

Attaining universal access to necessary prescription medications in Canada

What needs to be done

Heart & Stroke recommends the development and implementation of an equitable, universal, publicly funded and cost-effective pharmacare program, designed to improve access to medicines for all people in Canada regardless of their geography, age, or ability to pay.

Why we need to do this

- People in Canada are proud of our world-class healthcare system, but Canada is the only developed country that does not include prescription medications as part of its universal health program.
- Our multi-payer prescription drug system, with a patchwork of more than 100 public and 100,000 private plans is among the most expensive in the world, and costs are expected to continue to rise.¹²
- Some people face greater barriers to accessing medications including women, Indigenous people, immigrants, racialized persons, younger people, and part-time workers.^{3,4}
- In 2021, one in five Canadians did not have insurance to cover the cost of prescription drugs.³
- In 2016, 16% of Canadians went without medication for heart disease, cholesterol or hypertension because of cost.⁵
- In 2022, 105 million prescriptions were dispensed for cardiovascular diseases – making it the second highest disease category.⁶
- In 2020, one in four households reported difficulty paying for medications.⁷
- According to a January 2023 national public opinion poll conducted by Environics:⁸
 - 91% feel it is important that everyone in Canada has equal access to prescription drugs.
 - 86% believe it is the federal government's responsibility to ensure equitable drug coverage.
 - 21% report someone in their household has hesitated about quitting or changing jobs to prevent losing prescription drug coverage.
 - 26% have financial household stress due to the cost of prescription drugs.

Key aspects of a universal pharmacare program

- Based on the following principles:
 - **Universal:** all residents of Canada should have equal access to a national pharmacare program.
 - **Comprehensive:** pharmacare should provide a broad range of safe, effective, and evidence-based treatments.
 - **Accessible:** access to prescription drugs should be based on medical need, not ability to pay.
 - **Portable:** pharmacare benefits should be portable across provinces and territories when people travel or move.
 - **Public:** a national pharmacare program should be both publicly funded and administered.
- A hybrid/mixed system that allows for the participation of both public and private payers. The public payer should always be the first payer for drugs on the initial common formulary (list of essential medicines) to ensure cost efficiencies, contain drug costs, increase buying and negotiating power, and reduce administration. Supplementation should be allowed by private payers with brand name or other medications not available on the public plan. This approach is preferable to the Quebec model which requires the private payer to be the first payer, and the public payer the second payer – an inefficient and administratively burdensome approach.
- A publicly funded initial common formulary of the most necessary medications that should be covered by all provinces/territories.
- The federal government should take a leadership role in the development of the national pharmacare program.
- Provinces and territories, Indigenous communities, patients, health care professionals, health charities and industry should be involved in the development process, including the development of the common formulary.
- Provinces and territories should be responsible for implementing the pharmacare program and they should be afforded flexibility in how the program is implemented provided they adhere to the key elements and principles of the program.
- The federal government should provide funding to the provinces/territories for the implementation of the national pharmacare program.

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