

PROLIFERATION OF INCIDENTAL
HEALTHCARE FEES



THE PUBLIC HEALTHCARE SYSTEM AT RISK



The *Canada Health Act* prohibits the billing of fees for state-insured medical services. But in fact, **every year, between \$100 and \$200 million** is charged to Québec patients for access to medical care. This is an illegal situation that puts the principle of **the accessibility of our public healthcare system at risk.**

How did we get to this point?

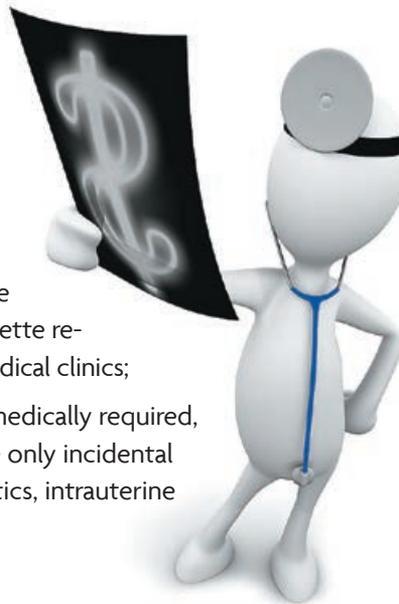
A LITTLE BACKGROUND...

The introduction of the public health insurance plan in 1970 was designed to guarantee universal, free access to medically required services. At the time, healthcare expenses were the leading cause of personal bankruptcy in Québec households. This tremendous social breakthrough represented an unprecedented improvement in access to care. It officially recognized the right to health for everyone.

WHEN THE EXCEPTION BECOMES THE RULE

When the Régime d'assurance maladie du Québec (RAMQ) was established, minor additional fees could be claimed from users in exceptional circumstances. These amounts were negotiated between the Ministère de la Santé et des Services sociaux and medical federations.¹ Then, the exceptions proliferated. Today, many fees are frequently required:

- 👉 **For uninsured medical services**, not covered by the RAMQ (for example: various reports, attestations and forms, consultations and telephone prescription renewals, certain surgery services and diagnostic analyses such as urine, blood and blood sugar tests);
- 👉 **For delisted services**, covered by the RAMQ when provided in hospital, but billed when provided in a medical clinic (ultrasonography, magnetic resonance imaging, etc.). It should be noted that with the Barrette reform, more medical services will be provided in medical clinics;
- 👉 **Upon the provision of insured services**, that are medically required, and thus covered by the RAMQ. In such cases, the only incidental fees permitted are the real cost of drugs, anesthetics, intrauterine devices and materials for casts and splints.



¹ Fédération des médecins omnipraticiens du Québec (FMOQ) and Fédération des médecins spécialistes du Québec (FMSQ).

ABUSIVE, OFTEN ILLEGAL FEES

The range of examples condemned by the Ombudsperson² illustrates the scope and the extreme variability of fees required for access to medically required care. Certain drugs are billed at up to 40 times the real cost!

Following are a few examples:

- Application of a 4 cm² dressing, following minor surgery (\$40)
- Injection of ophthalmic drops (from \$20 to \$300)
- Use of anesthetics (from \$10 to \$100)
- Use of instruments and drugs required for various interventions, such as colonoscopy (\$500) or vasectomy (\$150)

Doctors state that they must charge patients these fees to cover operating costs in their offices (administrative staff, office equipment, etc.). However, the RAMQ has already increased their remuneration by 30% to compensate these expenses. **It is illegal to pass on the bill to users in this way.**

AN UNFAIR, UNJUST SYSTEM

The list of fees required, which continues to grow longer and more complex, is creating many problems and inequities:

- The more affluent have privileged access to care.
- Others must deprive themselves or go into debt to get the care they need.
- Determining the legality of billed fees and finding and understanding information is turning out to be a real challenge.
- Many people hesitate to assert their rights or to complain for fear of reprisals.

The population has been taken hostage.

People must pay the price demanded or research information, verify the costs, negotiate and in some cases, contest the amounts claimed, at the risk of having to find another doctor.

² LE PROTECTEUR DU CITOYEN (October 2015). Formal opinion on the incidental fees in health and social services (text in French).

AND WHAT HAS OUR HEALTH MINISTER DONE?

Rather than prohibit incidental fees for healthcare, the Health Minister Gaétan Barrette has decided to legalize the practice and to authorize user fees, without any public debate. The two-tier healthcare system that he is putting in place will fundamentally alter our Québec healthcare model. **This is unacceptable!**

THE ELIMINATION OF INCIDENTAL FEES IS CRUCIAL

Access to quality healthcare services must be guaranteed, regardless of the facilities in which services are provided and regardless of an individual's ability to pay. That is the spirit of the law!

In the company of many organizations, the Centrale des syndicats du Québec (CSQ) and its affiliates, including its health federations (FSQ-CSQ, F4S-CSQ) and the Association des retraitées et retraités de l'enseignement et des autres services publics du Québec (AREQ-CSQ), are calling for the elimination of all fees that compromise access to medically required care.

YOU CAN TAKE ACTION!

Is the public healthcare system important to you?

Do you refuse to allow the imposition of incidental fees to become the norm?

- Demand a public debate on the issue:
ministre@msss.gouv.qc.ca
- Bear witness to any situation where the billing of incidental healthcare fees compromises the accessibility and universality of healthcare:
ccpsc.qc.ca/en/registry
- File a complaint with the Collège des médecins du Québec against a doctor who has billed illegally or abusively:
cmq.org/page/en/formulaire-plainte.aspx

LACSQ.ORG

