

A Plan for Everyone

Members' guide to the federal survey for national Pharmacare

The federal Advisory Council on the Implementation of National Pharmacare has launched an online survey, giving people in Canada the chance to weigh in on what Canadian Pharmacare should look like. As momentum builds for a national Pharmacare program, HSA members face an historic opportunity to advocate for a plan rooted in principles of fairness, accessibility, and universality.

Complete the online survey at
www.letstalkhealth.ca/pharmacare
Deadline: Sept. 28

WHAT SHOULD OUR APPROACH TO NATIONAL PHARMACARE BE?

CANADA NEEDS A UNIVERSAL PHARMACARE PLAN THAT IS AN EXTENSION OF OUR CURRENT MEDICARE SYSTEM. IT SHOULD BE A PUBLIC AND SINGLE-PAYER PROGRAM.

Every developed country with universal health care also provides universal drug coverage. Like Canada's Medicare system, a Pharmacare plan should provide equal coverage to all across the country, ensured through federal oversight. This vision for Pharmacare is widely supported across Canada. A July 2015 Angus Reid poll found that 88 per cent of Canadians believe that prescription drugs should be part of Medicare.

A public, single-payer program would deliver massive savings on drug costs through bulk purchasing power. Our current for-profit insurance system is inefficient and costly. It is estimated that \$1-2 billion per year would be saved in administrative costs alone through a single-payer system versus a mixed public-private system of coverage. And the CLC reports that a \$1 billion annual investment by the federal government would bring \$7.3 billion per year in savings.

Current private plans are not designed within a broader public health care strategy. Coverage is not coordinated with wider health policies. And current public prescription plans are inconsistent across provinces. A public, Canada-wide plan is needed.

WHO SHOULD BE COVERED BY THE PLAN?

A UNIVERSAL PROGRAM MEANS THAT ALL RESIDENTS, REGARDLESS OF INCOME, ARE COVERED BY PHARMACARE.

In B.C., there are various guidelines outlining who is eligible for health plan coverage within our current health system. International students, refugee claimants, temporary foreign workers, and immigrants – regardless of immigration status – have the right to health care and should be covered under a universal Pharmacare plan.

Learn more about the campaign for universal Pharmacare at: www.aplanforeveryone.ca



CLC PRESIDENT HASSAN YUSSUFF AND HEALTH ECONOMIST STEVE MORGAN AT A VANCOUVER PHARMACARE TOWNHALL

WHO WOULD PAY FOR THIS PLAN?

THE PLAN SHOULD BE FUNDED THROUGH OUR PROGRESSIVE TAX SYSTEM (INCOME AND CORPORATE TAXES), WITHOUT INDIVIDUAL DEDUCTIBLES, CO-PAYS, OR PREMIUMS.

Like Canada's current Medicare system, the funding model for Pharmacare should be equitable. This means that costs are shared fairly across the population. Individual deductibles, co-pays, and premiums pose financial barriers to accessing prescriptions and would infringe on universal access.

It is estimated that a Pharmacare plan could create \$10 billion in savings for the private sector, and these savings should support the financing of a national Pharmacare plan. New government funds should be allocated to the program, not taken from existing health care transfers for medical care.

A Pharmacare program should have sustained funding, and a program budget should be established that encourages pharmaceutical companies to price medicines at comparable values across the program.

WHAT MEDICATIONS SHOULD BE COVERED?

MEDICATIONS COVERED IN THE PROGRAM SHOULD BE MEDICALLY NECESSARY OR OFFER A PUBLIC HEALTH BENEFIT.

Pharmacare is not a blank cheque for pharmaceutical companies or prescribers. A publicly accountable body, independent from the interests of the pharmaceutical industry, should be established to manage the approval of new drugs and develop prescribing guidelines, maximizing health benefits per dollar spent. Plan standards should be tied to public health goals and respect principles of universality and equal access.