

PHARMACARE CONSENSUS PRINCIPLES

RÉGIME NATIONAL D'ASSURANCE-MÉDICAMENTS : PRINCIPES ÉTABLIS PAR CONSENSUS

October 26, 2018

A diverse coalition representing health care providers, non-profit organizations, workers, seniors, patients and academics has come together to issue a statement of consensus principles for the establishment of National Pharmacare in Canada.

Our coalition believes that National Pharmacare should be a seamless extension of the existing universal health care system in Canada, which covers medically necessary physician and hospital services, and therefore operate in harmony with the principles of the *Canada Health Act*.

National Pharmacare should be governed by the following principles:

1. Universality

Coverage for all residents of Canada on equal terms and conditions.

2. Public, Single-Payer Administration

A publicly administered and delivered program that is integrated with the Medicare systems in which it operates, directly accountable to the public it serves, and leverages single-payer procurement to maximize purchasing power for the entire Canadian population.

3. Accessibility

Access to covered medications without financial barriers or other impediments.

4. Comprehensiveness

Coverage for as many medications as judged safe and effective by scientific evidence and based on the best value for money.

Ensure the public servant experts who select medications for coverage are appropriately insulated from political pressures and marketing campaigns.

5. Portable Coverage

Continuous and consistent coverage for residents who move within Canada.

In addition to the five principles above, our coalition believes that the federal government must offer leadership in order to achieve National Pharmacare. This must include substantial funding commitments, sufficient to induce provincial and territorial governments to opt-in to the national program.

26 octobre 2018

Une coalition diverse, représentant des fournisseurs de soins de santé, des organismes sans but lucratif, des travailleurs, des aînées, des patients et des universitaires, s'est regroupée pour communiquer les principes, établis par consensus, pour la mise en œuvre d'un régime national d'assurance-médicaments au Canada.

Cette coalition pense qu'un régime national d'assurance-médicaments devrait être un prolongement harmonieux du système universel actuel de soins de santé au Canada, couvrant les soins médicaux et hospitaliers nécessaires. Par conséquent, il devrait être en harmonie avec les principes de la *Loi canadienne sur la santé*.

Le régime national d'assurance-médicaments devrait être régi par les principes suivants :

1. Universalité

Couverture de tous les résidents du Canada, selon des modalités et des conditions égales.

2. Administration publique, à payeur unique

Régime administré et dispensé par l'État, intégré aux régimes d'assurance-maladie au sein desquels il sera exploité; reddition de compte directement au public desservi; et à payeur unique permettant d'augmenter le pouvoir d'achat car les médicaments seront achetés pour toute la population du Canada.

3. Accessibilité

Accès aux médicaments couverts sans obstacles financiers ou autres obstacles.

4. Intégralité

Couverture de tous les médicaments jugés sûrs et efficaces selon les données scientifiques, et offrant le meilleur rapport qualité-prix.

Les experts au sein des fonctionnaires du gouvernement, notamment ceux qui choisiront les médicaments qui seront couverts, devront être isolés des pressions politiques et des campagnes de marketing.

5. Couverture transférable

Couverture continue et stable pour les personnes qui déménagent pour s'établir ailleurs au Canada.

Outre les cinq principes mentionnés ci-dessus, la coalition croit que le gouvernement fédéral doit exercer du leadership pour concrétiser la mise en œuvre du régime national d'assurance-médicaments. Il sera nécessaire de prévoir des engagements financiers substantiels et suffisants pour inciter les gouvernements provinciaux et territoriaux à adhérer au régime national.

CONSENSUS PRINCIPLES **SIGNATORIES**

SIGNATAIRES DES PRINCIPES ÉTABLIS PAR CONSENSUS

NATIONAL ORGANIZATIONS/

ORGANISMES NATIONAUX

Action Canada for Sexual Health and Rights
Canada Without Poverty
Canadian Association of Community Health Centres
Canadian Association of Social Workers
Canadian Association of Retired Persons
Canadian Association of Retired Teachers
Canadian Association of University Teachers
Canadian Centre for Policy Alternatives
Canadian Doctors for Medicare
Canadian Federation of Nurses Unions
Canadian Health Coalition
Canadian HIV/AIDS Legal Network
Canadian Labour Congress
Canadian Nurses Association
Canadian Nursing Students' Association
Canadian Union of Public Employees
Canadian Women's Foundation
Citizens for Public Justice
College of Family Physicians of Canada
Community Food Centres Canada
Congress of Union Retirees of Canada
Council of Canadians
InterPares
LeadNow
National Farmers Union
National Pensioners Federation
National Union of Public and General Employees
Professional Institute of the Public Service of Canada
Public Service Alliance of Canada
SEIU Healthcare
Seniors' Voice
Unifor
United Church of Canada
United Food & Commercial Workers
United Steelworkers of Canada
Women's Shelters Canada / Hébergement femmes Canada

PROVINCIAL & TERRITORIAL ORGANIZATIONS/

ORGANISMES PROVINCIAUX ET TERRITORIAUX

Alberta Association of Community Health Centres
Alberta Federation of Labour
Alberta Federation of Union Retirees
Alberta Union of Provincial Employees
Alternatives North
Alliance for Healthier Communities - Ontario
British Columbia Association of Community Health Centres
British Columbia College of Family Physicians
British Columbia Health Coalition
British Columbia Federation of Labour
British Columbia Federation of Retired Union Members
British Columbia Nurses' Union
Centrale des syndicats du Québec
Coalition solidarité santé
Friends of Medicare
Health Coalition of Newfoundland and Labrador
Manitoba Association of Community Health
Manitoba Federation of Labour
Manitoba Health Coalition
Manitoba Nurses Union
Médecins québécois pour le régime public
New Brunswick Common Front for Social Justice Inc. / Front commun pour la justice social du Nouveau Brunswick Inc.
New Brunswick Health Coalition
New Brunswick Nurses Union
Northern Territories Federation of Labour
Nova Scotia Association of Community Health Centres
Nova Scotia Federation of Labour
Nova Scotia Health Coalition
Nova Scotia Nurses' Union
Ontario Federation of Labour
Ontario Nurses' Association
PEI Federation of Labour
PEI Health Coalition
PEI Nurses' Union
Planned Parenthood - Newfoundland and Labrador Sexual Health Centre
Public Health Association of British Columbia
Registered Nurses' Association of Ontario
Registered Nurses' Union of Newfoundland and Labrador
Saskatchewan Federation of Labour
Saskatchewan Union of Nurses
Sexual Health Nova Scotia
Union des consommateurs
United Nurses of Alberta
Yukon Federation of Labour

*We welcome additional signatories. If your organization wishes to sign on, please email cfnu@nursesunions.ca.
Si votre organisme veut adhérer aux principes, veuillez communiquer par courriel avec cfnu@nursesunions.ca.
Nous serons ravis d'ajouter votre nom.*

Why Canada Needs Universal Public Pharmacare

Did You Know?

- Canada is the only country in the world with a public health care system that doesn't include prescription medication.
- Among OECD countries, Canada pays some of the highest prices for medication.
- One in four households can't afford the medicines they need. That means people are getting sicker and having to visit the doctor and hospital more often.



Canada's Patchwork of Drug Plans

Private plans

Most Canadians have partial drug coverage through work-based insurance plans. They usually have to pay part of the cost of their medication. They risk losing their coverage if they change or lose their jobs or they retire. There are over 100 000 private drug plans in Canada with different levels of coverage.

Public plans

Only 1/3 of Canadians are covered by public drug plans, which vary across the country. There are over 100 public drug plans with different levels of coverage.

No plan

Many Canadians, including those who are self-employed, have no drug coverage at all. They often have to go without the medications they need.

Advantages of Universal Public Pharmacare

- With greater bargaining power, Canada could negotiate lower prices for medication. We could save up to \$11.4 billion per year.
- Prescription medication would be covered like other health services. Canadians could fill their prescriptions just by showing their health card.
- There would be no deductibles, co-payments or insurance forms.
- No one would be excluded.

Canada's National Public Drug Plan Should Be:

- **Universal**
- **Accessible**
- **Comprehensive**
- **Publicly-administered**
- **Portable**

The Economic Benefits of Public Universal Pharmacare

In addition to providing health benefits, a universal public drug plan would provide Canada with many economic benefits.

- Prescription medication prices would be much lower. Instead of having over 100 000 different drug plans across the country, there would be one national drug plan. We could therefore bargain more effectively to lower medication costs. We would also save by eliminating the administration fees associated with having so many drug plans.
- Employers would save \$9 billion every year by not having to pay for work-based drug plans. This would enhance the competitiveness of Canadian companies. It would be an incentive for business growth and increased employment.
- Savings for families would total \$7.1 billion every year, which is how much Canadians are currently paying for their medication. People would have more money to invest in themselves, to improve their standard of living, start or expand a small business, or pay down their debts.



Overall spending by the federal government would increase only modestly (between 2 and 2.6 percent) to fund pharmacare. This would be an investment in the health of Canadians and in the country's economy. No new taxes would be required. Payroll taxes discourage job creation, and increases in the GST are unfair. There shouldn't be deductibles or co-pays since they prevent people from accessing the medications they need.

Leadership by the federal government is critical to induce the provinces to get on board and follow national standards. The federal government should fund at least fifty percent of pharmacare, with the provinces covering the rest. This is how hospitals and doctors are funded. The federal government has much greater financial capacity to spend on programs than the provinces do.

The insurance industry and its supporters have proposed a "fill-in-the-gaps model". This means leaving the thousands of different drug plans in place and just adding a public plan for those who lack coverage. But this would maintain all the disadvantages of the current system: high drug prices, uneven drug coverage, and unaffordable deductibles and co-pays.

To reap the economic benefits of pharmacare, we need a national public drug plan that is universal, accessible, comprehensive, and portable. There is no economic reason preventing Canada from joining all the other OECD countries that include prescription drugs in their universal public health care plans. Canada needs pharmacare now.

Cambie Case

Ensuring equal access to health care is a core Canadian value. Our health care system is based on the principle that care should be based on need, not on the ability to pay.

Our public health care system is currently under attack through a lawsuit in British Columbia. Brian Day has filed a lawsuit challenging BC's health care law to avoid penalties for illegal billing of patients at his private, for-profit clinic, Cambie Surgeries. He claims that he wants to reduce wait times for medical services, but what he really wants is to make more profits.



The Canadian Health Coalition is monitoring this case closely and getting the word out.

Why does it matter?

This is one of the most significant constitutional cases in Canadian history. If Day wins, he'll open the floodgates to a US-style private health care system. Wealthy patients will be able to jump to the front of the line by paying for medical services, while others won't be able to afford health care.

Although this case is being heard in British Columbia, it will likely be appealed and end up in the Supreme Court of Canada.

Take action

- Sign up for updates on the case and make a donation to the BC Health Coalition's Legal Defense Fund: www.savemedicare.ca
- Share information about this important case with other public health care advocates.



Background

Canada's Health Care System

To access federal funding for health care, the provinces must meet certain requirements. They must cover the costs of medically necessary services provided by doctors and hospitals. They must also prevent 'extra-billing' (when patients are billed on top of the amount that's billed to the public system). If the provinces allow extra-billing, the federal government can withhold part of their funding for health care.

The federal and provincial governments haven't been doing a very good job of making sure these requirements are respected. Across the country, doctors and clinics have been billing patients illegally.

The Lawsuit

In 2007, the BC Government notified several private, for-profit clinics that they intended to investigate complaints they'd received from several patients about illegal billing. In response, Day filed a lawsuit against the BC Government.



Day wants to be able to bill patients directly and bill the public system for medically-necessary services. This practice is currently illegal. Day claims that allowing extra-billing would reduce wait times for health care.

In fact, the evidence shows that allowing patients to jump the line by paying for medical services actually increases wait times in the public system. Since medical staff and equipment are limited, private clinics take precious resources away from the public system. This results in longer wait times.

Timeline

The trial began in 2016. After many procedural delays the trial is expected to end in 2019.

For-Profit Health Care

Public health care has existed in Canada for 50 years. It guarantees access to doctor and hospital services regardless of people's ability to pay. In recent years, privatization has been creeping into our health care system. This has led to illegal billing practices, lower-quality care, unnecessary medical tests, and pressure on patients to buy medical services.

88 private clinics across Canada have been illegally billing patients.

– Ontario Health Coalition, 2017

\$ For-profit clinics across the country are illegally billing patients or misleading them into thinking they have to pay for publicly-covered services.

\$ Boutique medical clinics are common in major urban settings in Canada. They often order unnecessary medical tests that can do more harm than good.

\$ For-profit diagnostic imaging centres are operating in Saskatchewan and Manitoba. Although they provide fewer images than publicly-run MRIs, governments are promoting them as “innovations” in health care delivery.

\$ A for-profit plasma company has opened collection centres near vulnerable communities in Saskatchewan and New Brunswick. It pays people for their blood plasma and then sells it on the international market. The company plans to open many more centres.

\$ A doctor in British Columbia has filed a lawsuit claiming that doctors should be allowed to charge patients and the public system for the same procedures. He says there shouldn't be a cap on private fees for health care, and that doctors should be able to charge whatever the market will bear.

\$ For years, patients in Quebec were charged for things like eye drops (up to \$300), inserting IUDs (up to \$200), and instruments and medication for colonoscopies (\$500).

The Federal Government's Role and Responsibility

The federal government is responsible for monitoring and enforcing the *Canada Health Act*. All provinces and territories must provide medically necessary health services that are: publicly-administered, universal, comprehensive, accessible and portable. Provinces and territories must also prevent user fees and extra-billing. If the provinces don't follow these principles, the federal government can withhold funding for health care.

A National Seniors Care Strategy

Although most people will rely on seniors care at some point in their lives, Canada's health care system isn't equipped to meet the needs of the aging population. Canada needs a National Seniors Care Strategy to set national standards and ensure that everyone can access the care they need.



What is seniors care?

Seniors care includes home care, long-term care and palliative care. It also includes access to prescription medications, which is known as pharmacare.

The Issue:

With Canada's aging population, more and more people are relying on seniors care. Funding cuts to health care have meant fewer beds available in hospitals and long-term care facilities. Canada will need to nearly double the number of long-term care beds to meet the demand by 2035.



Seniors care often falls outside the scope of the *Canada Health Act*, which only covers medically necessary services provided by doctors and hospitals. A lot of seniors care has been privatized, and not everyone can afford it. The level and scope of seniors care in the public system varies greatly across the country. Provinces and territories all have different wait times and eligibility criteria.



Concerns have been raised about the quality of seniors care. There are high rates of violence and overuse of medication in long-term care facilities. Staffing shortages, inadequate training and poor working conditions for care workers lead to lower-quality care.

The Solution:

Canada needs a National Seniors Care Strategy to address these issues. This Strategy must include:

- Targeted federal funding for home care and long-term care
- National standards that set minimum staffing levels and hours of care to be provided to each resident or patient
- A Human Resources Strategy to guarantee a skilled seniors care workforce

Federal funding should be invested in public long-term care facilities and home care services, since they provide better quality care than private facilities and services.

Mythbusters

PAID PLASMA
April 2016

In the early 1980s, Canadians learned that their blood supply had become tainted with HIV and Hepatitis C. Canadians lost faith in the blood collector at the time, the Red Cross. Canada's government created a new arm's length agency, Canadian Blood Services and authorized them to implement the recommendations of Justice Horace Krever which require blood be collected by only non-remunerated, voluntary donors. Now, it is the goal of the World Health Organization and many other international health agencies to have 100% voluntary blood and plasma collection globally by 2020.

Today, a new private, for-profit company called Canadian Plasma Resources is collecting plasma from people in Saskatchewan and giving them a \$25 gift card in exchange.

SAFETY

Donor profiles of blood and plasma don't matter because we are able to inactivate and remove viruses in manufacturing processes for plasma-derived products.

FACT: Plasma and plasma products are extremely safe right now and we're able to inactivate known viruses. However, there will continue to be new blood-borne pathogens and like Zika, we may not be able to test for them. The only means to safeguard against unknown threats is to ensure a healthy donor population.¹ Studies have shown that paid donors have higher rates of infectious disease markers than unpaid donors² and when you start to compensate donors you give them a reason to lie about their health. Canadian Plasma Resources (CPR) has shown that they are not in search of the healthiest donors as they have set up their clinics in vulnerable communities with populations at higher risk of blood-borne pathogens.³

CANADA HAS TOO MUCH PLASMA

"Canadian Blood Services and Héma-Québec have determined that they are unable to collect sufficient plasma to meet today's plasma product needs through the volunteer model."⁴

FACT: We haven't tried to collect enough plasma for medicines. CBS has been closing down plasma collection centres because they claim they're over collecting. We need to re-open closed facilities and start new ones to become self-sufficient.

SELF-SUFFICIENCY IN CANADA

"Over the past few years, there has been a consistent downward trend in the demand for plasma and based on our current projections we will need to collect approximately 10,000 fewer units next year."⁵ And because of this, Canadian Blood Services closed their Thunder Bay plasma donation centre.

FACT: We are not self-sufficient in our plasma supply. While Canada has enough plasma for fresh transfusions, we do not have enough plasma to create medicines. In order to collect more plasma, we need to open more plasma collection centers. Perhaps we could start by re-opening the plasma centre CBS closed.

Collecting from paid donors will create Canadian "self-sufficiency" in plasma.

FACT: Canadian Plasma Resources will sell our plasma to the United States. Canada will buy back the plasma once it is mixed with American plasma.⁶ Once we have begun the process of selling our blood to the U.S. under trade agreements such as NAFTA we will not be able to store Canadian plasma for Canadians' use, we must continue to sell it to the US. In the event of a plasma crisis or a plasma shortage, Canada will not be able to safeguard our own plasma supply.

CANADA'S SUPPLY OF PLASMA WILL BE INCREASED

"A paid plasma market is essential to ensuring enough supply of the lifesaving therapies Canadians need".⁷ "(Canadian Blood Services is) developing...strategies to increase the amount of plasma that we collect in this country".⁸

FACT: Paying plasma donors decreases Canada's national voluntary supply. Studies have shown that once you begin to remunerate, people will no longer voluntarily donate.⁹ CPR has admitted that they don't know how their remunerated plasma collection will affect the voluntary donor system in Canada.¹⁰ If this is true, why are we allowing a private company to compete for plasma donors when CBS is trying to increase voluntary donations?

PAID DONORS IN CANADA

We already pay plasma donors in Canada

FACT: The Cangene clinic in Winnipeg collects plasma from people with rare antibodies. This clinic has been in operation since 1984 and Krever made an exemption in his recommendations so that in such rare circumstances populations that had specialized blood could be compensated for their donation.

WE PURCHASE BLOOD FROM PAID DONORS

The majority of plasma-based medicines in Canada are imported from the United States or Europe from paid plasma donors. If we began paying donors in Canada we could stop purchasing from international markets.

FACT: While Canada does buy the majority of our plasma-based medicines from the US or Europe which is often made from the plasma of paid donors, there is no evidence that paying donors in Canada will create our own self-sufficiency, in fact there are studies to suggest it will decrease our supply of donor blood and leave us unable to safeguard our own blood supply.

SOLUTIONS

If Canada is to follow the Krever Inquiry we must try to collect all plasma through non-remunerated sources. We need to re-open plasma collection facilities closed by CBS and we need to start-up new voluntary, non-remunerated plasma centres across Canada. Currently there are only a few plasma collections centres in Canada: 2 in Alberta, 1 each in Ontario, Nova Scotia, New Brunswick and Newfoundland and Labrador. There are no collection centres in British Columbia or Manitoba.

Canadian Health Coalition

251 Bank St. Suite 212, Ottawa, ON K2P 1X3 (613) 688-4973

W healthcoalition.ca **t** @healthcoalition **f** Canadian Health Coalition

In Justice Krever's report into Canada's tainted blood scandal, several recommendations were offered:

1. That the Canadian blood supply be governed by five basic principles:
 - Blood is a public resource.
 - Donors should not be paid.
 - Sufficient blood should be collected so that importation from other countries is unnecessary.
 - Access to blood and blood products should be free and universal.
 - Safety of the blood supply system is paramount. (Recommendation #2)
2. Whole blood, plasma and platelets must be collected in sufficient quantities to meet domestic needs for blood components and blood products (vol. 3, Recommendation #2, p.1047)
3. Canadian plasma should be custom fractionated, in batches consisting only of Canadian plasma... (Vol. 3, Recommendation #5, p.1051)

REFERENCES

¹ Currently, there are no FDA-licensed blood donor screening tests available to detect Zika virus. The best way to protect the US blood supply is to screen blood donors using a donor history questionnaire and asking about recent travel to areas where Zika is spreading. Centers for Disease Control.

<http://www.cdc.gov/zika/transmission/blood-transfusion.html> Last updated: March 15, 2016

² Poel et al. Paying for blood donations: still a risk? 2002.

<http://www.mhlw.go.jp/stf/shingij/2r9852000001dj72-att/2r9852000001djp.pdf>

³ In Ontario, CPR set up clinics next to a homeless shelter and a methadone treatment centre (<http://bit.ly/1qKikPJ>). In Saskatchewan they're located close to payday loan centres and pawn shops (<http://www.cbc.ca/news/canada/saskatoon/canadian-plasma-resources-defends-1.3479654>)

⁴ From a letter to the Canadian Health Coalition by Health Minister Jane Philpott (March 16th, 2016).

⁵ Canadian Blood Services.

<https://www.blood.ca/en/media/thunder-bay-clinic-announcement>

⁶ CBC. The Current. Feb. 2, 2016 Episode Transcript.

⁷ Minister Philpott, taking from a CBS statement

⁸ CBC. The Current. No Obligation to work with For-Profit Plasma Clinics, says Canadian Blood Services.

⁹ Kretschmer et al. Perspectives of paid whole and plasma donation. 2005.

<http://www.ncbi.nlm.nih.gov/pubmed/16050162>

¹⁰ "We believe collaboration between Canadian Plasma Resources (CPR) and national blood organizations is needed to assess the impact of paid plasma collections on unpaid whole blood donation rates." Canadian Plasma Resources. The Need for Source Plasma Production in Canada.

Social Media

Social media is an accessible and free set of tools to support your activism. Currently in Canada, Facebook and Twitter are the most important social media tools to use to defend and expand public health care.

FACEBOOK



Allows you to share articles, memes and campaign materials with your network.

- educate people in your network
- share your point of view
- demonstrate popular support for a particular policy or idea
- show other people how to get involved

IMPACT

5 TIPS

1. FOLLOW THE RIGHT PEOPLE

Be sure to 'like' the important players.

- Politicians - your MP, MPP, the PM and the Minister of Health, Critics with the health care portfolios
- Political Organizations - Canadian Health Coalition (CHC), your provincial or territorial health coalition and local organizations advocating for the public health care system.
- Allies - Individuals you know who are also working for public health care.



2. AMPLIFY THE MESSAGE

When you 'like' or comment on an article shared by someone else this impacts Facebook's algorithms and it will be seen by more people. So 'like' and comment on lots of articles shared by the CHC, provincial coalitions and other organizations or individuals with similar goals.

3. HAVE YOUR SAY

Share materials that clearly express your perspective. Pull the most compelling quote from an article and post it with the article link. Think about your network and share information that you think will be new or especially compelling for these people.

4. ACTIVELY ENGAGE IN CAMPAIGNS

At key moments the CHC and other coalition members will use Facebook to share urgent information and call for a specific action. Your ability to respond quickly to these calls is what makes Facebook a truly useful tool to protect and defend public health care.

5. ENCOURAGE OTHERS TO GET INVOLVED

Promote the CHC and ally organizations. Recruit people in your network to support campaigns for public health care. Ask people in your network to donate to these organizations.

EXAMPLES



 Update Status |  Add Photos/Video |  Create Photo Album

Private health clinics are spreading across Canada & ripping off patients. Last year, more than 88 clinics were charging patients illegal fees. One clinic charged patients \$160 for eye drops! Many others charge both patients AND the government for the same service. This needs to stop! We need the federal government to protect our health system! Share if you agree! <http://healthcoalition.ca/private-clinics-report/>

    Public Post

 Update Status |  Add Photos/Video |  Create Photo Album

BC and QC have the most private health clinics in the country. One in BC, the Cambie Clinic, was found to have charged \$500k illegally in one month! Often these clinics prey on vulnerable patients, many of them seniors. This is not the way the health care system is supposed to work. It's supposed to be based on need not greed! <http://healthcoalition.ca/private-clinics-report/>



    Public Post

PRO TIPS

- Provide simple and concise information.
- Keep things positive.
- Include a link for more information.
- Use an image whenever possible. Posts with pictures get the most engagement. The perfect size is 470px x 200px.

Social media is an accessible and free set of tools to support your activism. Currently in Canada, Facebook and Twitter are the most important social media tools to use to defend and expand public health care.

TWITTER

IMPACT

In many areas in Canada Twitter is not relevant at the local level, however politicians, activist and journalists are very active on Twitter. This is a tool that allows you to participate in the national conversation on public health care.

- participate in the national conversation
- demonstrate popular support for a particular policy or idea
- share your point of view
- show other people how to get involved



TIPS

1. FOLLOW THE RIGHT PEOPLE

- Politicians - your MP, MPP, the Prime Minister @JustinTrudeau, the Minister of Health @GPTaylorMRD, and Critics with the health care portfolios @DonDavies (NDP) @MPMarilynGladu (Conservative)
- Political Organizations - Canadian Health Coalition (CHC), your provincial or territorial health coalition and local organizations advocating for the public health care system.
- Allies - Individuals you know who are also working for public health care.

2. AMPLIFY THE MESSAGE

“Retweet” or “quote” tweets from the CHC, provincial and territorial health coalitions, unions and other organizations and individuals to ensure that as many people as possible see the information.

3. ACTIVELY ENGAGE IN CAMPAIGNS

This could be a Twitter Rally, Thunderclap or even a conversation associated with a particular hashtag. These are moments that lead twitter activity to being covered by national media which increases the impact.

4. HAVE YOUR SAY

Tweet out your views along with articles and images that share messages about public health care that are important to you. You must use the appropriate hashtag to ensure you are participating in the conversation, without this your tweet is lost at sea! Just add these at the end of your tweet, after any links.

Hashtags: #stand4medicare #cdnpoli #CDNhealth #NatDrugPlan4All

Direct your message to media, MPs, or ask the health coalitions to share your sentiments by including an @ and their name. If you do this at the beginning of a message, be sure to put a period at the beginning or it won't be seen by other Twitter users (ie .@healthcoalition)

5. ENCOURAGE OTHERS TO GET INVOLVED

Promote the CHC and its ally organizations. Recruit people in your network to support campaigns for public health care. Ask people in your network to donate to these organizations.

PRO TIPS

- Don't feed the trolls. There is nothing to gain by engaging in debate with someone seeking to provoke you for their entertainment. Stick to meaningful and productive discussion only.
- Get on message. Use the language of the CHC and ally organizations. Everyone using the same phrases again and again is an important communications strategy and will have a powerful impact.

EXAMPLES



In at least 6 provinces, private clinics are violating the Canada Health Act and double-billing, charging both patients & the government [#Stand4medicare](#) [#cdnpoli](#) <http://healthcoalition.ca/private-clinics-report/>

     

.@JustinTrudeau @GPTaylorMRD Join me in protecting & improving our public health care system that puts patients before profits [#cdnpoli](#) [#Stand4Medicare](#)

     

RT if you agree: Access to needed health care services should be based on need and not the ability to pay [#Stand4Medicare](#) [#cdnhealth](#)

    8  

.@JustinTrudeau @GPTaylorMRD Join me in protecting & improving our public health care system that puts patients before profits [#cdnpoli](#) [#Stand4Medicare](#)

     

Letter to the editor

A letter to the editor is an easy and high impact way to make your voice heard. Typically a letter is 150-200 words in length and the goal is to have it published in your local newspaper.

AIM

Have your letter published in your local newspaper.

IMPACT

- Educate readers
- Contribute your point of view to the public conversation
- Put pressure on decision-makers

- Relate your letter to a particular local story or event;
- Include references to local people or places;
- Tie the issue to Federal Government action.

Example 1: Respond to a previous article in the local paper about a lack of care for seniors in your community. Share about someone you know who has had this experience and demand that the Federal Government create a National Plan for Seniors Care.

Example 2: Respond to an article in the local paper about a community fundraiser to help a family provide the medication their child needs but that they cannot afford. Share a story about someone else you know who cannot afford their medications and call on your local MP to push the Federal Government to create a National Public Drug Plan.

KEY ELEMENTS

MAKE IT COUNT

- Stick to the facts. Exaggeration is not necessary and undermines your credibility.
- Make it personal. Share the local perspective so people in your community can relate.
- Check your word count. Letters over 200 words will not be published.

GET IT PUBLISHED

- Look for 'Opinion' or 'Contact Us' section in the paper or on the website for submission guidelines.
- Email your letter in the body of your email, not as an attachment.
- Submit letters regularly until you get published. And then keep going!

EXAMPLES

Health care for ailing seniors comes up short

TIMES COLONIST
JANUARY 29, 2017 12:34 AM



Re: "Seniors advocate concerned about number of facilities failing to meet staffing requirements," Jan. 26.

I read Isobel MacKenzie's report with great interest, as I am living the nightmare now.

I have been the full-time caregiver for my husband for the past five years. He was discharged from Nanaimo Regional General Hospital on Jan. 16 after a three-week stay. He was extremely weak. I tried unsuccessfully to find a facility where he could convalesce and gain some strength for two to four weeks. I was told by a hospital social worker that the word "convalesce" has been removed from the health care policy.

In our area — Parksville/Qualicum Beach — there was not one bed available for short-term recovery. These beds are now referred to as "respice" beds and must be booked six months in advance. How are policies like this formulated? How can anyone know what their health-care needs will be six months down the road?

I also tried private-pay beds with no success. Nothing available, public or private. So my husband is at home with a lung infection (acquired while in the hospital) getting weaker every day. We have had no more than two or three hours of sleep each of the past 10 nights. How long can we continue coping under such stressful conditions?

I continually read about the fentanyl crisis; what about the crisis we seniors are dealing with after having paid taxes and MSP premiums all our lives? We desperately need some help and we need it soon.

Cathryn Bolton

Qualicum Beach

Opinion · Readers' Letters

thestar.com

Thu., Aug. 21, 2014



Re: Pharmacare for all will pay off, Opinion Aug. 19

Pharmacare for all will pay off, Opinion Aug. 19

Marc-Andre Gagnon makes a compelling case for a national drug plan. His argument, based on economic factors, dismisses one of the major reasons (cost) given why our governments have not implemented a national drug plan for all Canadians.

The shocking disclosure that over 3 million Canadians do not have their prescriptions dispensed because of financial reasons, coupled with Dr. Gagnon's arguments, are surely sufficient reasons for present or future governments to act on this important health matter.

It is needed and affordable. Do it.

Bill Wensley, Cobourg

About us

For forty years, the Canadian Health Coalition (CHC) has been working to protect and improve public health care in Canada. We are a coalition of health care workers, seniors, unions, community organizations, faith-based organizations and academics, as well as affiliated coalitions in the provinces and one territory.

Our campaigns

PRO-PUBLIC HEALTH CARE

- Patients must always come before profits. Health care must remain public and accessible to all.
- The federal government must enforce the *Canada Health Act*.
- Blood and plasma donations across the country should always be voluntary.
- The CHC is educating the public about the Cambie case in British Columbia, which is threatening our public health care system.

UNIVERSAL PUBLIC PHARMACARE

- Canada is the only country in the world with universal public health care that doesn't include prescription medications.
- 1 in 10 Canadians can't afford their medications.
- We need a pharmacare program that is public and universal, providing everyone with the medications they need.
- Universal public pharmacare could save the federal government up to \$11 billion per year.

NATIONAL SENIORS CARE STRATEGY

- All seniors should have access to high-quality public home care, long-term care and palliative care.
- Public services and facilities provide higher quality care than private, for-profit services and facilities.
- Canada needs a national seniors care strategy to ensure consistent funding, standards of care and staffing levels across the country.
- We also need a human resources strategy to guarantee a skilled workforce and decent working conditions for care workers.

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