



March 11, 2025

Election 2025: Improving health care for patients

Ensuring patients get the medicines they need quickly, equitably and consistently

Background:

The Best Medicines Coalition (BMC), a national alliance of 32 patient organizations, seeks timely access to a comprehensive range of medically necessary, safe, and effective drugs and related treatments, informed by patient-driven evidence and values, and delivered equitably and affordably to all patients in Canada.

The status quo for how drugs and related treatments are managed and provided is insufficient to meet the needs of all patients in Canada. Changes are needed to address extended delays, inequities, recurring shortages, and inadequacies that lead to compromised outcomes at great cost and suffering to individuals and families while also burdening health care systems and reducing worker productivity.

In its national advocacy efforts, the BMC calls for improved pathways to timely access to necessary medicines and systems, including strong public systems, which are efficient, streamlined and transparent. Importantly, the BMC recommends policies that recognize and embody patient-driven principles such as valuing and investing in treatments, including both incremental and breakthrough advancements. Patients and the organizations that represent them must have a voice and be meaningful participants in health policy development and decision making, specifically regarding pharmaceutical care.

The BMC provides recommendations on improving pharmaceutical care, with active involvement in policy and program development, including legislative and regulatory considerations, with a focus on pharmaceutical review, pricing, assessment, strategies to support patients with rare diseases, drug supply initiatives as well as broad reform.

Representing areas of consensus among member patient organizations, the recommended policy solutions outlined below are essential to the health of all patients in Canada, addressing system inefficiencies and eliminating barriers leading to improved health outcomes and economic benefits.

Policy solutions:

1. Protecting patients from tariff implications and managing disruptions

Widespread drug supply disruptions, such as intermittent and ongoing shortages and discontinuations, to drugs and related treatments such as vaccines, have critical consequences for patient care and outcomes. The global supply chain for pharmaceuticals and related products is complex and fully integrated and patients are extremely vulnerable to any interruptions and price increases, as are public and private payers.

Concerns have intensified amid the evolving United States' tariff and trade situation. The BMC urges leaders to immediately take measures to ensure that patients are protected as tariffs are threatened and imposed. This includes exemptions from tariffs or other trade measures and any effect on prices must be carefully assessed, managed and addressed. This also includes providing financial relief to patients impacted by price increases and working with provinces, territories and private payers so that access is not further restricted in response to pricing or other trade pressures.

Longer term, rigorous impact assessments are needed to build proactive policy approaches to manage costs and maintain supply, such as by supporting domestic manufacturers to provide stable and reliable sources of medicines and vaccines and eliminating interprovincial barriers which may impede access.

Through immediate measures and ongoing efforts to monitor, prevent and mitigate disruptions, the BMC calls for improved communication at all levels, including with patients, patient organizations and community pharmacies, so that shortage situations can be proactively addressed and effectively managed.

2. National pharmacare initiatives to address critical shortfalls in patient care

Canada is the only country with a publicly funded healthcare system that does not have a universal program for coverage of prescription drugs. While not a complete or comprehensive solution, the 2024 Pharmacare Act lays the groundwork for a first phase with potential for improvement.

Looking ahead, the BMC supports future National Pharmacare initiatives that address the most critical disparities and inequities experienced by patients, including maintaining and strengthening the public system. For example, federal funding levelling up public programs to address inequities within and between public drug programs and prioritizing reforms which address the most acute shortcomings in the system are appropriate goals for early next steps. Importantly, no patient in Canada should be worse off with respect to access to medications than prior to the implementation of reforms or programs related to National Pharmacare. The transition to a fully universal system is a worthy long-term goal if it achieves equity and provides timely care for all patients to a comprehensive range of drugs and related treatments.

One metric must be to address the prevailing patchwork system with highly variable levels of access to medicines depending on where one lives. This postal code lottery must be eliminated to deliver consistency and equity. Every patient, without exception, needs a path to access medicines, and as a core principle, all patients, without exception, must be able to obtain medically necessary medications affordably and in a timely manner.

Furthermore, to be effective, National Pharmacare initiatives must be adequately funded. The patient experience, and specifically improved patient care and outcomes, must be at the core of bilateral agreements with provinces and territories and long term and permanent federal funding must be allocated to support these objectives. Without a solid foundation, many patients in Canada will continue to not be able to access the drugs they need.

3. Ensuring timely access – getting patients the drugs they need when they need them

Current estimates and studies show it takes approximately two years from Health Canada approval for medications to be available on a public drug plan, with some plans taking much longer, and about eight months for private plans. It simply takes too long for patients to access the drugs they need. This is a critical issue with significant and sometimes dire implications, especially for those with unmet needs.

National leadership is necessary to streamline infrastructure, including review, assessment, negotiation and decision-making processes, reducing timelines at every step, including at Health Canada, the Patented Medicine Prices Review Board (PMPRB), Canada's Drug Agency (CDA-AMC), and the pan-Canadian Pharmaceutical Alliance (pCPA).

The CDA-AMC, for example, along with all other departments and agencies collaboratively and independently, must be mandated and resourced to take on and prioritize the important goal of delivering effectiveness and modernization to improve timeliness. Redundancies and inefficiencies need to be addressed along with stronger governance, established by statutory law and subject to accountability, transparency and parliamentary oversight.

4. Embedding patient voices to inform and advance health policy and decision-making

Patient perspectives, including values, identification of barriers and aspirations, must be enshrined in all aspects of health policy development and decision-making, including regarding management of pharmaceuticals and patient care. The BMC supports allocating resources to allow for meaningful engagement of patients, including creating new roles to promote and protect patient interests both within the government and externally, along with other measures.

The BMC recommends the appointment of a Chief Patient Officer at Health Canada to ensure that patient expertise, values, voices and outcomes are recognized and drive reform, decision making and ongoing work. This officer would be required to interact with relevant agencies with which Health Canada is directly engaged regarding regulatory review, health technology assessment and formulary listings of drugs, including review, approval and evaluation. The Chief Patient Officer, someone with lived experience themselves, would have authority and be fully resourced, with access to an advisory committee with broad and diverse patient representation.

In addition, a Patient Ombudsman would work outside the government, reporting directly to Parliament. Besides reporting any failures to uphold the Pharmacare Act and the Canada Health Act, and any of their regulations, this ombudsman would assess barriers and concerns expressed by patients regarding access to medications and recommend changes.

5. Expediting rare disease strategy to meet patient needs

A comprehensive and effective National Strategy for Drugs for Rare Diseases must primarily focus on saving and transforming patients' lives, ideally with an overall strategy for rare disease patient care, not just for drugs. The national strategy must centre its mandate around sustaining and improving patient lives and outcomes and seek to address health system sustainability from this starting point. Gaining access to necessary treatments is critical and enabling funding allocations must reflect this reality.

Developing and implementing the strategy has lagged since its initial federal commitment. The 2019 federal budget committed \$1 billion over two years with up to \$500 million per year ongoing for Canadians to access treatment for rare conditions, starting in 2022-2023, but limited funding has flowed. It is positive that many provinces have signed bilateral agreements, but efforts must continue to reach similar agreements with all provinces, territories and indigenous partners.

We also welcomed the July 23, 2024 announcement that the federal government has committed to continue to provide up to \$500 million a year, beyond the initial three-year period. We recommend that this funding base be augmented to adjust for inflation, population growth and economic growth. Importantly, the federal government must dedicate sufficient financial support to ensure meaningful and sustained gains to improving patient care, even if this means additional money beyond previous commitments. An effective rare disease strategy must be sufficiently resourced, and all efforts must focus on understanding the scope of patients' and caregivers' needs, the full extent of necessary financial support and then allocating funds as appropriate, in partnership and consultation with patients and other stakeholders.

The strategy must ensure effective treatments are delivered to patients on time across Canada. This includes ensuring early screening for and diagnosis of rare diseases, data and real-world evidence driven decisions, and incorporation of patient and clinician voices. In addition, drug access and reimbursement systems must be improved to better encourage developers to bring new drugs and related treatments to Canada, especially those which treat unmet needs and including therapies for rare disorders.



About the Best Medicines Coalition

The Best Medicines Coalition is a national alliance of 32 patient organizations. The BMC seeks timely access to a comprehensive range of medically necessary, safe, and effective drugs and related treatments, informed by patient-driven evidence and values, and delivered equitably and affordably to all patients in Canada. The BMC’s areas of interest include drug approval, assessment, and reimbursement, as well as patient safety and supply issues. As an important aspect of its work, the BMC strives to ensure that Canadian patients have a voice and are meaningful participants in health policy development, specifically regarding pharmaceutical care. The BMC’s core activities include issue education, consensus-based position development, and advocacy, making certain that patient-driven positions are communicated to decision makers and other stakeholders. The BMC was formed in 2002 as a grassroots alliance of patient advocates. In 2012, the BMC was registered under the federal Not-for-profit Corporations Act and operates under the direction of a Board of Directors comprised of representatives of member organizations and elected annually.



Alliance for Access to Psychiatric Medications
 Asthma Canada
 Brain Tumour Foundation of Canada
 Canadian Arthritis Patient Alliance
 Canadian Breast Cancer Network
 Canadian Cancer Survivor Network
 Canadian Council of the Blind
 Canadian Cystic Fibrosis Treatment Society
 Canadian Epilepsy Alliance
 Canadian Hemophilia Society
 Canadian PKU & Allied Disorders
 Canadian Skin Patient Alliance
 Canadian Spondyloarthritis Association
 CanCertainty
 Crohn’s and Colitis Canada
 Cystic Fibrosis Canada

Eczema Society of Canada
 Fighting Blindness Canada
 Health Coalition of Alberta
 Huntington Society of Canada
 Kidney Cancer Canada
 Lung Health Foundation
 Lymphoma Canada
 Medical Cannabis Canada
 Medicines Access Coalition – BC
 Migraine Canada
 Millions Missing Canada
 Ovarian Cancer Canada
 Parkinson Canada
 Platelet Disorder Support Association
 Psoriasis Canada
 the cancer collaborative