

10 Pharmacare Myths


BUSTED!

Canada needs a universal, public pharmacare program so that everyone can access the medications they need. Big Pharma and the insurance industry have been spreading myths about pharmacare because they are desperate to protect their profits. This document debunks some of these myths and explains why national pharmacare is necessary, efficient and affordable.

 **Canada can't afford universal, public pharmacare.**

Facts:

Pharmacare would save Canada billions of dollars every year. Canada currently pays the third highest prices in the world for medications. With universal pharmacare, we could negotiate much lower prices by bulk buying medication for the whole country. Pharmacare would save money for employers who would no longer pay for private insurance for their employees, and it would save money for households who would no longer face high out-of-pocket costs for medication. It would also bring significant savings to the health care system by preventing unnecessary visits to the doctor or hospital by people who can't afford to take their medication. Canada can't afford **not** to adopt universal pharmacare.

 **If we pay drug companies less money, they won't want to sell their medication in Canada**


Facts:

Every high-income country except for Canada and the United States has a universal pharmacare program. Drug companies continue to sell their medications to countries with pharmacare. These countries pay lower prices for medication and they still have access to as many medications as Canada does today.

 **Pharmacare would restrict access to new medications.**

Facts:

Pharmacare would ensure people have access to high-quality and innovative new medications. Research shows that six out of every ten new medications offer no therapeutic advantage over medications that are already on the market; these new medications simply cost more. Universal pharmacare would cover medications of proven safety, efficacy and value.

 **I wouldn't benefit from pharmacare since I'm already covered by my employer.**

Facts:

Very few work-based drug plans cover 100% of the costs of medications. Most plans have deductibles, co-payments, and yearly or monthly limits on the amount people can claim. People risk losing their drug plans if they lose or change jobs or if they retire. With universal, public pharmacare, there would be no co-payments or deductibles and people's coverage wouldn't be tied to their jobs. Since employers wouldn't have to pay for their employees' drug plans, they could provide higher wages and other benefits.



Since all the provinces have catastrophic drug coverage, everyone is already covered.

Facts:

Catastrophic drug coverage varies widely across the country. Provincial drug plans differ in terms of who and how much they cover. Many people who are covered by these plans still can't afford their medication because of the premiums, co-payments and deductibles. With universal pharmacare, drug coverage wouldn't depend on where people live. Everyone in Canada would be able to access the medications they need.



The federal government has no role to play since health care is the responsibility of the provinces.

Facts:

The federal government already provides drug coverage for federal employees and certain groups such as First Nations and Inuit, the military and federal inmates. It also provides funding to the provinces to deliver health care. The federal government should provide similar funding for pharmacare to entice the provinces to get on board. Through federal leadership, we could significantly reduce the prices of medications by bulk-buying medications for the whole country.



A government-run pharmacare program will be wasteful and inefficient.

Facts:

Universal pharmacare will be more efficient than the current system and will reduce overall administrative costs. Whereas 13% of every dollar in premiums paid for private health insurance in Canada goes to plan administration, only 1% of tax revenues used for public health care plans goes to administration.



Pharmacare is just about saving money.

Facts:

In addition to saving money, pharmacare would help doctors improve their prescribing habits and help patients use medication appropriately. An independent body would provide unbiased, evidence-based information about medications. When medications are prescribed and used properly, everyone wins.



We should base our national pharmacare program on Quebec's provincial drug plan.

Facts:

Quebec has an inefficient mix of private and public drug coverage. Private drug plans cover people who are healthy enough to work and the province's public plan covers everyone else. The public plan is expensive since it covers people who are generally less healthy. Quebec spends more on medication per capita than other provinces. Under Quebec's public and private plans, expensive deductibles and co-payments make it difficult for some people to afford their medication. Instead of following the Quebec model, Canada's new pharmacare program should be fully publicly-funded and it shouldn't have any deductibles or co-payments.



If we pay drug companies less money, we'll lose research and development jobs.

Facts:

Paying drug companies more money doesn't guarantee they'll invest in more Canadian jobs. In the 1980s, Canada agreed to increase the length of drug patents in exchange for drug companies increasing their investment in research and development in Canada. But allowing these companies to make more profits through longer patents hasn't resulted in more research and development jobs. In fact, pharmaceutical investment in research and development in Canada has fallen compared to the 1980s.