and equipment items require prior approval in order for the product to be covered by the program.

Nova Scotia

Ostomy supplies are covered under Nova Scotia's Family Pharmacare, Seniors' Pharmacare, and Community Services Pharmacare programs. Benefits under all three programs are listed within the NS Formulary, which is updated throughout the year.

V07AS, Stomi equipment, appears on p. 242 of the current Formulary (Feb. 2018). The abbreviation SFC indicates that coverage for this category extends to the Seniors' and Community Services programs as well as to a Drug Assistance for Cancer Patients program. A full Ostomy Supplies Benefit List is on pages 255-289.⁴ For many drugs and supplies, the Formulary specifies a maximum reimbursable price (MRP) or a pharmacare reimbursement price (PRP).⁵ Neither is listed for ostomy supplies. According to a FAQ page on pharmacare fees, government will cover the actual acquisition cost or manufacturer's list price where no MRP or PRP is listed in the formulary.

⁴ Helpful legends may be found on p. iii and iv.

⁵ See p. ii of the Formulary for an explanation of these terms

The Formulary notes that PRP costing is assigned to “certain unit dose and special delivery formats that are also available in less expensive bulk formats”. Since no PRPs are listed for ostomy supplies, this does not apply.

Nunavut

Although no response was obtained from Nunavut, the following information is available on the Nunavut government website:

The people of Nunavut are covered by the First Nations Inuit Health Branch (FNIHB) for ostomy supplies. Much like coverage of medications, a prescription is required. The prescription must be filled at a pharmacy capable of 3rd party billing (which may not be available at all pharmacies).

Ontario

In Ontario, support for ostomy supplies is available through the Assistive Devices Program (under Enteral feeding and ostomy). Eligible patients may apply for an ostomy grant. According to the Applicant Information Sheet, any permanent resident of Ontario who has a valid Health card issued in their name and has a permanent ostomy (or a temporary ostomy if required for at least six months) can apply. Income is not considered.

A client does not qualify for ADP if they:

- are already qualified for or are receiving financial support for the same equipment or supplies from the Workplace Safety and Insurance Board
- are a Group “A” veteran and already qualify for or are receiving financial support from Veterans Affairs Canada for the same equipment or supplies

Through the Assistive Devices Program the costs of supplies for the following permanent ostomies are partially covered:

- permanent colostomy
- ileostomy
- urostomy
- ileal conduit
- urinary continent reservoir/pouch

Temporary ostomies required for less than six months are not funded by ADP. Applicants must reside in the community, a long-term residence, or a long-term care home. ADP does not pay for equipment available under Workplace Safety & Insurance Board or to Group “A” Veterans for their pensioned conditions.

ADP will fund a maximum of two ostomies. A colostomy and an ileostomy are incompatible, therefore ADP will fund only one of these procedures. ADP provides \$975 per ostomy annually directly to the client in two installments (every six months). If the client is receiving social assistance benefits under Ontario Works (OW), Ontario Disability Support Program (ODSP), or Assistance to Children with Severe

Disabilities (ACSD), or is a resident of a long-term care home, ADP will provide \$1,300 annually. The ADP will not necessarily pay 100% of the costs for supplies. The grant is only a contribution towards the costs.

A nurse or family physician must first do an examination and confirm that ostomy supplies are required. Supplies may be purchased from any supplier that sells ostomy products. Eligible persons must keep the original receipts for supplies purchased under the annual grant, and receipts must be kept on file for two years.

Additional information:

[Enteral feeding and ostomy](#), Ontario Ministry of Health and Long-Term Care
[Application for Funding Ostomy Grant](#)

Quebec

In Quebec, the [Ostomy Appliances Program](#) of the Régie de l'Assurance maladie du Québec (RAMQ) is intended for persons covered under the Québec Health Insurance Plan who have undergone a permanent colostomy, ileostomy, or urostomy. Persons eligible are entitled to an amount of \$700 for each ostomy undergone. This sum is to cover, at least in part, the cost of ostomy supplies. Every year following the date of the operation, the person will receive an amount of \$700 for the cost of replacing their ostomy supplies.

Private insurance may cover the difference between the total cost of the ostomy appliances and the amount paid by the Régie. If an eligible person is also a recipient of last-resort financial assistance, they are reimbursed in full for any purchase over the annual \$700 amount, upon presentation of detailed invoices. Those living in subsidized facilities are not entitled to the annual \$700 amount, as ostomy supplies are provided by the facility free of charge.

Applicants must complete the [Registration Form](#), which requires an assessment by a physician.

Additional Information:

[L'Association québécoise des personnes stomisées](#) has been attempting (through meetings with Members and the prime minister, petitions, briefs, etc.) to convince the government to increase the allowances for the Ostomy Allowances Program. The two documents below provide a detailed history of this process (French only).

[Historique des discussions pour l'allocation annuelle \(1981-2013\)](#)

[Démarches concernant le rehaussement de l'allocation annuelle](#)

[Leaflet on the Ostomy Appliances Program](#)

Saskatchewan

Saskatchewan Aids to Independent Living (SAIL) provides assistance to people with physical disabilities to live a more active and independent lifestyle, and helps in the management of certain chronic conditions. The SAIL program is comprised of 14 sub-programs. Several of these programs are Universal Benefits Programs that offer services to people who require them. The remaining programs are considered Special Benefit Programs, meaning a qualified applicant must meet specific program eligibility criteria before receiving benefits. The Ostomy Program falls under the Special Benefit type.

The Ostomy Program provides fifty percent of the cost of ostomy management supplies for individuals with a urinary or bowel diversion. Clients must be referred to the program by an ET nurse practicing in a Saskatchewan Stoma Clinic.

Beneficiaries of the Ostomy Program purchase their supplies through an approved medical supplier or pharmacy. Clients pay the supplier or pharmacy 50% of eligible expenses within quantity limits. Medical suppliers and pharmacies are reimbursed for the remaining 50% in a biweekly pay run. Medical suppliers and pharmacies invoice the Ministry based on the lesser of the manufacturer's suggested retail price (SRP) or the supplier's usual and customary charge on that day. Shipping is not a benefit of the Ostomy Program.

Ostomy products purchased out of province (not out of country) are eligible for reimbursement if SAIL receives a paid receipt that clearly indicates what was purchased. Reimbursement for these purchases is made directly to the client.

To be eligible for SAIL, a client must:

- be a resident of Saskatchewan (see eligibility for health benefits in Saskatchewan)
- possess a valid Saskatchewan Health Services Number
- be referred for service by an authorized health care professional
- use a service in Saskatchewan, unless pre-authorized by Saskatchewan Health
- not receive benefits from other government agencies such as Saskatchewan Government Insurance (SGI), Worker's Compensation Board, Health Canada (Non-Insured Health Benefits Program), or Department of Veterans Affairs

In addition to the eligibility criteria for SAIL, in order to be eligible for the Ostomy Program, clients must:

- have some type of urinary or bowel diversion (colostomy, ileostomy, urostomy, utereterostomy, cecostomy, nephrostomy or fistula) and
- be referred to the Ostomy Program by an Enterostomal Therapy (ET) nurse in Saskatchewan⁶

⁶ PDF of General Policies

Yukon

Although no response was obtained from Yukon, the following information is available on the [Yukon government website](#):

Ostomy supplies are covered under Yukon's [Chronic Disease Program](#). Under this program, the physician must apply for benefits on behalf of the patient. In communities without a resident physician, a community health nurse can make the application. Applications for benefits are normally made before purchase, although some circumstances may not permit prior approval.

A claim can be made for reimbursement of the cost with the recommendation of a qualified medical practitioner and all documentation. Claims must be made within one year of purchase. For persons with benefit coverage through private or group insurance or through another territorial Act, claims must be submitted to these insurers first. The Chronic Disease Program is the payer of last resort and can be accessed for portions not paid by other coverage. There is an annual deductible.

The cost of medical equipment is not covered if the equipment can be borrowed from a hospital or the Canadian Red Cross. Items not covered include the cost of installation or set up of medical equipment, fitting prostheses and appliances and any other professional service charges related to the provision of goods, except dispensing fees for prescription drugs.

All purchases made outside the Yukon must have prior approval from the program. Payment for these purchases is handled only on a reimbursement basis and claims must be submitted within one year.

