

# ISSUE IN FOCUS



*Celebrating 100 Years*

SASKATCHEWAN  
CHAMBER of COMMERCE

## National Pharmacare

### Background:

The Saskatchewan Chamber of Commerce submitted comments on the Advisory Council's final report, *A Prescription for Canada: Achieving Pharmacare for All* released in June 2019.

### Issue:

The SCC is disappointed in the conclusion of the Advisory Council's final report recommending a single-payer public pharmacare model. While we support the concept of a national pharmacare strategy, the Saskatchewan business community and the public at-large want governments to provide prescription drug coverage to those who need it the most - not to those who already have coverage and are generally satisfied with it. Any national pharmacare strategy being proposed should not leave Canadians worse off by depleting them of access to medications they already have under their current drug plans.

### Recommendations:

1. That the Federal Government adopt a version of national pharmacare that preserves the valuable role of the private sector by leveraging the strengths of the existing public-private delivery model and add value by implementing a "fill in the gaps" approach that targets those who need coverage the most.
2. That the Federal Government avoid using scarce public healthcare dollars to essentially duplicate the coverage that many Canadians already have and are generally satisfied with.
3. That the Federal Government create a national drug agency to help streamline Canada's complicated drug assessment and regulatory functions. Such an entity would consolidate separate entities like CADTH, the pCPA, and the PMPRB under one agency and streamline the drug regulatory process.
4. That the Federal Government establish an evidence-based, minimum national

formulary to ensure baseline level coverage across Canada. Any future national formulary should avoid implementing lowest common denominator principles. A minimum national formulary should be portable for patients and consider expanded coverage for high-cost, rare disease drugs.

5. That the Federal Government establish a harmonized catastrophic drug coverage program. This program would take the form of a geared-to-income threshold whereby the associated costs of drugs for treating rare diseases are capped at 3% of annual after-tax household income. Any costs above and beyond this threshold would be covered entirely by the Federal program.
6. That the Federal Government invest in drug data and IT systems and work collaboratively with provinces, territories, and the private sector to build upon the existing IT infrastructure and further develop a more comprehensive data collection process that covers the entire spectrum of pharmacare.
7. That governments working at both the federal and provincial level empower pharmacists to practice to the full extent of their scope. As the gatekeepers of pharmacare, pharmacists are best suited at recognizing and eliminating waste in the system. This can result in reduced drug spending and improved health outcomes that will save money in other parts of the healthcare system. Alberta serves as a useful model here.

## **History:**

Letter to Minister of Finance 2018

Letters to Advisory Council on the Implementation of National Pharmacare 2019