



**Nurses Call for a National Pharmacare Program**

RNAO Submission to the Standing Committee on Health

June 22, 2016



The Registered Nurses' Association of Ontario (RNAO) is the professional association representing registered nurses (RN), nurse practitioners (NP) and nursing students in all settings and roles across Ontario. We are the strong and credible voice leading the nursing profession to influence and promote healthy public policy. The absence of a national pharmacare program is a major gap in Canada's universal health-care system -- a gap whose consequences nurses deal with daily in their practice. We congratulate the government for putting a national pharmacare program on the agenda. Now is the time for action.

### **Benefits of Medicare**

Ontario's RNs, NPs and nursing students are grateful to practise in a universally accessible health system that gives everyone access to health care by banning private payments for covered services. They know that health outcomes have improved in Canada since the introduction of medicare and that although health disparities based on income still exist, they have been lessened by medicare.<sup>1</sup> This result holds for expansion of health insurance in other jurisdictions.<sup>2 3 4 5 6 7</sup> But nurses are frustrated because public health insurance under the *Canada Health Act* does not cover all essential areas of health care -- only hospitals and physicians.

### **Pharmacare: A Missing Element from Canadian Medicare**

One glaring omission is pharmacare; Canada is the only developed country with a universal health-care system that lacks pharmacare.<sup>8</sup> Canadians are hit by a double whammy: not only do most people not have access to public drug coverage, the absence of the common purchasing of pharmacare means that they face among the highest drug prices in the Organization for Economic Co-operation and Development (OECD) -- about 35 per cent higher than the OECD median.<sup>9</sup> As a result, Canada has the highest per capita drug expenditure in the OECD after the US.<sup>10</sup> The burden falls disproportionately on those who need prescription drugs.

### **The Health Costs of Not Having Pharmacare in Canada**

Nurses are all too familiar with the limitations of our current system. They care for patients and clients who often can't afford to pay for prescribed medications, with adverse or even fatal consequences. Numerous studies have confirmed this reality.<sup>11 12 13 14 15 16</sup> In Ontario alone, thousands of avoidable deaths among diabetes sufferers under the age of 65 are attributable to insufficient drug coverage. The evidence on diabetes is damning: those 65 and over are covered by a provincial drug plan, and lower income people in that age group do not suffer discrepancies in health outcomes to the same extent that those under 65 do.<sup>17</sup> While pharmacare is needed for all Canadians, the research shows a particular advantage for people with lower incomes.<sup>18 19 20 21 22 23 24</sup>

### **Unequal Access to Drugs in Canada**

Drug coverage is very unequal in Canada. The public sector covers 42 per cent of payments -- largely for seniors and lower income people -- and that coverage

varies from province to province.<sup>25</sup> Private insurance covers a further 35.8 per cent and 22.2 per cent of prescription drug payments are paid out of pocket.<sup>26</sup>

### **The Advantages of Adding Pharmacare to Medicare**

A commentary written for the C.D. Howe Institute neatly summarizes the case for pharmacare in Canada:<sup>27 28</sup> It would deliver equitable access to drugs; it would better financially protect the ill; and it would save money. The savings come from:

- reduced administrative, marketing and regulatory costs that would result from a single-payer system,
- integration of decisions on pharmaceutical care into overall health care (e.g., health-care providers have more incentive to optimally balance between pharmaceutical and non-pharmaceutical care),
- from pooling of risk over larger populations,
- from value-for-money testing, and
- from use of purchasing power to reduce excessively high drug prices.

A 2010 study pegged the potential savings of a comprehensive first-dollar pharmacare programs for Canadians at up to \$10.7 billion annually (or 42.8 per cent of total spending on pharmaceuticals).<sup>29</sup>

A 2015 Canadian Medical Association Journal (CMAJ) article estimated similar cost savings of up to \$9.4 billion. Expected savings to the private sector would be \$8.2 billion, with net costs to government rising by about \$1.0 billion.<sup>30</sup> National pharmacare would save so much money that Canadian governments could pay for everyone's drug insurance and break even by taxing back a small share of the savings enjoyed by employers who would no longer have to pay for health insurance. It should be noted that the savings estimated in the CMAJ article are conservative.<sup>31</sup> We urge the Standing Committee to rely on evidence from respected independent academic experts such as those who produced the above studies, and not on reports funded directly or indirectly by the pharmaceutical industry. It is not credible to assume away the known advantages of pharmacare and then claim that pharmacare would impose large costs with no benefits.

### **Broad national support for implementing pharmacare**

RNAO is one of many organizations calling for a national pharmacare program.<sup>32</sup> Others include: Canadian Federation of Nurses Unions<sup>33 34</sup>; Canadian Medical Association,<sup>35</sup> Standing Senate Committee on Social Affairs, Science and Technology,<sup>36</sup> Canadian Health Coalition,<sup>37</sup> Canadian Association of Retired Persons,<sup>38 39</sup> Canadian Doctors for Medicare,<sup>40</sup> the Council of Canadians,<sup>41</sup> the Nurse Practitioners' Association of Ontario, the Canadian Association of Community Health Centres, the Association of Ontario Health Centres, the Association of Family Health Teams of Ontario, Unifor, the College of Family Physicians of Canada, Health Providers against Poverty, Association of Ontario Midwives, Ontario Women's Health Network, the United Steelworkers, the Canadian Diabetes Association, the Phoenix Centre for Families and Children, the National Council of Women Canada, The Canadian Treatment Action Council, the Canadian AIDS Society, the Association of Local Public Health

Agencies, Pharmacare 2020, the National Union of Public and General Employees, the Canadian Union of Public Employees, 25 in 5: Network for Poverty Reduction, Planned Parenthood Toronto, the Human Development Council, the Child Poverty Action network, Alternatives North, and the Centre for Social Justice.<sup>42</sup> There are very active campaigns for a national pharmacare program, including the Campaign for National Drug Coverage,<sup>43</sup> and the Campaign for a National Drug Plan.<sup>44</sup> And there is support from a key player in the Ontario government; the Minister of Health and Long-Term Care, Dr. Eric Hoskins. The minister feels so strongly about this he has written op-eds calling for a national pharmacare program and persuaded his provincial and territorial counterparts to make it a top agenda item during negotiations with their federal counterpart on a new health accord.<sup>45 46</sup>

There is also strong public support. A May 22, 2013 poll by EKOS found 78 per cent of Canadian respondents supported a universal public drug plan for all necessary prescription drugs.<sup>47</sup> The poll also found strong support (82 per cent) for bulk purchasing of drugs and negotiations to lower drug prices. The support was even stronger in the most recent poll from July 2015 by Angus Reid. In that poll 91 per cent supported the concept of pharmacare in Canada, and 87 per cent supported adding prescription drugs to the universal health coverage of medicare. One reason for the overwhelming support is the fact that many (23 per cent of respondents) households reported one or more members not taking drugs as prescribed because of cost.<sup>48</sup>

### **An opportunity**

The federal appetite for pharmacare changed with the results of the October 2015 election. Advocates of a pharmacare plan are now looking to the federal government for leadership on this issue. On January 20 and 21, federal and provincial/territorial health ministers met in Vancouver to begin work on a new health accord. That meeting appears to be the first step towards development of a national pharmacare program

### **A comprehensive vision for pharmacare**

This requires a comprehensive vision for pharmacare -- not one that merely provides coverage for catastrophic drug expenditures while omitting the normal drug coverage that all Canadians need. Research has shown that even small co-payments deter the use of essential medications,<sup>49</sup> the deterrent effect of making people pay the full cost is all the greater, and this will fall disproportionately on vulnerable populations. Furthermore, pharmacare is much more than bulk buying. Pharmacare is first and foremost about ensuring that all Canadians have equitable access unhindered by price to prescribed medications. And pharmacare is about delivering medication in an effective manner, with a national formulary, evidence-based prescribing and adequate and unbiased education for all health professionals authorized to prescribe.<sup>50</sup> There is certainly scope to reduce underuse, overuse and inappropriate use of drugs,<sup>51</sup> and a sound national pharmacare program is precisely the tool required. The government is commended for organizing the Standing Committee hearings on a national pharmacare program. We encourage the government to use this opportunity to

move thoughtfully but decisively towards a comprehensive strategy on a national pharmacare program.

## **RNAO recommendations**

The principles of the *Canada Health Act* have guided medicare since 1984, and it is crucial that they be applied to pharmacare:<sup>52</sup>

1. public administration
2. comprehensiveness
3. universality
4. portability, and
5. accessibility.

RNAO's recommendations apply these principles to pharmacare and help ensure safe and cost-effective use of prescription drugs in Canada.<sup>53</sup>

### **Recommendation 1. Bring pharmacare into medicare**

Provide universal coverage of all medically necessary drugs at no cost to Canadians through a single-payer pharmacare system, with no user fees, means testing or co-payments. Benefits will be maximized by direct transition to full coverage, rather than by phasing in pharmacare.

### **Recommendation 2. Win fair prices for pharmaceuticals**

Establish mechanisms and develop strategies to obtain the fairest possible prices for medically necessary drugs, including using the power of single-purchaser, national price negotiations and resisting excessive patent protection for pharmaceuticals.

### **Recommendation 3. Support safe and effective prescribing**

Develop and deliver all the necessary information and guidance to support appropriate prescribing practices. Establish a publicly accountable body, with strong interprofessional clinical leadership and engagement, to manage pharmacare and integrate the best available data and evidence into decision-making.

### **Recommendation 4. Commit to pharmacare now**

Commit to implement a pharmacare plan by July 2017, to coincide with Canada's 150<sup>th</sup> birthday with full implementation by 2020.

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