



CPhA PRE-BUDGET CONSULTATION BRIEF 2018

Prescriptions for a healthy and productive Canada



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Introduction

On behalf of the Canadian Pharmacists Association (CPhA) and Canada's 40,000 pharmacists, we are pleased to provide the Committee with our recommendations for Budget 2018.

Although pharmacists practice in many different settings, including hospitals and family health teams, pharmacists are mostly known as accessible community health care providers. They are located in almost every community and, on average, they interact with their patients 14 times per year. They are available late at night and on weekends and are there to serve Canadians from all walks of life.

As drug experts, pharmacists have a unique role to play in our health care system, in ensuring appropriate use of medication and in promoting patient safety. They are also increasingly playing a critical role in providing primary health care services to patients, such as chronic disease management, administering flu shots and smoking cessation, to name a few.



As the Committee well knows, health and productivity are intrinsically linked. People who are in poor health are less likely to be able to contribute to the economic growth and success of Canada. Equally important to productivity is ensuring timely and accessible care to Canadians so that they can go back to their work and daily lives as quickly as possible. This is why maximizing pharmacists' scopes of practice across the country must be an essential strategy for all governments to improve the health and wellbeing of Canadians and increase productivity, as well as improve the efficiency of the health care system.

As frontline community health care providers, we hear regularly from patients about the issues that matter to them. Our recommendations for Budget 2018, therefore, focus on four specific areas:



Federal investment to equalize naloxone access across the country



Federal funding to harmonize catastrophic drug coverage in Canada



Investment in health science and practice-based research



Equitable access to health services for indigenous drug plan beneficiaries

Recommendations:

Federal investment to equalize naloxone access across the country

The Government of Canada has taken some important first steps in responding to Canada's growing opioid crisis. From preventing initial misuse of opioids to implementing evidence-based harm reduction strategies, pharmacists are key partners in reducing and addressing the negative health impacts of opioid misuse. Preventing overdose is an important piece of this complex puzzle. This is why CPhA is urging the federal government to provide provinces with targeted funding to equalize naloxone access across the country.

Naloxone is a drug that can temporarily reverse an opioid overdose. When someone overdoses on opioids, their breathing either slows or stops completely. If used right away, naloxone can help them breathe normally and regain consciousness. Naloxone can either be injected or given as a nasal spray.

A recent scan of naloxone availability in each province indicates that access to this life saving medication is still uneven across the country, even in communities that have been hardest hit by the opioid crisis.¹

We believe that naloxone should be made available free of charge, as widely as possible, to ensure that anyone who is at risk of an overdose has access to the medication, either themselves, through a family member or friend. Ensuring that it is available through pharmacy – at no cost – can help destigmatize access while ensuring that any Canadian, whether they are parents or friends, can have naloxone on hand when it is most needed.

Recommendation: CPhA recommends that Budget 2018 include an investment of \$15 million per year over five years so that all provinces and territories can ensure that naloxone is freely available to any Canadian who wishes to obtain a take-home kit.



1. Canadian Pharmacists Association. Environmental Scan: Access to Naloxone across Canada. July 2017. Available at: <http://www.pharmacists.ca/advocacy/opioid-crisis/>

Federal funding to harmonize catastrophic drug coverage in Canada

Catastrophic drug insurance protects individuals from financial hardship due to medication expenses by imposing a maximum on out-of-pocket spending for prescription drugs. Most commonly, these plans employ a “geared-to-income” limit where beneficiaries pay for their drug costs until they reach a predetermined maximum calculated on the basis of their income. After this maximum is reached, the public plan pays for the remainder of drug expenses until the coverage year resets.

Most Canadian provinces already provide some form of catastrophic coverage, although there is considerable variation in terms of eligibility criteria and the amount of out-of-pocket expenditures associated with each plan.

We believe there is an important opportunity for the federal government to help support provincial and territorial government efforts to increase drug access for Canadians through the creation of a federal catastrophic drug transfer, with the requirement that provinces limit annual drug costs to three per cent of household income. This is lower than any of the existing provincial catastrophic plans, and would create a common standard across all provinces.²

A catastrophic drug transfer would allow provincial drug programs to expand and improve coverage for their residents, offset the cost of provincial and territorial drug plans, and reduce disparities in coverage across the country. It would also help improve access and alleviate cost burdens for the 1 million Canadians who spend more than three per cent of after tax income on drug costs.

Recommendation: CPhA calls on the federal government to create a federal catastrophic drug transfer in partnership with the provinces and territories to harmonize catastrophic drug coverage in Canada. This targeted health transfer would require additional yearly funding of approximately \$1 billion a year for all provinces and territories.



2. Blomqvist, Å and Busby, Colin. “Feasible Pharmacare in the Federation: A Proposal to Break the Gridlock.” October 2015. Available at: https://www.cdhowe.org/sites/default/files/attachments/research_papers/mixed/e-brief_217_0.pdf.

Investment in health science and practice-based research

Research is fundamental to informing evidence-based policy decisions and shaping all aspects of our daily lives, including health care, environment and economic growth. *Canada's Fundamental Science Review*, released in April 2017, provides a salient observation of our current research environment and Dr. David Naylor cautions that, within the current structure, Canada's ability to innovate through research is at risk.³

CPhA firmly supports Naylor's call to strengthen Canadian science and research by reforming the current funding, governance and coordination systems, and increasing investments to strengthen frontline research and finance early career researchers. This investment would enhance pharmaceutical sciences research, which leads to important discoveries of new therapies for preventing and treating disease and explores new models of ensuring access to the most appropriate care for Canadians. Currently, Canada's national research funding body has funded only approximately 10 per cent of grants submitted in the past several years.

In addition to improvements in basic science research, CPhA believes parallel measures must be taken to bolster health and practice-based research. Thanks in large part to the Government of Canada's 2003 Primary Health Care Transition Fund, pharmacists now practice in advanced roles, providing accessible, collaborative and cost-effective primary health care to patients across Canada.

Pharmacy practice research has been essential in measuring the impact of these changes and has contributed to the recognition and funding for pharmacists' care in diabetes, hypertension, as well as the expansion of immunization programs to include pharmacists in most of Canada. As health care and patient needs evolve, practice-based research must continue to receive support in order to ensure that pharmacists and other providers are improving the health of Canadians, and doing so sustainably, now and in the future.

Recommendation: CPhA calls on the federal government to increase research funding for fundamental basic science research as outlined in the Naylor report, as well as allocate a further \$200 million over 5 years towards practice-based health research, including pharmacy practice-based research.



3. Naylor CD, Birgeneau RJ, Crago M, et al. Canada's Fundamental Science Review. April 2017. Available at: <http://www.sciencereview.ca/eic/site/059.nsf/eng/home>

Equitable access to health services for Indigenous drug plan beneficiaries

Indigenous peoples represent the fastest-growing segment of the Canadian population and are an important part of Canada's economic prosperity. This growing population faces unique health challenges rooted in complex historical, political, legal, cultural, geographical, and jurisdictional factors.

The federal government has committed to renew its relationship with Indigenous peoples and prioritize First Nations, Métis, and Inuit health care. CPhA believes that pharmacists have an important role to play in improving Indigenous health outcomes by providing quality services and medically necessary medications and benefits.

The Non-Insured Health Benefits Program (NIHB) provides limited coverage for certain prescription drugs relative to other benefit plans, and does not generally cover pharmacy services. Pharmacy services are critical components of pharmacist care that improve patient health outcomes and yield drug plan savings through appropriate use and enhanced adherence.

For example, the NIHB does not recognize pharmacists as prescribers for minor ailments, an important service offered in many provinces which can improve access to health care providers for patients in rural and remote areas. Nor do NIHB patients have access to publicly-funded medication assessments that help patients get the most from their medications or counselling services such as chronic disease management, including diabetes support management and smoking cessation.

All patients, including First Nations, Métis, and Inuit, should have access to publicly-funded services provided by pharmacists.

Recommendation: CPhA calls on the federal government to provide equitable access to health care for Indigenous peoples through increased funding for the Non-Insured Health Benefits Program (NIHB), including equitable access to publicly-funded services provided by pharmacists.



About CPhA

The Canadian Pharmacists Association (CPhA) is the uniting national voice of pharmacy and the pharmacist profession in Canada. As pharmacists undertake an enhanced role in the delivery of health care services, CPhA ensures that the profession is recognized as a national leader in health care, influencing the policies, programs, budgets and initiatives affecting the profession and the health of Canadians.

More information is available at www.pharmacists.ca.

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