

# Federal advisory council backs universal, single-payer, public pharmacare

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Canada should have a universal, single-payer, public pharmacare program, according to the final report of a federal advisory panel. Health advocates are calling the report a victory for patients, one in five of whom are either uninsured or underinsured for medications.

The current patchwork of public and private drug plans cannot handle the rising costs of medicines, said Dr. Eric Hoskins, chair of the Advisory Council on the Implementation of National Pharmacare. A universal, single-payer, public pharmacare system will provide better coverage and save Canadians an estimated \$5 billion a year, he told reporters Wednesday.

The advisory council's 171-page report calls for the creation of a national drug agency to oversee universal coverage of a shortlist of essential medicines by 2022. This initial list would include about half of the most common prescriptions, and gradually expand to a comprehensive formulary by 2027.

Under the proposed plan, Canadians would pay no more than \$2 per prescription for essential medicines, and \$5 per prescription for all other drugs on the national formulary, up to an annual limit of \$100 per household. People with disabilities, those on social assistance and low-income seniors would not pay anything.

The advisory council estimates the plan will cost an extra \$15.3 billion annually by 2027. The report recommends the federal government cover these additional costs through a new targeted fund, separate from the Canada Health Transfer. "As with medicare, it will be up to individual provinces and territories to opt



Universal pharmacare will improve access to medicines and save Canadians \$5 billion a year, according to an expert panel.

in to national pharmacare by agreeing to the national standards and funding parameters," the report notes.

Hoskins acknowledged that building pharmacare requires substantial public investment. However, "we can't afford to push this aside," he said.

Canadians spent \$34 billion on prescription medicines last year, and unless something changes, that could increase to \$55 billion by 2027, Hoskins said. Per capita, only the United States and Swit-

zerland pay more for drugs. Yet there are huge gaps in access, with one in five Canadians struggling to afford prescriptions.

The advisory council estimates Canadian families will save an average \$350 per year under national pharmacare, while business owners will save \$750 per employee. According to Hoskins, it's time to show "courage and boldness" to do "some nation building."

"This is our generation's national project: better access to the medicines we

need, improved health outcomes and a fairer and more sustainable prescription medicine system,” he said.

Dr. Danielle Martin, vice-president of Women’s College Hospital in Toronto, called the report a victory for patients. “It’s patients who are bearing the brunt of the non-system we currently have, and it’s patients who are going to win when this report is implemented,” she said.

Martin said that, in addition to gaps in access, the advisory council’s recommendations will address “the huge amounts of overprescribing we see happening in the absence of a coordinated, evidence-based formulary, and the massive overpayment we see happening because

we’re not coordinating our purchasing power to get better prices.”

Steve Morgan, a professor in the faculty of medicine at the University of British Columbia who has researched pharmacare extensively, noted that the council’s recommendations are “consistent with literally every major commission that’s looked at this question, all the way back to the 1940s.”

Heading into a federal election, “the only party at the national level that would argue against this will be the Conservatives,” he said. However, the proposed eight-year window for implementing pharmacare may provide some political wiggle room. “That to me looks like it’s

already putting this out two election cycles in the future,” Morgan said.

Martin, meanwhile, hopes that political pressure during the election “can put the heat on elected officials to consider moving even more quickly.”

In a statement, Health Minister Ginette Petitpas Taylor said the government will carefully review the advisory council’s final report and recommendations. “We know that our existing patchwork of drug coverage is not working well, leading to poorer health for some and higher costs for us all. We have to do better.”

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