



Action Canada
for Sexual Health & Rights

Factsheet
In Defence of Pharmacare

May 2025

Background

Bill C-64, [An Act Respecting Pharmacare](#), was a hard-fought win for health advocates across the country. Amidst increasing debates on the efficacy of pharmacare, it is essential to have all the information at hand and understand what we're actually fighting for – better health outcomes for all Canadians and a stronger healthcare system. This document outlines some common myths about pharmacare and the facts.

Universal access to contraception gives individuals the autonomy to make informed choices about their health and lives. It enables those who can become pregnant to plan if and when to become pregnant, leading to immediate, life-long, and intergenerational advantages. It also allows individuals to manage a broad range of conditions related to reproductive health beyond pregnancy. When individuals can access contraception, it allows them to pursue education and employment opportunities, it contributes to gender equality, it supports management of their reproductive health, and it supports people to decide if and when they want to grow their families according to their own particular circumstances. Planned pregnancies also result in lower maternal and infant mortality rates as well as reduced healthcare costs associated with unplanned pregnancies and even savings to the healthcare system overall for every dollar invested in contraception. Better contraception access is a catalyst for healthier individuals, stronger families, and more equitable societies.

Current Landscape

In October of 2024, leading health organizations from across Canada celebrated the passing of landmark pharmacare legislation. Bill C-64, [An Act Respecting Pharmacare](#), received royal assent, establishing the foundational principles for the first phase of Canada's national universal pharmacare program with the introduction of universal, single-payer, first-dollar coverage for prescription drugs, starting with coverage for diabetes and contraception medications. This marks a significant step toward improving drug access, affordability, and equity nationwide. As a sexual and reproductive rights organization, Action Canada welcomed the inclusion of contraception as one of the two classes of drugs included in the initial roll-out.

The introduction of a national pharmacare program will improve the health outcomes of people across Canada. However, several groups still oppose its implementation. These groups include pharmaceutical lobbies that have attempted to influence the composition of the expert committee serving as an advisory board on pharmacare implementation, as well as its mandate. They also have access to substantial funding, which is often lacking among health advocates.

Myths and Facts on Universal Pharmacare

Myth 1: Only 2.8% of Canadians are not eligible for drug coverage through provincial or private plans.

In a [2022 study](#) done by the Conference Board of Canada, it was found that the gap in uninsured people across Canada had dropped from the previous years, and only 2.8% of the population was ineligible for drug coverage.

Fact 1: 1 in 5 Canadians have inadequate drug coverage.



The keyword in the myth above is ‘eligible’, and only saying 2.8% of the population is ineligible doesn’t tell the whole story. The same study referenced above goes on to say that nearly [10% of Canadians](#) are not enrolled in insurance programs for which they are eligible. Statistics Canada reports from 2024 suggest that these numbers may be a conservative estimate, stating that [over one in five or 21% of Canadians](#), say they do not have coverage for prescription medications. This coverage gap also disproportionately falls on women and marginalized people. Further, this does not account for those who may have private insurance coverage through spouses/partners or parents, but may not feel safe or comfortable using their private coverage to access medications such as contraceptives for fear of the plan holder being made aware. This is particularly important in cases of gender-based violence and [reproductive coercion](#).

Myth 2: A Pharmacare plan would provide fewer choices and less innovation

Some opponents of pharmacare have argued that introducing a pharmacare plan would [limit the medications](#) that Canadians can use and make it harder for newer medications to enter the market.

Fact 2: A Pharmacare plan would provide more choice for effective medications and lower the purchasing cost of pharmaceuticals.

Pharmacare plans generally use a [formulary of approved medications](#) and often require proof that the drug has added benefits to what is already included in the list of approved medications. It is worth noting that [less than a third](#) of new medications introduced into the market between 2011 and 2020 had a significant therapeutic benefit compared to those that had already been introduced, and often, pharmaceutical companies will apply for approval for [private coverage before public coverage](#).

Canada ranks third highest in the amount paid for prescriptions per person. Pharmacare would allow the government to [purchase drugs as a single unit](#), allowing it to bargain for better prices.

Myth 3: Most people have some form of coverage. Why pay for everyone when only a few people need coverage? Pharmacare should focus on filling the gaps.

As mentioned above, many insurance companies have stated that only a small percentage of the population doesn’t have access to drug coverage, and pharmacare should be aimed at providing coverage for those Canadians only. The rest of the population already has coverage under private or provincial programs.

Fact 3: For Pharmacare to be effective, it needs to have universal, single-payer, first-dollar coverage.

It is imperative for any pharmacare plan implemented in Canada to have universal, single-payer, first-dollar coverage, for it to be in the best interest of all Canadians. As highlighted above, [1 in 5 Canadians](#) do not have access to adequate drug coverage – most provinces have a [fill-the-gaps approach](#) to drug coverage through compassionate programs, but people are continuing to fall through these gaps, leading to many Canadians simply [not taking the prescription medications](#) they need or having to make choices between those medications or other essentials like rent or heat. This doesn’t account for the stigmatization people feel around certain medications like contraception, even if they are covered under a private plan. This is particularly true in cases of vulnerable, abusive or dependent relationships where individuals may not feel safe accessing coverage for fear of the plan holder being made aware.

Myth 4: The cost of pharmacare outweighs its benefits.



There are significant costs associated with implementing pharmacare. The cost of pharmacare over five years could add up to billions of dollars if it aims to cover a comprehensive list of medications. This is money that could be spent elsewhere.

Fact 4: Not implementing pharmacare comes with significant costs that cannot be ignored.

Implementing a pharmacare program does come at a cost. [The Hoskins report](#), released in 2019, stated as much, but not having a pharmacare plan in Canada comes at a significant cost, too, both financially and socially. As mentioned above, Canada pays [more per person for prescription medication than](#) most other OECD countries because of its lack of bargaining power. Canada also has one of the highest rates of [“cost-related medication non-adherence”](#), or people not taking prescribed medication because they cannot afford to do so. This negatively affects people’s health outcomes, but also creates [additional costs for the Canadian healthcare system](#) through emergency visits for preventable illnesses. It is also worth noting that this disproportionately affects those living with [chronic health conditions](#) such as diabetes.

Some medication classes, like contraceptives, would also save money for the economy when included under a pharmacare plan. [Nearly half](#) of pregnancies in Canada are unintended. A study in the Journal of Obstetrics and Gynecology Canada estimated that the current annual cost of contraception across Canada would be \$261 million. Still, the savings for direct medical costs of unintended pregnancy alone would be [approximately \\$320 million](#). The Contraception and Abortion Research Team (CART) also did a cost savings analysis of [providing contraception in British Columbia in 2018](#). They estimated that the province would see the program become cost-neutral by the second year of the program and could see savings of 27 million CAD per year starting in year four of the program. This cost estimate does not consider the increased bargaining and purchase power the federal government would have when negotiating universal contraceptive access under a pharmacare plan, lowering the expected cost for the federal government. Providing cost coverage for contraception not only helps entire communities, but it also just makes economic sense.

Need More Information?

Navigating information on pharmacare can be complicated. Here are a few trusted resources that can help you learn more:

[Action Canada](#)

[Canadian Health Coalition](#)

[The Council of Canadians](#)

Everyone, regardless of where you live, what job you have, or what’s in your bank account, should have the ability to make autonomous decisions about their health and reproduction. The Government of Canada must commit to a Pharmacare Strategy that covers everyone equally by implementing universal, single-payer, first-dollar coverage.

