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Standing Sixth Floor, 131 Queen Street
House of Commons
Ottawa ON K1A 0A6
Committee on Health (HESA)
Canada

Subject: Study of Bill C-64

Dear Members of HESA,

On behalf of CARP – Canada’s largest advocacy association for older Canadians – thank you for the opportunity to provide input on the Standing Committee on Health’s study of Bill C-64, An Act respecting pharmacare.

Bill C-64 describes the government’s intention to work with provinces and territories (PTs) to sign agreements that would provide “universal, single-payer, first-dollar coverage” for certain contraception and diabetes medicines. If passed, Bill C-64 will also require the creation of an Expert Committee to explore options for the operation and financing of a future single-payer program.

We applaud the federal government’s plan to allocate additional funding to the PTs to improve coverage of medicines and for selecting diabetes as one of the first two therapeutic areas for coverage under Bill C-64 given it affects so many Canadian seniors.



However, we are concerned about the federal government's proposed single-public payer approach to delivering pharmacare, as this could crowd out private payers, which currently cover the majority of Canadians including one in three seniors. This would not be in the interest of older Canadians for the following reasons:

- A single public payer plan would make it harder to access many of the newest and most effective treatments. Public drug plans are notoriously [slow at covering new drugs](#) and much more limited in terms of what they offer than private plans. As well, the list of diabetes medicines the federal government is planning to cover is very limited and does not include many of the latest treatments used by seniors with diabetes.
- Offloading all Canadians onto a single public plan could lead to serious access disruptions. We saw some of the challenges a few years ago when Ontario moved all youth under 25 to the OHIP+ government administered plan. During the transition, many Ontario kids lost coverage for medicines that were previously available to them under their private plans. A reform of the current drug insurance system could lead to similar challenges, with potentially devastating consequences for many older Canadians who rely on their medicines and can't afford any disruptions to access.
- Most Canadians already have coverage for the targeted diabetes and contraceptive medications through private plans. The government's plan to invest \$1.5 billion over 5 years to provide coverage to these Canadians would therefore be a waste of public funds. There are many other areas where additional federal funding could be put to better use, including addressing challenges in the current system, such as high out-of-pocket expenses for their medicines due to insufficient spending and coverage of medicines by public drug plans. This can be a major financial burden, particularly for seniors, many of whom are on fixed incomes.

CARP believes we can build on the successful mix of public and private programs to achieve universal coverage through a targeted approach that focuses on those most in need: the uninsured, underinsured, and those facing affordability challenges.



We've already seen this model successfully implemented with the federal government's [funding agreement with Prince Edward Island](#). The province provided the province funding to help expand the number of drugs it covers and reduce out-of-pocket costs for Island residents. This approach, which builds on existing pharmacare programs, will likely be easier and quicker to implement than significantly reforming the current system. Canadian seniors want to see timely results that make a real positive difference in how they access medicines and ultimately manage their health conditions in order to enjoy longer and better lives.

Thank you once again for the opportunity to provide feedback.

Sincerely,

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The Canadian Association of Retired Persons (CARP) is a national, non-partisan, non-profit organization that advocates for financial security and improved health care for Canadians as we age. With 225,000 members and 25 chapters across Canada, CARP plays an active role in the creation of policy and legislation that impacts older Canadians. CARP advocates on behalf of older Canadians with all levels of government and collaborates with other organizations on health, ageism, housing, and financial issues.

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