

## **Ontario Pharmacists Association Position on Any Willing Provider Legislation in Ontario**

**February 2018**

### **Introduction and Summary:**

Ontario's pharmacists are noticing a troubling trend – private health insurers are entering into exclusive relationships with corporate pharmacy groups that restrict a patient's freedom to choose their pharmacy provider. Patients are neither consulted nor asked about such plan changes and typically, independent pharmacies are not invited to participate.

Some patients, especially those in rural communities, are forced to travel long distances to obtain their medications. Some must break the trusted bond established with their pharmacist over many years.

Representing more than 10,000 pharmacy professionals operating in communities, hospitals, long-term care homes, family health teams and other settings across Ontario, the Ontario Pharmacists Association (OPA) believes that health insurers, manufacturers and wholesalers should not restrict a patient's freedom to choose a pharmacy if that pharmacy is willing to adhere to the terms and conditions established through an insurance plan. This supports the Ontario government's strategy – Patients First: Action Plan for Health Care designed to deliver on one clear health promise – to put people and patients first by improving their health care experience and their health outcomes.

This would be achieved through "Any Willing Provider" legislation that levels the playing field, as all pharmacies would have an opportunity to take part in their patient's drug plan. It should be noted this would not mean a ban on Preferred Provider Networks (PPN).

Legislation in this regard would be good for patients, pharmacists and the healthcare system at no cost to government. With the introduction of OHIP+, it also makes sense to ensure all patients can obtain services at the same pharmacy as their children.

**OPA Position Statement: The OPA recommends that the Legislative Assembly of Ontario pass legislation to allow any pharmacy to join a Preferred Provider Network (PPN) created by private health insurance payors if they can provide the benefit at the same price (drug price + mark up + dispensing fee) at which the insurer has agreed to pay and agree to terms that relate to quality outcomes to ensure patients retain their freedom to choose their pharmacy.**

### **Background:**

Preferred Provider Networks in the pharmaceutical sector are arrangements between payors (such as health insurance providers) and pharmacies. In most cases the pharmacy offers a lower

price in the dispensing fee or the drug mark-up, and/or agrees to various other terms in exchange for the ability to serve the patients offered by the payor.

There are two common types of preferred provider networks:

- In “closed” networks, private payors make exclusive arrangements with a limited group of pharmacies. Patients are not able to obtain their drugs from any other pharmacy, except for the ones listed as part of their plan. In some cases, the patient can visit other pharmacies, but are reimbursed at a lower rate.
- In “open” networks, private payors set the terms and conditions including the amounts they are willing to pay for the dispensing fee and/or mark-ups. Any pharmacy that is willing to adhere to those terms may join.

As mentioned, OPA is not calling for a ban on Preferred Provider Networks. In fact, the Ontario Drug Benefit (ODB) Program is an example of an “open” PPN that is predicated on patient choice of provider; it allows the provider the right to exercise their choice to participate in the ODB network for the continued care of their patient. The OPA supports PPN’s that allow any pharmacy to join if they can provide the benefit at the same price (drug price + mark up + dispensing fee) at which the insurer has agreed to pay and agree to terms that relate to quality outcomes.

In addition, there are PPNs that apply beyond pharmacies including PPNs for massage therapy, chiropractic services and others. OPA’s position only applies to drug and products available through pharmacies.

### **Specialty Drugs**

From the payor’s perspective, PPNs allow them to manage their drugs costs especially as it relates to expensive specialty drugs and biologics such as those for rare diseases, Hep C, cancer and others. Many of those drugs can run over \$100,000 per patient per year. We understand in some cases patient information is provided directly to the pharmacy authorized by the payor (with patient consent given at the time of enrollment in the pharmacy benefit plan) who then contacts the patient directly. In these cases, the patient is not provided with the chance to remain with their current pharmacy for that drug, even if the pharmacy is equipped with all the necessary clinical expertise, monitoring protocols and equipment and support to provide it. ODB already limits the pharmacy markups to 6% of cost for high cost drugs, so there is precedent for allowing any pharmacy to join the network if they can provide the drugs at the same price (drug price + mark up + dispensing fee).

## Other Drugs

In other cases, the patient is provided with a certain list of pharmacies where the cost of drug, markup, deductible and/or co-pay is lower than other pharmacies. Great West Life's arrangement with Costco for regular drugs is one example. The patient must pay the difference in total out-of-pocket costs if they choose to receive their drugs from another pharmacy.

Below are current examples of Private Health Insurance Payor PPNs (based on web research):

Name of Payor	PPN Type Available	Description
Great West Life	Closed PPN for both Specialty and Other Drugs	Arrangement with Innomar/HealthForward (Shoppers Drug Mart, Loblaw and others) for specialty drugs. Administered by HealthForward, a subsidiary of AmerisourceBergen Canada <sup>i</sup> . Arrangement with Costco for reduced rates on regular prescriptions. Patient may visit other pharmacies for regular drugs but must pay the difference. <sup>ii</sup> Specialty drugs must be dispensed through a HealthForward network pharmacy.
Sun Life Financial	Closed PPN for Specialty Drugs	Arrangement with McKesson Canada for specialty drugs that require prior authorization. <sup>iii</sup>
Manulife Financial	Closed PPN for Specialty Drugs	Arrangement with Bayshore Health for specialty drugs. <sup>iv</sup>
Equitable Life	Closed PPN for Specialty Drugs	Arrangement with BioScript Canada to provide specialty drugs <sup>v</sup>
Green Shield	Closed PPN for Specialty Drugs	Arrangement with Innomar/HealthForward (Shoppers Drug Mart, Loblaw and others) to provide specialty drugs. Administered

		by HealthForward, a subsidiary of AmerisourceBergen Canada <sup>vi</sup>
RBC Insurance	Closed PPN for Specialty Drugs	Arrangement with HealthForward (AmerisourceBergen) to administer PPN for Specialty Drugs <sup>vii</sup>
Desjardins	PPN arrangement for mail-order drugs	Arrangement with Express Scripts, a mail order pharmacy and pharmacy benefit manager <sup>viii</sup>
Empire Life	Closed PPN arrangement for specialty drugs. Reimbursed at lower rate if outside of PPN.	Arrangement with Express Scripts for Specialty Drugs <sup>ix</sup>

#### **Benefits of Any Willing Provider Legislation:**

##### **Patient Choice:**

- Adopting Any Willing Provider legislation improves choice and increased access for Ontarians – particularly in rural and remote communities.
- The interference with patient choice through the use of mandatory PPNs has caused widespread duress and undue hardship for patients, many of whom are very ill and already under a great deal of duress. This has the potential for serious consequences on the health outcomes for these patients.
- Patients will have increased access to critical medicine and high quality of care while payors will still maintain their ability to set the set a level of reimbursement.
- Ontarians should never be forced to pay for their medicine because their pharmacist doesn't belong to a select group of pharmacies mandated by big insurance companies. That's not the Canadian way.
- OPA firmly believes in patient choice.

##### **Patient Safety:**

- Local pharmacists are vital members of communities across Ontario and they often have long-standing, personal relationships with their patients.

- AWP ensures that patients get to continue to work with the pharmacist they know and trust.
- Most importantly, local pharmacists know their patients' medical histories and will know how to manage medications for their patients so that they avoid contraindications, adverse drug events or side effects. Maintaining this relationship ensures patient safety and continuity of care.

**Local Pharmacies:**

- Local pharmacies who may be unable to negotiate exclusive agreements will be able to join a PPN if they adopt the same terms and conditions.

**Supportive Quotations:**

*"I have a relationship with my pharmacy based on trust and a comfort level with the care and information provided by the pharmacist and staff. My insurance provider initially covered 80 per cent of my family's prescription medications at any pharmacy I chose. Now, the provider covers 85 per cent at a particular pharmacy banner and 75 per cent at all other pharmacies.*

*Relocating to a designated pharmacy outside of my neighbourhood is simply not practical, so we have not changed pharmacies and will continue to get the care we need where we are comfortable. The decision to forego the 10 per cent in additional coverage adds nearly \$500 annually to my household budget. Many people can't justify the added costs, or the inconvenience and added costs of transportation outside their neighbourhood, forcing them to leave their trusted healthcare providers."*

*—Monica Chamberlain of Guelph, ON*

*"It's difficult to watch my patients have to decide between the best coverage or the healthcare professional they know and trust. I had two patients who were forced by their insurance provider to use a pharmacy that shipped all their medications directly to them for 80 per cent prescription coverage. If they remained customers at our pharmacy—or any other pharmacy where they were comfortable—they would have to pay 50 per cent of their medication costs. They reluctantly transferred for a few months, but ultimately made the decision to transfer back and pay the difference because they had no support or personal connection with the new pharmacy.*

*They were lucky enough to be able to afford this route, but many can't and are sadly forced to change to a pharmacy where they have absolutely no contact with a pharmacist, a technician or pharmacy assistant."*

*— Linda, Community Pharmacist in Guelph, ON*

*We've seen an increasing and troubling trend recently: Insurance providers are trying to drive down costs at the expense of patient services. As pharmacy professionals, my colleagues and I have observed this growing "Americanization," one that puts profits ahead of patients and the fiscal health of insurance companies over the healthcare of Ontarians.*

*There are a growing number of patients, particularly those with complex illnesses such as cancer, multiple sclerosis and rheumatoid arthritis, who are facing real consequences.*

*-Alan Birch, Oncology Drug Access Navigators of Ontario (ODANO), drug access facilitator at a Toronto cancer centre.*

*Nov 22, 2017 Legislative Committee on General Government*

*"Raising a family as a busy mother of three young children comes with its own challenges. Raising a family and managing a chronic illness on top of it can make some days feel like they are all up hill. I read all the parenting books and was somewhat prepared for the ups and downs of parenthood but nothing could prepare me for the barrier of being refused access to life-altering medications in my own community and from my own preferred and trusted pharmacist. The mandated limitations forced on me by my insurance provider do not afford me any privacy and has at times put a strain on my daily life, jeopardising my health and the management of my symptoms. This could be avoided by allowing me to access my medications locally.*

*The burden of pricing negotiations for prescription drugs should not be carried by the patient. Preferred Provider Networks (PPN) are unfair to independent pharmacies and the patients who access them. Pharmacies who serve their communities well and provide exceptional care and service to their patients. I am asking our provincial government to address the gap in legislation that is placing already vulnerable patients at risk, and removing our very basic right to choose our own healthcare providers. PPN do little to serve the patients and instead end up lining the pockets of Insurance Companies."*

*- Kim Sajecki, Ontario Canada*

**Examples of similar approaches taken in other jurisdictions:**

**Quebec:**

Bill 92 was recently passed in Quebec and included provisions to ensure a patient's freedom to choose their pharmacy:

**Bill 92: An Act to extend the powers of the Régie de l'assurance maladie du Québec, regulate commercial practices relating to prescription drugs and protect access to voluntary termination of pregnancy services**

**ACT RESPECTING PRESCRIPTION DRUG INSURANCE**

**41. The Act is amended by inserting the following section after section 42.2: "42.2.1. No group insurance contract or employee benefit plan may restrict a beneficiary's freedom to choose a pharmacist."**

**"80.2. An accredited manufacturer or wholesaler may not, nor may an intermediary, (1) pay or reimburse to a person covered by the basic plan all or part of the price of a medication or supply covered by the plan, except to the extent provided for by ministerial regulation, in particular for humanitarian reasons; (2) limit the supply of medications or supplies entered on the list of medications to a restricted number of owner pharmacists, unless a notice of compliance with conditions has been issued by Health Canada to the contrary;**

<http://www2.publicationsduquebec.gouv.qc.ca/dynamicSearch/telecharge.php?type=5&file=2016C28A.PDF>



## United States

Thirty-two American states were identified as having passed legislation on Any Willing Provider:

State	Description of Any Willing Provider law
<b>Alabama</b>	<p>Section <a href="#">27-1-19</a>: The agreement providing coverage to an insured may not exclude assignment of benefits to any provider at the same benefit paid to a contract provider.</p> <p>Section <a href="#">27-45-3</a>: Plan Beneficiaries may choose the licensed pharmacist or pharmacy of their choice. Health insurance policies and employee benefit plans may not deny licensed pharmacies or pharmacists the right to participate.</p>
<b>Arkansas</b>	Sections <a href="#">23-201</a> , <a href="#">23-202</a> , <a href="#">23-203</a> , <a href="#">23-204</a> , <a href="#">23-205</a> , <a href="#">23-206</a> , <a href="#">23-207</a> , <a href="#">23-208</a> , <a href="#">23-209</a> : Benefit differentials are prohibited. Plan Beneficiaries may choose the licensed pharmacist or pharmacy of their choice. Health insurance policies and employee benefit plans may not deny licensed pharmacies or pharmacists the right to participate.
<b>Colorado</b>	Section <a href="#">10-16-122</a> : Any PBM/intermediary whose contract with a carrier includes an open network must allow all area pharmacy providers to participate if they agree to the terms and conditions of the contract. PBMs/Intermediaries may contract with exclusive pharmacy networks if a 60-days notice is given before the termination or the effective date of such contract by publication in a newspaper of general circulation.
<b>Connecticut</b>	Section <a href="#">38a-471</a> : A prescription program administrator shall allow a pharmacy to enroll in a program absent cause for excluding it
<b>Delaware</b>	Sections <a href="#">18-7301</a> , <a href="#">18-7302</a> , <a href="#">18-7303</a> : Beneficiaries may choose any pharmacy that has agreed to participate according to the terms. Benefit differentials are prohibited
<b>Florida</b>	<p>Section <a href="#">110.12315</a>: The state employees' prescription drug program requires the Department of Management services to allow prescriptions to be filled by any licensed pharmacy pursuant to contractual claims processing provisions.</p> <p>Section <a href="#">440.13(3) (j)</a>: The worker's compensation statute allows for a sick or injured employee to have free, full and absolute choice in the selection of the pharmacy.</p>
<b>Georgia</b>	<p>Section <a href="#">33-30-25</a>: Insurers may impose "reasonable limits" on the number/classes of preferred providers that meet the insurers' standards. Insurers must give all licensed and qualified providers within a defined service area the opportunity to become a preferred provider</p> <p>Section <a href="#">33-30-4.3</a>: Beneficiaries who do not use mail-order shall not be penalized if the provider used by the insured has agreed to the same terms and conditions applicable to mail-order and has agreed to accept payment or reimbursement at no more than the same amount that would be paid for the same mail-order services.</p>
<b>Idaho</b>	Sections <a href="#">41-2872</a> & <a href="#">41-3927</a> : Any insurance company or health maintenance organization issuing benefits must be willing to contract with qualified providers who

	meet the terms of the organization. Organizations issuing benefits must be willing to contract with qualified providers who meet the terms of the organization
<b>Illinois</b>	<p>Section <a href="#">215-5/370h</a>: Insurers/administrators must be willing to enter into agreements with any non-institutional providers who meet the established terms and conditions. The terms and conditions may not discriminate unreasonably against or among non-institutional providers.</p> <p>Section <a href="#">215-134/72(a)</a>: A plan may not refuse to contract with a pharmacy provider that meets the terms and conditions established by the plan.</p>
<b>Indiana</b>	Section <a href="#">27-8-11-3</a> : Pharmacists who agree to comply with established terms and conditions are entitled to enter into contracts with insurers. Terms and conditions established by insurers may not discriminate unreasonably against or among providers.
<b>Iowa</b>	Section <a href="#">514C.5</a> : Policies or contracts providing for third-party payment may not require a beneficiary to order prescriptions by mail if the pharmacy chosen by the beneficiary agrees to comply with the same terms and conditions as the mail-order pharmacy.
<b>Kentucky</b>	Section <a href="#">304.17A-270</a> : A health insurer shall not discriminate against any provider who is located within the geographic coverage area of the plan and who is willing to meet the terms and conditions for participation established by the plan, including the Kentucky State Medicaid program and Medicaid partnerships.
<b>Louisiana</b>	Section: <a href="#">22:1964</a> : Policies/plans must allow beneficiaries to select the pharmacy/pharmacist of their choice as long as the chosen pharmacy agrees to meet the terms and conditions of the plan. Pharmacies that agree to meet the established terms and conditions have the right to participate as contract providers. Renamed from Section 22:1214(15).
<b>Massachusetts</b>	Section <a href="#">176D(3B)</a> : Carriers who offer restricted pharmacy networks must follow certain requirements in contracting. Carriers must neither exclude nor favor individual pharmacies and must not impose greater restrictions on non-network pharmacies than those required on in-network pharmacies.
<b>Mississippi</b>	Section <a href="#">83-9-6</a> : Beneficiaries may choose any pharmacy that has agreed to participate in the plan according to the insurer's terms. Pharmacies that accept those terms are entitled to participate. Benefit differentials are prohibited. Plans that restrict pharmacy participation shall give 60-days notice of offer to participate to all pharmacies in the geographic area.
<b>Missouri</b>	Section <a href="#">354.535</a> : Every Health maintenance organization has to apply the same coinsurance, co-payment and deductible factors to all prescriptions filled by a pharmacy provider who participates in the network if the provider meets the contract's product cost determination. Also HMOs may not set a limit on the quantity of drugs which an enrollee may obtain at any one time with a prescription unless such limit is applied uniformly to all pharmacy providers in the network.
<b>Montana</b>	Section <a href="#">33-22-1704</a> : A preferred provider agreement must provide all providers with the opportunity to participate on the basis of a competitive bid.

<b>Nebraska</b>	Section 44-513.02: Beneficiaries shall not be required to obtain pharmaceutical services from mail-order in order to obtain reimbursement.
<b>New Hampshire</b>	Section 420-B:12(V): HMOs seeking bids from pharmacies for agreements to be preferred providers must admit and list all pharmacies that meet the bid.
<b>New Jersey</b>	Sections 17:48-6j & 26:2J-4.7: An enrollee/subscriber shall be permitted to select a pharmacy/pharmacist provided the pharmacist or pharmacy is registered. Pharmacies/pharmacists shall have the right to participate as preferred providers if the agreement provides for coverage by preferred providers, so long as the pharmacy/pharmacist complies with the terms of the agreement. Benefit differentials shall not be imposed. Enrollees/subscribers shall not be required to use a mail-order pharmacy.
<b>North Carolina</b>	Section 58-51-37: Beneficiaries may choose any pharmacy that has agreed to participate according to the insurer's terms. Pharmacies that accept such terms are entitled to participate and must participate if offered the opportunity. Benefit differentials are prohibited. Plans that limit pharmacy participation shall give 60-days notice of an offer to participate to all pharmacies in the geographic area.
<b>North Dakota</b>	Section 26.1-36-12.2: Beneficiaries may choose any licensed pharmacy/pharmacist to provide services. Benefit differentials are prohibited. Licensed pharmacists who accept the terms may participate in the plan.
<b>Oklahoma</b>	Section 36-3634.3 & 36-4511: Pharmacies must be provided the right to bid on a periodic basis on any pharmacy contract to provider pharmacy services. Employers may not require employees to obtain drugs from a mail-order pharmacy as a condition for reimbursement. Employers may not impose benefit differentials if they do not use mail-order.
<b>Rhode Island</b>	Sections 27-18-33, 27-19-26, 27-20-23, 27-41-38: Insurers may not require covered persons to obtain prescriptions from a mail-order pharmacy as a condition of obtaining benefits.
<b>South Carolina</b>	Section 38-71-147: No individual or group accident and health or health insurance policy or HMO may prohibit a participant/beneficiary from selecting pharmacies/pharmacists that agreed to participate in the plan according to the terms of the insurer, or may deny pharmacies/pharmacists the right to participate as contract providers if they agree to insurer's terms and conditions.
<b>South Dakota</b>	Section 58-18-37: Group health insurance policies may not refuse to accept licensed pharmacies/pharmacists as participating providers if they agree to the same terms and conditions offered to other providers of pharmacy services under the policy.
<b>Tennessee</b>	Section 56-7-117: Group medical benefit contracts covering prescriptions may not require a covered person to obtain prescriptions from mail-order, or to pay an additional fee, or be subjected to a penalty for declining to use a designated mail-order pharmacy. Section 56-7-2359: Licensed pharmacies may not be denied right to participate on the

	same terms and conditions offered other participants; benefit differentials are prohibited.
<b>Texas</b>	Section 21.52B 2(a) (2): A pharmacy/pharmacist may not be denied the right to participate as a contract provider under the plan if the pharmacy/pharmacist agrees to provide pharmaceutical services that meet all terms and requirements and to include the same administrative, financial, and professional conditions that apply to pharmacies/pharmacists that have been designated as providers under plan.
<b>Utah</b>	Section 31A-22-617: Insurers must allow providers to apply for and be designated as preferred providers if they agree to meet established terms and conditions. "Reasonable limitations" may be placed on the number of designated preferred providers.
<b>Virginia</b>	<p>Section 38.2-3407: Insurers shall establish terms and conditions in order to receive payment as a preferred provider. The terms and conditions shall not discriminate unreasonably against or among such health care providers and cannot exclude any provider willing to meet the terms and conditions.</p> <p>Section 38.2-3407.7: Insurers shall not prohibit any person receiving pharmacy benefits from selecting, without limitation, the pharmacy of his choice.</p> <p>Section 38.2-4209: Providers who are willing to accept established terms and conditions may qualify for payment under preferred provider contracts.</p> <p>Section 38.2-4209.1: Corporations must allow beneficiaries to select the pharmacy of their choice if pharmacies that are non-preferred providers have previously notified the corporation of their agreement to accept reimbursement at rates applicable to preferred providers.</p> <p>Section 38.2-4312.1: No Health maintenance organization shall prohibit any person receiving pharmaceutical benefits from selecting, without limitation, the pharmacy of his choice. No monetary penalty which would affect or influence any person's choice of pharmacy shall be imposed.</p>
<b>Wisconsin</b>	Section 628.36 (2m): An annual 30-day open enrollment period during which any pharmacist may elect to participate is required.
<b>Wyoming</b>	<p>Section 26-22-503: Any provider willing to meet the established requirements has the right to enter into contracts relating to health care services.</p> <p>Section 26-34-134: Providers willing to meet an HMO's established terms shall not be denied the right to contract. An HMO may not discriminate against a provider on the basis of the provider's academic degree.</p>
Source: PBM Watch, Any Willing Provider Laws, <a href="http://www.pbmwatch.com/any-willing-provider-laws.html">http://www.pbmwatch.com/any-willing-provider-laws.html</a>	

## Endnotes:

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[https://assets.greenshield.ca/greenshield/GSC%20Stories%20\(BLOG\)/the%20Advantage/2015/english/The%20advantage%20\(July%202015\).pdf](https://assets.greenshield.ca/greenshield/GSC%20Stories%20(BLOG)/the%20Advantage/2015/english/The%20advantage%20(July%202015).pdf)

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[http://ucm.greatwestlife.com/web5/groups/webassets/@public/documents/web\\_assets/s7\\_027234.pdf](http://ucm.greatwestlife.com/web5/groups/webassets/@public/documents/web_assets/s7_027234.pdf)

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[http://www.sunlife.ca/static/canada/Sponsor/About%20Group%20Benefits/Focus%20Update/2014/472/Sun%20Life%20PPN%20Announcement\\_English%20July%2017.pdf](http://www.sunlife.ca/static/canada/Sponsor/About%20Group%20Benefits/Focus%20Update/2014/472/Sun%20Life%20PPN%20Announcement_English%20July%2017.pdf)

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<https://www.equitable.ca/en/who-we-are/news/equitable-life-introduces-a-preferred-pharmacy-network-for-specialty-drugs/>

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<https://www.rbcinsurance.com/group-benefits/plan-administrator/bulletin/march-2016.html>

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<http://www.express-scripts.ca/news-room/desjardins-insurance-express-scripts-canada-introduce-new-integrated-active>

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[https://www.google.ca/url?sa=t&rct=j&q=&esrc=s&source=web&cd=3&ved=0ahUKEwjvKw5KjZAhVEVK0KHABUCqYQFgg7MAI&url=https%3A%2F%2Fwww.empire.ca%2Fdocument%2F6531&usg=AOvVaw0zqn8x7rjMLi\\_MzXwxEASX](https://www.google.ca/url?sa=t&rct=j&q=&esrc=s&source=web&cd=3&ved=0ahUKEwjvKw5KjZAhVEVK0KHABUCqYQFgg7MAI&url=https%3A%2F%2Fwww.empire.ca%2Fdocument%2F6531&usg=AOvVaw0zqn8x7rjMLi_MzXwxEASX)