



Commentary

Medication coverage for lawmakers may worsen access for everyone else

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A B S T R A C T

Despite numerous recommendations for universal public coverage of prescription drugs in Canada based on evidence that millions of Canadians cannot afford medications, no province or territory has adopted first dollar coverage for all residents. However, one group unaffected by the lack of public coverage are lawmakers. Lawmakers receive excellent drug coverage plans for themselves and their immediate families. Evidence suggests that lawmakers' decisions are influenced by their personal circumstances; in this case, they are insulated from the effects of poor access to medications by their drug coverage plans. In contrast, a patchwork system of 46 programs across Canada provides some drug coverage to vulnerable populations. Reducing the disparity in prescription drug access between Canadian lawmakers and the public may promote progress towards better medication access for everyone. This could be achieved either by reducing lawmaker coverage or improving upon the public patchwork system. Since the goal should be to improve the overall access of medications for all Canadians, lawmakers included, the latter method is preferred. A universal drug plan with first dollar coverage could replace the current patchwork system and expand coverage to all Canadians.

1. Introduction

Approximately one in ten Canadians cannot afford to take the medications they are prescribed (Law et al., 2012). Canada remains the only country worldwide to offer universal healthcare without universal prescription drug coverage despite numerous recommendations for a national pharmacare plan with first dollar coverage (Morgan et al., 2015). Universal pharmacare with first dollar coverage would require the government to pay the full cost of prescription drugs for all Canadians regardless of household income, thereby improving access to medications across the country by removing the cost barrier (Gagnon and Hebert, 2010).

Given the lack of a national pharmacare program, Canadians rely on various programs and plans for drug coverage. Public programs exist independently in each province, covering vulnerable populations based on province specific criteria (Table 1). Others rely on drug coverage benefits obtained through their employment. However, a subset of Canadians exist who do not receive drug coverage benefits from their employer and are also ineligible for any public programs. About a third of working Canadians do not have employer-provided medical benefits and only 27% of part-time employees receive health benefits (Canon,

1999). These Canadians are forced to choose between purchasing private insurance independently or pay all of their drug expenses out of pocket.

One group of Canadians unaffected by the lack of universal prescription drug coverage is elected lawmakers. Lawmakers receive superior medication coverage when compared to the public, which may be slowing legislative change by insulating decision makers from the implications of such a policy. The personal circumstances of lawmakers have influenced their public policy decisions in other policy areas (Carnes, 2012). In this Commentary, we suggest that the general public should have the same access to medications as lawmakers by implementing a national pharmacare plan with first dollar coverage.

2. A lack of policy progress

Policy makers have discussed introducing a publicly funded prescription drug plan since the 1940s (Morgan and Daw, 2012). In 1964, the Royal Commission of Health services recommended a drug plan where the federal government would share 50% of costs (Morgan and Daw, 2012). The 1997 National Forum called for complete public funding for medically necessary drugs and the 2002, "Building on

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Table 1
 Canadians ineligible for publicly insured prescription drug coverage by region (applicable to permanent residents of the province or territory).

Province	Who is not publicly insured for prescription drugs?
Alberta (1)	All individuals have access to different provincial health insurance programs depending on eligibility criteria. Each have differing out-of-pocket costs, for example: Non-group coverage: under 65 years of age pay 30% co-payment with monthly premiums dictated by total income Seniors coverage: over age 65 30% co-pay but exempted from monthly premiums First dollar benefits are limited to very low-income adults/children and severely handicapped
British Columbia (2)	All individuals have access to public insurance but must first be enrolled in BC medical services plan requiring a monthly premium, with a 30% co-pay and annual deductible based on total household income Low income individuals (income of < \$30,000 pay a subsidized premium), individuals born in 1939 and earlier pay a smaller deductible First dollar benefits are limited to residential care facility permanent inhabitants, those on income assistance, severely handicapped children, certain special disease groups
First Nations, eligible Inuit (3)	Federal government supplies eligible members with first dollar coverage for eligible prescription drugs, with no associated co-payment or deductible
Manitoba (4)	Public insurance is only offered to those considered seriously affected by high prescription drug costs with an annual deductible calculated based on total household income
Newfoundland & Labrador (5)	Groups without coverage include individuals under 65 years of age, those who are not registered under social development ministry (special needs), and those not in need of special assistance (growth hormone deficiency, cystic fibrosis, multiple sclerosis)
New Brunswick (6)	Groups without coverage include individuals under 65 years old, those who are not registered with the social development ministry, those who do not have specific diseases (cystic fibrosis, multiple sclerosis, organ transplant, HIV/AIDS, GH deficiency)
Northwest Territories (7)	Groups without coverage include individuals under 60 years of age and individuals whose illness is not listed under the territory's "specified disease conditions"
Nova Scotia (8)	All individuals have access to purchase public insurance in Nova Scotia. Under the family pharmacare program, all permanent Nova Scotia residents are eligible for a 20% per prescription co-pay plan with annual deductible based on total household income. Individuals above 65 years of age are offered a 30% co-pay plan without deductibles
Nunavut (9)	Groups without coverage include individuals under 65, individuals whose illness is not listed under the territory's "specified disease conditions", and individuals with a third-party insurance option
Ontario (10, 11)	Groups without coverage include individuals under 65 years of age, individuals ineligible for Ontario Works or Ontario disability support program, and those who do not qualify for the Trillium health program (4% total household income < drug costs). A plan to cover everyone under the age of 25 was announced in April 2017 and will come in to effect January 2018.
Prince Edward Island (12)	Groups without coverage include individuals under 65 years of age, those who do not qualify for the catastrophic drug program (3–12% percent of household income < drug costs), and those who do not qualify for the family health benefit (low income families with at least one child)
Quebec (13)	Groups without coverage include individuals under 65 years of age, individuals who are not recipients of last-resort financial assistance, and individuals with a third-party insurance option
Saskatchewan (14)	Groups without coverage include individuals older than 14 and < 65 years of age, individuals who do not qualify for family health benefits (low income families with at least one child), and individuals who are ineligible for special support (3.4% total household income < drug costs)
Yukon (15)	Groups without coverage include individuals under 60 years of age, individuals between 60 and 65 years old without a spouse who is 65 years of age or older, and individuals who do not qualify for children's drug and optical program (low income families with at least one child < 18)

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Values: The Future of health care in Canada" report by Roy Romanow and others recommended universal public coverage by bringing prescription medication under the Canada Health Act (Morgan and Daw, 2012; Romanow, 2002).

Efforts have been made across the country to address the recommendations. Catastrophic drug coverage is available in seven provinces and mandatory private insurance for eligible individuals has been combined with public coverage in Quebec (Phillips, 2016). Despite these initiatives, no Canadian jurisdiction has been able to implement a universal public coverage for medications.

The financial implications of improving medication access have likely slowed progress. Prescription medications account for the second

highest healthcare cost in Canada and are 30% more expensive than the international average (Gagnon and Hebert, 2010). Models suggest that a national universal prescription plan with first dollar coverage could increase government spending on drugs by a billion dollars (or up to \$5.4 billion in the worst case scenario of the model) (Morgan et al., 2015). The same models indicate that pharmacare could reduce overall spending on medications by about 7.3 billion dollars (\$4.2 to 9.4 billion) (Morgan et al., 2015). The increase in government spending combined with decreased revenues for pharmaceutical companies and private insurers could make a national drug coverage system challenging for lawmakers to implement. However, implementing such a system would result in a reduction of private out-of-pocket

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