Submission for the Department of Finance 2026 Pre-Budget Consultation

Best Medicines Coalition

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Summary of Recommendations

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

1. **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.
    - Recognizing timely access to innovative medicines - including rare disease therapies - as an essential component of healthcare.
    - Creating an attractive environment to launch new medicines, research, and clinical trials, which in turn drives competition, investment and innovation and strengthens Canada's pharmaceutical supply chain and sovereignty.

2. **Use existing tools and create clear rules to improve access while also investing resources more efficiently, 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 more than 30 patient organizations across Canada, giving voice to the interests of millions of Canadian patients and their families. We work to ensure people can access the medicines they need, when they need them, safely and fairly.

The millions of Canadians we represent know firsthand that access to medicines is not always predictable, equitable or timely. Where someone lives, what drug plan they rely on, and how coverage and eligibility decisions are made can all determine whether they receive the treatment they need.

This is not just a health issue. Access to medicines affects whether Canadians can study, work, care for their families and participate fully in their communities. When access is delayed, the consequences are felt not only by patients and families, but across the healthcare system and the broader economy.

The July 24, 2026 Pharmaceutical and Life Sciences Sector Task Force Report reinforced the connection between health and economic prosperity and urged the federal government to take "deliberate, bold and swift action" to build a world-leading pharmaceutical and life sciences industry for a "healthier and wealthier Canada." It called for the sector to be recognized and supported as a strategic nation-builder, and its 39 recommendations provide a roadmap spanning regulatory modernization, pricing and reimbursement, clinical trials, investment and health sovereignty.

Our submission echoes recommendations from the Task Force Report and identifies targeted investments and practical actions to build a more predictable system. One that accelerates access to medicines, attracts clinical trials and investment, supports workforce participation and health-system sustainability, and keeps patients at the centre.

We encourage the federal government to use Budget 2026 as an opportunity to improve health outcomes while strengthening Canada's competitiveness, economic resilience and long-term prosperity.

Recommendation 1:

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.
- Recognizing timely access to innovative medicines - including rare disease therapies - as an essential component of healthcare.
- Creating an attractive environment to launch new medicines, research, and clinical trials, which in turn drives competition, investment and innovation and strengthens Canada's pharmaceutical supply chain and sovereignty.

Start with Patient Access

Every Canadian will need drug coverage at some point. Yet only 18% of innovative medicines available globally reach Canadian patients through public drug plans, compared with the OECD average of 28%.[1]

Currently, access depends on:

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

Canada has 15 main public drug plans managed at the provincial, territorial and federal levels, and over 100,000 private plans, each with different rules and eligibility criteria.[2]

This creates uncertainty, confusion and inequities. 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. A report by the Canadian Health Policy and 3Sixty Public Affairs noted that provincial public drug plans covered only 20% of the 196 medicines approved by Health Canada between 2019 and 2023, with coverage ranging from 27% in Ontario and Quebec to only 11% in British Columbia.[3]

And, if they are ultimately covered, it takes on average 906 days - nearly 30 months - from Health Canada authorization to first listing on a public drug plan. Canada's sequential post-approval processes leave patients waiting longer for public coverage than in peer jurisdictions. [4] [5]

From a government efficiency perspective, these delays and obstacles to access also lead to greater, potentially avoidable downstream costs.

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[1] https://innovativemedicines.ca/newsroom/all-news/canadas-innovation-gap-why-your-access-to-medicines-is-at-risk/
[2] https://www.cda-amc.ca/coverage-categories-public-drugs-plans-canada
[3] https://canadianhealthpolicy.com/policy-conference-10-march-2026/
[4] https://www.canada.ca/en/patented-medicine-prices-review/services/npduis/analytical-studies/posters/factors-delaying-2025poster.html
[5] https://www.canada.ca/en/health-canada/services/drugs-health-products/drug-products/announcements/pharmaceutical-life-sciences-sector-task-force/report-ministers-health-industry.html

Research published by Canadian Health Policy found that higher spending on patent medicines was associated with lower overall public healthcare expenditures. Between 1990 and 2024, every $1 million increase in spending on patent medicines was associated with a $3.4 million decrease in overall public healthcare spending; cumulatively, $20.4 billion in additional spending on patent medicines was associated with an estimated $69.3 billion in broader public healthcare savings.[6]

Delayed access can increase pressure on the healthcare system by contributing to worsening health, more intensive care needs and potentially avoidable hospital use. A 2025 econometric analysis estimated that, in the absence of drug approvals during 1970–1991, Canada would have experienced 14.2 million more hospital days in 2022: an increase of approximately 55%.[7]

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, healthcare outcomes and quality of life.

Improving access does not require making everything identical. But it does require stronger federal leadership to reduce gaps, create a more predictable supply of medicines, and spend money efficiently and effectively.

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 some conditions - particularly certain rare diseases and cancers - an innovative medicine may offer the only effective treatment option.

These therapies are often:

- Time-sensitive
- Disease-modifying
- Lifesaving

If access is delayed:

- Disease progresses and can lead to permanent damage
- Patients lose function
- Some patients die

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

The Task Force Report makes clear that patient access, investment and pharmaceutical resilience are interconnected. Canada is losing ground in clinical trials partly because of complex approvals and an unattractive market-access and reimbursement environment; sponsors also consider

[6] https://canadianhealthpolicy.com/product/the-impact-of-innovative-medicines-on-healthcare-costs-in-canada-1990-to-2024-20-billion-cumulative-annual-variation-in-spending-on-patent-drugs-saved-70-billion-in-overall-public-healthcare-expend/
[7] https://canadianhealthpolicy.com/the-impact-of-pharmaceutical-innovation-on-mortality-and-hospital-utilization-in-canada-2000-2022/

whether patients will have timely, sustainable access after a trial when deciding where to invest.

At the same time, tariffs, protectionist policies and efforts to onshore pharmaceutical production are intensifying global competition and supply-chain risk in a Canadian market where imports now account for 93% of domestic drug expenditures (up from 74% over the past decade). [8]

An August 2026 survey of 31 pharmaceutical and life sciences companies found that 16 planned Canadian medicine launches had been cancelled and another 32 delayed in response to U.S. MFN pricing pressures, some of which were already approved by Health Canada. [9]

This is a startling number that underscores supply chain vulnerabilities and emphasizes the importance of creating a landscape that is attractive to industry, so Canada is prioritized for new medicine launches, clinical trials and investment, giving Canadian patients earlier access to innovation.

Actions to Advance Recommendation #1:

- **Canada Health Transfer (CHT):** Call for the 5% minimum CHT growth guarantee to be extended beyond 2027–28.
- **National Strategy for Drugs for Rare Disease:** Protect the $500 million in ongoing annual funding for the National Strategy for Drugs for Rare Diseases and renew/extend the bilateral agreements beyond March 31, 2027 to ensure continuity and predictability for patients.[10]
- **Appoint a Chief Patient Officer:** Call on the Minister of Health to create a Chief Patient Officer role to embed patient perspectives throughout federal pharmaceutical and life sciences policy development and implementation.
- **Multi-Dimensional HTA Framework:** Call on Canada's Drug Agency (CDA) to continue evolving its Health Technology Assessment (HTA) framework toward a multi-dimensional assessment of clinical and patient value, health-system value, and societal value, including productivity.
- **30-to-60 Day pCPA Timelines:** Endorse the Task Force recommendation for the pan-Canadian Pharmaceutical Alliance (pCPA) and provinces to finalize listing agreements within 30 to 60 days of executing a Letter of Intent.
- **Fund and Coordinate a Pan-Canadian Mutual Recognition Model:** Support national harmonization of research ethics approvals and recognition across jurisdictions to reduce duplication and accelerate multi-site clinical trials.
- **Standardize Health Data Privacy Rules:** Work with provinces and territories to develop a more unified pan-Canadian framework for secure health-data sharing for research.
- **Supply Chain Security:** Build on existing mandatory shortage reporting by strengthening early-warning, shortage-prevention and mitigation measures, and supporting strategic reserves for critical medicines.

[8] https://www.canada.ca/en/health-canada/services/drugs-health-products/drug-products/announcements/pharmaceutical-life-sciences-sector-task-force/report-ministers-health-industry.html
[9] https://toronto.citynews.ca/2026/08/17/exclusive-us-policy-compelling-some-drug-companies-to-stall-medicine-rollouts-in-canada
[10] https://www.canada.ca/en/health-canada/services/health-services-benefits/strategy-drugs-rare-diseases.html

Recommendation 2:

Use existing tools and create clear rules to improve access while also investing resources more efficiently, 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.

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 be eligible when it arrives?
- How much harm will waiting for access cause?

When policy is unclear or unpredictable, patients lose. And so does Canada.

Canada ranks last in the G7 and 19th out of 20 peer OECD countries in the time it takes for approved new medicines to become accessible to patients.[11]

For rare disease patients, the numbers are even more staggering. Only 60% of treatments for rare disorders make it into Canada and most get approved up to six years later that in the U.S. or Europe.[12]

Peer jurisdictions use clear laws, regulations and incentives to support the development, launch, study and supply of medicines 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

Through Health Canada's new Ministerial Reliance Order (MRO), which came into force on July 15, 2026, Canada has already taken an important step by introducing a regulatory reliance pathway, allowing Health Canada to rely on decisions from trusted international regulators. The BMC was pleased to provide input on its development through the consultation process.

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.

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[11] https://innovativemedicines.ca/newsroom/all-news/more-than-just-medicines-canadas-innovative-pharmaceutical-industry-is-contributing-to-the-countrys-overall-health

[12] https://www.raredisorders.ca/news/story/canadian-organization-for-rare-disorders-supports-call-on-united-nations-member-states-to-turn-universal-health-coverage-into-a-reality-for-people-living-with-rare-diseases

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 and healthcare outcomes while also optimizing the impact of public dollars invested.

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

About 1 in 12 Canadians, two-thirds of them children, are affected by a rare disorder[13], yet Canada lacks a dedicated orphan-drug legislative and regulatory framework; several comparable jurisdictions have one.

For example, the United States introduced the Orphan Drug Act in 1983, establishing incentives that include:

- Seven years of market exclusivity
- Tax credits for qualified clinical trials
- Research and clinical trial grants
- Regulatory user-fee waivers

These incentives are complemented by broader FDA expedited development and review pathways that may be available to qualifying rare disease therapies.[14]

Australia introduced its Orphan Drug Program in 1997, establishing a formal orphan-drug designation and incentives that include:

- Application and evaluation fee waivers
- Fee waivers or refunds for qualifying Priority Review and Provisional Approval pathway applications[15]

The European Union introduced its Orphan Medicinal Products Regulation in 2000, establishing incentives that include:

- Ten years of market exclusivity

[13] https://www.raredisorders.ca/work/strategy-access
[14] https://www.fda.gov/patients/rare-diseases-fda
[15] https://www.tga.gov.au/resources/guidance/apply-orphan-drug-designation-prescription-medicine

- Regulatory fee reductions and waivers
- Specialized scientific and regulatory advice
- Access to the centralized authorization process
- EU research funding opportunities[16]

These measures create greater predictability for developers and provide targeted incentives to support investment in treatments for small patient populations.

In 2025, the World Health Assembly adopted its first-ever resolution on rare diseases, calling on countries to strengthen national rare disease policies, research and innovation, and equitable and timely access to medicines. The resolution also directed the WHO to develop a 10-year Global Action Plan on Rare Diseases for consideration in 2028.[17]

Canada's National Strategy for Drugs for Rare Diseases is a start, but it isn't enough.

Without a clearer and more predictable framework, Canada will continue to fall behind and Canadians with rare diseases will continue to face uncertainty about if and how they will be able to access the medicines they need.

Actions to Advance Recommendation #2:

- **Expand the Scope of Reliance:** The MRO was a positive step toward improving access. Continue the momentum by urging Health Canada to expand the Incorporated by Reference (IbR) list to include additional high-impact categories, including oncology, rare disease, vaccines and other innovative medicines where reliance could meaningfully accelerate access.
- **Close the Timing Gap:** Expand the IbR list to activate the 120-day filing pathway for appropriate human medicines and increase the use of joint reviews with trusted regulatory partners, helping Canada reduce unnecessary delays and better align with global launch timelines.
- **Public Metrics:** Publish the number of reliance reviews, review timelines, time from filing to authorization, and performance against applicable service standards.
- **Prioritize Rare Diseases:** Legislate a dedicated orphan-drug framework with predictable pathways and incentives that support research, clinical trials, development and patient access.

[16] https://eur-lex.europa.eu/eli/reg/2000/141/oj/eng
[17] https://www.who.int/news/item/31-08-2026-global-action-plan-on-rare-diseases---process-and-next-steps

Recommendation 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.

Patient Engagement Must Be Built into the System

Meaningful patient engagement throughout regulatory, reimbursement and funding decisions can lead to better-informed and more equitable decisions, while helping governments direct limited healthcare resources toward treatments and outcomes that provide meaningful value to patients.[18] [19]

Unfortunately, in current practice, when patients are asked for input:

- Engagement often occurs too late to meaningfully shape decisions.
- Engagement can be consultative rather than meaningfully integrated into decision-making.
- It is not always clear how patient contributions affected the final decision.
- Patient groups may lack the funding and capacity needed to participate effectively.

This leads to policies and decisions that do not adequately 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.

Actions to Advance Recommendation #3:

- **Timely Engagement:** Include patients and patient groups in regulatory development and review from the beginning.
- **Support Patient Groups:** Drug funders must provide funding and support so patients and patient groups can participate in access processes.
- **Be Transparent in Communicating Patient Contributions:** Clearly demonstrate how patient input was considered in life sciences and health care decisions, where it was not reflected in the final decision, and why.

[18] https://www.cambridge.org/core/journals/international-journal-of-technology-assessment-in-health-care/article/patient-engagement-for-the-development-of-equityfocused-health-technology-assessment-hta-recommendations-a-case-study-of-two-canadian-hta-organizations/25D439177BD64687CAA02368718EE4B5

[19] https://www.ispor.org/publications/journals/value-outcomes-spotlight/vos-archives/issue/view/patient-centricity-in-healthcare/bridging-theory-and-practice-to-advance-patient-centered-economic-evaluation-of-health-technologies

Conclusion

Too often in Canada, patients facing serious or life-threatening illness are told that a treatment exists, only to discover that accessing it is another battle.

Access can depend on where they live, whether a public or private plan will pay, and their - or their family's - ability to navigate complex applications, reviews, funding criteria and appeals.

Canadian research has documented processes that can be complex, time-consuming and difficult to navigate, including circumstances where illness itself limits a patient's ability to self-advocate.[20] For someone whose disease is progressing, bureaucracy is not an abstraction. It costs time they may not have.

Timely access to medicines is ultimately about real people and real health and economic outcomes. It can help determine whether people:

- Stay healthy
- Stay in the workforce
- Avoid hospitalization
- Live longer and with a better quality of life

Protecting these outcomes supports Canadians while reducing pressure on the healthcare system and public spending.

Simply put, investing in the health of Canadians is an investment in Canada's economy.

At the centre of every regulatory, reimbursement and funding decision is a person waiting to learn whether the medicine that could help them will reach them in time. It begs a simple question: what is a life worth?

The Best Medicines Coalition urges the federal government to keep patients at the centre of pharmaceutical policy and budget decisions and to take concrete action to ensure Canadians can access the medicines they need, when they need them, safely and equitably.

[20] https://pmc.ncbi.nlm.nih.gov/articles/PMC10910218/

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.

Member Organizations

- 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
- Family Alliance on Severe Mental Illnesses
- Fighting Blindness Canada
- Health Coalition of Alberta
- Huntington Society of Canada
- Kidney Cancer Canada
- Lung Health Foundation
- Lymphoma 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
- Pulmonary Hypertension Association of Canada (PHA Canada)
- the cancer collaborative