



# **Federal Budget 2026: Pre-Budget Consultations**

**Best Medicines Coalition  
Kim Steele, Chair  
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## Recommendations

The Best Medicines Coalition (BMC) calls on the federal government to:

1. **Provide leadership to reduce fragmentation across public and private drug plans** and ensure equitable and predictable access to medicines across Canada. This includes:
  - Eliminating the “postal code lottery” approach where access to medicines is dependent on where one lives and the insurance they have.
  - Treating innovative medicines (including rare disease therapies) as essential medicines.
2. **Use existing tools and create clear rules to improve access, specifically:**
  - Use regulatory reliance based on trusted authorities in other peer countries more broadly and routinely.
  - **Reduce policy, process and regulatory uncertainty that delays access** to medicines coming into Canada.
  - Put in place a **clear, legislated framework for orphan drugs for rare diseases**, including adding and refining incentives that support research, development, clinical trials, and access, while exempting these innovations from administrative fees.
3. **Directly involve patients early in the decision-making processes that affect their access to medicines.**
  - **Require patient involvement early in decision-making.**
  - Provide **funding and support** so patients and patient groups can participate in and inform drug access decisions.
  - Clearly demonstrate **how patient input is used in finalizing and implementing decisions.**

## Introduction

The Best Medicines Coalition (BMC) represents over 30 patient organizations across Canada, giving voice to the interest of millions of Canadian patients and their families. We work to make sure people can get the medicines they need when they need them.

Canadians can't access medicines in a predictable, fair, or timely way. Where you live, what plan you are on, and how eligibility decisions are made all effect whether you get the medicines you need, when you need them.

This is not just a health issue. It affects whether people can stay well, study, work, care for others, and live their fullest lives. The federal government has a clear role to play in **setting direction, creating clear rules, and making sure patients are part – and at the heart – of drug access decisions.**

## Start with Patient Access

Every Canadian needs drug coverage at some point. Currently, access depends on:

- Your province or territory
- Your insurance, whether public or private
- The rules of your specific plan

Canada has 14 public provincial and territorial drug plans and over 100,000 private [plans](#). **All with different rules.**

This creates confusion and unfairness. Two patients with the same condition can have very different access depending on where they live or how they are covered.

From a patient perspective, this is one of the biggest weaknesses in Canada's system. Delays and disruptions in access are also a major challenge. The relationship between drug pricing, regulatory and reimbursement complexity, and supply resilience must also be considered. Each plays a role in shaping drug policy and the resilience of the pharmaceutical supply chain, ultimately impacting patient access.

Improving access does not require making everything identical. But it does require **stronger federal leadership to reduce gaps and create a more predictable supply of medicines.** Patients should not have to navigate a patchwork system to get treatments they need.

## Innovation Is Essential Care

There is often a distinction made between access to essential medicines and access to innovative medicines. For patients, there is no distinction: innovative medicines are essential medicines.

For many conditions — especially rare diseases, chronic illness, and cancers: **Innovative medicines are the only effective treatment.**

These therapies are often:

- Time-sensitive
- Disease-modifying
- Life-saving

If access is delayed:

- Disease progresses
- Patients lose function
- Some patients die

A patient-centred system must treat innovative medicines as **essential**, not optional.

## Uncertainty is a Major Barrier to Access

When it comes to access to medicines in Canada, uncertainty is everywhere. Will the drug come to Canada?

- How long will it take?
- Will it be covered?
- Will I still be eligible when it arrives?
- How much harm will waiting for access cause?

This uncertainty creates real harm. **When policy is unclear or unpredictable, patients lose.** Countries that take patient access seriously rely on clear laws, regulations, and incentives to ensure medicines are developed, launched, studied, and supplied in their countries. That predictability enables patient access and signals to innovators that a country—and most importantly its people—are worth investing in.

## Use Regulatory Reliance to Improve Access Now

Canada has already taken an important step by introducing a **regulatory reliance pathway**, allowing Health Canada to rely on decisions from trusted international regulators.

This is one of the most practical tools available to improve access. It must be applied consistently and broadly enough to make a meaningful difference for patients, and this must happen quickly.

Patients do not benefit from tools that exist but are not widely used.

### What needs to change:

- Reliance should be used **routinely**, not occasionally.
- There should be clear direction to regulators on when and how to use it.
- Its use should be tracked and publicly reported.

Using reliance more broadly can:

- Reduce duplication.
- Speed up access to safe, effective medicines.
- Align Canada with global timelines for patient access.

This is a clear, immediate opportunity to improve patient access.

## Canada Needs Clear Rules and Regulations for Rare Diseases

Rare disease patients face some of the biggest access challenges in Canada. Issues include:

- Small patient populations
- Diagnostic delays and misdiagnoses
- Limited treatment options
- High uncertainty in decision-making
- Inconsistent access across jurisdictions

**Canada does not currently have strong, legislated frameworks that support access to rare disease therapies. Other countries do.**

For example, the [U.S. Orphan Drug Act of 1983](#) created clear, legislated incentives, which have expanded over the decades including:

- Market exclusivity
- Tax credits
- Grants
- Faster regulatory review
- Fee waivers
- Priority review vouchers

Because these measures are written into law and policy, they create predictability. They fostered a growing industry in biopharmaceuticals and that has led to major global progress in developing rare disease treatments.

Many of those same treatments are still difficult for Canadians to access in a timely way.

### **What Canada needs:**

- Clear, legislated frameworks for rare diseases.
- Incentives that support development, clinical trials, and access.
- Predictable pathways so companies choose to bring therapies to Canada.

Without this, Canada will continue to fall behind and Canadians with rare diseases will continue to face futures filled with uncertainty about how and if they will be able to access the medicines they need.

## Patient Engagement Must Be Built into the System

Patients are often asked for input, but too often:

- Engagement happens too late.
- Engagement is for engagement purposes only.
- Input is not reflected in decisions.
- Patient groups are not supported to participate.

This leads to policies that do not reflect patient needs.

Patients live with the outcomes of these decisions every day. Their input is essential to both drug access and generating evidence of the impact medicines have.

#### What needs to change:

- Patient engagement must happen early, not at the end of decision-making processes.
- Drug funders must provide **funding and support** so patient groups can participate in access processes.
- Decision-makers must clearly show **how patient input was used and why patient data wasn't used**. Transparency and accountability are paramount.

This should apply across:

- Regulatory processes
- Health technology assessment
- Funding decisions
- Policy development

Better patient engagement leads to better decisions — and better outcomes.

## A Practical Way to Think About Pharmaceutical Sovereignty

Pharmaceutical sovereignty is often discussed in terms of supply chains or manufacturing. Those issues matter. But sovereignty must also address something much closer to our everyday lives: how we get the medicines we need as Canadians to survive and thrive.

It comes down to a few simple questions:

- Can I get the medicine I need?
- Can I get it when I need it?
- Does my access depend on where I live and/or who I work for?
- Is the funding for the medicine I need predictable?

At a minimum, a strong system should deliver:

1. Reliable access to medicines.
2. Timely access to innovation.
3. Fair access across Canada.
4. A system that supports research and clinical trials.

There are many considerations and tactics that have been suggested to make Canada more pharmaceutically sovereign. None of them matter if patients can't access the medicines they need when they need them.

## Conclusion

Access to medicines in Canada is about real people and real health and economic outcomes. Access to medicines determines whether people:

- Stay healthy
- Stay in the workforce
- Avoid hospital
- Live longer

Canada already has many of the tools needed to improve access:

- Regulatory reliance
- Federal leadership
- Policy and legal frameworks
- Strong patient organizations

What is needed now is **clear direction and action**.

A federal budget that prioritizes **patient access, equity, predictability, innovation, regulatory leadership, and engagement** will strengthen not only health outcomes, but economic resilience and social cohesion.

The Best Medicines Coalition urges the federal government to keep patients at the centre of pharmaceutical policy and budget decisions.



## About the Best Medicines Coalition

The Best Medicines Coalition is a national alliance of 33 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 composed of representatives of member organizations and elected annually.



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| <ul style="list-style-type: none"> <li>Asthma Canada</li> <li>Brain Tumour Foundation of Canada</li> <li>Canadian Arthritis Patient Alliance</li> <li>Canadian Breast Cancer Network</li> <li>Canadian Cancer Survivor Network</li> <li>Canadian Council of the Blind</li> <li>Canadian Cystic Fibrosis Treatment Society</li> <li>Canadian Epilepsy Alliance</li> <li>Canadian Hemophilia Society</li> <li>Canadian PKU &amp; Allied Disorders</li> <li>Canadian Skin Patient Alliance</li> <li>Canadian Spondyloarthritis Association</li> <li>CanCertainty</li> <li>Crohn's and Colitis Canada</li> <li>Cystic Fibrosis Canada</li> <li>Eczema Society of Canada</li> <li>Family Alliance on Severe Mental Illnesses</li> </ul> | <ul style="list-style-type: none"> <li>Fighting Blindness Canada</li> <li>Health Coalition of Alberta</li> <li>Huntington Society of Canada</li> <li>Kidney Cancer Canada</li> <li>Lung Health Foundation</li> <li>Lymphoma Canada</li> <li>Medicines Access Coalition – BC</li> <li>Migraine Canada</li> <li>Millions Missing Canada</li> <li>Mood Disorders Society of Canada</li> <li>Ovarian Cancer Canada</li> <li>Parkinson Canada</li> <li>Platelet Disorder Support Association</li> <li>Psoriasis Canada</li> <li>Pulmonary Hypertension Association of Canada (PHA Canada)</li> <li>the cancer collaborative</li> </ul> |
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