

MEMBER STATEMENT—KEVIN O'REILLY MLA FRAME LAKE

NATIONAL PHARMACARE AND PRESCRIPTION ACCESSIBILITY

February 23, 2018

MR. O'REILLY: Merci, monsieur le President. Here, in the Northwest Territories, most of our citizens do fairly well in comparison to other Canadians when it comes to cost-free and reasonable access to prescription drugs. We know that, in the South, one in five Canadians never fills the prescription given by their caregiver because they do not have the money. In 2015, Canada's prescription drug spending as a share of gross domestic product was the fifth-highest among 31 OECD countries. Canada spends more on prescription drugs because we pay higher prices for them, not because we need or buy more.

One important aspect is who is not covered for prescriptions. Indigenous peoples are covered under NIHB, and, though it has its limitations, this is a good start. Non-Indigenous and Metis people who have specified conditions or are 60 years or more are covered under Extended Health Benefits. What about the working poor or those who are on income assistance and not Indigenous? What about our students who are no longer covered by their parents' plans? Anyone who is not covered by a work-based plan, NHIB, or Extended Health Benefits struggles to purchase prescriptions, and they may join the one in five Canadians who cannot always fill prescriptions. This is a disgrace and needs to be changed. It also results in higher costs for our healthcare system as people show up for emergency care as prescriptions are not filled and conditions get worse.

Another major issue here and across Canada and, indeed, the world is the rising cost of prescription drugs, both as a proportion of the healthcare budget and the costs of the drugs themselves. Today, federal, provincial, and territorial governments bulk-buy medications under the Pan-Canadian Pharmaceutical Alliance, which has resulted in an estimated \$1.28 billion in combined annual savings. This very limited bulk purchasing model has saved money but has only minimally lowered drug costs. Refinements to this system are needed to make it more effective, and Canada needs to stop signing so-called free-trade agreements that vastly extend patent protection for drugs and corporations that make drugs.

We need to work towards a national pharmacare program. The Canadian Labour Congress has done some work on this, and I will table a document later today about it. GNWT needs to stand in solidarity for a national pharmacare plan. I will have questions for the Health Minister later today. Mahsi, Mr. Speaker.