## national

## What we need the Federal Government to do!

#### LISTEN

The Federal government must listen to what Canadians want. They must consult with Canadians and the provinces about what services are needed and make our demand for a national public pharmacare program a priority.

#### ACT

- Note: Introduce legislation that would guarantee pharmacare services are available to all Canadians, regardless of where they live, and based on the five principles of the Canada Health Act:
  - publicly administered
  - comprehensive
  - universal
  - portable
  - accessible
- EXPAND the CHT to include funding to create a national public pharmacare program.
- SET national standards and guidelines and hold the provinces accountable to meet them!

#### What we need to do!

We need to remind the Federal government that they must play a progressive role in Canada's Medicare system. They have to do more than help pay the bills. They must also lead from the front to create the kind of Medicare we need and want.

Together we can make them do the right thing.

### NATIONAL UNION OF PUBLIC AND GENERAL EMPLOYEES

- B.C. Government and Service Employees' Union
- Health Sciences Association of British Columbia
- Health SciencesAssociation of Alberta
- Saskatchewan Government and General Employees' Union
- Manitoba Government and General Employees' Union
- Ontario Public Service Employees Union
- Canadian Union of Brewery and General Workers
- New Brunswick Union of Public and Private Employees
- Nova Scotia Government and General Employees Union
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## High drug costs are a symptom of a hands-off policy on drug profits.

OVER THE PAST two decades, research in medications has dramatically changed the way in which health care is delivered. Fewer and briefer hospital stays. Chronic conditions treated at home or in the community. Health problems previously untreatable now manageable.

But this has come at a cost. Currently, pharmaceuticals are the largest cause of rising health care costs in Canada.

A major part of the rising costs is the patent protections that the Canadian government has given large pharmaceutical corporations. Canada's patent laws have so many loopholes that big drug companies have a virtual stranglehold on the drug industry.

We also have a problem with how drugs are purchased and dispensed in Canada. Individuals are primarily responsible for their own medications. If you have money or a good drug insurance plan, then you will be alright. But far too many people can't afford their medications. There are people staying longer in hospitals because they are unable to purchase their medications upon discharge. People with rare, chronic or life-threatening illnesses often face astronomical drug costs.

Because buying medications is an individual responsibility, the drug companies simply dictate the prices. There is no possibility of bulk-buying benefits.

Some provinces do have pharmacare programs, but many programs are inadequate to the demand.

It doesn't have to be this way. Many countries have national public pharmacare programs that ensure that everyone has access to needed medications. And these national pharmacare programs save money for both the country and its people.

How much money could be saved if Canada had such a program? A lot. A recent study found that a national pharmacare program, with some changes made to the patent legislation, could save between \$4.45 and \$10.7 billion! When you think that the total current expenditure on pharmaceuticals is \$25.1 billion, you see how significant this amount is.

More importantly though, every Canadian would have access to the medication they need!

# So, why don't we have a national pharmacare program?

SOUNDS LIKE an easy decision—get more for less. Indeed, most provincial governments agree that some sort of pharmacare, or a program for buying drugs in bulk, is needed in Canada.

Unfortunately, the Harper government has been opposed to any measure that would not be in the best interests of the major drug companies. They also do not want to create any new national public programs.

Previously, the Federal government would use its ability to raise taxes and transfer funds to the provinces as a way to create, or expand upon, national programs. The money from the Federal government, usually matched by the provinces, would be targeted for specific programs. Provinces would deliver the services, but with standards and a mandate set by the Federal government.

This worked well. The current health care system that Canadians so value was created this way.

Unfortunately, for the past two decades the Federal government has tried to back away from the role it has historically played. Cuts to transfer payments, and a "hands-off" approach to dealing with the provinces, have left the system without Federal leadership.

The Harper government has taken this trend to a new level. They dictated how much money they will transfer under the Canadian Health Transfer (CHT), yet with almost no direction on how it will be spent.

Priorities for the Harper government have been spending billions of dollars on new fighter jets and federal mega-prisons, while introducing more corporate tax cuts. But pharmacare, and other services that Canadians want, are not on the government's list.



RESEARCH PROVES IT: our health care spending is not out of control or a problem. What we really have is a revenue problem.

Since the mid-90s, governments have cut taxes so drastically that they've reduced their revenue by at least \$90 billion every year.

That's more than enough money to create a national pharmacare program—and MORE!

It's all about priorities and choices. There's more than enough money to protect, strengthen and expand our Medicare—the Federal government just has to make it a priority.