Action Canada
for Sexual Health & Rights

Policy Brief:

Talking Points for Provincial Opposition Parties

Updated November 2025

Background

Achieving universal pharmacare across Canada has been and remains a key priority for health advocates nationwide. This document serves as a tool for provincial and territorial advocates to highlight the need for all provinces to sign agreements with the federal government, ensuring Canadians can access the care they need. The document highlights key language and recommendations that can be used during question period, in social media posts, or in any other communications-related context.

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.

Action Canada commends the federal government for signing its first bilateral agreements, starting with Manitoba, British Columbia, Prince Edward Island, and Yukon.[1] All elected officials should push their provincial governments to sign agreements with the federal government and ensure that agreements adhere to a single-payer, universal, first-dollar approach versus a "Fill the Gap" approach. Anything short of universal, first-dollar, and single-payer is not in the best interest of the public.

Context of Contraception Access in Canada[2]

The ability to choose if and when to have children is a critical component of sexual and reproductive health and a fundamental human right of every person. All individuals have a right to choose the contraception that is right for them, regardless of who they are, the number of children they have, their age, their disability status, or what they have in their bank account. To make this right a reality, Canada must ensure that contraception is available, accessible, acceptable and of good quality, without discrimination. Universal cost coverage for contraception is one major step forward in fulfilling the right to sexual and reproductive health.

All individuals have a right to choose the contraception that is right for them regardless of who they are, the number of children they have, their age, their disability status, or what they have in their bank account.

Canadians also face many other barriers to accessing contraception outside of cost. While cost coverage for contraception would go a long way to improving access, other barriers must also be addressed if access is to be truly equitable. Some of these barriers are highlighted in Action Canada's Contraception Atlas, including struggles in accessing healthcare workers who can prescribe contraception, lack of clear information around contraceptive

[1] This is a living document. Provinces and territories that have signed onto bilateral agreements will be referenced as changes occur.

[2] World Health Organization. (2014). *Framework for ensuring human rights in the provision of contraceptive information and services.* Geneva: World Health Organization: https://apps.who.int/iris/bitstream/handle/10665/133327/9789241507745_eng.pdf

choices, and the rise in misinformation, to name a few. These barriers do not fall equally on all individuals living in Canada, and in fact disproportionately affect those who experience marginalization rooted in systemic racism, classism, ableism, and heterosexism.[3]

Further, universal access to contraception is a huge step forward in addressing the gaps in healthcare access across the country, but this is only the first step. A comprehensive national pharmacare needs to cover the full suite of essential medications over time. A comprehensive approach to contraceptive care means strengthened sexual health education, increased access to barrier methods and better information so that everyone can make consensual and informed choices about their fertility.

Key Talking Points and Questions on Pharmacare:

- Canada is the only country with universal healthcare coverage that does not also offer coverage for prescription drugs, including contraceptives, and this lack of coverage comes with steep costs. Canada pays more per person for prescription medication than most other OECD countries because it lacks bargaining power. Canada also has one of the highest rates of es 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. Nearly half of pregnancies in Canada are unintended, costing the government approximately $320 million annually. **When the federal government is offering an agreement that would save the province money in costs for unintended pregnancies, costs in medication non-adherence, and lower the rates of prescription medications through increased bargaining power, why is the provincial government hesitating to sign the agreement and leave federal dollars on the table?**

- 1 in 5 Canadians does not have access to adequate drug coverage – our province does attempt to fill the gaps in drug coverage through compassionate programs. Still, people continue to fall through these gaps, leading to many Canadians not taking the prescription medications they need or choosing between those medications and other essentials like rent or heat. This coverage gap also falls disproportionately on women and those living with chronic health conditions such as diabetes. All contraceptives aim to prevent pregnancy to varying degrees of effectiveness, but the most effective forms of contraception are also the most expensive. The best form of contraception for each individual is determined by what works best for them, not by which is most affordable. An intrauterine device (IUD) can cost between $75 to $400, oral contraceptive pills can cost $20 per month (adding up to $240 a year), and hormone injections can cost as much as $180 per year. These costs may force individuals to make contraceptive choices based on cost alone. Amid an affordability crisis, when most Canadians are struggling to pay for basic needs, a national pharmacare program would remove cost barriers and bring access to medications closer to where they live. **Why is the provincial government still hesitating to sign an agreement with the federal government to help create healthier communities and put money back into Canadians' pockets?**

[3] Mahabir, D.F., O'Campo, P., Lofters, A. *et al.* Experiences of everyday racism in Toronto's health care system: a concept mapping study. *Int J Equity Health* **20**, 74 (2021). https://doi.org/10.1186/s12939-021-01410-9

- Canada is currently experiencing staggering rates of gender-based and intimate partner violence that increase from year to year. Many victims of these forms of violence also experience coercive reproductive practices in the form of pressure around their reproductive choices. Studies have shown that over half of women self-report experiencing reproductive coercion in their lifetimes. Reproductive coercion does not take place in isolation and is often accompanied by other forms of violent and controlling behaviours. These victims may fall under the category of people who 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. Covering the cost of hidden forms of contraception, such as IUDs or injections, through a national pharmacare plan would help victims regain control of their reproductive choices and remove a significant barrier to access in these situations. **When is the provincial government going to sign an agreement on pharmacare with the federal government so that these people experiencing these forms of violence can protect themselves better and have better control over their own reproductive health?**

- Sexual health centres and clinics play integral roles within our communities and need to be key partners in the rollout of pharmacare agreements, both provincially and federally. Many already fill the gaps in contraceptive care for the communities they serve by offering low or no-cost contraception programs. They also provide educational programs so people can decide what form of contraception is best for their lifestyles, and programs for healthcare providers so they can keep up with ever-growing demands. Sexual health centres and clinics can create the safest environment for individuals to access support when considering their contraceptive choices, particularly for marginalized communities or those facing situations of intimate partner violence. Sexual health centres are fundamental in creating better health outcomes and healthier communities as a whole. **Will the provincial government commit to working with sexual and reproductive health clinics to ensure that the rollout of pharmacare meets the needs of the communities it serves and that these clinics have the funding to continue their important work?**