



CANADIAN FEDERATION
OF NURSES UNIONS
LA FÉDÉRATION CANADIENNE
DES SYNDICATS D'INFIRMIÈRES
ET INFIRMIERS

Submission
to the Standing Senate Committee
on Social Affairs, Science and Technology

regarding Bill C-64, An Act respecting pharmacare

by the Canadian Federation of Nurses Unions (CFNU)

August 2024

The Canadian Federation of Nurses Unions (CFNU) is Canada's largest nursing organization, with 250,000 members, including unionized nurses and nursing students of all designations from across the country. Our members work in all sectors of health care, such as acute care, long-term care, home care and community care. We are grateful for the opportunity to contribute our input regarding Bill C-64, An Act respecting pharmacare.

Nurses see the value of pharmacare firsthand. When patients are unable to access the medications they need, they end up in hospitals because of health complications. Nurses know this and are enthusiastically supportive of universal single-payer pharmacare. The CFNU has one recommendation in this submission: we urge the committee to **pass Bill C-64 as quickly as possible** without amendments. The sooner this legislation becomes law, the sooner people will have access to life-saving medications.

Introduction

There is no question that the creation of Medicare was a tremendous milestone in Canadian public policy. But even at that time, the 1964 Royal Commission on Health Services, whose work led to Medicare establishment, [recommended](#) that the new single-payer health insurance system be expanded to include prescription medicines once universal coverage for medical services had been established.

Since the 1960s, there have been many government studies and calls for national pharmacare, including the 2019 report [A Prescription for Canada: Achieving Pharmacare for All](#), which recommended that “the federal government work with provincial and territorial governments to establish a universal, single-payer, public system of prescription drug coverage in Canada.”

Despite repeated opportunities and recommendations to implement a universal drug coverage program, Canada remains the only developed country in the world with a universal health care system without a universal prescription drug program. Instead, people in Canada make do with an inefficient, expensive, fragmented and unfair patchwork of federal, provincial, and private insurance arrangements that waste precious health care dollars while leaving almost one in five Canadian patients still falling through the cracks.

Pharmacare Now!

Nurses are well-acquainted with heartbreaking stories of patient health condition deterioration or death due to the rising costs of prescription medications and patchy coverage. Known as cost-related non-adherence (CRNA), the financial barriers that prevent patients from properly

following prescription regimens have a significant impact on both the health of individuals and our health care system.

As the voice for our frontline nurses, the CFNU has been studying this effect for years. For example, the CFNU's [most recent publication](#) on pharmacare, written by respected academics Ruth Lopert, Elizabeth Docteur and Steve Morgan, lays out the problem of CRNA well:

“Research shows that Canadian patients are more likely to experience CRNA than are residents of high-income countries with universal prescription drug coverage. This is particularly true for working-age Canadians who don’t qualify for the public drug plans that are available to older residents in many provinces. In fact, working-age Canadians are more than twice as likely to report CRNA as similarly aged residents of countries like the UK, France, Norway and the Netherlands, which include drug coverage in their universal health systems.”

Every level of government is responsible for addressing this issue. CRNA requires creative and ambitious solutions.

That’s why Bill C-64 marks a significant milestone in Canada's health care system. It follows the step-by-step approach recommended in the 2019 [Hoskin’s report](#) and is a key element in creating a universal single-payer pharmacare program. When a fully realized pharmacare program is implemented, Canadian patients will have access to their necessary medications, which will improve their financial security and their health outcomes.

A fully implemented pharmacare program would eliminate CRNA as there would be no cost to prescription medicine – and therefore no cost-related non-adherence. As Marc-André Gagnon, PhD, put it in the CFNU’s study called [A Roadmap to a Rational Pharmacare Policy in Canada](#), “universal and improved access to medications would ensure proper observance of medical prescriptions and a more rational use of drugs.”

Beyond the clear benefit for people who need prescription medication, Canadians are eager for pharmacare. A [recent poll](#) by Leger found that 8 in 10 people (82%) agreed the federal government has a responsibility to ensure there is prescription drug coverage for all people living in Canada. And in [a 2020 study](#) by the Angus Reid Institute, there was “near universal” support for a pharmacare program.

Recommendation

Do not amend Bill C-64. Pass it as quickly as possible.

Bill C-64 creates the conditions for a truly universal pharmacare system. But it also immediately ensures universal access to contraception and diabetes medication and supplies through a single-payer and public system. This is already a significant improvement to our universal public health care system. It marks a foundational step towards a truly comprehensive and universal national pharmacare program. And when a pharmacare system is implemented that covers all medication, it will even more profoundly impact the lives of people in Canada by making health care more accessible and affordable for everyone.

Every day, nurses see firsthand the consequences of failing to provide universal equitable coverage for birth control and diabetes meds to our patients, from unwanted pregnancies to individuals who divide their diabetes medication or go without food. Bill C-64 will ensure that all Canadian patients get the birth control and diabetes medication they deserve, and as a consequence, it will free up hospitals and nurses to support people dealing with other emergencies.

The CFNU is eager for this bill to pass so that the federal government can sign bilateral agreements with the provinces and territories and get medications into the hands of patients. Every day pharmacare is not implemented is another day that people go without essential medication. This has to stop.

The CFNU has one suggestion for observations by the committee: it is essential that the committee of experts tasked with overseeing the implementation of pharmacare be free from conflicts of interest to ensure decisions are made in the public's best interest. This is a minor suggestion that does not need to be enshrined in legislation. We recommend including it in the observations only and passing the bill as soon as you can.

Conclusion

Canada's nurses stand firmly in support of Bill C-64. A universal single-payer pharmacare program is not only a moral imperative but also a practical solution to improving health outcomes and financial stability for all people in Canada. We urge the Senate Committee on Social Affairs, Science and Technology to prioritize the passage of this critical legislation.