

CLC Submission regarding Bill C-64 An Act Respecting Pharmacare

**Submitted to
Senate Standing Committee on Social Affairs, Science and Technology**

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Introduction

The Canadian Labour Congress (CLC) is Canada's largest central labour body and speaks on issues of national importance for three million unionized workers across Canada. The CLC brings together more than 50 national and international unions in Canada, as well as 12 provincial and territorial federations of labour, and over 100 labour councils. We welcome the opportunity to provide input regarding Bill C-64; An Act respecting pharmacare.

Bill C-64 is an achievement and represents the most significant enhancement to our health care system since the creation of public health care or Medicare in Canada. When a full universal single-payer pharmacare is implemented, it will profoundly impact the lives of Canadians by making health care more accessible and affordable.

The urgency of passing and implementing the *Pharmacare Act* as a first step towards a full universal single-payer drug program, cannot be overstated in these times of great disruptions, and when many Canadians are struggling just to get by. With nearly one million Canadians forced to sacrifice basic necessities like food and heating to afford medications, and another million resorting to borrowing money, the need for change was clear and immediate.

The introduction of a universal single-payer pharmacare program is not just a policy change; it's a lifeline that will bring tangible improvements to the lives of countless individuals.

Full universal public pharmacare will lead to significant improvements to the health of people, hefty savings through private pay for individuals and businesses, and a resilient workforce for robust economic growth.

The enormous savings from full universal single-payer pharmacare means that workers and employers can redirect these savings towards better wages, stronger paychecks, or enhanced retirement savings.

Canadian workers have fought tirelessly for full universal single-payer pharmacare for decades, and we are at the threshold of advancing to a safer, more efficient, and effective prescription drug program that aligns and strengthens Medicare.

Full universal single-payer pharmacare prioritizes the needs of people not profits of the pharmaceutical and insurance industries.

Recommendations

1. The CLC calls for the speedy passage of Bill C-64 An Act respecting pharmacare, without amendments, so that millions of Canadians can access contraception and diabetes drug and device coverage, giving them some relief from the high cost of living.
2. The CLC calls on the government to exercise due diligence in the selection of members for the Committee of Experts ensuring that there is no conflict of interest that can influence or shape their work in making recommendations of public benefit respecting options for the operation and financing of national universal single-payer pharmacare. The Committee of Experts' work is too important, and the common practice of signing disclosure of conflicts forms is not a sufficient safeguard.

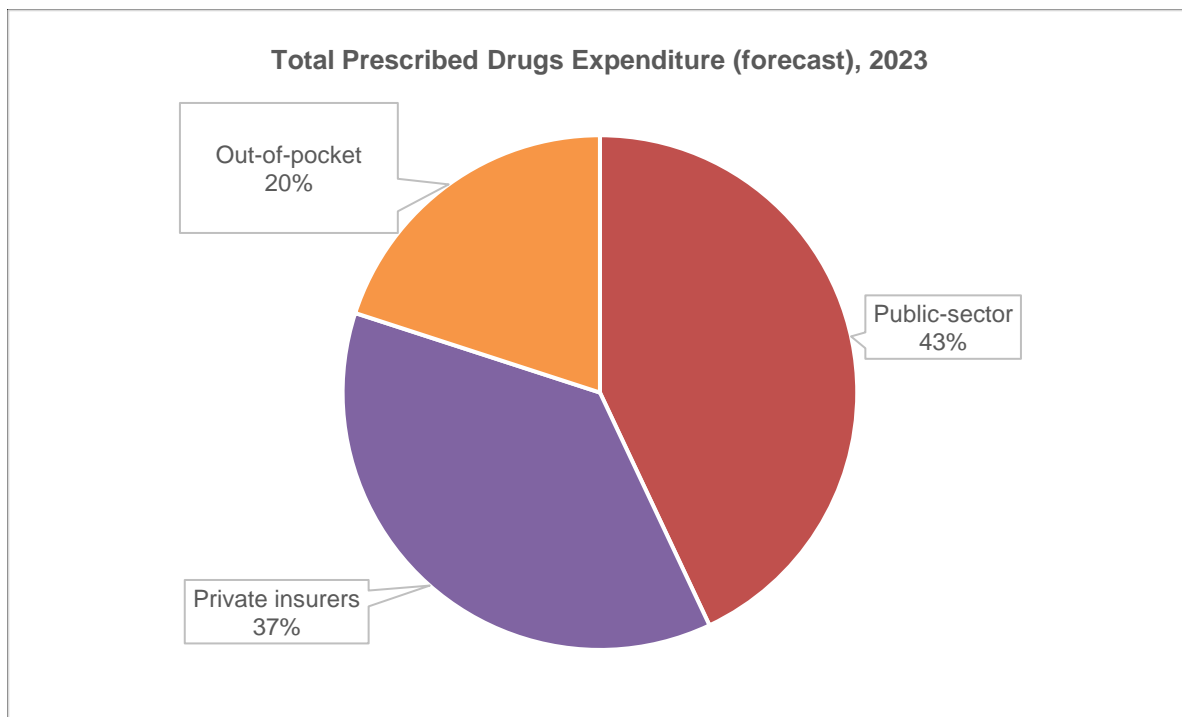
Need for A Universal Single-payer Pharmacare Program

The expenditures on prescription drugs keep increasing every year. In 2023, the spending on prescribed drugs is forecast to be just over \$41 billion. The share of prescription drug expenditures in 2023 were 43 per cent public sector/governments

(\$17.7 billion), 37 per cent private insurers/employers (\$15.2 billion), and 20 per cent out-of-pocket costs for people (\$8.3 billion). (see Figure 1)

Of all the beneficiaries covered under the private insurers' share of prescription drug expenditure, 30 per cent are public sector employees at the federal, provincial, territorial, and municipal levels.¹

Figure 1



Source: Canadian Institute for Health Information (CIHI)

Hospitals offer universal prescription drug coverage, but outside of hospital walls, coverage is fragmented into 100 public and 113,000 private drug insurance plans. The

¹ Government of Canada. 2019. *A Prescription for Canada: Achieving Pharmacare for All: Final Report of the Advisory Council on the Implementation of National Pharmacare*. <https://www.canada.ca/content/dam/hc-sc/images/corporate/about-health-canada/public-engagement/external-advisory-bodies/implementation-national-pharmacare/final-report/final-report.pdf> (Accessed: May 13, 2024)

current public and private patchwork differs in accessibility—the sum of eligibility, affordability, and coverage. Prescription drug plans are unique to each province and territory as well as from each private insurer.

Private and public drug plans have out-of-pocket cost barriers for many people through premiums, copayments, deductibles, annual and lifetime limits.

One in five Canadians or 7.5 million people in Canada have no prescription drug insurance and pay out-of-pocket for prescription medications.² This is equivalent to the number of people who live in the three prairie provinces combined!

One in ten people in Canada were not able to afford one or more of their prescription drugs.³ In this group, 38 per cent had private insurance coverage and 21 per cent had public coverage but their insurance did not cover enough of their prescription drugs costs.⁴ This shows that merely having any or some form of prescription drug coverage under the current patchwork of private and public plans is a false measure of people's access to their needed medication.

Prescription drug costs are one of the many pressure points for people who are struggling with the high cost of living each day. Even before this high inflation period, almost a million Canadians were choosing between food and home heating in order to pay for their prescription drugs, and almost 1 million people borrowed money to pay for their medication.

² Government of Canada. 2019. *A Prescription for Canada: Achieving Pharmacare for All: Final Report of the Advisory Council on the Implementation of National Pharmacare.*

<https://www.canada.ca/content/dam/hc-sc/images/corporate/about-health-canada/public-engagement/external-advisory-bodies/implementation-national-pharmacare/final-report/final-report.pdf>

(Accessed: May 13, 2024)

³ Ibid.

⁴ Ibid.

A new national poll released February 2024 found that more than 1 in 4 adults in Canada (28%) have had to make difficult choices to afford prescription drugs, such as cutting back on groceries, delaying rent, mortgage, or utility bills and incurring debt.⁵

The poll also found nearly one-quarter of Canadians (22%) have reported splitting pills, skipping doses, or deciding not to fill or renew a prescription due to cost.⁶ In 2021, 16 per cent of adults aged 25 to 34 and 4 per cent of seniors 65 years and older did not adhere to taking their drugs as prescribed because they could not afford it.⁷

As a result, 1 in 10 Canadians (10 per cent) with chronic conditions have ended up in the emergency room due to worsening health because they were unable to afford prescription drugs.⁸ The cost to the patient's health and to the health care system is severe.

It is clear that the current public and private patchwork prescription drugs environment creates inequities in drug access, and inequities in health outcomes.

For these reasons, the CLC recommends that the federal government commit to the expansion of Bill C-64, after the Act receives royal assent, to a full national single-payer

⁵ Heart and Stroke. News release, February 13, 2024. <https://www.heartandstroke.ca/what-we-do/media-centre/news-releases/one-in-four-canadians-not-filling-prescriptions-due-to-cost#:~:text=Heart%20%26%20Stroke%20and%20the%20Canadian,a%20prescription%20due%20to%20cost.> (Accessed: May 16, 2024)

⁶ Ibid.

⁷ Cortes, Cassandra and Leah Smith. November 2, 2024. *Pharmaceutical access and use during the pandemic*. <https://www150.statcan.gc.ca/n1/pub/75-006-x/2022001/article/00011-eng.htm> (Accessed: May 13, 2024)

⁸ Heart and Stroke. News release, February 13, 2024. <https://www.heartandstroke.ca/what-we-do/media-centre/news-releases/one-in-four-canadians-not-filling-prescriptions-due-to-cost#:~:text=Heart%20%26%20Stroke%20and%20the%20Canadian,a%20prescription%20due%20to%20cost.> (Accessed: May 16, 2024)

pharmacare program with first-dollar coverage for a comprehensive list of prescription drugs:

- a) that are based on both how well they work, and whether they offer good value for money;
- b) starting with an initial list of essential medicines that represents 50 per cent of all prescriptions in Canada; and
- c) with the authority of the federal government as the single buyer of prescription drugs for Canada, negotiating the lowest prices for prescription drugs, replacing the current patchwork multiple private and public buyers.

Employment-tied Private Prescription Drug Insurance is Problematic

Employers and businesses pay private insurers premiums for prescription drug coverage as a benefit of employment to their employees. Having prescription drug coverage tied to employment is problematic.

Labour force inequities for workers are mirrored in the employment-tied private insurance drug plans. Higher waged employees get better private prescription drug coverage compared to low waged employees. People working part-time jobs, or any precarious jobs get little to no benefits plan for prescription drugs. Workers with poorer labour force outcomes tend to have no or less adequate private insurance drug coverage such as workers who are racialized, immigrants, new entrants to the labour force, and seniors.⁹

Employment-tied private prescription drug coverage could limit job mobility as people may be afraid to lose their drug coverage especially if they incur high drug costs.

⁹ Cortes, Kassandra and Leah Smith. November 2, 2024. *Pharmaceutical access and use during the pandemic*. <https://www150.statcan.gc.ca/n1/pub/75-006-x/2022001/article/00011-eng.htm> (Accessed: May 13, 2024)

Linking drug coverage to employment presents another potential problem—it could limit job choices for people and discourage people on social assistance or disability assistance programs from taking a job that offers less or no employment-tied drug insurance.

Unions are put in the position during bargaining with the employer to negotiate private insurance coverage of which neither party is knowledgeable nor has any expertise in pharmaceutical therapies.

Universal single-payer pharmacare can protect workers and forge a strong resilient labour force to thrive in the disruptions of the rapidly changing world of work with the transition to a low-carbon economy, and the escalation of AI applications in work and production.

Demand for A Universal Single-payer Pharmacare Program

The new 2024 national poll found that 8 in 10 people (82 per cent) agreed the federal government has a responsibility to ensure there is prescription drug coverage for all people living in Canada.¹⁰

In an Angus Reid poll conducted in 2020, close to 9 in 10 Canadians support universal pharmacare (86 per cent), and more than 7 in 10 (77 per cent) said increasing coverage for Canadians should be a high priority for government.¹¹ These results very much reflect a previous poll conducted by Angus Reid in July 2015 where “Almost nine-in-ten (88%) Canadians voice agreement with the statement: “Every Canadian—regardless of

¹⁰ Heart and Stroke. News release, February 13, 2024. <https://www.heartandstroke.ca/what-we-do/media-centre/news-releases/one-in-four-canadians-not-filling-prescriptions-due-to-cost#:~:text=Heart%20%26%20Stroke%20and%20the%20Canadian,a%20prescription%20due%20to%20Ocost>. (Accessed: May 16, 2024)

¹¹ Angus Reid. 2020. *Access for all: Near universal support for a pharmacare plan covering Canadians' prescription drug costs*. <https://angusreid.org/pharmacare-2020/#gsc.tab=0> (Accessed: May 16, 2024).

income—should have access to necessary prescription medicine”. The same number (88%) agree that “It’s simply not right that some Canadians have to struggle to pay for the drugs they need”.¹²

Although the above are reminders of the tremendous support that people in Canada have for universal single-payer pharmacare, it would be remiss not to acknowledge that for over the past 60 years, there have been government studies and calls for national pharmacare to be consistent with the principles and values of the public Medicare system, including the:

- Royal Commission on Health Services (1964);
- National Forum on Health (1997);
- Commission on the Future of Health Care in Canada (2002);
- Standing Senate Committee on Social Affairs, Science and Technology Report on the State of the Health Care System in Canada (2002);
- Standing Committee on Health—Pharmacare Now: Prescription Medicine Coverage for All Canadians (2018); and
- Advisory Council on the Implementation of National Pharmacare (2019).

Universal single-payer pharmacare program is right for Canada

Full comprehensive universal single-payer pharmacare is the only solution to the current health care crisis, and the future of economic and social prosperity for Canada. This publicly funded, publicly delivered program will:

- provide fairness and equity of access to affordable prescription drugs to people across Canada solely based on need;

¹² Angus Reid. 2015. *Prescription drug access and affordability an issue for nearly a quarter of all Canadian households*. <https://angusreid.org/prescription-drugs-canada/> (Accessed: May 16, 2024)

- modernize and establish an effective and efficient prescription drug program that makes medicines more affordable, accessible, and safer for people;
- align and make universal health care (Medicare) in Canada more complete as needed medication will be available not only in hospitals but also outside of hospitals;
- have a full comprehensive prescription drug list (formulary) comprised of drugs that offer effective therapeutic effects and value for money;
- provide a more streamlined administrative process through the Canada Drug Agency, offering more public transparency and accountability; and
- consolidate the buying power for prescription drugs to the federal government, giving it the single authority to negotiate prescription drug prices for the whole of Canada.

Canada is the only developed economy in the world with a universal health care system without a universal prescription drug program.

Both the big pharmaceutical companies and insurance companies are fighting against universal single-payer pharmacare. These industries also directly and indirectly fund health care organizations, health care providers and patient groups. They also pay consulting firms and other communication activities to create their narrative that manifests disinformation—something that the CLC has countered (Annex 1).

Under the current patchwork arrangement, both these industries can manipulate the supply and pricing of prescription drugs to make excessive profits. The big pharmaceutical companies will certainly sell more prescription drugs in a universal single-payer pharmacare program, yet they are fiercely against it.

Insurance companies are also looking for ways to consolidate their market power to increase profits by changing the marketplace. Just this February Manulife and Loblaw-owned Shoppers Drug Mart launched a “preferred pharmacy network” (PPN). PPNs let insurance companies partner with a pharmacy or group of pharmacies to enter into an exclusive deal to be the only ones that can dispense certain drugs covered by the private health insurance plan. This forces people on the private insurance plan to get

their prescription drugs at the selected pharmacy or pay for their medication out-of-pocket. This PPN maneuver by Manulife and Loblaws was swiftly and soundly rejected by not only the insured plan members but also by the resounding public outcry of depriving people of choice and access.

According to a 2024 CIHI report, “Prescription drug prices in Canada are the third highest among the Organization for Economic Co-operation and Development (OECD) countries and are expected to rise. Due to these rising drug prices, many Canadians encounter significant obstacles in accessing necessary medications.”¹³ Big pharmaceutical companies and the industry fought for years the amendments to the *Patented Medicines Regulations* introduced in 2019 to lower name-brand drug prices. Big pharmaceutical companies launched legal challenges in the Federal Court and the Quebec Court of Appeal to fight against these government amendments to the Regulations to ensure astronomical prices for prescription drugs, making them unaffordable for many people who need them.

The current patchwork prescription drug system is very lucrative for big pharmaceutical and insurance companies’ profit margins. Their proposals for changes to the prescription drug system are various fill-in-the-gaps options aimed at extracting more profits from people suffering and managing their illness. These profit-making proposals include just covering people who do not have either public or private insurance, having the government assume all the financial risks of covering very expensive prescription drugs only while private insurance would assume good risks of cheaper prescriptions.

Also, popular among those who oppose universal single-payer pharmacare is the support for Quebec prescription drug regime that provides universal drug coverage but

¹³ Canadian Institute for Health Information (CIHI). March 2024. *Pan-Canadian Prescription Drug Data Landscape*. <https://www.cihi.ca/sites/default/files/document/pan-canadian-prescription-drug-data-landscape-report-en.pdf> (Accessed: May 16, 2024)

costs more than the rest of Canada, or the PEI model which is a transfer of federal funding to bridge prescription drug delivery gaps unique to the province without creating a universal approach that is fair across the country.

Conclusion

Full comprehensive universal single-payer pharmacare puts people first, not profits.

We will keep pushing for a truly universal, single-payer pharmacare program, as recommended by the Advisory Council on the Implementation of National Pharmacare, which was headed up by former Ontario health minister Dr. Eric Hoskins. Through bulk purchasing power, universal pharmacare can make life more affordable and provide fair access to medications for all Canadians.

The CLC will continue to urge the federal government to prioritize the signing of bilateral agreements with provinces and territories concurrently with the progression of Bill C-64 through the different legislative stages.

Bill C-64 may not be perfect, but it's a very good step forward. And we should not let the perfect be the enemy of the good. Any amendments to this legislation will significantly increase the risk that no pharmacare legislation gets passed at all in the current minority, precarious Parliament.

That is why the CLC is urging the Senate to pass Bill C-64 swiftly, without amendments.

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Annex 1

Universal Pharmacare FAQs

Universal public pharmacare: FAQs

Pharmacare

A PLAN FOR EVERYONE



In these challenging times, many people find themselves struggling to make ends meet facing the difficult decision of whether to prioritize basic needs or essential medications for themselves and their loved ones. But universal public pharmacare prioritizes people's health above all else. Below, we provide answers to frequently asked questions regarding prescription drug coverage and what universal public pharmacare would mean for you.

What about people who already have prescription drug coverage?

Coverage does not guarantee access to necessary medications.

One in five (21%) of Canadians, or 7.5 million people, reported not having or not having enough prescription drug insurance to cover medication costs.

Canada's patchwork system consists of 100 public and 113,000 private drug plans, each with vastly different coverage. Many with private insurance still face co-pays, deductibles, and access limitations, worsening financial strain.

How do Canadian drug prices compare with the U.S.?

Canadian drug prices are more reasonable than those in the U.S. because the Canadian health care system, including in-hospital prescription drugs, is publicly funded, and administered.

But the fact is, only three countries in the world pay higher prescription drug prices than Canada.

Alarming, nearly one-quarter of Canadians have reported splitting pills, skipping doses, or deciding not to fill or renew a prescription due to cost. More women than men skipped filling prescription drugs because of cost.

Universal public pharmacare would allow the government to negotiate better prescription drug prices, benefiting all Canadians.

How does pharmacare help address the health care crisis?

Addressing the health care crisis includes ensuring access to the medications that people need.

Without universal pharmacare, people face dire choices between rent, food, heat, or their medications. Untreated health conditions can prevent people from working, causing mental stress and financial strain. People also often face more severe health conditions, increased hospital admissions, and even death.

A recent survey found that 1 in 10 Canadians (10%) with chronic conditions, like diabetes, have ended up in the emergency room due to worsening health because they were unable to afford prescription medications.

The high cost to patients and families, and to the health care system, is largely preventable if Canada had full universal public pharmacare. Universal pharmacare is critical for maintaining a healthy population, reducing health care costs, and building a strong and resilient workforce.

Which is better: private insurance or universal coverage?

Universal public pharmacare creates a fairer and safer prescription drug system for everyone.

Most private insurance drug plans are tied to employment and income, with the quality and coverage of the private plan increasing with increasing wages and compensation.

Many are left without coverage, including nearly 900,000 Canadians who do gig work as their main job, or the thousands of workers who have lost their jobs.

Universal public pharmacare will level the playing field by providing access to medication for everyone who needs it, just as patient would get their prescription drugs covered publicly inside the hospital.



Which type of coverage covers more medications?

While private insurance may cover a wide range of medications, it often disregards effectiveness and affordability.

A full universal pharmacare system, which Canada's unions are advocating for, ensures evidence-based coverage for medications, enhancing treatment options across various health conditions – from common conditions to medically complex conditions.

How can we ensure new medications are covered quickly?

All medications, whether publicly or privately covered, must pass rigorous reviews to protect the health and safety of Canadians.

A third of the difference in the time delay between public and private coverage is because drug companies do not take advantage of the opportunity to apply for coverage as quickly as they could.

Most medications covered by universal public pharmacare are already approved.

What will happen to people's existing private drug coverage if we get full universal public pharmacare?

Universal public pharmacare will cover 40 million Canadians compared to 27 million covered by private insurance now. Full universal public pharmacare will be phased in to ensure a smooth transition where people maintain drug coverage.

Canada's unions advocate for universal public pharmacare to start with 136 essential medications that cover 50% of all prescriptions in Canada, adding more drugs over five years until Canada has a full universal public pharmacare program.

Why are pharmaceutical and insurance companies against universal public pharmacare?

Pharmaceutical and insurance companies prioritize profits over public health.

The pharmaceutical industry is a big business. In 2023, an estimated \$41.1 billion was spent on prescription drugs.

Although pharmaceutical companies can sell more drugs with a universal public pharmacare program, they prefer the status quo of market-driven pricing with no transparency or accountability.

Insurance companies oppose universal public pharmacare because they think it will affect their bottom line. Yet, they can also sell more health insurance products or other non-health related products to employers who will see reductions in their drug coverage premiums. Employers and unions can negotiate how to apply such savings to other needs of workers or the business.

Ultimately, universal public pharmacare prioritizes people's health over corporate interests, ensuring fairer access to medications for all Canadians.

Join Canada's unions and help make sure everyone can afford the medications they need to live a healthy life.

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Pharmacare

A PLAN FOR EVERYONE

L'assurance-médicaments universelle : FAQ

L'assurance-médicaments

UN RÉGIME POUR TOUS

En ces temps difficiles, un grand nombre de personnes qui ont du mal à joindre les deux bouts doivent faire un choix difficile entre payer leurs besoins de base ou les médicaments qui sont vitaux pour elles-mêmes et leurs proches. Mais l'assurance-médicaments publique universelle accorde la priorité à la santé des citoyens avant tout. Vous trouverez ci-dessous des réponses aux questions fréquemment posées concernant la couverture des médicaments sur ordonnance et ce qu'un régime public universel d'assurance-médicaments signifierait pour vous.



Qu'en est-il des personnes qui ont déjà une couverture des médicaments sur ordonnance?

La couverture ne garantit pas l'accès aux médicaments nécessaires.

Un Canadien sur cinq (21 %), soit 7,5 millions de personnes, a affirmé qu'il n'avait pas ou n'avait pas suffisamment de couverture d'assurance-médicaments.

Le régime morcelé actuel du Canada est composé de 100 régimes d'assurance-médicaments publics et de 113 000 régimes d'assurance-médicaments privés, chacun offrant une couverture très différente. De nombreuses personnes qui détiennent une assurance privée sont quand même soumises à des copaiements, des franchises et des restrictions d'accès, ce qui aggrave leur situation financière.

Comment les prix des médicaments au Canada se comparent-ils à ceux aux États-Unis?

Les prix des médicaments au Canada sont plus raisonnables que ceux aux États-Unis parce que le système canadien de santé, y compris les médicaments administrés dans les hôpitaux, est financé par l'État et administré par le secteur public.

Toutefois, il y a seulement trois pays dans le monde où la population paie des prix plus élevés que le Canada pour leurs médicaments sur ordonnance.

Fait alarmant, près du quart des Canadiens ont déclaré avoir coupé en deux leurs comprimés, sauté des doses ou décidé de ne pas obtenir ou renouveler une ordonnance en raison du coût. Davantage de femmes que d'hommes n'ont pas été chercher leurs médicaments d'ordonnance en raison du coût.

Un régime public universel d'assurance-médicaments permettrait au gouvernement de négocier de meilleurs prix pour les médicaments prescrits, ce qui profiterait à tous les Canadiens et Canadiennes.

Comment l'assurance-médicaments aide-t-elle à faire face à la crise des soins de santé?

Pour régler la crise des soins de santé, il faut assurer un accès aux médicaments dont les gens ont besoin.

Sans assurance-médicaments universelle, les gens doivent faire des choix déchirants entre payer le loyer, la nourriture, le chauffage ou leurs médicaments. Les problèmes de santé non traités risquent d'empêcher les gens d'aller travailler, causant du stress et des difficultés financières. Les gens souffrent également souvent de problèmes de santé plus graves, sont plus souvent hospitalisés et présentent un risque accru de décès.

Une étude récente a révélé qu'un Canadien sur 10 (10 %) souffrant de maladies chroniques, comme le diabète, a dû se rendre à l'urgence en raison d'une détérioration de sa santé parce qu'il n'avait pas les moyens de payer ses médicaments sur ordonnance.

Les coûts élevés pour les patients et les familles, ainsi que pour le système de santé, sont en grande partie évitables si le Canada mettait en œuvre un régime public universel d'assurance-médicaments. L'assurance-médicaments universelle est essentielle pour maintenir une population en bonne santé, réduire les coûts des soins de santé et bâtir une main-d'œuvre solide et vigoureuse.

Laquelle est la meilleure : l'assurance privée ou la couverture universelle?

Un régime public universel d'assurance-médicaments permet de créer un système de médicaments sur ordonnance plus équitable et plus sûr pour tous.

La plupart des régimes privés d'assurance-médicaments sont liés à l'emploi et au revenu; la qualité et la couverture du régime privé augmentent en lien avec la hausse des salaires et de la rémunération.

Bon nombre de personnes sont privées de couverture, notamment les quelque 900 000 travailleurs et travailleuses à la demande ou les milliers d'autres qui ont perdu leur emploi.

Un régime public universel d'assurance-médicaments mettra tous les citoyens sur un pied d'égalité en permettant l'accès aux médicaments à tous ceux qui en ont besoin, exactement comme les patients hospitalisés dont les médicaments sont couverts par le régime public.



Quel type de couverture couvre le plus de médicaments?

Bien que la couverture offerte par une assurance privée assure un vaste éventail de médicaments, elle ne tient pas nécessairement compte de l'efficacité et de l'abordabilité.

Un régime universel d'assurance-médicaments complet, préconisé par les syndicats du Canada, assure une couverture des médicaments sur ordonnance fondée sur des preuves, améliorant ainsi les options en matière de traitements pour divers problèmes de santé – des conditions courantes aux conditions médicales complexes.

Comment pouvons-nous nous assurer que les nouveaux médicaments sont couverts rapidement?

Tous les médicaments, qu'ils soient couverts par une assurance publique ou privée, doivent subir des inspections rigoureuses afin de protéger la santé et la sécurité des Canadiens et Canadiennes.

Le tiers de la différence de délai entre la couverture publique et la couverture privée tient au fait que les compagnies pharmaceutiques ne profitent pas de la possibilité de présenter une demande de couverture aussi rapidement qu'elles le pourraient.

La plupart des médicaments couverts par l'assurance-médicaments publique universelle sont déjà approuvés.

Qu'arrivera-t-il à la couverture privée actuelle des médicaments si nous obtenons un régime public universel d'assurance-médicaments complet?

Un régime public universel d'assurance-médicaments couvrira 40 millions de Canadiens et Canadiennes, par rapport aux 27 millions actuellement couverts par une assurance privée. Un régime public universel d'assurance-médicaments complet sera progressivement mis en œuvre afin d'assurer une transition harmonieuse permettant aux gens de maintenir une couverture des médicaments.

Les syndicats du Canada préconisent un régime public universel d'assurance-médicaments qui contiendrait pour commencer 136 médicaments essentiels représentant 50 % de l'ensemble des ordonnances au Canada et, au cours des cinq années suivantes, d'autres médicaments d'ordonnance seraient ajoutés jusqu'à ce que le Canada dispose d'un régime public universel d'assurance-médicaments complet.

Pourquoi les compagnies pharmaceutiques et d'assurance sont-elles contre l'assurance-médicaments publique universelle?

Les compagnies pharmaceutiques et d'assurance privilégient les profits plutôt que la santé publique.

L'industrie pharmaceutique est un énorme marché. En 2023, on estime que 41,1 milliards de dollars ont été dépensés en médicaments sur ordonnance.

Bien que les compagnies pharmaceutiques pourraient vendre plus de médicaments avec un régime public universel d'assurance-médicaments, elles préfèrent maintenir le statu quo des prix déterminés par le marché, sans aucune transparence ni obligation de rendre des comptes.

Les compagnies d'assurance s'opposent au régime public universel d'assurance-médicaments parce qu'elles pensent qu'il aura un impact sur leurs résultats financiers. Pourtant, elles peuvent également vendre plus de produits d'assurance-maladie ou d'autres produits non liés à la santé aux employeurs dont les primes d'assurance-médicaments diminueront. Les employeurs et les syndicats peuvent négocier l'application de ces économies à d'autres besoins des travailleurs ou de l'entreprise.

À terme, un régime public universel d'assurance-médicaments accorde la priorité à la santé des citoyens plutôt qu'aux intérêts des entreprises, assurant ainsi un accès plus équitable aux médicaments pour tous les Canadiens et Canadiennes.

Rejoignez les syndicats canadiens et aidez-nous à faire en sorte que chacun puisse se procurer les médicaments dont il a besoin pour vivre en bonne santé.

unregimepourtous.ca

**L'assurance-
médicaments**

UN RÉGIME POUR TOUS