



HEALTH SCIENCES ASSOCIATION

The union delivering modern health care

*Submission to the Advisory Council on the Implementation
of National Pharmacare*

September 28, 2018

Via Email: pharmacare-assurancemedicaments@canada.ca

Health Sciences Association of BC
180 East Columbia Street, New Westminster, BC V3L 0G7
www.hsabc.org

Introduction

The Health Sciences Association of BC (HSA) is a democratic union that represents more than 18,000 health science and social service professionals who deliver specialized services at over 250 hospitals and agencies in acute and long-term care, child development centres, community health and social service agencies. HSA represents about 1,200 pharmacists working in the public health care system.

HSA is a member of the BC Health Coalition, BC Federation of Labour, and the National Union of Public and General Employees (NUPGE), and is committed to a strong, accessible and universal public health care system.

HSA appreciates the opportunity to make a submission to the Advisory Council on the Implementation of National Pharmacare.

What should our approach to national pharmacare be?

Canada needs a national public pharmacare plan that is an extension of our current public health care (medicare) system in which all residents, regardless of income, are covered by pharmacare. We know that 3.5 million Canadians can't afford to fill their prescriptions.

The current patchwork of provincially subsidized pharmacare programs and private prescription drug plans is not cost-effective nor does it represent smart public policy. A large and growing body of research evidence supports a national public, single-payer pharmacare program.¹

A public, single-payer program would deliver significant savings and much better value for money. Two reports demonstrate significant cost-savings. The Canadian Centre for Policy Alternatives and Canadian Doctors for Medicare estimate that a national public pharmacare program would provide \$11 billion per year in savings for federal and provincial governments, the private sector, and individuals.² A more conservative estimate from the Parliamentary Budget Officer estimates savings of \$4.2 billion annually by the federal government alone.

A single-payer pharmacare system would be \$1 to 2 billion less than the cost of a mixed, private-public system of drug coverage, which underscores why a public single-payer plan is more cost-effective and would be better public policy.³

¹ S. G. Morgan, D. Martin, M. A. Gagnon, B. Mintzes, J.R. Daw, and J. Lexchin (2015), [Pharmacare 2020: The future of drug coverage in Canada](#), Vancouver: Pharmaceutical Policy Research Collaboration, University of British Columbia; Canadian Centre for Policy Alternatives and Canadian Doctors for Medicare (2017), [Cost Savings Resulting from a National Pharmacare Program](#), Ottawa: CCPA and CDM.

² Canadian Centre for Policy Alternatives and Canadian Doctors for Medicare, 2017.

³ Morgan et al., 2015, p. 14.

Every developed country with universal health care also provides universal drug coverage. Like Canada's existing medicare system, a pharmacare plan should provide equal coverage to all across the country, maintained through federal leadership, coordination, and oversight.

There is also overwhelming public support for a national pharmacare program based on universal access. A recent public opinion poll shows 91 per cent of Canadians voiced support for a national pharmacare program.⁴

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.

The Canadian Labour Congress (CLC) reports that a \$1 billion annual investment by the federal government would mean Canadians save \$7.3 billion per year in medication costs,⁵ and it is estimated that a pharmacare plan could create \$10 billion in savings for the private sector. These savings should support the financing of a national public pharmacare plan. New government funds should be allocated to the program – not taken from existing federal health care transfer payments.

What medications should be covered?

Medications covered in the program should be medically necessary and offer a demonstrated health benefit. Pharmacare is not a blank cheque for pharmaceutical companies or prescribers. A publicly accountable body, independent from the pharmaceutical industry lobby, should be established to manage the approval of new drugs and develop an evidence-based formulary (the list of medicines that would be covered for all Canadians) that “would better guide prescribing than professional education alone and would likely improve the quality and safety received by patients.”⁶

HSA supports five key pharmacare principles

On September 24, 2018, a large and diverse coalition, representing health care providers, non-profit organizations, seniors, patients, workers, and researchers, agreed upon five key principles

⁴ Angus Reid Institute (2015), [Prescription drug access and affordability an issue for nearly a quarter of all Canadian households](#).

⁵ Canadian Labour Congress (n.d.), [Pharmacare: A Plan for Everyone](#).

⁶ Morgan et al., 2015.

that should serve as the foundation for a national pharmacare plan.⁷ These coalition members include the Canadian Centre for Policy Alternatives, the Canadian and BC Health Coalitions (and other provincial Health Coalitions), the National Union of Public and General Employees, and the Canadian Labour Congress.

HSA supports these five principles, quoted directly from the coalition statement:

1. Universality: *Coverage for all residents of Canada on equal terms and conditions.*

2. Public, Single-Payer Administration: *A publicly administered and delivered program that is integrated with the medicare system in which it operates, directly accountable to the public it serves, and leverages single-payer procurement to maximize purchasing power for the entire Canadian population.*

3. Accessibility: *Access to covered medications without financial barriers or other impediments.*

4. Comprehensiveness: *Coverage for as many medications as judged safe and effective by scientific evidence and based on the best value for money. Ensure the public servant experts who select medications for coverage are appropriately insulated from political pressures and marketing campaigns.*

5. Portable Coverage: *Continuous and consistent coverage for residents who move within Canada.*

In addition to the five principles above, our coalition believes that the federal government must offer leadership in order to achieve National Pharmacare. This must include substantial funding commitments, sufficient to induce provincial and territorial governments to opt-in to the national program.

Conclusion

HSA strongly believes that now is the time for a national, public, single-payer pharmacare plan. There is overwhelming evidence that such a program would benefit Canadians, improve health equity and access to medically necessary treatment. It is time to address one of the most significant gaps in our public health care system.

HSA thanks the Advisory Council on the Implementation of National Pharmacare for its work on this important issue and for considering this submission.

⁷ [Pharmacare consensus principles released today](#), Canadian Centre for Policy Alternatives press release, Sep. 24, 2018.