



FEDERAL ELECTION 2019

Universal National Pharmacare

Background

Canada is the **only developed country in the world** with a universal health care system that **does not provide universal coverage of prescription drugs**.

In 2016 Canadians spent \$165 per capita on generic drugs, the second highest among OECD countries after the United States, making drugs inaccessible for many.^{1,2} Lack of universal drug access often causes non-adherence by patients, resulting in higher rates of hospital admissions and deaths, and increasing costs to the health care system.^{3,4}

- As a result, one in 10 Canadians cannot afford to take medicines as prescribed; compared to other countries, this is one of the highest rates of cost-related non-adherence of prescription drugs⁴
- **One million Canadians** forego spending on necessities such as food and heating in order to pay for essential prescription medicines⁵

The federal government should introduce a universal, single-payer, national pharmacare program

- It would lead to the greatest degree of consistency across the country. According to an Ipsos poll conducted on behalf of the College of Family Physicians of Canada (CFPC), three-quarters (75 per cent) of Canadians support implementing a universal pharmacare program in Canada



Canadians have no prescription drug coverage.⁶

Increases in spending on prescription drugs have surpassed spending growth for both hospital and physician services and are now the fastest growing contributor to public health expenditures in Canada.⁷



- As a strong central negotiating power, the federal government will greatly increase bargaining power and reduce the cost of prescription drugs by \$3–6 billion a year^{9,10}
- A Canadian Centre for Policy Alternatives study suggests that **a single-payer pharmacare program would decrease the amount spent on prescription drugs for Canadians and employers by \$16.6 billion annually**. While this would be an additional cost to

governments of \$10.4 billion a year, it would result in overall net savings of \$6.1 billion annually (\$160 per person in Canada), and the long-term health impacts will offset this initial investment.¹⁰

- A result of eliminating financial barriers to filling prescriptions will be significantly improved health outcomes of Canadians, especially those who currently cannot afford the prescriptions¹³

Coverage for everyone in Canada

- The pharmacare plan should cover all medically necessary drugs at no cost to Canadians (no co-payments or deductibles), making it a progressive plan that truly aims to reduce inequalities and improve well-being
- Due to high prescription costs, Canadians use their medications inappropriately or not at all; a Quebec-based study of almost “16,000 patients found that nearly one in three prescriptions went unfilled,”¹¹ while recent research from the Mayo Clinic shows that nearly half of patients “do not take their medications as prescribed”¹²



The federal government should create a pharmacare program that prioritizes universal access and is based on values of comprehensiveness, universality, equality, and is without conditions.

Endnotes

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- 7 Canadian Institute for Health Information. Where is most of the money being spent in health care in 2018? website. www.cihi.ca/en/health-spending/2018/national-health-expenditure-trends/where-is-most-of-the-money-being-spent-in-health-care-in-2018. Accessed 2019 Jul 3.
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- 10 Macdonald D, Sanger T. *A prescription for savings: Federal revenue options for pharmacare and their distributional impacts on households, businesses and governments*. Ottawa, ON: Canadian Centre for Policy Alternatives; 2018. Available from: www.policyalternatives.ca/sites/default/files/uploads/publications/National%20Office/2018/12/Prescription%20for%20Savings.pdf. Accessed 2019 Jul 3.
- 11 Tamblyn R, Egale T, Huang A, Winslade N, Doran P. The incidence and determinants of primary nonadherence with prescribed medication in primary care: a cohort study. *Ann Intern Med*. 2014;160(7):441-450.
- 12 Brown MT, Russell JK. Medication adherence: WHO cares? *Mayo Clinic Proc*. 2011;86(4):304-314.
- 13 Morgan SG, Martin D, Gagnon MA, Mintzes B, Daw JR, Lexchin J. *Pharmacare 2020: The future of drug coverage in Canada*. Vancouver, BC: Pharmaceutical Policy Research Collaboration, University of British Columbia; 2015.

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<https://election2019.cfpc.ca>