



SUBMISSION TO THE STANDING COMMITTEE ON
FINANCE FOR THE PRE-BUDGET CONSULTATIONS 2017

Prescriptions for a healthy and prosperous Canada



CANADIAN
PHARMACISTS
ASSOCIATION

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Executive Summary

Canadian Pharmacists Association (CPhA) makes three recommendations for the 2017 federal budget to improve the health of all Canadians, while ensuring the best value for health care dollars.

Our recommendations are focused on:

- 1) Investing in optimal drug therapy for Canadians and enhancing drug access for patients
- 2) Educating Canadians about the health impacts of marijuana use, in particular as it relates to the medical use of marijuana and the risk of potential drug interactions
- 3) Improving healthcare for indigenous peoples through enhanced drug access and pharmacist services

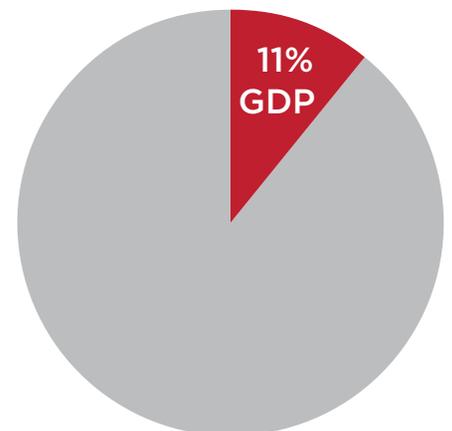
Introduction

Health care is often overlooked as a driver of economic growth. Health care spending in Canada contributes almost 11% of GDP and supports millions of direct and indirect jobs, while keeping Canadians healthy, productive, and engaged in our economy. For every dollar spent on health care, F/P/T governments collect 21.7 cents in taxes.¹

Despite the perception that health spending is a problem to be managed, real per capita health care spending has been down since 2010. Last year, health care spending grew by less than the rate of inflation and population growth combined.² This trend applies equally to prescription drugs, where expenditures have slowed due to generic pricing control policies and expiring patents on medications.

Canada's pharmacists are committed to ensuring that Canadians have access to the medication, education, and services they need to be healthy – and to maximize their contribution to the economy and their communities.

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Recommendations:

DRUG ACCESS: CLOSING THE COVERAGE GAP

Prescription drugs represent just 13.3% of total health spending in Canada.³ When used appropriately, drugs are a low-cost way to improve health outcomes because they help limit spending on hospital and emergency care. Early investments in ensuring optimal drug therapy for patients is not only an investment in the health and productivity of Canadians, it is an investment in the long term sustainability of our health care system. Pharmacists are key to ensuring the appropriate use, adherence and management of medications and access to pharmacist services must be an integral part of any sustainable pharmacare plan that is developed.

Canadians strongly support pharmacists and pharmacy services as part of a pan-Canadian pharmacare program.



78% want a pan-Canadian pharmacare program to cover the professional fees and services provided by pharmacists to dispense, monitor and counsel patients on effective drug use



77% want a pan-Canadian pharmacare program to cover other health advice and professional services provided by pharmacists, such as vaccines, smoking cessation services, medication reviews and screening for medical conditions, such as diabetes

While the vast majority of Canadians have access to prescription drugs, some Canadians can't afford their medications. Studies suggest that 1 in 10 Canadians either don't have drug coverage or don't have enough coverage to access the treatments they need.⁴ As the health care professionals closest to this issue, Canadian pharmacists are committed to ensuring that all patients can access medically-necessary medication, regardless of income.

Many policy options have been proposed to bridge the coverage gap, ranging from improving catastrophic drug coverage provided by the provinces to a national single-payer program administered by the federal government. Some models could be implemented relatively quickly, while a national, single-payer program would require structural reform and ongoing investment of approximately \$6.6 billion annually.⁵ Moreover, a national single-payer pharmacare program could limit Canadians' access to the most appropriate drug therapy, increase the risk of drug shortages, and delay access to new medicines.

While cost should never be the driving factor in health care decision-making, value for dollar is an important consideration for policymakers when considering the options to close the coverage gap. Canadian pharmacists urge the federal government to consider targeted, lower-cost options to ensure that no Canadian is without prescription drug coverage. With these approaches, governments could provide immediate relief to Canadians who can't afford their medications by scaling up existing programs, without negatively impacting Canadians who are already insured. Made-in-Canada options to close the coverage gap could include:

1. Modified Quebec Model

Quebec’s pharmacare approach — which obliges all citizens to be enrolled in either a public or private plan — could be extended to all other provinces. Under this model, Canadians who are not eligible for coverage on a private plan would have to enroll in the public drug plan of their province. This model would be funded through premiums similar to those for private plans of large organizations. The modified Quebec model would cost government approximately \$2.1 billion.

2. PEI Generic Model

Prince Edward Island’s approach to funding generic products could be extended to all other provinces. Under this model, uninsured Canadians would be reimbursed by their provincial government for drug costs exceeding \$19.95 per prescription, with access to a formulary that includes generic, multi-source products only.

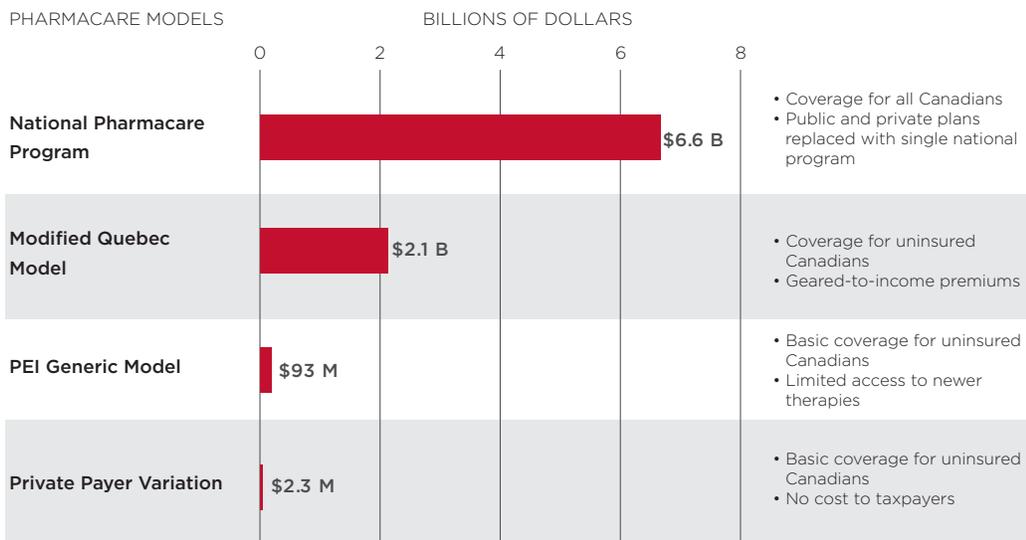
This model would cost governments and taxpayers an estimated \$93 million more than what they currently fund. While it would provide some form of coverage for all Canadians, a generics-only plan would not provide Canadians with access to newer therapies.

3. Private Payer Variation

This approach is similar to the “Modified Quebec Model”. The key difference, however, is that private plans would be responsible for covering uninsured Canadians. Private insurers would be required to offer all residents a basic prescription drug plan covering all drugs listed on the public provincial formulary. This would be offered at a modest premium because basic coverage removes the risk of only having high cost patients signing up and creates economies of scale.

This option would entail no additional cost to governments and taxpayers. It would impose an additional cost of approximately \$2.3 million to private drug plans.

Comparing Pharmacare Options



Recommendation: CPhA calls on the federal government to take steps towards achieving equitable and affordable access to prescription drugs by providing funding of upward of \$2 billion to:

- Fund a basic form of prescription drug coverage for uninsured Canadians
- Ensure a harmonized catastrophic coverage program to better protect Canadian from catastrophic costs
- Encourage an increased role for pharmacists to deliver optimal patient outcomes from the drugs dispensed

This funding would provide immediate access to affordable drug coverage, while limiting the burden on taxpayers and maintaining existing benefits.

USING MARIJUANA RESPONSIBLY

The federal government has committed to introducing legislation to legalize and regulate marijuana next year. As drug experts, pharmacists urge the government to ensure Canadians are well-informed, and understand the risks associated with using marijuana, including risk of addiction. It is well-known that smoking can harm the lungs; however, Canadian youth in particular may be less aware of increased risk of psychosis and schizophrenia, or long-term negative effects on cognitive and intellectual development. There is also evidence that youth are more likely to use products in concentrated form with higher levels of THC, and to use marijuana in combination with other substances.⁶

Lessons learned from stakeholders in Washington State and Colorado have identified the importance of investing proactively in a public health approach that builds capacity in prevention, education and treatment before implementation to minimize negative health and social impacts associated with using marijuana.⁷ As drug experts, pharmacists urge the federal government to ensure that any campaign also educates the public about the potential for harmful interactions between marijuana and prescription drugs.

Clinical evidence suggests that marijuana may increase the risk of bleeding when taken with anti-inflammatory drugs such as aspirin, ibuprofen, or naproxen. It may also affect blood sugar levels, which could require medication adjustments for diabetes medication. Marijuana may increase the amount of drowsiness caused by some drugs, including benzodiazepines, narcotics, some antidepressants, and alcohol.⁸

Recommendation: CPhA calls on the federal government to provide funding of \$10 million to support a health promotion and awareness campaign to educate the public about the potential harms of marijuana use, including the possibility of interaction with prescription drugs, and responsible consumption through regulated suppliers.

FAIRNESS 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 pharmacist services. Pharmacy services are a critical component 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, remote areas. Nor do NIHB patients have access to publicly-funded medication assessments that help patients get the most from their medications or counseling 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.

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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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