



2025 Chair Report

Board of Directors

John Adams, Chair
Kim Steele, Vice-Chair
Wendy Gerhart, Treasurer
Sarah Rogers

Highlights presented by John Adams, Chair, at the **Best Medicines Coalition Annual General Meeting**, September 29, 2025.

Introduction:

- Guided by its mission statement, the Best Medicines Coalition (BMC) is a strong and credible patient voice, focussed on member issue education, consensus-based position development and policy and issues advocacy, striving to ensure that patient-driven positions are heard by decision makers and those who inform and influence policy and issue development.

Mission Statement: 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.

- Serving this mission, the BMC pursues the following standing goals:
 - Effective models for meaningful, proactive, and impactful patient engagement in health and pharmaceutical policy development, recommendations and decision making, where patients and patient organizations are recognized as legitimate and integral contributors and patient-informed evidence is valued and incorporated.
 - Drug programs deliver higher standards of equitable and consistent access to a comprehensive range of safe, effective, and affordable medicines for all patients in a timely manner.
 - Streamlined, transparent and accountable health policy and regulatory frameworks uphold patient-driven principles, invest in both incremental and breakthrough advancements, provide improved pathways to timely access to all medically necessary medications, protect patient safety and ensure ongoing secure drug supply.

Structure and Governance: Membership

- The BMC is comprised of 33 patient organization members, including the recent additions of the Mood Disorders Society of Canada and the Platelet Disorder Support Association.
- As outlined in the BMC [Membership Criteria and Code of Professional Conduct](#), all organizations must operate within a governance structure, such as not-for-profit incorporation or registered charity status, and be actively involved in work related to that of the BMC. In addition, all member organizations are asked to review and express agreement with the BMC [Code of Conduct Regarding Funding](#), which offers guidance on funding arrangements to ensure that its activities serve the organization's missions and goals and are not influenced by commercial interests.

In late 2024, the BMC revised its membership criteria policy to include an Individual Associate designation to be assigned to an individual who is no longer affiliated with a BMC member organization. An Individual Associate is not a member of the BMC but can receive BMC information and be involved in some BMC activities.

Structure and Governance: Leadership and Support

- The BMC is a registered not-for-profit corporation which operates under the direction of a Board of Directors comprised of representatives of member organizations and elected annually. At the last Annual General Meeting on September 25, 2024, John Adams, Canadian PKU & Allied Disorders, Wendy Gerhart, Migraine Canada, Michel Long, Canadian Hemophilia Society, and Kim Steele, Cystic Fibrosis Canada, were re-appointed to the Board. They were joined by Sarah Rogers, Brain Tumour Foundation of Canada, who had not previously served. At a subsequent Board meeting, John Adams was reappointed Chair, Kim Steele was reappointed Vice-Chair, and Wendy Gerhart was appointed to the Treasurer position.
- In July 2025, Michel Long informed the Board that he had left employment at the Canadian Hemophilia Society and that he was resigning from the Board. Michel was a dedicated Director who contributed to many BMC policy initiatives over the years, including effective advocacy on behalf of the patient community on issues such as national pharmacare, pricing and other areas of reform. He will be greatly missed, and we wish him well in his future endeavours.
- Laurie Proulx expressed interest in joining the Board and her name is being put forward as a Director at this Annual General Meeting along with John Adams, Wendy Gerhart, Sarah Rogers, and Kim Steele. Laurie, thank you for offering your time and expertise.
- At the next Board meeting, the Directors will appoint/reappoint for various positions. John Adams has indicated that he will not be seek another term as Chair but intends to remain as a Director and past chair. Kim Steele, now Vice-Chair, has confirmed her intention to take on the Chair role. Wendy Gerhart has confirmed that she wishes to serve as Treasurer for another term.
- Paulette Eddy provides management services to the BMC as Executive Director, Jay Strauss provides communication and coordination services, and Ron Kenny provides accounting services, each retained on a consulting basis. In addition, BMC the receives assistance from other consultants as needed, including on policy, issues and government relations.

Structure and Governance: Financial Oversight and Funding

- The external public accountancy firm Kreston GTA has prepared its annual *Review Engagement Report and Financial Statements* for the 2035-2025 fiscal year (April 1, 2024 – March 31, 2025), following a review of the BMC financial processes, statements and other documents. The report, presented at this Annual General Meeting, concludes that the statements accurately reflect the BMC's financial situation, that the BMC's financial risks are not significant and that BMC demonstrates financial practices in accordance with recognized standards for not-for-profits.
- The BMC receives funding from pharmaceutical industry sources in accordance with the BMC [*Code of Conduct Regarding Funding*](#). In the fiscal year ending March 31, 2025, funding was received from the following sources: AbbVie Canada, Amgen Canada, GSK Canada, Innovative Medicines Canada, Johnson & Johnson Canada, Merck Canada, Novartis Canada, Novo Nordisk Canada, Pfizer Canada and Takeda Canada.

Core function overview:

The BMC's ongoing core activities encompass capacity and consensus building, direct advocacy, and outreach and awareness, as outlined below:

Capacity and Consensus Building. BMC educates members on relevant policy issues and facilitates the development of consensus positions through expert presentations, information sharing and discussions at meetings, webinar-style sessions and working group discussions. Efforts focus on ensuring an inclusive and comprehensive approach to building consensus and presenting patient-driven positions in effective submissions and other formal documents.

Direct Advocacy. Where policies related to how patients access necessary medicines are under review, BMC ensures that patient perspectives are heard by policymakers through discussions, meetings and conferences, and by participating in consultations, including with Health Canada, Canada’s Drug Agency (CDA-AMC), Patented Medicine Prices Review Board (PMPRB), pan-Canadian Pharmaceutical Alliance (pCPA) and private and public drug programs.

Outreach and Awareness. BMC shares patient-driven positions with stakeholders and influencers, amplifying the patient voice and informing discussions, communicating directly and through media/social media, conferences and other platforms. Where appropriate, the BMC pursues collaborative projects to further educate and build awareness.

Coalition activities and priority issues: 2024/2025

Coalition information sharing and capacity building:

- Through the 2024-2025 period, the BMC continued to issue its bi-weekly member information bulletin, *BMC Roundup*, providing updates on advocacy efforts, opportunities to input on policy consultations, relevant events and reports, as well as recognizing noteworthy member highlights. In addition, member organizations use this platform to share developments, events and issue-specific reports.
- Through the period, the BMC continued with a member working group framework providing forums for representatives of member organizations to discuss issue and receive information and updates on topics and advocacy opportunities of interest. In 2024-2025, the BMC had the following slate of working groups:
 - National Pharmacare Working Group
 - Drug Pricing (PMPRB/pCPA) Working Group
 - Drug Supply Working Group
 - Rare Disease Strategy Working Group
 - Patient Engagement Working Group
- The BMC has continued to facilitate virtual education and discussion opportunities for member organizations, with updates on policy developments and discussions. For example, the BMC provided opportunities for members to learn about the public policy environment, offering national issues updates throughout the period, with Santis Health consultants sharing information and insights on priority policy files. In addition, the BMC organized and facilitated ad-hoc member meetings on specific topics, providing opportunities for representatives of member organizations to gather virtually to discuss issues and actions on specific topics.
- In early 2025, the BMC initiated discussions on the possibility of a more enhanced patient organization advocacy capacity building program. Funding has now been secured for an initial needs assessment and planning phase and so implementation will be initiated.

Priority issues and advocacy activities:

Driven by its mission, standing goals, and advocacy targets, the BMC focused efforts on key priority issues during fiscal year 2024-2025, participating in a broad range of formal consultations and direct contacts with officials and decision makers to ensure that positions were communicated effectively.

The BMC’s priority national issues and advocacy messages are concisely outlined in the [BMC Federal Election Policy Brief: Improving health care for patients](#), developed in March 2025 and shared broadly with the federal parties prior to the April 28, 2025 election. A core position in the policy brief is related to patient time to access, with the BMC calling for leadership and cooperation to address the critical issue of extended delays as drugs and related treatments work through the system with implications for patient care and outcomes. Of note, the time to access issue was included as part of the Liberal Party platform and has emerged as a priority issue post-election within the health portfolio.

Concise summaries of BMC's core positions are also outlined in its submissions regarding Federal Budget considerations. In the 2024-2025 period, the BMC provided its [Submission to the Standing Committee on Finance: Priorities for the 2024-25 Federal Budget](#), prepared in August 2024, and more recently the BMC submitted Input for the [Pre-Budget Consultations in Advance of the Upcoming Federal Budget](#), prepared in August 2025

The BMC's priority issues and activities are explored below:

Drug supply and shortages, and trade issues:

- Continued widespread drug supply disruptions to drugs and related treatments, such as intermittent and ongoing shortages and discontinuations, have critical consequences for patient care and outcomes.
- The BMC remains active on this file, including as the sole patient voice on the Multi-Stakeholder Steering Committee on Drug Shortages (MSSC-DS), convened by Health Canada and a rotating provincial co-chair. The BMC is a full participant in this forum, bringing forward example shortages experienced by patients and offering patient-driven perspectives on a range of issues.
- Likewise, the BMC has been actively involved in Health Canada consultations related to supply including regarding regulatory reform, with the positions outlined in its submission [Proposed drug shortage regulation amendments and critical and vulnerable drug list](#), submitted in March 2025, and these positions informed subsequent input to the MSSC-DS work plan.
- The global supply chain for pharmaceuticals and related products is complex and integrated and patients are vulnerable to any interruptions and price increases, as are public and private payers. In early 2025, concerns in this area intensified amid the evolving United States' tariff and trade situation.
- As this issue emerged, the BMC ensured that patient interests were represented at federal discussion tables and through early 2025 and beyond the BMC became active in regular stakeholder discussion tables convened by Finance Canada and Health Canada.
- In the policy document, [Protecting patients in Canada from tariff and other trade measures](#), developed in March 2025 and distributed widely, the BMC urged leaders to ensure that patients are protected as tariffs are threatened and imposed, including respecting exemptions from tariffs or other trade measures. The BMC highlighted that any effect on prices must be managed and addressed, including providing financial relief to patients impacted and working with provinces, territories and private payers so that access is not restricted in response to pricing or other trade pressures.
- The BMC has also called for longer term, rigorous impact assessments 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. The BMC has also called for improved communication at all levels, so that shortages can be proactively managed.
- Moving forward, as trade and supply issues evolve, the BMC will continue to advocate for protection of patient interests at various tables.

National Pharmacare:

- The BMC has a long-standing involvement in deliberations on National Pharmacare, communicating core positions, including advocating for truly comprehensive and equitable access for all patients in Canada. The BMC supports National Pharmacare initiatives that address the most critical disparities and inequities experienced by patients, including maintaining and strengthening the public system. The BMC has called for reform which addresses the most significant shortfalls and barriers first, moving towards universal program only if possible.

- While not a complete or comprehensive solution, the Pharmacare Act, 2024, lays the groundwork for a first phase of National Pharmacare. As the legislation moved through the Parliamentary process the BMC explored avenues to communicate patient positions, outlined in the [BMC submission on Bill C-64, the Pharmacare Act](#), presented to the Standing Committee on Health in April 2024. The BMC called for improving the legislation by strengthening and entrenching the patient voice in policy and implementation. Positions were further communicated in a [Hill Times BMC opinion article](#), Senate committee hearings and outreach to a broad range of Parliamentarians.
- Moving forward, the BMC has continued to monitor developments and progress on bilateral pharmacare agreements, advocating for rigorous impact assessment as any possible expansions are considered.

Drug Pricing:

- The BMC continued its work on Patented Medicine Prices Review Board (PMPRB) regulations and pan-Canadian Pharmaceutical Alliance (pCPA) negotiations, with the goal of improving timely access to new medications.
- The BMC continued to relay its core advocacy positions through PMPRB consultations, providing input in two rounds during the 2024-2025 period. In September 2024, the [BMC submission regarding PMPRB Phase 2 Consultations on New Guidelines](#) was submitted followed by the [BMC submission on Draft Guidelines](#) in March 2025. Throughout, the BMC has carried through with its core positions around the need for a balanced approach to pricing, ensuring affordability and contributing to an environment where drugs are introduced in Canada in a timely fashion. Moving forward, the BMC will continue to seek opportunities to ensure that patient perspectives are incorporated as further regulatory changes are considered and through implementation.
- The pCPA underwent changes in leadership in 2024-2025 and in early 2025 the BMC, through a member organization, supported and contributed to a proposal to establish an ongoing pCPA/patient organization discussion forum to provide more effective interactions leading and positive reforms.

Rare Disease Strategy:

- The BMC continued its leadership role bringing the patient voice to the National Strategy for Drugs for Rare Diseases, calling for the establishment of a clear path forward, and work to streamline processes to deliver efficient and timely care. The BMC supports a fully resourced framework, with more robust data and evidence, and policies which will deliver comprehensive care which addresses patient exceptionality.
- The National Strategy for Drugs for Rare Diseases' Implementation Advisory Group has provided an avenue to directly inform decision makers, with BMC represented by Board Chair John Adams, and Board Vice-Chair Kim Steele as alternate. Progress on implementation has been slow, and extensive work is yet to be done to bring the strategy to fruition.
- Moving forward, the BMC will advocate for continued investments and patient access, including as it relates to timely access goals.

Patient Engagement:

- As a core position, the BMC supports that patient perspectives, including values and identification of barriers and goals, must be enshrined in all aspects of health policy development and decision-making, including regarding drugs and related treatments. Furthermore, the BMC calls for the allocation of resources to allow for meaningful engagement of patients, including creating new structures and roles to promote and protect patient interests.

- This call for meaningful patient engagement is communicated throughout all BMC advocacy communications on policy issues, as outlined above, including in formal position documents and submissions.
- Advocacy in 2024-2025 included outreach to the CDA, specifically regarding balanced patient representation on its Board of Directors in July 2024 and input on formats and roles for persons with lived experience in deliberative frameworks in January 2024. Position points were subsequently outlined in a BMC submission [Patient input to Canada's Drug Agency to support and inform reimbursement deliberations and related Issues](#).
- Moving forward, the BMC will continue to articulate and refine recommendations to decision maker on how they can more meaningfully engage patients.

Conclusion:

BMC and its members will continue to work together to ensure that patients in Canada have timely access to the medications they need and that patients and the organizations that represent them have a strong and powerful voice in all aspects of policy development, particularly critical in this period of significant challenges.

John Adams
Chair, Board of Directors
Best Medicines Coalition

Best Medicines Coalition Member Organizations



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
 Mood Disorders Society of Canada
 Ovarian Cancer Canada
 Parkinson Canada
 Platelet Disorder Support Association
 Psoriasis Canada
 the cancer collaborative