



NEWS RELEASE

Quebec's public-private pharmacare model provides more generous—and timely—access to new drugs

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For Immediate Release

MONTREAL—Quebec's universal pharmacare system, which relies on both a public plan and private insurance providers, covers more drugs and provides quicker access to new medicines than other Canadian provinces, finds a new study released today by the Fraser Institute, an independent, non-partisan Canadian public policy think-tank.

Last month, a federally-appointed advisory panel (headed by former Ontario health minister Dr. Eric Hoskins) released a report calling for a government-run taxpayer-funded national pharmacare program—vastly different from Quebec's system.

“The Quebec model is proof that you can have universal—and generous—drug coverage using a mix of public and private insurance,” said Yanick Labrie, Fraser Institute senior fellow and author of *Lessons from the Quebec Universal Prescription Drug Insurance Program*.

The study finds that Quebec's public plan provides greater access to prescription drugs than other provincial plans in Canada. For example, of all the drugs approved by Health Canada from 2008 to 2017, 33.4 per cent are listed on Quebec's public formulary compared to 25.6 per cent in other provinces (on average).

In fact, Quebec's public plan covers more than 8,000 prescription drugs, while Ontario's Drug Benefit program covers 4,400.

Quebec also has faster approval times for new medicines compared to other provincial plans. Over the past 10 years, the average wait time for new drugs (between approval by Health Canada and coverage by the public plan) was 477 days in Quebec compared to 674 days in the other provinces.

Crucially, private insurers active in Quebec must provide coverage that is at least equivalent to that of the public plan, although private insurers usually provide expanded coverage to include drugs not covered by Quebec's public plan.

The study also notes that Quebecers have greatly benefited from faster and easier access to new medicines in terms of health outcomes, and although drug costs have increased since the program was implemented in 1997, there has been a relative decrease in the use of other health services. In fact, Quebec has a lower level of total health spending per capita than in any other province in Canada.

“While not perfect, Quebec's mixed public-private pharmacare model proves that you don't need a government-run, one-size-fits-all-provinces system to provide universal drug coverage to patients,” Labrie said.

“With the issue of pharmacare front and centre, it's crucial that policymakers—and all Canadians—are aware of Quebec's pharmacare program.”

(30)


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