

September 27<sup>th</sup>, 2023

**The Right Honourable Justin Trudeau**, Prime Minister of Canada  
**The Honourable Chrystia Freeland**, Deputy Prime Minister and Minister of Finance  
**The Honourable Mark Holland**, Minister of Health

Dear Prime Minister Trudeau, Minister Freeland, and Minister Holland,

We are writing on behalf of our 180,000 supporters, including 42 local Council chapters across Canada. Since the organization's founding in 1985, we have worked together to protect our health care system and ensure that all of us in Canada, no matter our age, race, or economic background, receive the fulsome health care we deserve.

We are pleased to hear that your government will soon introduce a Canada Pharmacare Act, and **we urge you to establish a pharmacare program that is universal, public, and comprehensive**, rooted in the same principles as Canadian medicare. The advisory committee headed by Dr. Eric Hoskins and appointed by your own government made it very clear: **the industry-favoured “fill the gaps” approach to pharmacare simply will not deliver for Canadians.**

Currently, more than 3.4 million in Canada – 11% of all adults – cannot afford their medications, while millions more are forced to choose between buying food, paying the rent, or filling their prescriptions. It is only through a universal, public, and comprehensive pharmacare program that we can ensure equal access to medicines for all while reining in excessive drug prices.

**Universal pharmacare** is the only way to cover all Canadians, regardless of age, income, employment, or place of residence. Eliminating out-of-pocket costs for health care and ensuring equal coverage across the country are key principles of Canadian medicare, and they should be replicated in the Canada Pharmacare Act.

Instead of universal coverage, industry lobbyists have advocated for supplemental coverage only for the uninsured who have “fallen through the cracks.” Doing so would leave out many Canadians who are technically eligible for either private or public drug coverage but nonetheless cannot afford to buy medications they need, because of high deductibles or costly premiums.<sup>1</sup> What's more, existing drug coverage is eroding fast, as both public and private drug plans increasingly shift costs, raise premiums, and limit coverage in response to rising drug prices.

**Public, single-payer pharmacare** will allow us to leverage the bargaining power of all Canadians to secure lower costs for drugs across the board. Our current fragmented system, with dozens of provincial drug plans and tens of thousands of private insurers, allows pharmaceutical companies to charge significantly more for the same drugs in Canada than they do in countries that have single-payer pharmacare systems.<sup>2</sup>

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1 [Six in ten Canadians](#) have some kind of drug coverage but still cannot afford to fill their prescriptions because of high out-of-pockets costs.

2 Recent studies have found that Canadian prices are [over 50 per cent higher](#) for top-selling brand name drugs, and [61 per cent higher for primary care drugs](#) used to treat common illnesses, relative to countries like France and Australia that have public pharmacare systems.

The annual fiscal cost of extending universal coverage for essential medicines is well within the federal government's means. The Hoskins report found that this recommended first step would require just \$3.5 billion in additional public spending. Coverage of essential medicines will immediately relieve pressure on the health care system, as the hundreds of thousands of preventable hospitalizations due to cost-related non-adherence decline. Industry opponents of pharmacare have repeatedly exaggerated the costs of a public pharmacare program, while conveniently ignoring these significant savings.

**Comprehensive pharmacare** will ensure all Canadians have access to a wide range of safe, medically effective drugs. And it will enable Canada to use its buying power to negotiate lower drug prices from manufacturers, as other countries do. Every credible analysis finds that such a system would generate substantial savings on drug costs for households, employers, and provinces, estimated at between \$5 billion and \$11.7 billion per year.

In contrast, the industry-led fill-the-gaps approach would leave us without any way to contain drug costs, especially for newer high-priced drugs that are endangering the sustainability of public and private drug plans alike.

**Over the past months we've held 16 town halls on pharmacare across the country and spoken to countless Canadians.** We've heard story after story from our friends and neighbors struggling with the high cost of prescription drugs for themselves and their loved ones. Here are just two of the hundreds of stories we've heard:

*"In my housing co-op, I constantly hear stories of individuals who must forego medication in order to meet the demand of rising food costs. It is not a just society that permits corporate profit to determine the well-being of its citizens."*

*"I have had to stop taking migraine medications due to their high cost, which impacts my ability to work, and further reduces my financial security. I am sure I am not alone. We can fix this."*

**We cannot afford to squander the real opportunity offered by pharmacare. An industry-inspired "fill-the-gaps" approach that excludes most Canadians would do just that.** Band-aid solutions are not adequate to the task, something numerous commissions have found.

A public health care system that pays for a doctor to write a prescription but refuses to cover the medication prescribed is an unnecessary injustice. Canada is the only country with a developed public health care system that does not cover prescription drugs. It is high time that changed.

Sincerely,

**Christina Warner and Ravi Joshi**  
Co-Executive Directors  
Council of Canadians