Implement national pharmacare so that nobody goes without the treatment they need

WHY IT MATTERS

ISSUE

Prescription drug coverage in Canada is currently a mix of public and private programs, wherein some citizens have little or no financial support for pharmaceutical care. At the same time, Canada ranks second highest, behind the United States, in per capita spending on drugs among OECD nations. Reform is required to ensure Canada has sustainable pharmacare for all citizens.

REQUEST

The Royal College calls on all parties to commit to implementing national pharmacare, and to engaging with the Royal College and its Fellows to find solutions to the challenges ahead in the development and implementation of an equitable and effective national pharmacare program.

The Evidence

- **Nearly two million Canadians reported not being able to afford one or more drugs in the past year, often resulting in additional doctor visits and hospital admissions.**
- **Indigenous Peoples and low income earners are more strongly impacted by a lack of prescription drug coverage than the rest of the population.**
- **Many Canadians face drug costs that force them to choose between proper food, clothing and housing or medication that was prescribed to relieve their suffering and improve their health.**

The Impact

- **The Parliamentary Budget Officer's Report on pharmacare suggests that a national pharmacare program will decrease patients' out of pocket expenditures, and can lower overall spending on prescription drugs.**
- **The establishment of a national drug agency, a pillar recommended by the Pharmacare Advisory Council, would foster a cohesive, national pharmacare strategy, which would provide pharmaceutical care to those who are currently uninsured while lowering the total cost of prescription drugs.**
- **There are several models that exist, from a national, tax-funded program (ie. UK, Australia) to mandatory private insurance, regulated by federal governments (ie. Germany, Netherlands). While these models differ, they all offer broader coverage to their populations, including those most in need.**

FAQs

How much will it cost?

We do not know the exact cost, as this will depend on a number of factors including the phasing-in of the formulary, and specific details of the formulary. What we do know is that both the Parliamentary Budget Officer Report and the Final Report from the Pharmacare Advisory Council found that a national pharmacare program would result in a net savings, and would also lower the total cost of prescription drugs.

What will this mean for research and innovation?

Per the Pharmacare Advisory Council Final Report:

"The federal government plays a critical role in creating the conditions that support research and innovation in the health sector. Ongoing investments in health research, research infrastructure and post-secondary education help attract talent to this sector and grow research capacity. New partnerships between the public and private sectors, such as those that are emerging from the government's innovation strategy, can further strengthen capacity in the life sciences sector. New trade deals and efforts to streamline regulation will also help to create a climate that supports investment in drug-related research and innovation. The council supports these measures and urges the government to continue investing in these areas."

Why can't we just give coverage to people who don't already have it?

A 'fill the gaps' approach is suboptimal since, like our current mixed public/private system, it would do little to lower drug prices or create fairness or uniformity in access across the country. Also, Medicare doesn't simply "fill the gaps", and neither should pharmacare.

Won't people abuse the system to try and get prescriptions for drugs they don't need?

There is little evidence that 'free' prescription medicines lead to overuse, abuse or wastage. In fact, a Scottish study found that as copayments were gradually reduced, use of prescription medication went up. This increase slowed considerably over the course of four years, suggesting that the initial uptick in use was because some people had not been getting the drugs they needed, rather than a surge in wasteful consumption.

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