



CANADIAN HEALTH ECONOMIST STEVE MORGAN, BC FED SECRETARY TREASURER AARON EKMAN, AND CLC PRESIDENT HASSAN YUSSUFF SPEAK AT A PHARMACARE TOWNHALL IN VANCOUVER ON FEB. 21.

# A PLAN FOR EVERYONE

## THE CASE FOR UNIVERSAL PHARMACARE

**BY SAMANTHA PONTING**  
HSA COMMUNICATIONS

About one third of Canadians do not have prescription drug coverage. For some people, this can mean life or death. This is the tragic story of Judy Pope, a Cambridge, Ontario woman whose life-prolonging medicine was so expensive that she died without it. Her husband Gary tells their family story in a video produced by the Canadian Labour Congress (CLC) as part of its Plan for Everyone campaign, a national campaign calling for the creation of a universal Pharmacare plan.

Tommy Douglas, the founder of Canadian Medicare, always envisioned universal Pharmacare as part of the public health system.

“We believe it is time to complete the work that Tommy Douglas started,” says CLC President Hassan Yussuff. Doctors

***“Our cherished Canadian Medicare program is the only such program in the world that ends when a patient is handed a prescription to fill.”***

*- Canadian Health Economist Steve Morgan*

for Medicare, the Surrey Board of Trade, and CARP (formerly the Canadian Association for Retired Persons) are partners in the campaign.

Yussuff says approximately 3.5 million Canadians do not have any form of prescription coverage. Women and low-wage precarious workers are least likely to be part of a plan.

Yussuff says that for workers with plans, “Workplace coverage could be allocated to other things if not part of Pharmacare.”

Provincial and territorial governments and the federal government are all spending money on

prescription programs in some fashion. The BC government announced Feb. 9 that it would be injecting \$105 million into the province’s current Pharmacare program to eliminate deductibles for families with net annual incomes under \$45,000.

Ontario recently extended prescription coverage of 4000 different medications to people under age 25. Depending on the province or territory, there may be some coverage available based on income, age, or disability.

However, these programs still leave many Canadians without coverage. Others are unable to

## The economics of Pharmacare

According to the CLC, it would cost the federal government 4.5 billion dollars to implement a universal Pharmacare plan, in addition to the funds currently spent across governments on Pharmacare.

“There’s been many different studies done, including one from the CCPA, one from the parliamentary budget office – every one of these studies have established that there will be massive savings for Canadians as a whole,” says Yussuff. The CLC reports that a \$1 billion annual investment by the federal government would bring \$7.3 billion per year in savings to Canadians.

Without broad, coordinated purchasing power, Canada is left paying the second highest prescription drug costs in the world, next to the United States. There is evidence from examining cases in other countries that there would be massive savings if Canada were to combine its purchasing power under one plan.

The case of New Zealand is a stark example. Yussuff reports that New Zealand pays on average 40 per cent less for brand name drugs than Canada, and 90 per cent less for generic drugs. In some cases, this rate can go as high as 600 per cent more. For example, a year supply of Lipitor – a drug that lowers cholesterol – costs \$15 per year in New Zealand. The same drug costs \$811 in Canada.

Access to medication is an important component of preventative care. According to Statistics Canada, 100,000 people self-reported that they have seen an increase in their use of public health services because they didn’t take needed prescriptions.

Meanwhile, the Parliamentary Budget Officer estimates that every year, 60 million prescriptions go unfilled because of patients’ inability to pay.

Yussuff says universal Pharmacare also makes sense for employers. “We believe a healthy workforce will lead to a more productive workforce in this country.”



## Pressure is mounting

A Plan for Everyone campaign has been building steam. On Feb. 6, a large-scale lobbying effort saw union representatives from across the country gather to speak to politicians about a universal Pharmacare plan.

“Our day started out with a meeting with the health minister. We laid out for her the reasons for this to happen,” says Yussuff.

“We had 324 lobbyists that took our call to members of parliament, other cabinet ministers and senators to engage them in the conversation.”



On Feb. 27, the federal government announced that Ontario Health Minister Eric Hoskins will chair an advisory council on the development of a national Pharmacare strategy.

While the announcement was welcomed by the CLC, some critics, such as MP Don Davies, question the value-added of launching a new committee when research and consultation into Pharmacare has already been underway through the Parliamentary Health Committee. The committee has heard from 90 witnesses across Canada.

“The minister is awaiting three committee reports to provide some guidance to her,” says Yussuff.

The CLC is also ramping up its on-the-ground efforts, with town halls happening across the country, and it has collected more than 30,000 signatures on a petition.

“We’ve got to keep the heat on. We need our federal government to be there.”

**[Sign the petition at aplanforeveryone.ca.](http://aplanforeveryone.ca)**