Universal pharmacare & oral health care for adults and seniors living with low income

RNAO supports a provincial pharmacare program covering all medically necessary drugs without means testing, user fees, or co-payments for Ontarians of all ages. Do you agree with RNAO?

In Ontario, about 2.3 million people cannot afford to visit a dental professional. Will you join RNAO and the Ontario Oral Health Alliance in asking the province to invest $10 million, as a start, to provide oral health care to adults and seniors living with low income across the province?

UNIVERSAL PHARMACARE

A matter of rights

Universal human rights include access to conditions that foster health, including health care.[1] Foundational human rights documents that enshrine the right to health include the constitution of the World Health Organization (WHO) (1946),[2] the Universal Declaration of Human Rights (1948),[3] and the International Covenant on Economic, Social, and Cultural Rights (1966).[4] The WHO has long recognized access to essential medications as a part of the right to health[5] [6] and in 2007 acknowledged that "...the greatest burden of oral diseases lies on disadvantaged and poor populations."[7]

Drug coverage in Canada

Shockingly, these rights have yet to be realized in Canada. Every developed country with a universal health care system across the globe provides universal coverage of prescription drugs except for Canada.[8] Most Canadians do not have access to public drug coverage, and the absence of common purchasing of pharmacare means that we face some of the highest drug prices in the developed world. Canadians pay about 35 per cent more than the median for countries in the Organization for Economic Co-operation and Development (OECD),[9] and Canada has the highest per capita drug expenditure in the OECD after the U.S.[10] This puts the squeeze on everyone: the public, employers and government. It is thus not surprising that public drug spending in Ontario had risen to 9.2 per cent of the health budget in 2016 – up from 1.2 per cent in 1975.[11]

In the absence of a national pharmacare program, many Ontarians rely on a patchwork of existing public drug plans,[12] while the rest have to pay personally or obtain private insurance. Currently, the Ontario Drug Benefit Program covers seniors, people receiving social assistance, and participants in the Ontario Disability Support Program (ODSP), while the Trillium Drug

Program subsidizes those whose drug costs are high relative to their income.[13] [14] [15] Ontario also offers a number of smaller programs that address specific drug needs.[16] In 2016, 40.3 per cent of Ontario prescription expenditures were covered by the provincial government, 1.1 per cent by the federal government, and 0.5 per cent by the Workplace Safety and Insurance Board (WSIB). The other 58.2 per cent[17] was paid by private insurers and out-of-pocket by the public.[18]

The lack of universal pharmacare today forces those who are living with low or modest incomes without access to adequate drug coverage to either go without medication, pay out-of-pocket instead of purchasing other life necessities such as food, or go into debt.[19] [20] Law et al., writing in the Canadian Medical Association Journal (CMAJ), found that one in ten Canadians receiving prescriptions reported they did not adhere to them because of the cost of their medications.[21] A 2015 Angus Reid survey found that in the past year, 23 per cent of respondents reported they, or another member of their household, did not take drugs as prescribed due to cost.[22] Numerous international studies have also confirmed the health consequences of cost-related prescription non-adherence.[23] [24] [25] [26] [27] [28]

Inability to pay for medications can have fatal consequences for people with diabetes. In Ontario, insufficient drug coverage has been a factor in thousands of avoidable deaths among Ontarians with diabetes under the age of 65. Mortality rates drop when people with lower incomes living with diabetes reach 65 because their medication is then covered under the Ontario Drug Benefit program (ODB).[29] [30] And yet the ODB could still do better: “Syringes and other diabetic supplies, such as lancets, glucometers, eyeglasses, dentures, hearing aids or compression stockings are not covered by the ODB.”[31] While pharmacare would benefit all Ontarians, research shows it would be particularly beneficial for people with lower incomes, no matter what their health conditions.[32] [33] [34] [35] [36] [37] [38]

Advantages of pharmacare

RNAO has long advocated for a national pharmacare program.[39] [40] [41] RNAO had hoped discussions around a national Health Accord would include pharmacare, but so far that has not happened. It is thus fitting for Ontario to lead with its own provincial plan, the way it did when strengthening the Canada Pension Plan.[42]

RNAO agrees with the overarching principle that "all Canadians deserve equitable access to safe, cost-effective, and appropriately prescribed medicines at a fair and affordable cost to patients and society as a whole."[43] Pharmacare has the potential to help realize this principle by meeting four key policy goals:

- Access: universal access to medically necessary medicines
- Fairness: fair distribution of prescription drug costs
- Safety: safe and appropriate prescribing
- Value for money: maximum health benefits per dollar spent[44]

Savings to individuals, families, businesses, and the health-care system from pharmacare would come from:

- reduced administrative, marketing and regulatory costs due to a single-payer system
- more effective, evidence-informed prescribing
- use of purchasing power to reduce drug prices
- more efficient use of health system resources (uninsured services tend to be underused because of affordability concerns, which leads to an increased risk of costly health complications)

There is also an economic advantage in having universal pharmacare, as it would lower health insurance costs for Ontarian and Canadian employers and thus allow them to be more competitive against other jurisdictions.

Cost savings of pharmacare

Potential savings for Canadians from pharmacare are significant. Gagnon and Hébert estimate $10.7 billion in annual savings (or 42.8 per cent of total Canadian spending on prescription pharmaceuticals).[45] A 2015 CMAJ article estimated the expected savings at $7.3 billion.[46] While those estimates would not be as high for a provincial pharmacare program in Ontario, savings would nonetheless be substantial.

Evidence-based prescribing

It is critical that a provincial pharmacare program have an evidence-based formulary and guidance be provided on optimal prescribing.[47] [48] This would pool information on safety, effectiveness and cost, and would be important when dealing with the growing pool of drugs targeted at rare diseases. In these cases, the evidence is based on very small samples and manufacturers supply the studies while exerting strong lobbying pressure for coverage of very expensive drugs.[49] More generally, all health system practice should be guided by evidence. As *Choosing Widely Canada* notes, citing CIHI, "up to 30% of tests, treatments, and procedures in Canada are potentially unnecessary."[50]

Support for pharmacare

An impressive list of organizations is calling for a national pharmacare program, including: RNAO,[51] [52] the Canadian Federation of Nurses Unions,[53] [54] Canadian Nurses Association,[55] Canadian Doctors for Medicare,[56] [57] Canadian Medical Association,[58] Standing Senate Committee on Social Affairs, Science and Technology,[59] Canadian Health Coalition,[60] [61] [62] and Canadian Association of Retired Persons[63] [64] (see the appendix for more endorsing organizations).

There are also several active campaigns for a national pharmacare program, including the Campaign for National Drug Coverage, of which RNAO is a founding member (and including more than 90 endorsing organizations),[65] [66] and the campaign for a National Public Drug Plan.[67]

Newspapers such as the *Toronto Star* have also called for a national pharmacare program that goes beyond a mere national bulk-buying arrangement.[68]

Members of the public have expressed strong support for a universal pharmacare program, as indicated in the table below:

Pharmacare polling			
Date	**Company**	**Issue**	**Support**
May 2013	EKOS[69]	Support universal public drug plan for all necessary prescription drugs	78%
July 2015	Angus Reid[70 71]	Support pharmacare in Canada	91%
		Support adding prescription drugs to medicare coverage	87%
May 2017	Environics[72]	Strongly or somewhat strongly support implementing a national pharmacare program providing universal access to prescription drugs for all Canadians.	91.4%
May 2017	Forum Research[73]	Approve of Ontario government plan to provide free prescriptions to those under 25.	56%

Prior to the April 2017 provincial pharmacare announcement, the province had also been championing national pharmacare. Health Minister Dr. Eric Hoskins wrote op-eds calling for a national program,[74 75] and has been working with his health minister counterparts in other jurisdictions to that same end.[76]

The federal and provincial terrain

After the October 2015 election, the federal political context changed and pharmacare advocates looked to Ottawa for leadership on this issue. In January 2016, federal and provincial/territorial health ministers met in Vancouver to lay the groundwork for a new Health Accord, and they promised to work together on drug policy.[77] In 2016-17, the federal House of Commons Standing Committee on Health held hearings on the development of a national pharmacare program,[78] and concluded that it was time to implement a pharmacare program that would provide universal access to essential medications, without means testing, user fees or co-payments. Unfortunately, the federal government needs a bigger push than anticipated. For example in 2017, then-Health Minister Jane Philpott was reported to have repeatedly said "that her mandate, as far as it concerns drug prices and availability," was "limited to getting better deals within the status quo."[79]

Recent developments

In the spring of 2017, two Ontario parties – Liberals and NDP – offered competing pharmacare strategies. The Liberals' pharmacare plan, which was announced as part of their 2017 budget, [80] will cover the full costs of all 4,400[81] prescription drugs covered under the ODB program for children and youth under age 25, with no co-payments or deductibles.[82] The Liberals announced they would invest $465 million in pharmacare, with the program starting Jan. 1, 2018.[83] While this is an excellent start towards universal pharmacare, it has resulted in a three-tiered program with free medication for those under 25; coverage with deductibles and co-payments for those on ODSP, OW and seniors; and no coverage (other than private insurance) for the remainder of Ontarians from 25 and 64. A different plan proposed by the NDP party[84] [85] would cover the "most common and essential 125 drugs" for all Ontarians, but this is only a fraction of the 4,400 medications covered under the Ontario Drug Benefit (ODB) program. The NDP plan would cap co-payments at the level currently available under the ODB program.[86] The NDP said independent experts would develop the list of covered drugs, and that it would expand over time. They also indicated the program will cost $475 million, and could be fully implemented by 2020.[87]

RNAO welcomes both announcements as steps forward, and is calling for a plan that incorporates the best features of each: pharmacare for the entire population with full coverage and no co-payments or deductibles of all prescription drugs currently listed under ODB. Should Ontario adopt such a program, there is strong potential for ripple effects across the country.[88] Canada needs leadership to move toward the national plan that everyone wants,[89] and taking this step in Ontario could be the necessary push.

RNAO's PHARMACARE ASKS

- Proceed with a universal, single-payer pharmacare program in Ontario covering all medically necessary drugs and associated products,[90] with no means testing, co-payments, or deductibles. This will deliver equity, compliance with prescriptions and the efficiency of a single-payer system[91] [92]

INVESTING IN ORAL HEALTH SERVICES FOR ADULTS AND SENIORS LIVING WITH LOW INCOME

Ontario's registered nurses, nurse practitioners, and nursing students know that oral health is a critical component of overall health and well-being.[93] The problem is that about 2.3 million Ontarians or 17 per cent of the province's population cannot afford to visit a dentist or dental hygienist.[94] This includes people who are living in low income because of precarious or low-paying jobs, adults receiving Ontario Works (OW), and ODSP recipients who are eligible for public dental benefits, but are often refused treatment by dental providers due to the low level of public compensation. Those suffering from pain and infection are forced to turn to more costly and less effective health services. In 2015, there were nearly 61,000 visits to emergency rooms for dental problems at a cost to the system of at least $31 million.[95] In 2014, there were almost 222,000 documented visits to physicians for oral health problems at a cost of $7.5 million.[96] Instead of spending this money on visits to health providers who often do not specialize in dentistry,[97] [98] these resources would be better spent on public dental services for adults and seniors in need.

The 2014 provincial budget committed to extending public dental programs to adults living with low income by 2025, but this promise needs to be delivered more quickly. Evidence of the inequities in oral health and in access to oral health services is well documented, and these issues need to be urgently addressed both as consequences and causes of poverty in our province.[99] [100] [101]

RNAO endorsed the Ontario Oral Health Alliance's recommendation that the province invest $10 million to support the first phase of a public program to provide oral health care to adults and seniors across the province living with low income.[102] This funding should be allocated to maximize use of existing public investments in dental clinic infrastructure in Community Health Centres, Aboriginal Health Access Centres, and Public Health Units.[103]

RNAO's long-term vision for universal health care includes universal oral health care. Addressing the oral health needs of Ontarians will have physical, mental, and social benefits, and allow people to live with health, dignity, and hope.

RNAO's ACCESS TO ORAL HEALTH SERVICES INCREASE ASKS

- Invest $10 million to support the first phase of a public program to provide oral health care to adults and seniors living with low income across the province

NOTES FOR RNAO LEADERS

They say, we say

People aren't willing to pay more taxes for pharmacare.

Polls show that people want pharmacare. We also know that such a plan would actually save money. Potentially paying a bit more in taxes would be balanced by large savings to Ontarians in private health insurance premiums and out-of-pocket expenses. And governments would be in a position to tax back any increased costs from employers who will accrue significant savings on the costs of private health plans. For example, research concluded that a national pharmacare program would save the private sector about $8.2 billion and only cost the government about $1 billion more,[104] which it could recover from private savings via a tax. Employers would save money, the public would save money, and the government budget position would be unchanged or improved.

Pharmacare will lead to over-prescribing.

A national pharmacare program should be complemented with evidence-based guidelines and initiatives that promote appropriate and effective prescribing, and reduce the risks of adverse reactions drug interactions. In the latter case, a province wide e-health record system would inform health practitioners about clients with multiple prescriptions. Clinicians must have the best scientific knowledge on the most effective and safest therapeutic interventions readily available. RNAO's efforts to enhance the capacity of the primary care sector, including our call for independent RN prescribing, will promote regular medication reconciliations to ensure that Ontarians are only taking necessary and effective medications.

Wait times to see a dentist in Canada are "minimal to nonexistent"[105] so the current private market is working well.

For people who can afford to pay out-of-pocket or who are fortunate enough to have employment with dental benefits, the current system might seem to be working well. A huge challenge is that even people who are enrolled in a public dental program are frequently refused service by private dentists as the reimbursement is too low.[106] The mouth is part of the body, and so every Ontarian, regardless of income, should have equitable access to essential oral health services, just as they must for all other essential health services. The current situation is unfair to the individuals and families who are denied services due to low income, and (like the lack of

universal pharmacare) ends up costing the health system more in the long-run when easily treated dental issues become serious.

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