



## Universal pharmacare

**RNAO urges the province to support a national pharmacare program covering all medically necessary drugs without means testing, user fees or co-payments for Ontarians of all ages. Do you agree with RNAO?**

### Current Drug coverage in Ontario and Canada

Every developed country with a universal health-care system provides universal coverage of prescription drugs except for Canada.<sup>1</sup> Most Canadians do not have access to public drug coverage, and the lack of common purchasing of pharmacare means that we face some of the highest drug prices in the developed world. Canadians pay about 35 per cent more than the median for countries in the Organization for Economic Co-operation and Development (OECD),<sup>2</sup> and Canada has the highest per capita drug expenditure in the OECD after the U.S.<sup>3</sup> It is thus not surprising that public drug spending in Ontario had risen to an estimated 9.6 per cent of the 2018 health budget – up from 1.2 per cent in 1975.<sup>4 5</sup>

In the absence of a national pharmacare program, many Ontarians rely on a patchwork of existing public drug plans,<sup>6</sup> and the rest have to pay personally or obtain private insurance. Currently, the Ontario Drug Benefit Program covers seniors, people receiving social assistance, and participants in the Ontario Disability Support Program, while the Trillium Drug Program subsidizes those whose drug costs are high relative to their income.<sup>7 8 9</sup> Ontario also offers a number of smaller programs that address specific drug needs.<sup>10</sup> In 2018, an estimated 41.8 per cent of Ontario prescription expenditures were covered by the provincial government, 1.6 per cent by the federal government, and 0.4 per cent by the Workplace Safety and Insurance Board. The other 56.1 per cent was paid by private insurers and out-of-pocket by the public.<sup>11</sup>

The lack of universal pharmacare today forces those who are living with low or modest incomes without access to adequate drug coverage to either go without medication, go into debt or pay out-of-pocket instead of purchasing other life necessities such as food.<sup>12 13</sup> Law et al., writing in the Canadian Medical Association Journal (CMAJ), found that one in 10 Canadians receiving prescriptions reported they did not adhere to them because of the cost.<sup>14</sup> A 2015 Angus Reid survey found that in the past year, 23 per cent of respondents reported they, or another member of their household, did not take drugs as prescribed due to cost.<sup>15</sup> Numerous international studies have also confirmed the health consequences of people not filling prescriptions due to cost.<sup>16 17 18 19 20 21</sup>

### Health effects of not having access to medications

The inability to pay for medications can cause significant health problems, and in some cases, can be fatal. For example, in Ontario, insufficient drug coverage has been a factor in thousands

of avoidable deaths among those with diabetes under the age of 65. We know this because mortality rates drop when people with lower incomes living with diabetes reach 65 because their medication is then covered under the Ontario Drug Benefit program (ODB).<sup>22 23</sup> While pharmacare would benefit all Ontarians, research shows it is particularly important for people with lower incomes, no matter what their health conditions.<sup>24 25 26 27 28 29 30</sup> A 2018 survey of 28,091 Canadians concluded that out-of-pocket charges made drugs unaffordable for 8.2 percent of Canadians who had prescriptions. It also concluded that people facing out-of-pocket expenses were foregoing other necessities, and as a result, were using additional insured health services.<sup>31</sup>

### **Cost advantages of universal pharmacare**

Potential savings for Canadians from pharmacare are significant. Gagnon and Hébert estimate \$10.7 billion in annual savings (or 42.8 per cent of total Canadian spending on prescription pharmaceuticals) from an aggressive national pharmacare program.<sup>32</sup> A 2015 CMAJ article estimated the expected savings at \$7.3 billion in a baseline scenario.<sup>33</sup>

Savings to individuals, families, businesses, and the health-care system from pharmacare would come from:

- Reduced administrative, marketing and regulatory costs due to a single-payer system.
- Avoiding diversion of money into profits.
- More effective, evidence-informed prescribing.
- Use of purchasing power to reduce excessive drug prices.
- More efficient use of health system resources (uninsured services tend to be underused because of affordability concerns, which leads to an increased risk of costly health complications).

With respect to diversion into profits, that happens both in the pharmaceutical market and the health insurance market. The private health insurance market in Canada is dominated by for-profit firms – 80 per cent by a 2008 estimate.<sup>34</sup> It is not a very good deal for Canadians, who are paying more for less: Canadians pay a great deal in drug premiums and the share they get back in the form of benefits has been dropping sharply. In the case of Canadian group plans, that benefit share dropped from 92 per cent to 74 per cent between 1991 and 2011. For people on individual plans, the share dropped from 46 per cent to 38 per cent over the same period.<sup>35</sup> The rising spread between insurance company revenue and benefits paid out (8 per cent for individual plans to 26 per cent for group plans) reflects insurance administration costs plus diversion to profits. A national pharmacare program would direct this money into more comprehensive drug coverage.

A national pharmacare program would also provide the government with more bargaining power to counter the monopoly power enjoyed by drug manufacturers due to strong patent protections. Without that bargaining power, we face high drug prices (For example, in January 2018, net margins of US biotechnology drug companies were estimated at 12.57 per cent and those of pharmaceutical drug companies were estimated at 14.05 per cent. That contrasts with a net margin of 7.90 per cent for all sectors.<sup>36</sup>). These high drug prices affect everyone: consumers, who pay out of pocket; employers and others who pay group or individual drug insurance premiums; and government, which provides public drug insurance.

Pharmacare would address other dimensions of affordability for government. Our current multi-payer system shifts costs from the private sector to the public sector. For example, the government ends up insuring the highest risk people who are not working due to age or illness, with the lower risk people being picked up by private insurers through employment. In the case of Quebec, 30 per cent of those enrolled in private plans are public sector employees, which is an indirect public subsidy to private insurers. On top of that, federal tax subsidies amount to 13 percent of private drug plan expenditures.<sup>37</sup> Quebec has compulsory drug insurance, requiring its residents to enrol in private or public plans; this promotes a multi-payer system. Small wonder that in Quebec “the system remains inequitable, inefficient and unsustainable, according to a recent official report by the [Quebec] Commissaire à la santé et au bien-être.”<sup>38 39</sup>

There is also an important competitive advantage to having universal pharmacare, as it would lower health insurance costs for Ontarian or Canadian employers and put them in a better position relative to international competitors. A recent estimate put the potential cost savings to Canadian employers of pharmacare at \$1 per hour per worker, in addition to the \$4 cost advantage they already enjoy due to Canadian Medicare.<sup>40</sup>

### **Evidence-based prescribing**

A public single-payer pharmacare program is a necessary condition for Canadians to get access to the right drugs, but it is not sufficient. It is also critical that a national pharmacare program have an evidence-based formulary and guidance be provided on optimal prescribing.<sup>41 42</sup> This would pool information on safety, effectiveness and cost, and would be important when dealing with the growing pool of drugs targeted at rare diseases. In these cases, the evidence is based on very small samples and manufacturers supply the studies while exerting strong lobbying pressure for coverage of very expensive drugs.<sup>43</sup> More generally, all health system practice should be guided by evidence. As *Choosing Widely Canada* notes, citing the Canadian Institute for Health Information, “up to 30% of tests, treatments, and procedures in Canada are potentially unnecessary.”<sup>44</sup>

### **Two competing funding models**

While the single-payer model is superior in terms of efficiency, cost and access, the mixed public and private funding model de facto prevails across the country and it still has proponents who see the government as providing the role of insurer of last resort. This is the model by design in Quebec, and it is the direction that the current government in Ontario is taking.<sup>45</sup>

On the face of it, it might seem to be cheaper for governments to let employers do the heavy lifting and fill in coverage gaps for those who don't have private drug insurance. To the contrary however, research published in the CMAJ on the Quebec model is sobering.<sup>46 47</sup> As noted above, Quebec has a compulsory drug insurance system with multiple payers – private and public. Compulsory drug insurance did increase the compliance rate on prescribing by reducing out-of-pocket costs, but Quebec compliance is worse than in countries that had lower out-of-pocket costs. That is because large deductibles, copayments and drug insurance premiums add significant costs to Quebecers with government drug insurance.<sup>48 49</sup>

While resulting improvements in access to pharmaceuticals in Quebec were disappointing, the story on per capita costs was unambiguously bad. As the BC Chamber of Commerce noted in its

explanation of the economic benefits of universal pharmacare for businesses, private employers and households in Quebec now spend \$200 more per capita than their counterparts in the rest of the country.<sup>50</sup> Not only is Quebec foregoing the benefits of negotiating for more reasonable drug prices, it is also foregoing all the savings on administration costs: while administrative costs represent 1.7 per cent of public insurance costs, they represent 18 percent of private insurance costs.<sup>51</sup>

### **Support for pharmacare**

RNAO has long advocated for a national pharmacare program,<sup>52 53 54 55 56 57</sup> and continues this advocacy in the media<sup>58 59</sup> and in action alerts responded to by our members.<sup>60 61 62</sup> RNAO also advocated for a provincial pharmacare program as the first step towards a national pharmacare program.<sup>63</sup>

An impressive list of other organizations is calling for a national pharmacare program, including: the Canadian Federation of Nurses Unions,<sup>64 65</sup> Ontario Nurses Association,<sup>66</sup> Canadian Nurses Association,<sup>67</sup> Canadian Doctors for Medicare,<sup>68 69</sup> Canadian Medical Association,<sup>70</sup> Standing Senate Committee on Social Affairs, Science and Technology,<sup>71</sup> Canadian Health Coalition,<sup>72 73</sup> the Council of Canadians,<sup>74 75</sup> and Canadian Association of Retired Persons.<sup>76 77</sup> Members of the public have also expressed remarkably strong support for a universal pharmacare program, as public polling on the topic of pharmacare indicates.<sup>78 79 80 81</sup> Even the conservative Globe and Mail has joined the call.<sup>82 83</sup>

### **The federal and provincial terrain**

After the October 2015 election, the federal political context changed and pharmacare advocates looked to Ottawa for leadership on this issue. In January 2016, federal and provincial/territorial health ministers met in Vancouver to lay the groundwork for a new Health Accord, and they promised to work together on drug policy.<sup>84</sup> In 2016-17, the federal House of Commons Standing Committee on Health held hearings on the development of a national pharmacare program,<sup>85</sup> and concluded that it was time to implement a pharmacare program that would provide universal access to essential medications, without means testing, user fees or co-payments.

In the spring of 2017, two Ontario parties – Liberals and NDP – offered competing provincial pharmacare strategies. The Liberals' pharmacare plan (“OHIP+”),<sup>86</sup> which was announced as part of their 2017 budget,<sup>87</sup> and paid the full costs of all 4,400<sup>88</sup> prescription drugs covered under the ODB program for children and youth under age 25, with no co-payments or deductibles.<sup>89</sup> While this was an important start towards universal pharmacare, it resulted in a three-tiered program with free medication for those under 25; coverage with deductibles and co-payments for those on the Ontario Disability Support Program (ODSP), and on Ontario Works (OW) and for seniors;<sup>90</sup> and no coverage (other than private insurance) for the remainder of Ontarians from 25 and 64. The Liberals announced they would invest \$465 million in pharmacare, with the program starting Jan. 1, 2018.<sup>91</sup>

The proposed NDP pharmacare plan committed to cover the “most common and essential 125 drugs” for all Ontarians,<sup>92 93</sup> but this is only a fraction of the 4,400 medications covered under the Ontario Drug Benefit (ODB) program. The NDP plan would have capped co-payments at the

level currently available under the ODB program.<sup>94</sup> The NDP said independent experts would develop the list of covered drugs, and that it would expand over time. They also indicated the program will cost \$475 million, and could be fully implemented by 2020.<sup>95</sup>

RNAO welcomed both commitments as steps forward, and called for a plan that incorporates the best features of each: pharmacare for the entire population with full coverage and no co-payments or deductibles of all prescription drugs currently listed under ODB.<sup>96</sup> Should Ontario adopt such a program, there would be a strong potential for ripple effects across the country.<sup>97</sup> Canada needs leadership to move toward the national plan that everyone wants,<sup>98</sup> and Ontario could have led the way.

The June 7, 2018 election of the Progressive Conservative Party in Ontario ushered in a very different pharmacare regime. On June 30, the Minister of Health announced that OHIP+ would be substantially scaled back.<sup>99</sup> Going forward, OHIP+ will only cover children and youth who lack private drug insurance. OHIP+ will also cover eligible expenses that are not covered by the drug insurers for children and youth who have other coverage. This means that Ontario is shifting back more to a multi-payer system. That system, as noted above, has proven to be very costly in Quebec without fully solving access and equity problems. Some critics fear that the rollback could extend to the ODB.<sup>100</sup>

### **A renewed push from the federal government for a national pharmacare program**

In April 2018, the Standing Committee on Health completed its thorough review of the evidence, and provided a series of comprehensive recommendations to the federal government, including:<sup>101</sup>

- Expand the *Canada Health Act* to include drugs dispensed outside hospitals.
- Develop a common, voluntary national prescription drug formulary.
- Improve drug pricing and reimbursement processes.
- Improve drug data and information systems.

"The [Standing] Committee believes that the best way to move forward in establishing a universal single payer public prescription drug coverage program is by expanding the Canada Health Act to include prescription drugs dispensed outside of hospitals as an insured service under the Act...The Committee has concluded that merely addressing coverage gaps will not lead to better health outcomes or better cost control."<sup>102</sup>

In the spring of 2018, Dr. Eric Hoskins was appointed Chair of the federal Advisory Council on the Implementation of National Pharmacare. The Council led a national dialogue on how to implement national pharmacare for Canadians, and its report is anticipated in early 2019.<sup>103</sup> RNAO delivered a written submission to this consultation<sup>104</sup> and urged its members to do the same.<sup>105</sup> RNAO's recommendations to the federal government were as follows:

1. Establish a national pharmacare program that covers all medically necessary drugs at no cost to Canadians, guided by the principles of the Canada Health Act (public administration, comprehensiveness, universality, portability and accessibility).
2. Make that pharmacare program universally accessible, with first-dollar coverage so that there are no deductibles, copayments or other user fees.

3. Transition immediately to full coverage of all Canadians and of all medically necessary drugs, with no phase-in.
4. Use the single-payer bargaining power to negotiate fairer prices for prescription drugs and use any available power such as compulsory licensing<sup>106</sup>34 to resist excessive patent protection for pharmaceuticals.
5. Develop and deliver all necessary information and guidance to support appropriate and effective prescribing practices.

There is a discussion about whether such a plan ought to be one in which the provinces and territories operate it under national standards, or one in which the federal government pays for and runs the program.<sup>107</sup> The important thing for RNAO is that a comprehensive national pharmacare program moves forward.

### **RNAO's PROVINCIAL PHARMACARE ASK**

- Support a national pharmacare program that covers all medically necessary drugs at no cost to Canadians, guided by the principles of the Canada Health Act (public administration, comprehensiveness, universality, portability and accessibility).



## References:

- <sup>1</sup> Morgan, S., Martin, D., Gagnon, M., Mintzes, B., Daw, J. & Lexchin, J. (2015). *Pharmacare 2020: The future of drug coverage in Canada*. Retrieved from [http://pharmacare2020.ca/assets/pdf/The\\_Future\\_of\\_Drug\\_Coverage\\_in\\_Canada.pdf](http://pharmacare2020.ca/assets/pdf/The_Future_of_Drug_Coverage_in_Canada.pdf).
- <sup>2</sup> Gagnon, MA. (2016). *Further information regarding the implementation of a national pharmacare program. Submitted to the House of Commons Standing Committee on Health*. Retrieved from <http://www.parl.gc.ca/Content/HOC/Committee/421/HESA/Brief/BR8201423/br-external/CarletonUniversity-Gagnon-9341046-2016-04-18-e.pdf>.
- <sup>3</sup> Gagnon, MA. (2016). *Further information regarding the implementation of a national pharmacare program. Submitted to the House of Commons Standing Committee on Health*. Retrieved from <http://www.parl.gc.ca/Content/HOC/Committee/421/HESA/Brief/BR8201423/br-external/CarletonUniversity-Gagnon-9341046-2016-04-18-e.pdf>.
- <sup>4</sup> Canadian Institute for Health Information. (2016). *National Health Expenditure Trends, 1975 to 2016*. Table D.4.6.2: Provincial Government Health Expenditure, by Use of Funds, Ontario, 1975 to 2016 -- Current Dollars.
- <sup>5</sup> Canadian Institute for Health Information. (2017). *National Health Expenditure Trends, 1975 to 2018*. Table G.5.3 Expenditure on drugs by type as a percentage share of public, private, and total health expenditures, by source of finance, Ontario, 1985 to 2018.
- <sup>6</sup> Government of Canada. (2017). *Provincial and territorial drug benefit programs*. Retrieved from <https://www.canada.ca/en/health-canada/services/health-care-system/pharmaceuticals/access-insurance-coverage-prescription-medicines/provincial-territorial-public-drug-benefit-programs.html>.
- <sup>7</sup> Government of Ontario. (2016). *Get help with high prescription drug prices*. Retrieved from <https://www.ontario.ca/page/get-help-high-prescription-drug-costs>.
- <sup>8</sup> Government of Ontario. (2013). *A guide to understanding Ontario's drug programs*. Retrieved from [http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/GetFileAttach/014-S46850E-87~15/\\$File/014-S46850E-87.pdf](http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/GetFileAttach/014-S46850E-87~15/$File/014-S46850E-87.pdf).
- <sup>9</sup> Newman, J. (2013). Pharmacare: What is publicly funded in Ontario. Retrieved from <http://povertyfreeontario.blogspot.ca/2013/08/pharmacare-what-is-publicly-funded-in.html>.
- <sup>10</sup> Ontario Ministry of Health and Long-Term Care (MOHLTC). (2016). What drug programs does Ontario offer? Retrieved from <http://www.health.gov.on.ca/en/public/programs/drugs/programs/programs.aspx>.
- <sup>11</sup> Canadian Institute for Health Information. (2018). *Op. cit.* Table G.6.2 Percentage share of expenditure on drugs by type and source of finance, Ontario, 1985 to 2018. Percentage calculated by RNAO. CIHI suppresses provincial-level data on private insurance payments, so we don't know the breakdown between out-of-pocket expenses and private insurance.
- <sup>12</sup> Levy, H. (2015). Income, poverty, and material hardship among older Americans. *The Russell Sage Foundation Journal of the Social Sciences*, 1(1), 55-77.
- <sup>13</sup> Heisler, M., Wagner, T. & Piette, J. (2005). Patient strategies to cope with high prescription medication costs: Who is cutting back on necessities, increasing debt, or underusing medications? *Journal of Behavioural Medicine*. 28(1), 43-51.
- <sup>14</sup> Law, MR., Chen, L, Dhalla, IA., Heard, D. & Morgan, S. (2012). The effect of cost on adherence to prescription medications in Canada. *Canadian Medical Association Journal*, 184(3). 297-302.
- <sup>15</sup> Angus Reid Institute. (2015). *Prescription drug access and affordability an issue for nearly a quarter of all Canadian households*. Retrieved from <http://angusreid.org/prescription-drugs-canada/>.

- 
- <sup>16</sup> Piette JD., Heisler, M. & Wagner, TH. (2004). Problems paying out-of-pocket medication costs among older adults with diabetes. *Diabetes Care*, 27(2), 384-391.
- <sup>17</sup> Law, MR., Chen, L, Dhalla, IA., Heard, D. & Morgan, S. (2012). The effect of cost on adherence to prescription medications in Canada. *Canadian Medical Association Journal*, 184(3). 297-302.
- <sup>18</sup> Heisler M., Choi H., Rosen AB., Vijan, S., Kabeto, M., Langa, KM. & Pietter, JD. (2010). Hospitalizations and deaths among adults with cardiovascular disease who underuse medications because of cost: a longitudinal analysis. *Medical Care*, 48(2), 87.
- <sup>19</sup> Soumerai, SB., Pierre-Jacques, M., Zhang, F., Ross-Degnan, D., Adams, AS., Gurwitz, J., Adler, G. & Safran, DG. (2006). Cost-related medication nonadherence among elderly and disabled medicare beneficiaries: a national survey 1 year before the Medicare drug benefit. *Archives of Internal Medicine*, 166(17), 1829-1835.
- <sup>20</sup> Briesacher, BA., Gurwitz, JH. & Soumerai, SB. (2007). Patients at-risk for cost-related medication nonadherence: a review of the literature. *Journal of General Internal Medicine*. 22(5), 864-871.
- <sup>21</sup> Madden, JM., Graves, AJ., Zhang, F., Adams, AS., Briesacher, BA., Ross-Degnan, D., Gurwitz, JH., Pierre-Jacques, M., Safran, DG, Adler, GS. & Soumerai, SB. (2008). Cost-related medication nonadherence and spending on basic needs following implementation of Medicare Part D. *JAMA*, 299(16), 1922-1928.
- <sup>22</sup> Booth, GL., Feig, DS., Bishara, P., Bhattacharya, O., Lipscomb, LL., Bierman, AS. & Shah, B. (2012). Universal drug coverage and socioeconomic disparities in major diabetes outcomes. *Diabetes Care*, 35, 2257-2264.
- <sup>23</sup> Government of Ontario. (2017). Get coverage for prescription drugs. Retrieved from <https://www.ontario.ca/page/get-coverage-prescription-drugs>.
- <sup>24</sup> Law, MR., Chen, L, Dhalla, IA., Heard, D. & Morgan, S. (2012). The effect of cost on adherence to prescription medications in Canada. *Canadian Medical Association Journal*, 184(3). 297-302.
- <sup>25</sup> Heisler M., Choi H., Rosen AB., Vijan, S., Kabeto, M., Langa, KM. & Pietter, JD. (2010). Hospitalizations and deaths among adults with cardiovascular disease who underuse medications because of cost: a longitudinal analysis. *Medical Care*, 48(2), 87.
- <sup>26</sup> Agardh, E., Allebeck, P., Hallqvist, J., Moradi, T. & Sidorchuk, A. (2011). Type 2 diabetes incidence and socioeconomic position: a systematic review and meta-analysis. *International Journal of Epidemiology*, 40, 804-818.
- <sup>27</sup> Bierman, AS. (Ed.). (2010). Project for an Ontario Women's Health Evidence-Based Report. Retrieved from <https://www.ices.on.ca/Publications/Atlases-and-Reports/2012/POWER-Study>.
- <sup>28</sup> Brown, AF., Ettner, SL., Piette, J., Weinberger, M., Gregg, E., Shapiro, MF., Karter, AJ., Safford, M., Waitzfelder, B., Prata, PA. & Beckles, GL. (2004). Socioeconomic position and health among persons with diabetes mellitus: a conceptual framework and review of the literature. *Epidemiologic Reviews*, 26(1), 63-77.
- <sup>29</sup> Saydah, S. & Lochner, K. (2010). Socioeconomic status and risk of diabetes-related mortality in the U.S. *Public Health Reports*, 125(3), 377-388.
- <sup>30</sup> Kwan, J., Razzaq, A., Leiter, LA., Lillie, D. & Hux, JE. (2008). Low socioeconomic status and absence of supplemental health insurance as barriers to diabetes care access and utilization. *Canadian Journal of Diabetes*, 32, 174-181.
- <sup>31</sup> Law, M.R., Cheng, LI, Khohatkar, A., Goldsmith, L.J., Morgan, S.G., Holbrook, A.M. and Dhalla, I.A. (2018). The consequences of patient charges for prescription drugs in Canada: a cross-sectional survey. *CMAJ Open*.



---

doi: 10.9778/cmajo.20180008cmajo February 13, 2018 vol. 6no. 1 E63-E70. Retrieved from <http://cmajopen.ca/content/6/1/E63.full>.

<sup>32</sup> Gagnon, M. & Hébert, G. (2010). *The economic case for universal pharmacare*, p10. Retrieved from [https://s3.amazonaws.com/policyalternatives.ca/sites/default/files/uploads/publications/National%20Office/2010/09/Universal\\_Pharmacare.pdf](https://s3.amazonaws.com/policyalternatives.ca/sites/default/files/uploads/publications/National%20Office/2010/09/Universal_Pharmacare.pdf).

<sup>33</sup> Morgan, SG., Law, M., Daw, JR., Abraham, L. & Marin, D. (2015). Estimated cost of universal public coverage of prescription drugs in Canada. *Canadian Medical Association Journal*, 187(7), 401.

<sup>34</sup> Hurley J, Guindon E. (2008). *Private health insurance in Canada*. CHEPA Work Pap 08-04. Hamilton (ON): McMaster University, Centre for Health Economics and Policy Analysis. P. 16. <http://chepa.org/docs/working-papers/chepa-wp-08-04-.pdf>.

<sup>35</sup> Law, M.R., Kratzer, J., and Dhalla, I.A. (2014). The Increasing Inefficiency of Private Health Insurance in Canada. *Canadian Medical Association Journal*. September 2, 2014, 186(12). P. E471. <http://www.cmaj.ca/content/cmaj/186/12/E470.full.pdf>.

<sup>36</sup> NYU Stern School of Business. (2018). *Margins by Sector (US)*. January. Retrieved from [http://pages.stern.nyu.edu/~adamodar/New\\_Home\\_Page/datafile/margin.html](http://pages.stern.nyu.edu/~adamodar/New_Home_Page/datafile/margin.html).

<sup>37</sup> Gagnon, M.A. (2015). Quebec should not be the model for national pharmacare. June 26. <https://www.theglobeandmail.com/opinion/quebec-should-not-be-the-model-for-national-pharmacare/article25135678/>.

<sup>38</sup> Gagnon, M.A. (2015). Bring in Pharmacare – but not inefficient Quebec model. *Policy Options*. July 2. <http://policyoptions.irpp.org/2015/07/02/bring-in-pharmacare-but-not-inefficient-quebec-model/>.

<sup>39</sup> Québec. (2014). *Les Médicaments d'Ordonnance: État de la Situation au Québec*. [http://www.csbe.gouv.qc.ca/fileadmin/www/2014/Medicaments/CSBE\\_Medicaments\\_EtatSituation\\_2e.pdf](http://www.csbe.gouv.qc.ca/fileadmin/www/2014/Medicaments/CSBE_Medicaments_EtatSituation_2e.pdf).

<sup>40</sup> Butler, M. (2017). *A Prescription for Better Medicine: How universal pharmacare would give Canada an economic advantage*. Council of Canadians. P. 27. <https://canadians.org/sites/default/files/publications/report-pharmacare-0417.pdf>. \$4/hour/worker benefit cited from Canadian Automotive Partnership Council. (nd 2013?) *A Call for Action : II: A Report by the Manufacturing Competitiveness Committee of the Canadian Automotive Partnership Council*. <http://capcinfo.ca/en/mcwgreport.html>.

<sup>41</sup> The CMA defines optimal prescribing as “the prescription of a medication that is: the most clinically appropriate for the patient’s condition; safe and effective; part of a comprehensive treatment plan; and the most cost-effective available to best meet the patient’s needs.” Source: Canadian Medical Association. (2016). *National pharmacare in Canada: Getting there from here: Submission to the House of Commons Standing Committee on Health*, p9. Retrieved from <http://www.parl.gc.ca/Content/HOC/Committee/421/HESA/Brief/BR8354361/br-external/CanadianMedicalAssociation-e.pdf>.

<sup>42</sup> Health Quality Ontario notes: “A good pharmacare plan would focus not just on providing coverage to the entire population but also on improving the quality of prescribing. The development of a good pharmacare program would require ongoing evaluation and refinement.” Source: Health Quality Ontario. (2016). *To the members of the Standing Committee on Health*, p3. Retrieved from <http://www.parl.gc.ca/Content/HOC/Committee/421/HESA/Brief/BR8214743/br-external/HealthQualityOntario-Dhalla-2016-04-20-e.pdf>.

<sup>43</sup> Herder, M. (2016). *House of Commons’ Standing Committee on Health: Development of a national pharmacare program*. Retrieved from <http://www.parl.gc.ca/Content/HOC/Committee/421/HESA/Brief/BR8254292/br-external/DalhousieUniversity-Herder-2016-05-04-e.pdf>.

- 
- <sup>44</sup> Choosing Wisely Canada. (nd). *Facts About Unnecessary Tests, Treatments, and Procedures*. <https://choosingwiselycanada.org/about/>, referencing Canadian Institute for Health Information. (2017). *Unnecessary Care in Canada*. <https://www.cihi.ca/en/unnecessary-care-in-canada>.
- <sup>45</sup> Ontario. (2018). Ford Government making OHIP+ more cost-effective. June 30, 2018. Retrieved from <https://news.ontario.ca/mohltc/en/2018/06/ford-government-making-ohip-more-cost-effective.html>.
- <sup>46</sup> Morgan, S.G., Gagnon, M.-A., Charbonneau, M. and Vadeboncoeur, A. (2017). Evaluating the effects of Quebec's private-public drug insurance system. *Canadian Medical Association Journal*, 189 (40), E1259-E1263. DOI: <https://doi.org/10.1503/cmaj.170726>.
- <sup>47</sup> Lee, A. and Morgan, S. (2017). Cost-related nonadherence to prescribed medicines among older Canadians in 2014: a cross-sectional analysis of a telephone survey. *CMAJ Open* 2017. DOI:10.9778/cmajo.20160126. <http://cmajopen.ca/content/5/1/E40.full.pdf+html>.
- <sup>48</sup> Morgan, S.G., Gagnon, M.-A., Charbonneau, M. and Vadeboncoeur, A. (2017). Evaluating the effects of Quebec's private-public drug insurance system. *Canadian Medical Association Journal*. 189 (40) E1259-E1263; DOI: <https://doi.org/10.1503/cmaj.170726>.
- <sup>49</sup> Lee, A., Morgan, S. (2017). Cost-related nonadherence to prescribed medicines among older Canadians in 2014: a cross-sectional analysis of a telephone survey. *CMAJ Open*. DOI:10.9778/cmajo.20160126. <http://cmajopen.ca/content/5/1/E40.full.pdf>.
- <sup>50</sup> BC Chamber of Commerce. (2016). *Economic Benefits of Universal Pharmacare for Businesses*. In *Policy & Positions Manual 2016-2017*. P. 162. [http://www.bcchamber.org/sites/default/files/2016-2017%20-%20Policy%20and%20Positions%20Manual%20-%20Final\\_0.pdf](http://www.bcchamber.org/sites/default/files/2016-2017%20-%20Policy%20and%20Positions%20Manual%20-%20Final_0.pdf).
- <sup>51</sup> Gagnon, M.A. (2015). Quebec should not be the model for national pharmacare. June 26. <https://www.theglobeandmail.com/opinion/quebec-should-not-be-the-model-for-national-pharmacare/article25135678/>.
- <sup>52</sup> Registered Nurses' Association of Ontario. (2018). RNAO submission to the Advisory Council on the Implementation of National Pharmacare. Retrieved from <https://mao.ca/policy/%5Bpolicytype%5D/mao-submission-advisory-council-implementation-national-pharmacare>.
- <sup>53</sup> RNAO. (2001). *Ontario registered nurses speak out for Medicare: Protect, preserve and strengthen submission to the Commission on the Future of Health Care in Canada*. Retrieved from [http://mao.ca/sites/mao-ca/files/storage/related/702\\_RNAO\\_romanow\\_submission.pdf](http://mao.ca/sites/mao-ca/files/storage/related/702_RNAO_romanow_submission.pdf).
- <sup>54</sup> RNAO. (2002). *RNAO response to the Romanow Commission Report*. Retrieved from [http://mao.ca/sites/mao-ca/files/storage/related/698\\_Final\\_Romanow\\_response.pdf](http://mao.ca/sites/mao-ca/files/storage/related/698_Final_Romanow_response.pdf).
- <sup>55</sup> RNAO. (2016). *Nurses call for national pharmacare program: RNAO submission to the Standing Committee on Health*. Retrieved from [http://rnao.ca/sites/mao-ca/files/RNAO\\_Submission\\_on\\_a\\_National\\_Pharmacare\\_Program\\_FINAL\\_1\\_0.pdf](http://rnao.ca/sites/mao-ca/files/RNAO_Submission_on_a_National_Pharmacare_Program_FINAL_1_0.pdf).
- <sup>56</sup> RNAO. (2010). RNAO says economic analysis shows Canada can't afford not to have pharmacare. Retrieved from <http://mao.ca/news/media-releases/RNAO-says-economic-analysis-shows-Canada-cant-afford-not-to-have-pharmacare>.
- <sup>57</sup> RNAO. (2015). *Ontario nurses applaud two federal parties for backing national drug plan*. September 22. Retrieved from <https://mao.ca/news/media-releases/2015/09/22/ontario-nurses-applaud-two-federal-parties-backing-national-drug-plan>.

- 
- <sup>58</sup> Grinspun, D. (2018). Why Canada's employers should back national pharmacare. *Globe and Mail*. July 23. Retrieved from <https://www.theglobeandmail.com/business/commentary/article-why-canadas-employers-should-back-national-pharmacare/>.
- <sup>59</sup> Grinspun, D. (2018). A Terrible Compromise: Re: What Changes to OHIP+ Tell Us About the Future of National Pharmacare. *Globe and Mail* July 6. Retrieved from <https://www.theglobeandmail.com/opinion/letters/article-july-6-a-2-per-cent-defence-solution-plus-other-letters-to-the/>.
- <sup>60</sup> RNAO. (2018). *Help make national pharmacare a reality*. Action alert. Retrieved from <https://mao.ca/policy/action-alerts/help-make-national-pharmacare-reality>.
- <sup>61</sup> RNAO. (2016). *Urge health ministers to negotiate a new health accord and establish a pharmacare program*. January 20. Retrieved from <https://mao.ca/fr/policy/action-alerts/urge-health-ministers-negotiate-new-health-accord-and-establish-pharmacare-prog>.
- <sup>62</sup> RNAO. (2015). *Join the Call for a National Pharmacare Program*. June 30. Retrieved from <https://mao.ca/policy/action-alerts/join-call-national-pharmacare-program>.
- <sup>63</sup> RNAO. (2018). *Universal pharmacare & oral health care for adults and seniors living with low income*. February. Retrieved from [https://rmao.ca/sites/mao-ca/files/Universal pharmacare oral health care for adults and seniors living with low income.pdf](https://rmao.ca/sites/mao-ca/files/Universal%20pharmacare%20oral%20health%20care%20for%20adults%20and%20seniors%20living%20with%20low%20income.pdf).
- <sup>64</sup> Canadian Federation of Nurses Unions. (2011). *A national pharmacare strategy*. Retrieved from <http://www.nsnu.ca/site/media/nsnu/Pharmacare.pdf>.
- <sup>65</sup> Silas, L. (2016). *Submission from the Canadian Federation of Nurses Unions to the House of Commons Standing Committee on Health regarding the development of a national pharmacare program*. Retrieved from <http://www.parl.gc.ca/Content/HOC/Committee/421/HESA/Brief/BR8400664/br-external/CanadianFederationOfNursesUnions-e.pdf>.
- <sup>66</sup> Morgan, S. (2015). *Over 300 health professionals and academics have backed a letter sent to Justin Trudeau on the need for federal leadership on pharmaceutical drug coverage*. November 18. Retrieved from <http://policyoptions.irpp.org/2015/11/18/more-than-300-health-academics-and-health-professional-sign-letter-to-prime-minister-trudeau-on-the-need-for-federal-leadership-on-pharmaceutical-drug-coverage/>.
- <sup>67</sup> Canadian Nurses Association. (2016). *Pan-Canadian pharmaceutical strategy: Recommendations to improve access to affordable prescription medications: Brief prepared for the House of Commons Standing Committee on Health*. Retrieved from <http://www.parl.gc.ca/Content/HOC/Committee/421/HESA/Brief/BR8289787/br-external/CanadianNursesAssociation-e.pdf>.
- <sup>68</sup> Canadian Doctors for Medicare. (2013). *RX: National pharmacare*. [http://www.canadiandoctorsformedicare.ca/images/2013-07-21\\_CoF\\_Pharma.pdf](http://www.canadiandoctorsformedicare.ca/images/2013-07-21_CoF_Pharma.pdf).
- <sup>69</sup> Canadian Doctors for Medicare. (2016). *Statement by Monika Dutt, Chair, Canadian Doctors for Medicare for the House of Commons' Standing Committee on Health (HESA) regarding the development of a national pharmacare program*. Retrieved from <http://www.parl.gc.ca/Content/HOC/Committee/421/HESA/Brief/BR8362704/br-external/CanadianDoctorsForMedicare-e.pdf>.
- <sup>70</sup> "Recommendation # 7: The CMA recommends that the federal government, in consultation with the provincial and territorial governments, health care providers, the life and health insurance industry and the public, establish a program of comprehensive prescription drug coverage to be administered through reimbursement of provincial/territorial and private prescription drug plans to ensure that all Canadians have access to medically necessary drug therapies". Source: Canadian Medical Association. (2013). *Healthier generations for a prosperous economy: Canadian Medical Association 2013-2014 pre-budget consultation submission to the Standing Committee*

---

on Finance, p4. Retrieved from [https://www.cma.ca/Assets/assets-library/document/en/advocacy/Pre-Budget-Submission-2013-2014\\_en.pdf](https://www.cma.ca/Assets/assets-library/document/en/advocacy/Pre-Budget-Submission-2013-2014_en.pdf).

<sup>71</sup> “Recommendation 28: That the federal government work with the provinces and territories to develop a national pharmacare program based on the principles of universal and equitable access for all Canadians; improved safety and appropriate use; cost controls to ensure value for money and sustainability; including a national catastrophic drug-coverage program and a national formulary.” Source: Standing Senate Committee on Social Affairs, Science and Technology. (2012). *Time for transformative change: A review of the 2004 Health Accord*, p xviii. Retrieved from <http://www.parl.gc.ca/content/sen/committee/411/soci/rep/rep07mar12-e.pdf>.

<sup>72</sup> Canadian Health Coalition. (2017). National public drug plan. Retrieved from <http://healthcoalition.ca/national-public-drug-plan/>.

<sup>73</sup> Canadian Health Coalition. (2017). *Canada needs a national public drug plan for all*. Retrieved from <http://healthcoalition.ca/wp-content/uploads/2017/02/2017-One-Page-NPDP.pdf>.

<sup>74</sup> Canadian Health Coalition. (2016). *Brief to HESA for the Study of the Development of a National Pharmacare Program: A national public drug plan for all*. Retrieved from <http://www.parl.gc.ca/Content/HOC/Committee/421/HESA/Brief/BR8290924/br-external/CanadianHealthCoalition-2016-05-16-e.pdf>.

<sup>75</sup> Council of Canadians. (2018). *Pharmacare*. Retrieved from <https://canadians.org/pharmacare>.

<sup>76</sup> Canadian Association of Retired Persons. (2013). Canada needs pharmacare. Retrieved from <http://www.carp.ca/2013/06/28/canada-needs-pharmacare/>.

<sup>77</sup> Canadian Association of Retired Persons. (2010). CARP pharmacare report. Retrieved from <http://www.carp.ca/2010/10/07/carp-pharmacare-report/>.

<sup>78</sup> Angus Reid Institute. (2015). *Prescription drug access and affordability an issue for nearly a quarter of all Canadian households*. Retrieved from <http://angusreid.org/prescription-drugs-canada/>.

<sup>79</sup> Kurl, S. (2016). *Briefing note to: House of Commons’ Standing Committee on Health: Canadian public opinion regarding a national pharmacare program*. Retrieved from <http://www.parl.gc.ca/Content/HOC/Committee/421/HESA/Brief/BR8352162/br-external/AngusReidInstitute-e.pdf>.

<sup>80</sup> Council of Canadians. (2017). New council of Canadians poll shows 91% want Liberals to implement pharmacare. Retrieved from <https://canadians.org/blog/new-council-canadians-poll-shows-91-want-liberals-implement-pharmacare>.

<sup>81</sup> Nanos. (2018). *Most Canadians support or somewhat support national pharmacare and more paid leave for fathers, but oppose raising taxes*. March. Retrieved from <http://www.nanos.co/wp-content/uploads/2018/03/2018-1190b-Globe-Feb-Social-Policies-Populated-Report-w-Tab-R.pdf>.

<sup>82</sup> Globe and Mail. (2019). *Globe editorial: Let’s make 2019 the year Canada finally gets pharmacare*. January 6. <https://www.theglobeandmail.com/opinion/editorials/article-globe-editorial-lets-make-2019-the-year-canada-finally-gets/>.

<sup>83</sup> Globe and Mail. (2019). *Globe editorial: Let’s make 2019 the year Canada finally gets pharmacare*. January 11. <https://www.theglobeandmail.com/opinion/editorials/article-globe-editorial-lets-make-2019-the-year-canada-finally-gets-2/>

<sup>84</sup> BC Gov News. (2016). *Statement of the Federal-Provincial-Territorial Ministers of Health*. Retrieved from <https://news.gov.bc.ca/releases/2016HLTH0004-000070>.

<sup>85</sup> Parliament of Canada Standing Committee on Health. (2016). *Development of a national pharmacare program*. Retrieved from <http://www.parl.gc.ca/Committees/en/HESA/StudyActivity?studyActivityId=8837577>.

- 
- <sup>86</sup> Ontario Ministry of Health and Long-Term Care. (2017). *Ontario Public Drug Programs: OHIP+: Children and Youth Pharmacare*. <http://www.health.gov.on.ca/en/pro/programs/drugs/ohippus/>.
- <sup>87</sup> Ontario Ministry of Finance. (2017). *Ontario to provide free prescription drugs for children and youth*. Retrieved from <https://news.ontario.ca/mof/en/2017/04/ontario-to-provide-free-prescription-drugs-for-children-and-youth.html>.
- <sup>88</sup> MOHLTC. (2017). *Which drugs do the programs pay for?* Retrieved from <http://www.health.gov.on.ca/en/public/programs/drugs/funded.aspx>.
- <sup>89</sup> Sousa, C. (2017). *2017 Ontario budget : A stronger, healthier Ontario* p5. Retrieved from <http://www.fin.gov.on.ca/en/budget/ontariobudgets/2017/budget2017.pdf>.
- <sup>90</sup> Although Budget 2018 promised to cover 100 percent of senior's drug benefits by August 2019. Sousa, C. (2018). *A Plan for Care and Opportunity: 2018 Ontario Budget*. P. vii. Retrieved from <http://budget.ontario.ca/2018/budget2018-en.pdf>.
- <sup>91</sup> Ontario Office of the Premier. (2017). *Free prescription medications for children and youth through OHIP+*. Retrieved from <https://news.ontario.ca/opo/en/2017/04/free-prescription-medications-for-children-and-youth-through-ohip.html>.
- <sup>92</sup> Ontario NDP. (2017). *Horwath reveals details of her universal pharmacare plan*. Retrieved from [http://www.ontariondp.ca/horwath\\_reveals\\_details\\_of\\_her\\_universal\\_pharmacare\\_plan](http://www.ontariondp.ca/horwath_reveals_details_of_her_universal_pharmacare_plan).
- <sup>93</sup> Ontario NDP. (2017). *Pharmacare for everyone*. Retrieved from <http://act.ontariondp.ca/sites/default/files/pharmacare-for-everyone-web.pdf>.
- <sup>94</sup> Ontario NDP. (2017). *Pharmacare for everyone*. Retrieved from <http://act.ontariondp.ca/sites/default/files/pharmacare-for-everyone-web.pdf>.
- <sup>95</sup> Ontario NDP. (2017). *Horwath reveals details of her universal pharmacare plan*. Retrieved from [http://www.ontariondp.ca/horwath\\_reveals\\_details\\_of\\_her\\_universal\\_pharmacare\\_plan](http://www.ontariondp.ca/horwath_reveals_details_of_her_universal_pharmacare_plan).
- <sup>96</sup> RNAO. (2018). *Ontario Pre-Budget Submission: Improving Ontarians' health and healthcare*. Pp. 19-20. Retrieved from [https://mao.ca/sites/mao-ca/files/Prebudget\\_January\\_19.pdf](https://mao.ca/sites/mao-ca/files/Prebudget_January_19.pdf).
- <sup>97</sup> McGrath, JM. (2017, May 3). *Liberal pharmacare plan may start a nationwide trend*. *TVO*. Retrieved from <http://tvo.org/article/current-affairs/the-next-ontario/liberal-pharmacare-plan-may-start-a-nationwide-trend>.
- <sup>98</sup> Morgan, S. & Boothe, K. (2016). *Universal prescription drug coverage in Canada: Long-promised yet undelivered*. *Healthcare Management Forum*, 29(6), 247-254.
- <sup>99</sup> Ontario. (2018). *Ford Government making OHIP+ more cost-effective*. June 30, 2018. Retrieved from <https://news.ontario.ca/mohltc/en/2018/06/ford-government-making-ohip-more-cost-effective.html>.
- <sup>100</sup> Rachlis, M. (2019). *Fate of Ontario Drug Benefit could define federal election*. *Toronto Star*. January 10. <https://www.thestar.com/opinion/contributors/2019/01/10/fate-of-ontario-drug-benefit-could-define-federal-election.html>.
- <sup>101</sup> Standing Committee on Health. (2018). *Pharmacare Now: Prescription Medicine Coverage for All Canadians*. April. Pp. 5-8. <https://www.ourcommons.ca/Content/Committee/421/HESA/Reports/RP9762464/hesarp14/hesarp14-e.pdf>.
- <sup>102</sup> *Ibid*, p. 2.

---

<sup>103</sup> Delacourt, S. (2019). Trudeau’s cabinet shuffle crimps hopes for a national pharmacare program. Jan. 15. <https://www.thestar.com/politics/political-opinion/2019/01/15/trudeaus-cabinet-shuffle-crimps-hopes-for-a-national-pharmacare-program.html>.

<sup>104</sup> RNAO. (2018). RNAO submission to the Advisory Council on the Implementation of National Pharmacare. Retrieved from <https://mao.ca/policy/%5Bpolicytype%5D/mao-submission-advisory-council-implementation-national-pharmacare>.

<sup>105</sup> RNAO. (2018). *Help make national pharmacare a reality*. September 26. <https://mao.ca/policy/action-alerts/help-make-national-pharmacare-reality>.

<sup>106</sup> World Trade Organization. (2018). Compulsory Licensing of pharmaceuticals and TRIPS. March. [https://www.wto.org/english/tratop\\_e/trips\\_e/public\\_health\\_faq\\_e.htm](https://www.wto.org/english/tratop_e/trips_e/public_health_faq_e.htm).

<sup>107</sup> Marchildon, G. and Jackson, A. (2019). *Charting the Path to National Pharmacare in Canada*. Pp. 11-13. [https://d3n8a8pro7vnm.cloudfront.net/broadbent/pages/7296/attachments/original/1547054742/National\\_Pharmacare\\_Report\\_-\\_Final.pdf?1547054742](https://d3n8a8pro7vnm.cloudfront.net/broadbent/pages/7296/attachments/original/1547054742/National_Pharmacare_Report_-_Final.pdf?1547054742).