CURC ASRC
Congress of Union Retirees of Canada
Association des syndicalistes à la retraite du Canada

Time for a New Prescription:

Universal Public Pharmacare is Safe and Affordable

Canada's prescription drug policies are a national failure, "one of the worst performing pharmaceutical sectors in the world".[i] Many Canadians have limited drug coverage or none at all, and cannot afford the drugs prescribed for them. We lack adequate drug safety regulation, which leads to misuse and overuse of drugs and many unnecessary deaths. And for this broken, partial and ineffective situation, we pay more than almost every other developed country in the world. Indeed we pay so much that the rising cost of drugs is unsustainable, resulting in more reductions in access and service.

CURC's policy on prescription drugs follows a growing consensus that change is essential and long overdue. Three interrelated and necessary changes are required to achieve a fair, cost-efficient and safe approach to drugs.

1. A national public pharmacare plan to be established by the federal government for all Canadians, with funding to the provinces for a significant portion of the costs.

2. Cost controls on the price of drugs, including the bulk buying of drugs and price negotiation with pharmaceutical companies, which become possible with a national plan and a national formulary.

3. Drug safety requires an improved and independent drug approval process, access to all research carried out by drug companies, independent information about drugs to doctors and a national database to track drug reactions.

1. A NATIONAL PHARMACARE PLAN

With prescription drugs left out of our national public Medicare plan, we have instead a patchwork of different provincial plans that cover less than half of the population. In some provinces, only seniors, those on social assistance and certain illnesses are covered, while in others people pay for drugs based on an income assessment. Canada is unusual in not having a full public drug plan. Of 33 OECD countries, 20 provide a public drug plan to the entire population, while another 10 cover more than 80%. Only Mexico, Canada and the United States provide public plans to less than half of their citizens.[ii]

This means that more than half of Canadians are entirely outside of any public arrangement and most rely instead upon private insurance. This insurance is primarily provided through a wide-ranging assortment of work-based plans, many of them negotiated by unions. Most commonly workers contribute to the cost of their drug plan, by paying part of the premiums charged by the insurance companies and by co-pays at the pharmacy counter. Since benefit plans are part of negotiations in the work place, workers are also often paying for their drug coverage in the form of lower wages. Because these plans are attached to the work place,

they are not reliable - if you change jobs, get laid off or retire your drug plan commonly disappears.

With no unified approach, access to prescription drugs varies. So, men are more often covered by private health insurance than women, unionized workers more often than non-unionized, residents of some provinces more than others, older workers more often than young people.[iii] It all depends on where you live and work and is therefore unrelated to medical need. Plus, many of us simply have no drug coverage, either public or private. As André Picard has pointed out: "The fact that a person with $20,000 out-of-hospital drug cancer treatment will pay nothing out-of-pocket in Nunavit, $3,000 in British Columbia and $20,000 in Prince Edward Island offends the principles of medicare and Canadian values."[iv]

The results are predictable and disturbing. In any one year 10% of Canadians are unable to obtain the drugs prescribed by their doctors because they cannot afford it, and this figure increases to 36% for those with no insurance and low incomes.[v] Over a 5 year period, a recent poll found that 23% of Canadians were unable to afford a drug prescribed by their doctor, climbing to 49% for those with incomes of $20,000 or less.[vi] And so, there are the horror stories: the man with diabetes who needs to retire early but would lose his work-based drug plan; the young woman with cancer trying to pay off a $26,000 debt for her drugs; the couple planning to sell their house in order to pay for their prescriptions.[vii]

We need a unified public drug plan to provide proper access to care for all Canadians. It must therefore be a federal initiative that provides a significant proportion of the costs to the provinces to ensure the same basic standard of service across the country. We are far behind other industrialised countries, many of which introduced national drug plans in the 1940s as part of their national health plans. Indeed, every country that has a national public health plan includes drugs as part of that plan, except Canada.

2. COST CONTROL OF PRESCRIPTION DRUGS

This chaotic hodgepodge of public and private plans, with unsatisfactory health results and large contributions by individuals, is not cheaper than the public plans in other countries. It is in fact much, much more expensive.

Thanks to groundbreaking work by Marc-André Gagnon, we now have a clear idea of just how much we would save by introducing a properly regulated national public pharmacare plan. The answer is a staggering 41% reduction in costs. In 2013, we paid $27.7 billion for prescription drugs and we could be paying just $16.3 billion for a universal public system with improved coverage for all Canadians.[viii]

Why are Canadians paying more for less? The most serious issues are inflated drug prices, the waste in private drug plans, and high dispensing fees.

Inflated Drug Prices:

The most serious waste of money is the lack of competitive pricing. Inflated prices for new brand name drugs are set by a federal body called the Patented Medicine Prices Review Board (PMPRB). This board looks at the prices of drugs in other countries and takes the average for the price in Canada. But the countries chosen for comparison are those with among the highest prices in the world, so the price in Canada is unnecessarily high. This approach was developed on purpose as an industrial policy to attract investment and create jobs in the pharmaceutical sector. But Gagnon has shown this policy to be a complete failure. Other countries with lower prices have more jobs in pharmaceuticals, while jobs in Canada have dropped from 22,300 in 2003 to only 15,000 in 2012. Indeed, the PMPRB itself has now admitted that this policy does not work.[ix]

These brand name drugs come to the end of their patent price protection after 20 years, when the drug can be produced by other drug manufacturers and sold at cheaper prices. These generic drugs account for more than 60% of all prescription drugs sold in Canada. But prices for generic drugs are also extraordinarily high. In 2011 the price of 82 generic drugs was 54% higher in Canada than in the US, Germany, France, the UK, Sweden and Italy.[x]

In other countries, national public drug plans negotiate prices with the drug companies for both brand name and generic drugs, and they do this with the strength that comes from purchasing drugs for the whole population. They establish budgets, bargain bulk purchasing, require companies to present competitive bids, consider bundling of more than one drug and so on. The results are impressive. Countries with national public drug plans have much lower prices than Canada and are more successful in restraining price increases.[xi]

In Canada, however, only 42% of all expenditure on drugs is government funded, and that amount is divided between different provincial drug plans and hospital groups.[xii] The majority of spending on drugs (58%) is by individuals and private insurance plans, which have no bargaining strength to negotiate lower prices with the drug companies. Private insurance plans also have no incentive to negotiate lower prices, since it is workers and employers that pay for the drugs and not the insurance companies.

Provincial public plans have made some attempts to control prices for themselves, by negotiating confidential rebates from drug companies. This means that the official drug prices remain the same, but some provincial plans receive an undisclosed discount from the drug companies. Since the official prices are unchanged, individuals and work-based plans continue to pay the higher prices. While some public provincial plans cut costs, these costs are actually

shifted to individual patients, to private work-based plans and to smaller provinces unable to negotiate the same rebates.[xiii] People with low-income jobs are the worst off since they are the most likely not to have drug benefits as part of their jobs.

In 2010, the provincial and territorial premiers (except for Quebec) announced their intention to negotiate drug prices together, now called the Pan-Canadian Pricing Alliance. The results are secret and so far only cover a limited number of drugs.[xiv] The Premier of Saskatchewan, Brad Wall, mentioned in a recent interview that this initiative had saved $263 million.[xv] While this seems like progress, it's a drop in the ocean compared to the $9.9 billion that we could be saving with a national plan for everyone. Also, only the public plans are involved, covering less than half the population and again leaving individuals and work-based private plans continuing to pay the high and ever-rising official prices.

Hospital groups have also tried to negotiate lower drug prices with similar results. The Quebec Auditor General recently examined the cost of medications for five different hospital groups. He declared himself shocked to find that there was generally a difference of more than 10% in prices paid for the same drugs. In the case of one drug, some hospitals were paying 9 times more than others. He also pointed out that some pharmaceutical companies simply refused to negotiate.[xvi]

Clearly, the fragmented nature of drug plans in Canada works against negotiating reasonable prices with pharmaceutical companies.

Wasted Money in Private Plans:

The private insurance plans that cover the majority of Canadians waste a great deal of money. As already noted above, they do not negotiate cheaper drug prices and by their very existence undermine attempts to do so by our partial public plans. They are also rife with unnecessary costs compared to public plans.

Thousands of private plans cover millions of individuals in many different ways. Each plan has its own arrangements, restrictions and co-pays and every time an individual needs a prescription, it must be checked for coverage under that plan. Insurance companies must analyse the costs for each group of workers, make annual adjustments in the charges to employers and seek new customers. This vast amount of administration is expensive. And in addition to these costs, most insurance companies, unlike the public drug plans, are in business to make a profit.

A recent study by Michael Law shows that the administrative costs of for-profit health insurance plans, including profits, have rapidly increased in recent years and now stand at a remarkable 23% of total costs. [xvii] This means that close to a quarter of the money paid to for-profit private insurance plans is spent, not on health care, but on administration and profits.

Law points out that this would be illegal in the US, where such charges are constrained to a maximum of 20%. Some insurance companies are non-profit and when these are included with the for-profit companies, the combined percentage of administrative costs for all private health plans stands at 16%. By comparison, the cost of administration for public drug plans is just 1.8%.[xviii] We are therefore paying an additional $1.3 billion for administration and profits that would be saved in a public plan.

Another issue is that employers receive federal tax subsidies for the cost of providing drug coverage to their workers. This is an advantage to employers and an encouragement to provide drug coverage to workers. This benefit is expressed as part of the salary and is tax free. It is regressive as a tax measure, because the more you earn and the higher your marginal tax rate, the more you benefit from a part of your income not being taxed. The cost of this subsidy to the federal government is $1.2 billion.[xix]

High Dispensing Fees:

Pharmacies determine which generic drugs to stock and sell, so drug companies have provided rebates to pharmacies in return for stocking their products. In an attempt to undermine this practise of rebates, provinces have reduced the prices of generic drugs for public plans. Between 2010 and 2012, Ontario dropped generic prices for public drug plans from 50% to 25% of the brand name drug price. Other provinces followed suit and in Alberta and Quebec generic prices were dropped to 18% of the brand price. Given that 60% of prescriptions in Canada are for generic drugs, it would be reasonable to expect an impressive drop in the overall cost of prescription drugs. This has not happened and in some cases the average price of a prescription has actually increased. Why?

Pharmacies shifted the loss from the lower priced generics in public plans to increased dispensing fees for drugs covered by private insurance. In Quebec between 2010 and 2012, the cost for a public plan prescription decreased by 5.5%, but the cost for prescriptions covered by private plans increased by 6.4%. In the western provinces and territories, dispensing fees increased by 5.5% in one year. A survey of pharmacies in Quebec showed that for a sample of brand name and generic drugs, public plans paid an average dispensing fee of $8.44 per prescription, while private plans paid $25.76, more than three times the cost.[xx] In some cases the dispensing fee costs more than the drug. Again, private plans are an easy target with no controls over prices.

Quebec has a policy that sends the cost of dispensing fees even higher. In that province, repeat prescriptions must be filled every 30 days. So, even when a person requires a drug on an on-going basis, every 30 days a new prescription must be filled and a new dispensing fee paid. Gagnon calculates that if Quebec were to stop its policy of obligatory monthly refills, the saving would be $354 million.

Under a national pharmacare plan with standard dispensing fees and a faster dispensing process in a single plan for all, Gagnon estimates that we would save 2% of total costs.

The results:

Drug prices in Canada are out of control. We pay pharmaceutical companies inflated prices, our fragmented plans prevent us from negotiating prices effectively, and we are shifting the financial burden from public plans to individuals and to private work-based plans. As prices continue to increase, bargaining in the work place for drug benefits becomes harder, co-payments get higher and benefits get smaller. One way to cope has been the introduction of "flexible plans", where each worker must choose between different levels of coverage and pay accordingly, essentially guessing what their drug needs might be. In all this, there is cause to wonder at a situation in which employers, workers and unions are haggling over appropriate drug coverage, rather than medical experts.

With a national public pharmacare plan covering all Canadians for all their drug costs, Gagnon has estimated total savings of $11.4 billion, that is 41% of the current expenditure of $27.7 billion.[xxi]

3. DRUG SAFETY

Health Canada's Therapeutics Product Directorate (TPD) reviews the safety of new drugs and approves their sale and use. This agency is not independent of the pharmaceutical companies. Starting in 1994, a new "cost-recovery" approach meant that drug companies began paying fees for the approval process. Pharmaceutical companies now pay half the costs of the agency that approves their drugs.[xxii] Clearly, this is not an independent process. The Canadian Medical Association Journal has stated that Health Canada is biased towards approving drugs too quickly and without adequate proof of safety.[xxiii] Company financed research trials for new drugs have been found to be biased in favour of the product that the company makes.[xxiv] The research required of drug companies for the approval process is not made available either to the public or to medical professionals and researchers. This secrecy means that further analysis of the safety of drugs put on the market is difficult, and medical practitioners are denied the opportunity to make their own assessment of the relative effectiveness and safety of drugs.

The threshold for drug approval is low. A drug does not have to be better than an existing drug to be approved, but only better than a placebo. Health Canada therefore approves new brand name drugs that are more expensive than existing drugs and provide no additional therapeutic value, or even less therapeutic value. Less is known about the safety of these me-too drugs because they have only been subject to clinical trials in controlled environments,

while existing drugs have being used in the real world on a wide population with the opportunity to identify any problems. At least 85% of the drugs approved by Health Canada are these me-too drugs, more expensive and of questionable therapeutic advantage.[xxv] As well, the drug approval process does not consider cost effectiveness. If a new drug provides treatment for the same condition, but is far more expensive, there is no consideration of preferring one drug over another on this basis.

Once on the market, drug companies sell their drugs by influencing doctors to prescribe them. It is estimated that drug companies spend $60,000 per doctor per year on drug promotion.[xxvi] This means that sales representatives visit doctors' offices, providing wall charts, pens and free samples, plus paying for doctors to attend conferences and give papers. It also means advertising drugs in medical journals and to the public at large. Nothing about this process is objective. Indeed, studies have found that sales reps fail to provide information to doctors about the negative side effects of drugs[xxvii] and that doctors are indeed influenced by sales reps in what they prescribe.[xxviii]

We have every reason to be worried about the influence of drug companies. In 2012, GlaxoSmithKline paid $3 billion in the US following criminal and civil proceedings. The company pleaded guilty to promoting drugs for unapproved uses, failing to disclose safety issues and "providing doctors with European hunting trips, high-paid speaking tours and even tickets to a Madonna concert".[xxix] The company is now facing new allegations in China that doctors are being bribed to prescribe drugs. Glaxo is not alone. In the last 10 years, 13 other drug companies have been forced to pay settlements in the US because of violations of the law, including selling drugs for illnesses they are not approved for, fraud, failing to disclose safety data, paying kickbacks to doctors, and making false statements concerning drug safety.[xxx]

The overuse and misuse of drugs has become a major concern. For example, statins are drugs that lower cholesterol levels, and are now the biggest selling drug both in Canada and in the world. More than 38 million prescriptions for statins were filled in Canada in 2012.[xxxi] Millions of Canadians are taking these drugs, not because they have a heart condition, but as a preventative measure. Meanwhile the use of statins to prevent heart disease remains controversial. An increasing body of research is pointing to serious side effects, including muscle deterioration, memory loss, cataracts, diabetes, liver dysfunction and kidney failure, and there is growing evidence that the use of statins for prevention does not reduce overall death rates.[xxxii]

There are high rates of unnecessary deaths from prescription drugs. It is in third place after heart disease and cancer. Half of these deaths are due to medical error (dosage errors or contra-indications not followed) and half are due to adverse effects.[xxxiii] To improve this situation we must take back control of drug approval and information from the pharmaceutical industry, because there are clear contradictions between the goals of public health and those of

for-profit private business. The first concerns itself with the welfare of patients, while the goal of business is to make a profit.

We need an independent and transparent assessment of drugs and a national formulary that covers necessary and effective drugs at the best prices available. We need to provide independent information and education for doctors based on research rather than sales quotas. A national plan would also make possible a Canada-wide database on drugs and their effects, so that adverse effects could be tracked and reported to doctors.

MAKING CHANGE

The people of Canada have already recognised the need for change. A poll in 2013 found that 78% of us support a national public pharmacare plan covering drugs in the same way as hospitals and doctors. Support for bulk purchasing and negotiating drug prices with pharmaceutical companies was even higher at 86%.[xxxiv]

Our political leaders lag far behind. The current Conservative federal government has argued that it is not responsible for health care, because it is constitutionally the role of provincial governments. This is a bizarre claim given that we have a national Canada Health Act that commits the federal government to provide hospital and doctors services on an equal basis to all Canadians. It is especially problematic with regard to prescription drugs, given that the federal government is responsible for the approval of new drugs, setting prices for brand name drugs, patent price protection and drug advertising, all of which impacts the price of drugs and the capacity of the provinces to provide them. The high and increasing cost of drugs makes many politicians reluctant to take responsibility for implementing a federal solution. But it is only with a national public drug plan that we can control costs and provide safe and equitable health care.

The main opponents of a universal national public drug plan are those who stand to lose business as a result. Pharmaceutical companies are a powerful and ever-present lobby on Parliament Hill in Ottawa. They may even state that they support public plans, but their vision is a public purse paying for all drugs without cost controls. The Canadian Life and Health Insurance Association, representing insurance companies, supports cost controls and improved access, but wants no change in the role of private insurance companies. Such a system would continue to undermine bargaining to reduce costs because the majority of the population would still be covered by a multitude of private plans.

The Congress of Union Retirees of Canada adds its voice to those calling for real change - for a fair, safe and sustainable drug plan. This can only be national, universal and public pharmacare.

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