



*The Honourable Kim Pate, C.M. | L'honorable Kim Pate, C.M.  
Senator for Ontario | Sénatrice pour l'Ontario*

## **News Release**

### **The Prescription Is in: Advisory Council Calls for Pharmacare for All**

FOR IMMEDIATE RELEASE

OTTAWA, WEDNESDAY, JUNE 26, 2019 – The recent final report from the Advisory Council on the Implementation of National Pharmacare had a clear prescription for Canada: **Pharmacare for all.**

The Advisory Council conducted a year-long study on potential for implementation of a national insurance program for prescription drugs, including a national dialogue with Canadians, patients, health care providers, governments, Indigenous Peoples, and experts. The council recommends a universal, single-payer, public system of prescription drug coverage in Canada.

The report highlights the way the current system is failing Canadians and exacerbating poverty and inequality in Canada. For example, their survey of studies identified that “23 per cent of Canadians [...] or someone in their household had not taken their medicines as prescribed in the last year because they were too expensive” and “almost 1 million Canadians had cut spending on food and heat to pay for medication.”

Additionally, the report emphasises the disproportionate nature of these effects, including that “Indigenous people are more likely than the average Canadian to report cost-related reasons for not taking prescribed medication,” and that relying on employer-based insurance “affects women, people with low incomes and young people—all of whom are all more likely to work in part time or contract positions—leaving them without drug coverage, simply because of the type of work they do.”

“A pharmacare system working in tandem with such other poverty reduction schemes as the national housing strategy and a guaranteed liveable income would reduce the cost of health care by addressing the root factors that lead to poor health,” said Senator Kim Pate. “Economists and doctors [agree](#) that income and housing are key social determinants of health. Canada’s experiments with guaranteed income have shown great promise in this regard. Although all of the data is not available on the Ontario basic income pilot, the 1970’s Mincome project in Manitoba underscored that guaranteed livable income initiatives can and do reduce the cost of hospital services. The Mincome initiative resulted in an

8.5% reduction in hospitalization and related costs. A decrease of 8.5% in health spending in 2014 would have resulted in savings of \$5.4 billion.”

The report concludes, “at the heart of every decision about pharmacare are people, residents of this great country, who deserve to be treated fairly and to have equal access to the best care we can give. It’s time to close the gap between our values and our reality. It’s time for universal single-payer public pharmacare.”

- 30 -

**For more information:**

Emily Grant

Office of Senator Kim Pate

[emily.grant@sen.parl.gc.ca](mailto:emily.grant@sen.parl.gc.ca)

Tel: 613-995-9220