Pharmacare in 2024: Learning from the past, looking to the future

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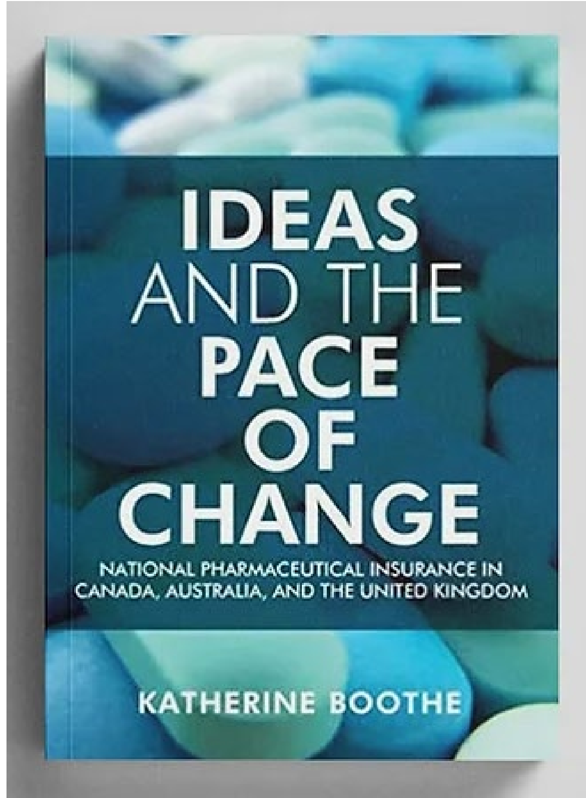
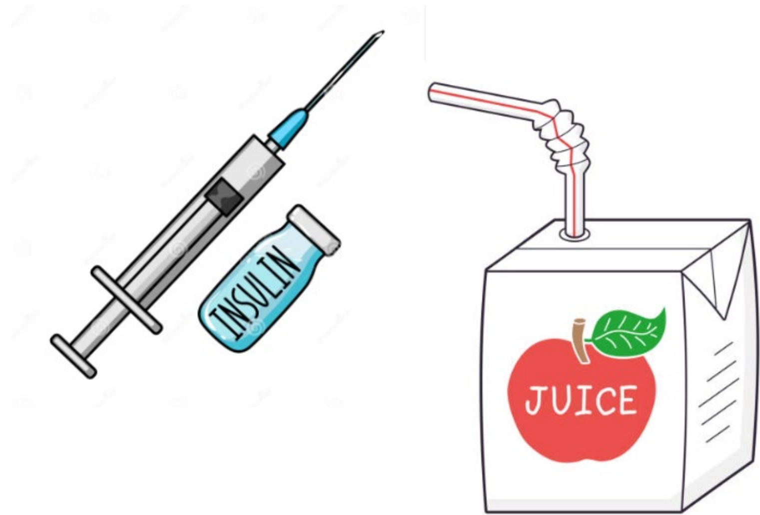
My context

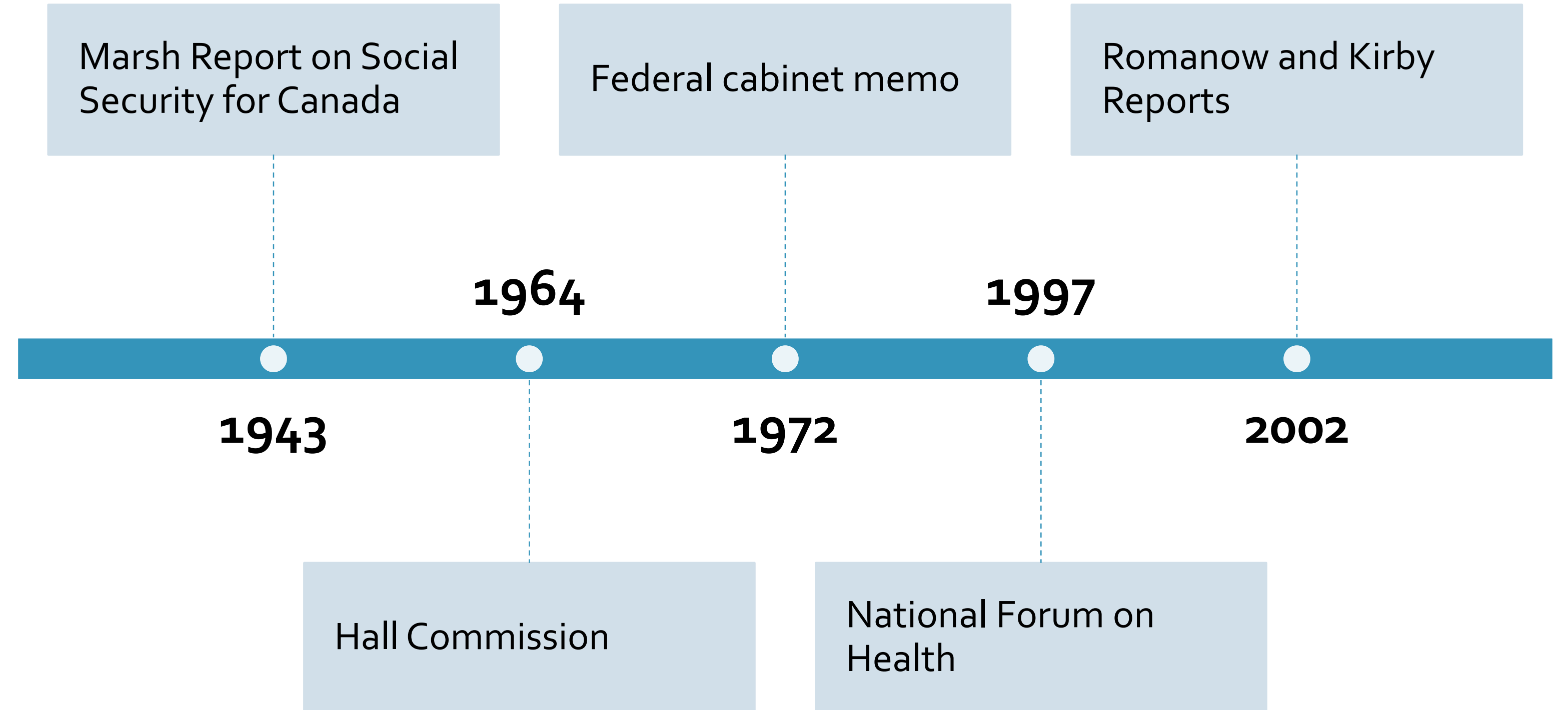




Agenda

- Ideas about cost as a barrier to change, 1943-2002
- Pharmacare proposals since 2015: new evidence, same ideas in public discourse
- Legitimacy of certain ideas: from ”good” evidence or from long repetition?
- The “stickiness” of ideas: helps us understand potential barriers to reform today

Pharmacare proposals since 1943



Pharmacare proposals since 1943

Ideas expressed by politicians

- Pharmacare is unaffordable
- Pharmacare is an “add-on” rather than a core health service
- Health policy must focus on “fixing what we have”
- Policy development only “step-by-step”

Public demand for reform

- Pharmacare is low on the political agenda
- No elite prompting to demand specific benefits
- Lack of demand reinforces low place on the policy agenda

Costs

Leave pharmaceuticals off the FPT agenda; **"all experience to date indicates that it is almost impossible to control the costs in such services"**

- 1950 (National Department of Health and Welfare)

Recommend that **"in view of the difficulties inherent in the control of costs and in light of the availability of drugs provided in hospitals, that pharmaceutical benefits might be excluded from any Canadian medical care program"**

- 1963 (Departmental Group to Study Health Insurance)

Prime Minister does not wish to extend Medicare to drugs **"because of the considerable expenditures involved and the difficulty of getting provinces to pay their share"**

- 1971 (internal proposal for a universal pharmacare)

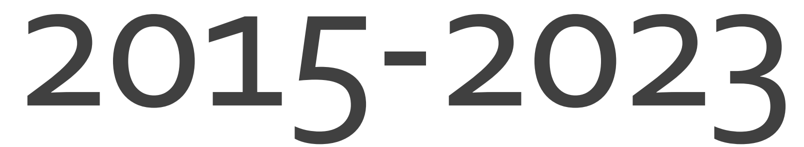
Incrementalism

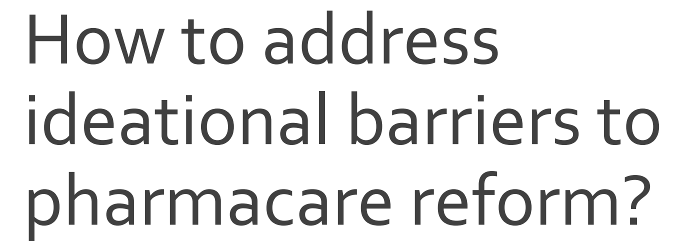
Call for a health insurance program **“designed in such a way so as to permit step-by-step implementation”**

- 1964 (British Columbia)

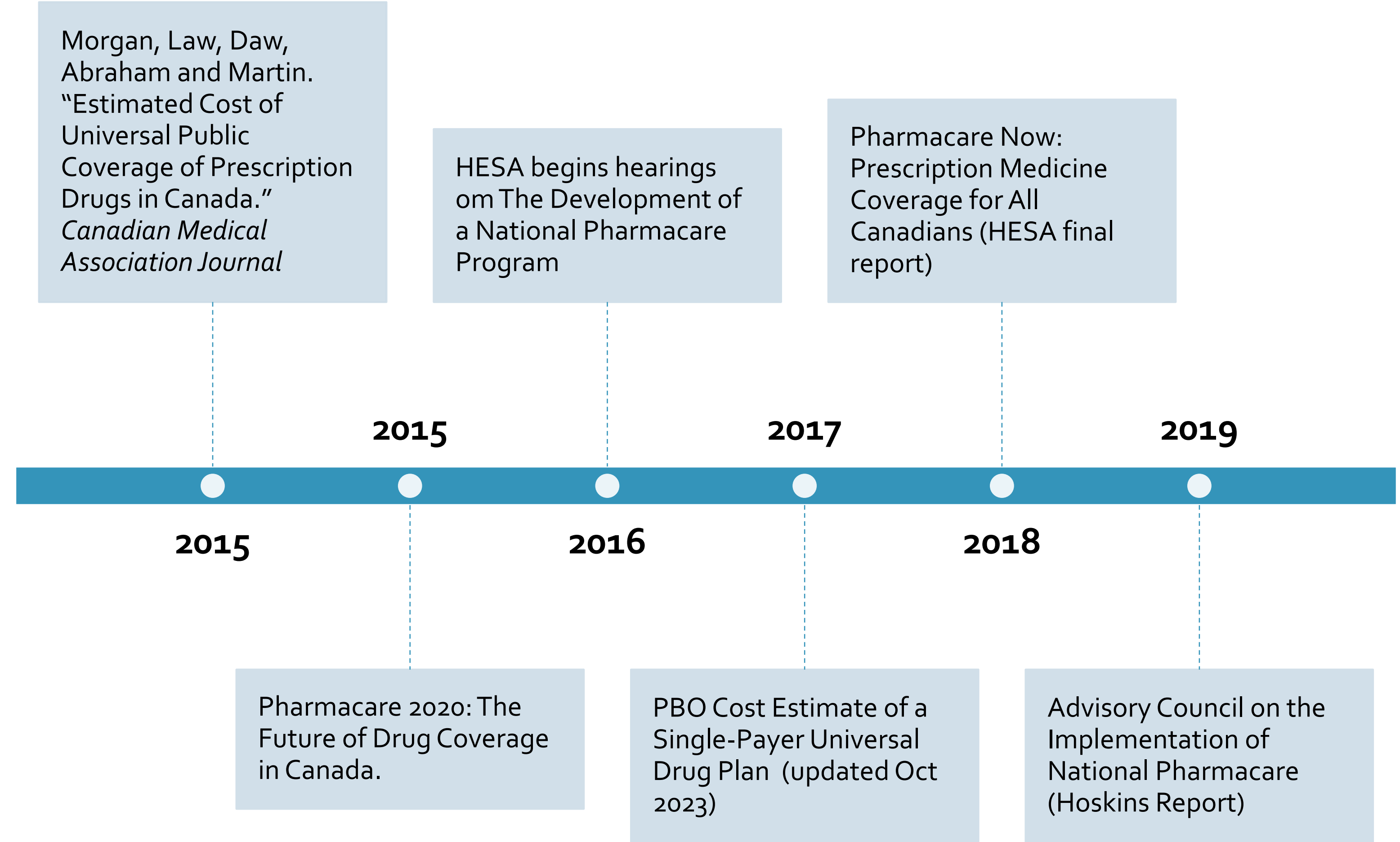
Proposal for universal pharmacare was modified to a **“staged”** program that would provide drug coverage to seniors and eventually other groups

- 1972 (internal proposal for a universal pharmacare)


2015-2023


How to address ideational barriers to pharmacare reform?

Pharmacare research and proposals since 2015



The more things change?

The proposals are different, but the framing of the response is consistent

- Hoskins Report 2019: Finance Minister said a national pharmacare plan would be “fiscally responsible,” and would “deal with the gaps, but doesn't throw out the system that we currently have”
- PBO estimates 2023: Health Minister “stressed the need for fiscal prudence”
- lead up to Bill C-64, 2024: Finance Minister says that pharmacare “will not jeopardize Canada’s fiscal standing”
- Bill C-64 is introduced, 2024: focus on bilateral agreements and step-by-step roll out

The more things change?

- Better evidence does not necessarily/automatically overcome limited ideas that have characterized pharmacare conversations for 80 years
- Relatively low public salience and competing health policy priorities hampers ideational change

Dealing with sticky ideas

- Social learning: new conversations with Canadians about trade offs in reform?
- The risk of overpromising and underdelivering when describing the scope of reform
- Generating public salience is important: what about public trust?

Takeaways

- Some continuity between ideas that framed historical reform attempts and the current moment
- A focus on the “unaffordability” of pharmacare and incrementalism has presented barriers to reform in the past
- Recognizing this may prompt different conversations about reform

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