LIBRARY OF PARLIAMENT
BIBLIOTHÈQUE DU PARLEMENT

PRELIMINARY VERSION

UNEDITED

Legislative Summary

BILL C-64: AN ACT RESPECTING PHARMACARE

44-1-C64-E

28 February 2025

Kelly Farrah and Tu-Quynh Trinh

Research and Education

AUTHORSHIP

28 February 2025	Kelly Farrah	Legal, Social and Indigenous Affairs
	Tu-Quynh Trinh	Legal, Social and Indigenous Affairs

ABOUT THIS PUBLICATION

Library of Parliament legislative summaries summarize bills currently before Parliament and provide background information about them in an objective and impartial manner. They are prepared by Research and Education, which carries out research for and provides information and analysis to parliamentarians, Senate and House of Commons committees and parliamentary associations. Legislative summaries are revised as needed to reflect amendments made to bills as they move through the legislative process.

For clarity of exposition, the legislative proposals set out in the bill described in this legislative summary are stated as if they had already been adopted or were in force. It is important to note, however, that bills may be amended during their consideration by the Senate and House of Commons and have no force or effect unless and until they are passed by both houses of Parliament, receive Royal Assent and come into force.

Any substantive changes to this Library of Parliament legislative summary that have been made since the preceding issue are indicated in **bold print**.

Legislative Summary of Bill C-64
(Preliminary version)

44-1-C64-E

Ce document est également publié en français.

CONTENTS

LEGISLATIVE SUMMARY OF BILL C-64: AN ACT RESPECTING PHARMACARE

1 BACKGROUND

Bill C-64, An Act respecting pharmacare (short title: Pharmacare Act), was introduced in the House of Commons on 29 February 2024 by the Honourable Mark Holland, Minister of Health.[1]

The bill seeks to support the implementation of national, universal pharmacare. It sets out the principles that the Minister of Health (Minister) is to consider when working toward this objective:

- the accessibility of pharmaceutical products;
- the affordability of pharmaceutical products;
- the appropriate use of pharmaceutical products; and
- universal coverage of pharmaceutical products across Canada.

Bill C-64 affirms the federal government's commitment to maintaining long-term funding for pharmaceutical products. It **requires** the Minister, if certain conditions are met, to make payments to provinces and territories to cover specific prescription drugs and related products for contraception or diabetes. The bill also sets out powers and obligations of the Minister, including with respect to the development of a national formulary and national bulk purchasing strategy. In addition, it requires the Minister to publish a pan-Canadian strategy on the appropriate use of prescription drugs and related products. Finally, Bill C-64 provides for the establishment of a committee of experts to make recommendations on national, universal, single-payer pharmacare.

On 28 May 2024, the House of Commons Standing Committee on Health (HESA) reported the bill to the House of Commons with the following proposed amendments:

- **if certain conditions are met, the Minister "must" (previously, "may") make payments to a province or territory to cover specific prescription drugs and related products for contraception or diabetes;**
- **the Minister "must" (previously, "may") seek advice from the Canadian Drug Agency on certain matters regarding prescription drugs and related products; and**
- **the Minister must table, in each House of Parliament, the report on pharmacare prepared by the committee of experts.[2]**

Bill C-64, as amended by HESA, was concurred in the House of Commons on 30 May 2024 and passed third reading on 3 June 2024. The bill, as adopted by the House of Commons, was passed in the Senate without further changes and received Royal Assent on 10 October 2024.[3]

On 14 November 2024, the Government of Canada announced that it had established a committee of experts mandated to provide the Minister with a report setting out its recommendations on national pharmacare by 10 October 2025.[4]

On 27 February 2025, the Government of Canada announced that it had signed the first pharmacare agreement with Manitoba.[5]

1.1 THE *CANADA HEALTH ACT* AND PRESCRIPTION DRUG COVERAGE

Among countries with universal health care, Canada stands alone in not providing universal coverage for prescription drugs.[6] Prescription drug coverage is currently delivered throughout the country by means of what has been described as a "patchwork"[7] of public and private plans.

The federal *Canada Health Act*[8] establishes the national, publicly funded health care system, also known as "medicare."[9] It sets out criteria and conditions that the provinces and territories must fulfill to receive the full cash contribution for which they are eligible under the Canada Health Transfer. The five criteria that must be satisfied – and that have been viewed as embodying the "fundamental principles of medicare"[10] – are public administration, comprehensiveness, universality, portability and accessibility.[11]

The criterion of comprehensiveness requires that provincial and territorial insurance plans provide first-dollar coverage (meaning that public coverage starts at the first dollar billed, and the individual bears no out-of-pocket expenses) for "medically necessary" hospital services and "medically required" physician services. These terms are not defined in the *Canada Health Act*, and prescription drugs generally fall outside the scope of the services that provincial and territorial plans must insure in compliance with that Act.[12]

Under the criterion of universality, all insured persons must be entitled to the insured health services on uniform terms and conditions. The criterion of accessibility requires that they have "reasonable" access to the insured services on uniform terms and conditions, with out-of-pocket payments (including user charges and extra-billing) for such services being forbidden under the *Canada Health Act*.[13]

In keeping with the *Canada Health Act*, provinces and territories provide universal, first-dollar, public coverage for prescription drugs administered in hospital settings. For prescription drugs outside of hospital settings, many people in Canada rely on one of more than 100,000 private insurance plans, or one of more than 100 federal, provincial or territorial government-run plans.[14] These plans vary in terms of eligibility, benefit payment structures (including with respect to deductibles or copayments) and lists of drugs covered (formularies). Disparities in coverage have been observed among provincial plans, as well as between public and private plans.[15]

Lack of access to prescription medication and non-adherence to prescriptions (for example, delayed prescription filling or skipped doses) can lead to negative health outcomes. In a 2021 Statistics Canada survey, one in five Canadians reported not having insurance to cover any of the cost of their prescription medication in the past 12 months. Furthermore, one in 10 Canadians reported not adhering to their prescription, owing to cost.[16] Another analysis, using survey data from 2015, 2016 and 2019, found that prescription drug coverage varied among population subgroups. For example, immigrants, single people, self-employed workers and most racialized groups were less likely to have access to an employer-sponsored drug insurance plan. Additionally, compared to men, women were more likely to avoid filling prescriptions because of cost.[17]

1.2 FEDERAL, PROVINCIAL AND TERRITORIAL DRUG INSURANCE PLANS

Every province and territory maintains a unique combination of public drug insurance plans. These plans generally cover specific population groups, such as seniors, individuals receiving income assistance, or children. Most jurisdictions offer a catastrophic drug coverage plan.[18] Some provinces provide voluntary or mandatory[19] premium-based coverage for the general public. Other plans are specific to certain conditions or drugs.[20]

The federal government delivers or supports prescription drug plans for certain population groups, including First Nations and Inuit, members of the Canadian Armed Forces, veterans, members of the Royal Canadian Mounted Police, federal inmates, resettled refugees and refugee claimants.[21]

1.3 FORMULARY DECISION-MAKING AND DRUG PRICE NEGOTIATIONS IN CANADA

The federal government and the provinces and territories are responsible for determining the drugs to be listed on the formularies of their respective drug plans for the purpose of cost reimbursement. To support the goals of managing costs and harmonizing approaches, the federal government and the provinces and territories

established, in 2003, the Common Drug Review (housed at the Canadian Agency for Drugs and Technologies in Health, also known as CADTH[22]) and, in 2010, the pan-Canadian Pharmaceutical Alliance (pCPA).[23]

CADTH conducts reimbursement reviews to examine the clinical and cost effectiveness of drugs, with the aim of making recommendations to the federal government, provinces and territories regarding the listing of drugs on their respective formularies.[24] For Quebec, this process is undertaken instead through its Institut national d'excellence en santé et en services sociaux (INESSS).[25]

The pCPA conducts drug price negotiations with manufacturers on behalf of participating federal, provincial and territorial public plans. Its work is informed by recommendations from CADTH and INESSS on whether a drug should be reimbursed.[26]

1.4 KEY STEPS TOWARD THE DEVELOPMENT OF A NATIONAL PHARMACARE PROGRAM

Since the 1960s, numerous federal reports[27] and bills[28] have proposed the introduction of a national pharmacare scheme in Canada. No single model exists, and suggested models have varied as to eligible population, drugs covered and program financing.

In 2018, the House of Commons Standing Committee on Health tabled a report[29] on the development of a national pharmacare program as an insured service under the *Canada Health Act*. The report raised concerns about rising drug costs, and gaps and inequities in prescription drug coverage. It also highlighted the burden that private drug plans pose on employers and employees, the practice of overprescribing by health care providers, and limits to pharmaceutical data and information systems. The report recommended the implementation of a single-payer, universal prescription drug program for all Canadians. The report was not unanimous, and a dissenting opinion pointed to unanswered questions such as potential impacts on the private insurance industry.

In 2019, the Advisory Council on the Implementation of National Pharmacare (Advisory Council), chaired by Dr. Eric Hoskins, tabled its report entitled *A Prescription for Canada: Achieving Pharmacare for All*[30] (Hoskins report). The Advisory Council made 60 recommendations to address the concerns regarding coverage gaps and escalating drug costs. Notably, it recommended:

- the establishment of a universal, single-payer, public system of prescription drug coverage in Canada, one that embodies the principles of medicare and that is enacted through federal legislation, separate and distinct from the *Canada Health Act*;

- the creation of a Canadian drug agency that would be responsible for initiatives such as the implementation of a national formulary and drug price negotiations;
- the development of a national formulary, beginning with essential medicines;
- the development of a national strategy on the appropriate prescribing and use of drugs; and
- the development of a national strategy for expensive drugs for rare diseases.

In a 2019 mandate letter, the Prime Minister of Canada instructed the Minister of Health to

> [c]ontinue to implement national universal pharmacare, including the establishment of the Canada Drug Agency, and implementing a national formulary and a rare disease drug strategy to help Canadian families save money on high-cost drugs.[31]

Since 2021, through funding and as part of the Improving Affordable Access to Prescription Drugs Program, the Government of Canada has been supporting Prince Edward Island in the expansion of its provincial drug coverage. The province is to receive $35 million over five years (2021–2022 to 2025–2026), for the purpose of reducing its residents' out-of-pocket costs on certain prescription medicines. For the federal government, this initiative constituted "the first agreement to accelerate the implementation of national universal pharmacare."[32]

In budget 2022, the federal government indicated the following:

> [T]he federal government will also continue its ongoing work towards a universal national pharmacare program. This will include tabling a Canada Pharmacare bill and working to have it passed by the end of 2023, and then tasking the Canadian Drug Agency to develop a national formulary of essential medicines and bulk purchasing plan.[33]

At Health Canada's request, CADTH established an advisory panel to examine issues pertaining to the potential creation of a pan-Canadian formulary.[34] In its final report,[35] released in 2022, the panel made recommendations on principles and a framework that may be used to develop a pan-Canadian prescription drug list. It also recommended a staged approach to the development of such a formulary.

In March 2023, the federal government announced measures in support of the National Strategy for Drugs for Rare Diseases, with an investment of up to $1.5 billion over three years.[36]

In December 2023, the Government of Canada announced the creation of the Canadian Drug Agency, dedicating $89.5 million over five years to its establishment. It **was** to be built out of the organization that **was known as** CADTH **at the time**, in collaboration with the provinces and territories. The Canadian Drug Agency **was to** expand upon CADTH's existing mandate and functions, to include the following objectives:

- improving the appropriate prescribing and use of medications;
- increasing pan-Canadian data collection and expanding access to drug and treatment data, including real-world evidence data; and
- reducing drug system duplication and lack of coordination.[37]

On 1 May 2024, CADTH adopted "Canada's Drug Agency (CDA-AMC)" as its new operating name,[38] and the CDA-AMC was officially launched in September 2024.[39]

1.5 REPORTS OF THE OFFICE OF THE PARLIAMENTARY BUDGET OFFICER

In October 2023, the Office of the Parliamentary Budget Officer (PBO) published a report[40] estimating that the implementation of a national pharmacare program would cost the public sector (federal and provincial governments) approximately $11.2 billion in 2024–2025 and $13.4 billion in 2027–2028.[41] Economy-wide cost savings on drug expenditures were estimated at $1.4 billion in 2024–2025 and $2.2 billion in 2027–2028. These estimates were based on a framework under which the hypothetical pharmacare program would:

- be a single-payer, universal plan, replacing existing public and private drug plans;
- use the Régie de l'assurance maladie du Québec[42] formulary as the national formulary; and
- require a $5 copayment for all prescriptions of brand-name drugs, although certain population groups would be exempt from this requirement.

According to the Hoskins report, limited buying power is one factor underlying the relatively high drug prices in Canada,[43] and a national, universal pharmacare system would increase the pCPA's power to negotiate rebates by replacing multiple buyers with a single large purchaser.[44] Similarly, the PBO report indicated that improved negotiation power could decrease drug prices.[45]

In May 2024, the PBO published a costing note on Bill C-64, which estimated that the first phase of a national pharmacare program would increase federal government spending by $1.9 billion over five years. The estimate was calculated on the assumption that drug coverage currently provided under provincial, territorial and private plans would remain unchanged.[46]

1.6 PREVIOUS LEGISLATION RELATED TO PHARMACARE

Other bills that have sought to enact a framework for pharmacare include Bill C-213, An Act to enact the Canada Pharmacare Act (introduced during the 43rd Parliament, 1st Session[47] and reinstated in the 2nd Session of that same Parliament)[48] and Bill C-340, An Act to enact the Canada Pharmacare Act, introduced on 13 June 2023.[49] None of these bills progressed beyond first reading.

1.7 GOVERNMENT OF CANADA BACKGROUND DOCUMENTS ON BILL C-64

Health Canada has published a set of background documents accompanying Bill C-64 and elaborating on the government's intentions regarding pharmacare. The department indicates that this bill, together with the government's announced intention to work with the provinces and territories to provide universal, single-payer coverage for a number of contraception and diabetes medications, represents the next step toward the establishment of national, universal pharmacare.[50]

1.7.1 Contraceptives

According to the federal health department, nearly one-quarter of the Canadians population is of reproductive age.[51] Health Canada states that cost represents the greatest barrier preventing access to contraceptives and that this cost is unevenly borne by women and gender-diverse people.[52] It adds that some populations, such as women, people with low incomes and young people, are disproportionally affected by the lack of coverage. Therefore, the government is of the view that "improved access to contraception improves equality. It reduces the risk of unintended pregnancies and improves reproductive rights."[53] The government has announced that it will be launching discussions with provinces and territories on providing universal, single-payer coverage based on a list of contraceptive drugs and devices that includes oral contraceptives, copper and hormonal intrauterine devices, contraceptive injections, hormonal implants, hormonal vaginal rings and emergency contraceptives.[54]

1.7.2 Diabetes

Health Canada indicates that around 3.7 million people in Canada, or 9.4% of the population, live with diagnosed diabetes. This number has doubled over the last decade and is expected to continue to rise. According to the department, in 2015, 25% of Canadians with diabetes reported that cost affected their adherence to their treatment plan. Uncontrolled diabetes can lead to serious and costly complications such as blindness or amputations. Health Canada adds that diabetes disproportionately affects certain populations: First Nations and Métis people, and people of African, East Asian and South Asian ethnic backgrounds have higher rates of Type 2 diabetes, as compared with the general population.[55]

According to the background documents, the list of diabetes medications to be discussed with the provinces and territories for potential coverage references drugs in several classes: combination formulations, insulins, insulin secretagogues, biguanides and sodium-glucose cotransporter-2 inhibitors. Finally, Health Canada has announced that coverage for diabetes devices and supplies is to be provided through a fund established separately from Bill C-64.[56]

2 DESCRIPTION AND ANALYSIS

Bill C-64 consists of a preamble and 11 clauses, which are summarized below.

2.1 PREAMBLE

In the preamble, the Government of Canada recognizes, notably, that access to prescription drugs and related products is critical for health and well-being, and that financial barriers that prevent the fulfillment of prescriptions may lead to worsened health and increased use of health care resources.

It acknowledges the role of the provinces, territories and Indigenous peoples in dispensing health care to their respective populations, as well as the role of the Government of Canada in ensuring the safety, efficacy and quality of prescription drugs and related products, and in offering health care to certain populations.

Furthermore, in the preamble, the Government of Canada recognizes that several studies have recommended the establishment of universal, single-payer, public pharmacare in Canada, and declares its commitment to continue working with the provinces, territories, Indigenous peoples and other partners and stakeholders (pharmacare partners) to incrementally implement national, universal pharmacare, as guided by the *Canada Health Act* and recommendations of the Advisory Council.

The preamble also identifies the importance of modernizing the health care system through standardized health data and digital tools, and highlights the work of the Canadian Drug Agency and the National Strategy for Drugs for Rare Diseases.

2.2 SHORT TITLE (CLAUSE 1)

Clause 1 indicates that the short title of this Act is the Pharmacare Act.

2.3 DEFINITIONS (CLAUSE 2)

Clause 2 establishes definitions that apply in the Pharmacare Act. In particular:

- "Indigenous peoples" has the same meaning as the definition of "aboriginal peoples of Canada" under section 35(2) of the *Constitution Act, 1982*, a term that "includes the Indian, Inuit and Métis peoples of Canada."[57]
- "[P]harmacare" means "a program that provides coverage of prescription drugs and related products."
- "[P]harmaceutical product" means "a prescription drug or related product that is funded, in whole or in part, through a pharmacare agreement to which the Government of Canada is a party."

2.4 PURPOSE AND PRINCIPLES (CLAUSES 3 AND 4)

2.4.1 Purpose

Clause 3 sets out four objectives that comprise the purpose of the Pharmacare Act, namely, to support:

- efforts to improve, for all Canadians,[58] the accessibility and affordability of prescription drugs and related products;
- the appropriate use of such drugs and products;
- the development of a national formulary of essential prescription drugs and related products; and
- the establishment of a national bulk purchasing strategy.

The work relating to the accessibility, affordability and appropriate use of prescription drugs and related products is to be accomplished together with the pharmacare partners, with the goal of implementing national, universal pharmacare.

2.4.2 Principles

Clause 4 states that, when working with the pharmacare partners to implement national, universal pharmacare, the Minister is to consider principles relating to the accessibility, affordability, appropriate use and universal coverage of pharmaceutical products across Canada. "Appropriate use" refers to use that prioritizes patient safety, optimizes health outcomes and reinforces health system sustainability.[59] The Minister is also to consider the *Canada Health Act*.

2.5 FUNDING (CLAUSES 5 AND 6)

Clause 5 affirms the Government of Canada's commitment to maintaining long-term funding for the provinces, territories and Indigenous peoples to improve the accessibility and affordability of pharmaceutical products, starting with those for rare diseases. Payments to the provinces and territories must be made primarily through agreements with their respective governments.

Clause 6(1) **requires** the Minister, if the Minister has entered into an agreement with a province or territory to do so, to make payments to that province or territory to:

1. increase any existing public pharmacare coverage; and
2. provide universal, single-payer, first-dollar coverage

for specific prescription drugs and related products intended for contraception or the treatment of diabetes.

Clause 6(2) specifies that any such agreement must also provide for first-dollar coverage, meaning that the public insurance covers the entire payment from the first dollar billed, and the individual pays nothing out of pocket. Clause 6(3) authorizes the Minister to make such payments out of the Consolidated Revenue Fund in any manner that the Minister considers appropriate.

2.6 POWERS AND OBLIGATIONS OF THE MINISTER OF HEALTH (CLAUSES 7 TO 9)

2.6.1 Canadian Drug Agency

Clause 7 **requires** the Minister to seek advice from the Canadian Drug Agency on the following matters:

- the clinical and cost effectiveness of prescription drugs and related products;
- the prescription drugs and related products that should be covered under prescription drug plans in Canada and the conditions of that coverage;

- the collection and analysis of data on prescription drugs and related products;
- information to be given to health care practitioners and patients on the appropriate use of prescription drugs and related products; and
- improvements to be made to the pharmaceutical system.

2.6.2 National Formulary

According to clause 8(1), following discussions with the provinces and territories, the Minister must ask the Canadian Drug Agency to prepare a list of essential prescription drugs and related products to serve as the starting point for the development of a formulary for a national, universal pharmacare program. This list must be drawn up within one year of the day on which Bill C-64 receives Royal Assent.

Once the list has been compiled, the Minister must, according to clause 8(2), launch discussions based on this list with the pharmacare partners for the purpose of implementing national, universal pharmacare.

2.6.3 National Bulk Purchasing Strategy

According to clause 9, following discussions with the provinces and territories, the Minister must ask the Canadian Drug Agency to design a national bulk purchasing strategy for prescription drugs and related products. This strategy must:

- be devised jointly with partners and stakeholders;
- be drawn up within one year of the day on which the bill receives Royal Assent; and
- support the principles set out in clause 4.

2.7 APPROPRIATE USE STRATEGY (CLAUSE 10)

Clause 10(1) directs the Minister, within one year of the day on which Bill C-64 receives Royal Assent, to publish on the Department of Health website a pan-Canadian strategy on the appropriate use of prescription drugs and related products.

Clause 10(2) authorizes the Minister, after discussions with the provinces and territories, to ask the Canadian Drug Agency to prepare, by the third anniversary of the publication of the strategy and, thereafter, no later than every three years following that third anniversary, a report on the progress made in advancing that strategy.

2.8 COMMITTEE OF EXPERTS (CLAUSE 11)

According to clause 11(1), within 30 days of the date on which Bill C-64 receives Royal Assent, the Minister must establish a committee of experts and provide for its membership. This committee is to make recommendations on the operation and financing of a national, universal, single-payer pharmacare program.

Under clause 11(2), these recommendations must be set out in a report that is to be submitted to the Minister within one year of the day on which the bill receives Royal Assent.

Clause 11(3) requires the Minister to table the report in each House of Parliament within 20 sitting days of having received that report.

NOTES

1. Bill C-64, An Act respecting pharmacare, 44th Parliament, 1st Session.
2. **House of Commons, Standing Committee on Health, *Bill C-64, An Act respecting pharmacare*, Nineteenth report, 27 May 2024.**
3. **Bill C-64, An Act respecting pharmacare, 44th Parliament, 1st Session.**
4. **Health Canada, *Government of Canada establishes a Committee of Experts to make recommendations on National Pharmacare*, News release, 14 November 2024.**
5. **Health Canada, *Government of Canada signs pharmacare agreement with Manitoba to improve affordable access to medications*, News release, 27 February 2025.**
6. Health Canada, *A Prescription for Canada: Achieving Pharmacare for All*, Final Report of the Advisory Council on the Implementation of National Pharmacare, June 2019.
7. Jamie R. Daw and Steven G. Morgan, "Stitching the gaps in the Canadian public drug coverage patchwork? A review of provincial pharmacare policy changes from 2000 to 2010," *Health Policy*, Vol. 104, No. 1, January 2012.
8. *Canada Health Act*, R.S.C. 1985, c. C-6.
9. Government of Canada, *About Canada's health care system*.
10. Health Canada, *A Prescription for Canada: Achieving Pharmacare for All*, Final Report of the Advisory Council on the Implementation of National Pharmacare, June 2019.
11. *Canada Health Act*, R.S.C. 1985, c. C-6, s. 7.
12. Ibid., ss. 2 and 9; and Colleen M. Flood, Bryan Thomas and David Rodriguez, "Chapter 3: The Role of Law in the Rise and Fall of Canadian Medicare," in Joanna N. Erdman, Vanessa Gruben and Erin Nelson, eds., *Canadian Health Law and Policy*, 5th ed., 2017, p. 58.

13. *Canada Health Act*, R.S.C. 1985, c. C-6, ss. 2, 10, 12 and 19. "User charge" is defined at section 2 of the *Canada Health Act* as "any charge for an insured health service that is authorized or permitted by a provincial health care insurance plan that is not payable, directly or indirectly, by a provincial health care insurance plan, but does not include any charge imposed by extra-billing." Under the same section, "extra-billing" is defined as "the billing for an insured health service rendered to an insured person by a medical practitioner or a dentist in an amount in addition to any amount paid or to be paid for that service by the health care insurance plan of a province." See also Health Canada, *Statement from the Minister of Health on the Canada Health Act*, 10 March 2023; Government of Canada, *Canada Health Act*; Government of Canada, *About Canada's health care system*; and Marlisa Tiedemann, *The Canada Health Act: An Overview*, Publication no. 2019-54-E, Library of Parliament, 17 December 2019.

14. Health Canada, *A Prescription for Canada: Achieving Pharmacare for All*, Final Report of the Advisory Council on the Implementation of National Pharmacare, June 2019.

15. House of Commons, Standing Committee on Health, *Pharmacare Now: Prescription Medicine Coverage for all Canadians*, Fourteenth report, April 2018.

16. Kassandra Cortes and Leah Smith, *Pharmaceutical access and use during the pandemic*, Insights on Canadian Society, Statistics Canada, 2 November 2022. The authors make the following point at note 14:

> It is important to note that reporting not having prescription insurance to cover the cost of medication is not a direct measure of insurance eligibility or status. For example, some may have prescription insurance, but have deductibles that are higher than the cost of their prescription(s). Others may be eligible for prescription insurance under a public plan but have not enrolled.

17. Fei-Ju Yang and Shikha Gupta, *Exploring gaps in prescription drug insurance coverage among men and women in Canada using an intersectional lens*, Insights on Canadian Society, Statistics Canada, 10 January 2024.

18. Catastrophic drug coverage plans cap out-of-pocket expenses for prescription drugs at a certain level to prevent excessive financial hardship.

19. Quebec requires all residents who do not have private drug insurance to enroll in the province's premium-based, public plan, making it the only province to achieve universal drug coverage: see Quebec, Régie de l'assurance maladie, *Prescription Drug Insurance*.

20. For example, Prince Edward Island's Diabetes Drug Program covers certain diabetes drugs and supplies for residents diagnosed with diabetes: Prince Edward Island, *Diabetes Drug Program*. British Columbia has been offering free, universal access to certain prescription contraceptives since April 2023, and Manitoba announced similar intentions in November 2023: British Columbia, *Universal contraception coverage starts April 1*, News release, 31 March 2023; British Columbia, *Free contraceptives*; and Manitoba, *Speech from the Throne: At the Opening of the First Session of the 43rd Legislature*, 21 November 2023, p. 7. See also Health Canada, "2.3 Public drug plans," *A Prescription for Canada: Achieving Pharmacare for All*, Final Report of the Advisory Council on the Implementation of National Pharmacare, June 2019.

21. Government of Canada, *Federal Public Drug Benefit Programs*; and Health Canada, "2.3 Public drug plans," *A Prescription for Canada: Achieving Pharmacare for All*, Final Report of the Advisory Council on the Implementation of National Pharmacare, June 2019.

22. On 1 May 2024, the Canadian Agency for Drugs and Technologies in Health (CADTH) adopted "Canada's Drug Agency (CDA-AMC)" as its new operating name. The endnotes in this legislative summary reflect the web pages as they appeared before this name change, where appropriate.

23. House of Commons, Standing Committee on Health, *Canadians Affected by Rare Diseases and Disorders: Improving Access to Treatment*, Twenty-second report, February 2019; Government of Canada, *Archived – Common Drug Review*; CADTH, *About CADTH*; and pan-Canadian Pharmaceutical Alliance (pCPA), *About pCPA*.

24. CADTH, *CADTH Reimbursement Reviews Process in Brief*; and Elaine MacPhail and Barb Shea, *An Inside Look at the Early History of the CADTH Common Drug Review in Canada*, CADTH, April 2017.

25. Quebec, Institut national d'excellence en santé et en services sociaux, *Evaluation Process and Criteria*.

26. pCPA, *About pCPA*.

27. See, for example, Royal Commission on Health Services, [Report], Vol. 1, 1964; National Forum on Health, *Canada Health Action: Building on the Legacy – Volume 1 – The Final Report*, 1997; Senate, Standing Committee on Social Affairs, Science and Technology, *The Health of Canadians – The Federal Role – Volume Six: Recommendations for Reform*, Final Report on the state of the health care system in Canada, October 2002; and Commission on the Future of Health Care in Canada, *Building on Values: The Future of Health Care in Canada – Final Report*, November 2002.

28. See, for example, Bill C-578, An Act to amend the Federal–Provincial Fiscal Arrangements Act (prescription drug and dental care), 40th Parliament, 3rd Session. See also section 1.5 of this legislative summary.

29. House of Commons, Standing Committee on Health, *Pharmacare Now: Prescription Medicine Coverage for all Canadians*, Fourteenth report, April 2018.

30. Health Canada, *A Prescription for Canada: Achieving Pharmacare for All*, Final Report of the Advisory Council on the Implementation of National Pharmacare, June 2019.

31. Prime Minister of Canada, Justin Trudeau, *Archived – Minister of Health Mandate Letter*, 13 December 2019.

32. Health Canada, *Government of Canada and Prince Edward Island accelerate work to implement pharmacare*, News release, 11 August 2021. See also Government of Canada, *Improving Affordable Access to Prescription Drugs*; and Health Canada, *Governments of Canada and Prince Edward Island Announce Drug Plan Changes Coming into Effect on June 1, 2023*, News release, 31 May 2023.

33. Government of Canada, "6.1 A Stronger Health Care System," *A Plan to Grow Our Economy and Make Life More Affordable*, Budget 2022.

34. CADTH, *The pan-Canadian Advisory Panel on a Framework for a Prescription Drug List*.

35. CADTH, *Building Toward a Potential Pan-Canadian Formulary: A Report From the Advisory Panel*, June 2022.

36. Health Canada, *Government of Canada improves access to affordable and effective drugs for rare diseases*, News release, 22 March 2023.

37. Health Canada, *The Government of Canada announces the creation of the Canadian Drug Agency*, News release, 18 December 2023.

38. Canada's Drug Agency, *CADTH Is Now Canada's Drug Agency*, News release, 1 May 2024.

39. Canada's Drug Agency, *We're Officially Launching Canada's Drug Agency*, News release, 5 September 2024.

40. Lisa Barkova and Carleigh Busby, *Cost Estimate of a Single-payer Universal Drug Plan*, Office of the Parliamentary Budget Officer (PBO), 12 October 2023.

41. These estimates are updates of the analysis that the PBO undertook on the basis of the same framework proposed by the House of Commons Standing Committee on Health in 2016 and used by the PBO in 2017: see House of Commons, Standing Committee on Health, *Minutes of Proceedings*, 29 September 2016; and PBO, *Federal Cost of a National Pharmacare Program*, 28 September 2017.

42. The Régie de l'assurance maladie du Québec (RAMQ) is responsible for managing Quebec's Health Insurance Plan and Public Prescription Drug Insurance Plan: see Quebec, RAMQ, *About RAMQ*.

43. In 2022, the average list price for medicines in Canada rose from third to second highest among 31 of the member countries of the Organisation for Economic Co-operation and Development: see Patented Medicine Prices Review Board, *Annual Report 2022*, 2024.

44. Health Canada, *A Prescription for Canada: Achieving Pharmacare for All*, Final Report of the Advisory Council on the Implementation of National Pharmacare, June 2019.

45. Lisa Barkova and Carleigh Busby, *Cost Estimate of a Single-payer Universal Drug Plan*, PBO, 12 October 2023.

46. Lisa Barkova, *Bill C-64 (44-1): An Act respecting pharmacare*, Legislative Costing Note, PBO, 15 May 2024.

47. Bill C-213, An Act to enact the Canada Pharmacare Act, 43rd Parliament, 1st Session.

48. Bill C-213, An Act to enact the Canada Pharmacare Act, 43rd Parliament, 2nd Session.

49. Bill C-340, An Act to enact the Canada Pharmacare Act, 44th Parliament, 1st Session.

50. Health Canada, *Government of Canada Introduces Legislation for First Phase of National Universal Pharmacare*, News release, 29 February 2024.

51. Health Canada, *Universal Access to Contraceptives*, Backgrounder, 29 February 2024.

52. Health Canada, *Government of Canada Introduces Legislation for First Phase of National Universal Pharmacare*, News release, 29 February 2024.

53. Health Canada, *Universal Access to Contraceptives*, Backgrounder, 29 February 2024.

54. Ibid.

55. Health Canada, *Universal Access to Diabetes Medications, and Diabetes Device Fund for Devices and Supplies*, Backgrounder, 29 February 2024.

56. Ibid.

57. *Constitution Act, 1982*, being Schedule B to the *Canada Act 1982*, 1982, c. 11 (U.K.), s. 35(2).

58. Note that, in the French version of this clause, “pour tous les Canadiens” (“for all Canadians” in the English version) might be read as also applying to the phrase “et à soutenir leur utilisation appropriée” (“and to support their appropriate use” in the English version).

59. Note that the English version of this clause reads “support the appropriate use of pharmaceutical products – *namely*, in a manner that prioritizes patient safety, optimizes health outcomes and reinforces health system sustainability” [Authors’ emphasis], whereas the French text reads “favoriser l’utilisation appropriée des produits pharmaceutiques – *notamment* l’utilisation qui priorise la sécurité des patients, qui optimise les résultats en matière de santé et qui renforce la viabilité du système de santé.” [Authors’ emphasis]