THE BIG MONEY CLUB

Revealing the Players and Their Campaign to Stop Pharmacare

CANADIAN FEDERATION OF NURSES UNIONS

Sharon Batt, PhD

MARCH 2019

CANADIAN FEDERATION OF NURSES UNIONS (CFNU)

WE ARE CANADA'S NURSES.

We represent close to 200,000 frontline care providers and nursing students working in hospitals, long-term care facilities, community health care and our homes. We speak to all levels of government, other health care stakeholders and the public about evidence-based policy options to improve patient care, working conditions and our public health care system.

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MESSAGE FROM LINDA SILAS

Linda Silas speaking at conference , 2018.

WE CAN DO BETTER!

The Big Money Club tells the story of the outsized influence of ultra-rich actors in the pharmacare debate in Canada. These actors see dollar signs in the preservation of the current system and are funding a campaign to protect their profits.

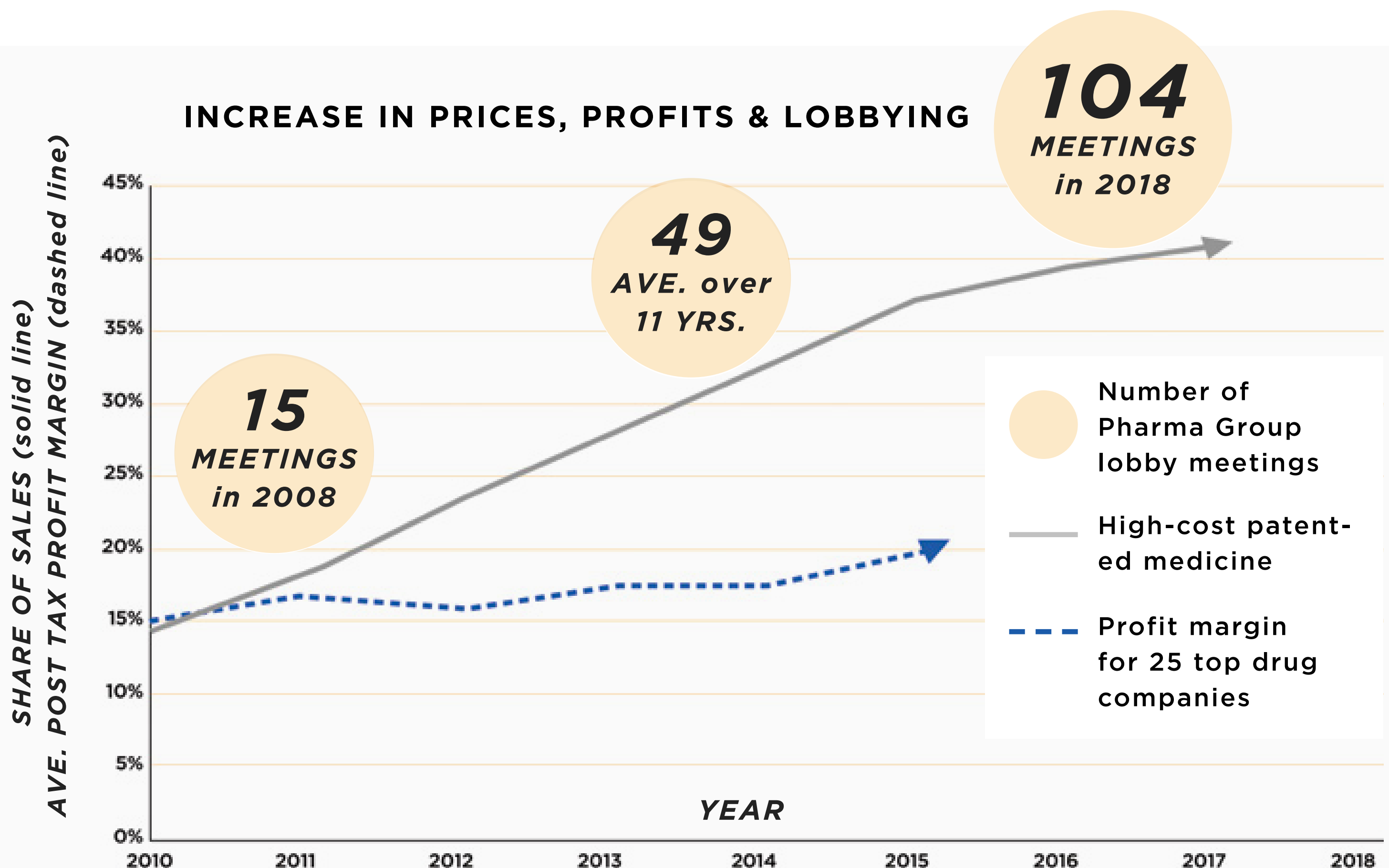
For over 20 years, the Canadian Federation of Nurses Unions (CFNU) has advocated for the implementation of a national universal public pharmacare program in Canada: a program that covers everyone, regardless of circumstance, and that saves money and eliminates inefficiencies through joint purchasing and streamlined administration. According to previous expert reports commissioned by the CFNU, Canada wastes up to $14,000 health care dollars per minute of every day without pharmacare, and up to 640 Canadians die prematurely each year from one illness alone because of financial barriers to prescriptions. We can and must do better. But powerful actors are working to stop change for the better. These actors are the Big Pharma and Big Insurance lobbies, as well as Billionaires, from Canada and the U.S.

As prescription drug expenditure rises with every year, and new high-priced medicines come on the market, pharmaceutical giants are living in a golden age of profits (over 20% per year). Health insurance companies in Canada, deregulated in the 1990s, are enjoying billions in profits from the lucrative health benefits market. Billionaire philanthropists, with ties to these profitable sectors, also bankroll campaigns to stop pharmacare.

Since the launch of the Advisory Council for the Implementation of National Pharmacare (ACINP) in February 2018, the Big Money Club actors have ramped up their campaign to stop pharmacare. Flush with resources, they are buying influence through lobbying and advertising, enlisting a suite of industry-linked think tanks and commentators to create an echo-chamber of validators, and calling on the U.S. administration for help. They are doubling down on their campaign to keep Canadians from benefiting from a system that would save lives and save money.

Canadians need to ask our government: whose interests will you defend? Will the Canadian government cave to the interests of the ultra-rich or do the right thing and establish pharmacare for everyone?

Despite the resources mobilized by Big Money, Canadians are unwavering in their support for universal pharmacare. Even though about two-thirds of Canadians have workplace health insurance plans, a new national poll from Environics Research, commissioned by the CFNU, shows that 88% of Canadians prefer a simple cost-effective prescription drug coverage program that covers everyone in the



U.S. General Accounting Office analysis of Bloomberg data, Nov. 2018, PMPRB Annual Report, 2017 - July 24, 2018, Records of the Office of the Commissioner of Lobbying of Canada

per minute in health care dollars wasted without pharmacare

country rather than another patchwork plan. A similar proportion (84%) believe that governments should invest in our public health care system, covering prescription drugs the same way that hospitals and doctors are covered. After all, why should coverage of prescribed drugs end when you leave the hospital?

For 20 years, the CFNU has documented the results of Canada's failure to implement a national pharmacare program as part of Medicare: unnecessary deaths and premature health declines, along with significant costs to Canada's health system. As patient advocates who see the health impacts of the lack of access to prescription drugs firsthand, the CFNU recognizes that a national universal public pharmacare program is the common sense solution. Experts and evidence, as well as the experience of other countries, show that a program that covers everyone saves money by eliminating inefficiencies through joint purchasing and streamlined administration.

SINCERELY,

Linda Silas
President
Canadian Federation of Nurses Unions

INTRODUCTION

Canadian households, employers and governments spent $34 billion on prescription drugs in 2018.[1] That's more per capita than virtually any other country with universal health coverage in the Organization for Economic Cooperation and Development (OECD). The reason for Canada's outlier status is no mystery: prescription drugs are not part of the universal system of health insurance that promotes quality and equality of care while controlling costs. Instead, we have a patchwork of public plans with eligibility requirements and restrictions that vary from one province or territory to the next, and employer-based private plans that vary by employer, level of pay, age and other factors unrelated to medical need. At least 20% of Canadians have insufficient or no drug coverage at all,[2] which is why 23% of respondents to a recent national survey said they or someone in their household failed to take prescriptions as needed because of cost.[3] In 2016 over 700,000 Canadians had to forego spending on food because of the price of drugs.[4]

For numerous reasons that will be detailed below, implementing a single-payer public pharmacare plan for all in Canada is undeniably a common sense option that will improve Canada and help Canadians.

The question so often overlooked is, **who opposes the plan?** Who benefits from the current fractured system, and who wants to stop its overdue transformation into a fairer and more efficient system? Moreover, **who has the power** to effectively undermine the mountains of evidence, from more than five decades of policy research, that prove the benefits of a system of single-payer coverage for all Canadians?

This report reveals the elephants in the room: the pharmaceutical and insurance industries. Both profit substantially from the current system and are deploying considerable resources to block meaningful change. This report also reveals other actors hiding behind the curtains: Canadian and foreign billionaires who invest heavily to maintain the current system where over one hundred thousand public and private plans provide Canadians with unequal, inefficient and unfair coverage. Our fragmented system also props up the artificially high drug prices in Canada that cause waste and suffering.

IN THIS REPORT WE ASK:

What is the face of Big Money in the pharmacare debate?

How do Big Pharma and Big Insurance benefit from the status quo?

What is the Big Money strategy to stop a national drug plan for Canadians?

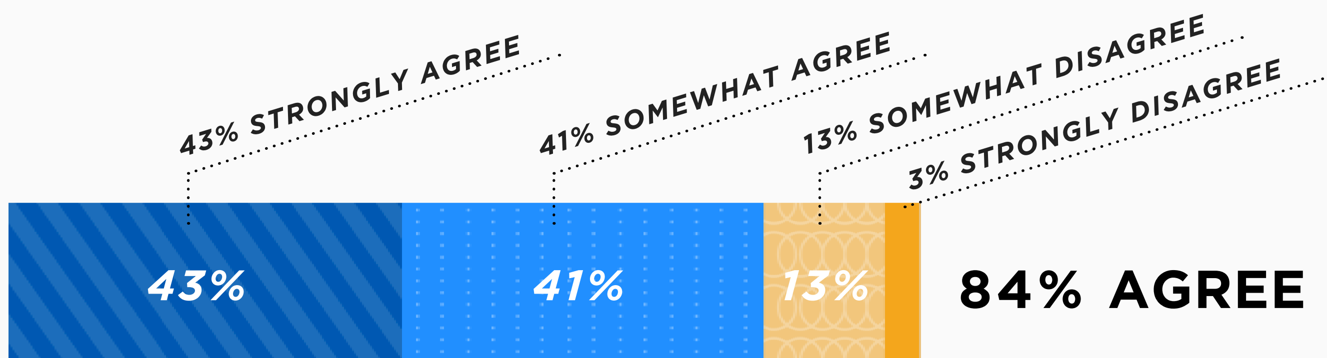
WHY CANADA NEEDS UNIVERSAL SINGLE-PAYER PHARMACARE

Decades of expert policy reports, from the 1964 Royal Commission on Health Services to a report by the House of Commons Standing Committee on Health from 2018,[5] have reached the same conclusion: pharmaceutical drugs should be part of the universal and publicly funded national health care system. Countries such as the Netherlands, Sweden, the UK, Australia and New Zealand all enjoy an effective and efficient prescription drug plan for everyone. Such a plan would provide coverage for a single, national formulary (or list) of drugs that are judged safe and effective by scientific evidence and based on value for money. The single-payer (government) plan would be billed for the cost of prescribed drugs in the same way that physician visits and hospital stays are now covered. Patient access to covered medications would be ensured without financial barriers or other impediments.

Those currently backing such a plan include health policy experts and economists, who study prescription drug coverage,[6] nurses and many physicians, who see the consequences of our patchwork system in their daily work,[7,8] and 91% of Canadians, according to an Angus Reid poll.[9] As well, over 80 national, provincial and territorial organizations representing academics, health care workers, patients and others recently signed a document of Consensus Principles, outlining a model of a universal, single-payer and public pharmacare program for Canada.[10] The reasons for this strong support are simple: the potential benefits of such a program include improved public health, a more efficient and effective health system,[11] a stronger economy,[12,13,14] a more equal and fair society,[15,16] and a more robust, transparent democracy.[17,18] As *The Globe and Mail* writes: "The bottom line is that Canada outspends most of the world on prescription medicines,

2019 POLLING DATA

Prescription drugs should be **covered as part of our public health care system,** the same way that hospitals and doctors are covered.



CFNU-commissioned Environics poll, January 2019.

700,000

Canadians reduced spending on food to pay for prescriptions. This is equivalent to the population of Winnipeg.

even while leaving many Canadians without coverage."[19]

Built right, a universal, single-payer pharmacare plan in Canada would reduce prices through bulk purchasing, reduce wasteful and inappropriate prescribing, and favour less expensive generics and biosimilars (the generic-like substitutes for the new high-priced biologic drugs that are rapidly gaining market share). Altogether, these measures would lower spending on drugs by about 30%, saving billions and aligning prices in Canada more closely with those in other high-income countries.[20]

One simple line sums up the economics underlying the case for a universal single-payer pharmacare program: "The bigger the buyer, the bigger the bargaining power!" Under the current system, that potential bargaining power is fragmented into many thousands of drug plan payers.

OPPOSING VOICES: BIG PHARMA, BIG INSURANCE, BIG MONEY

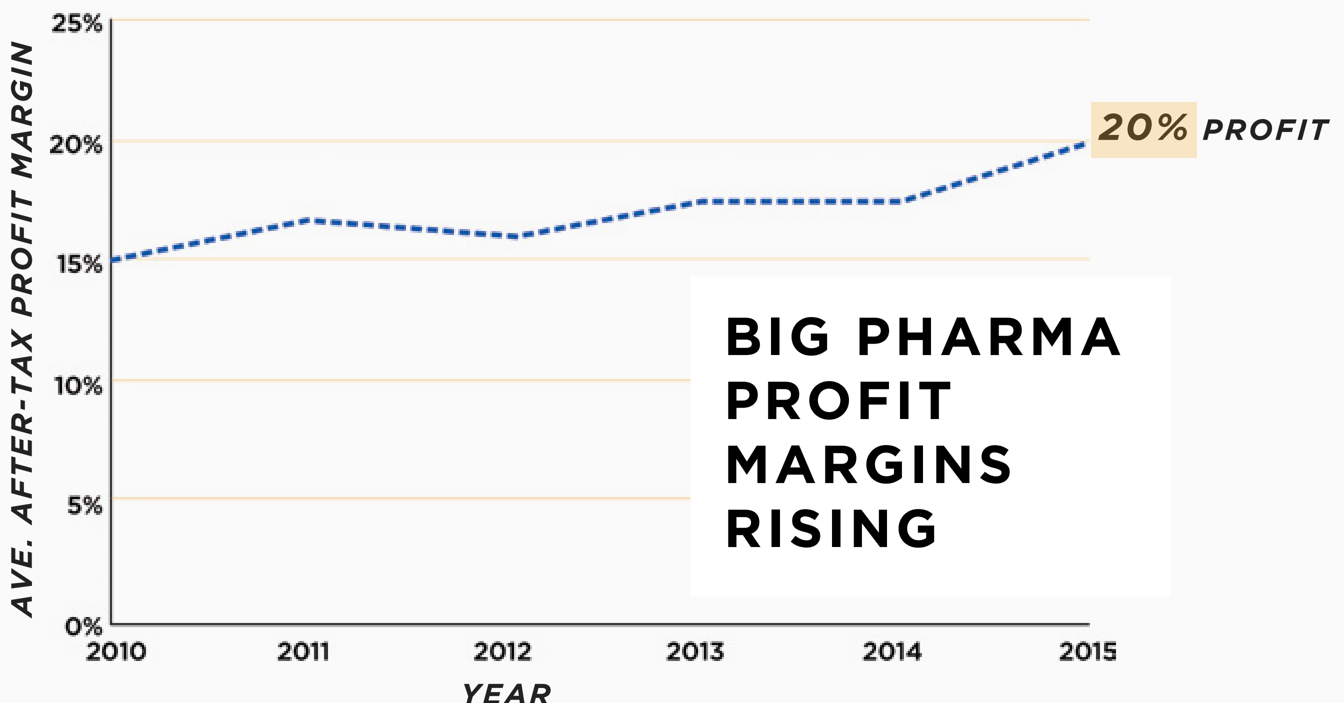
Considering the evidence and the momentum, it's hard to imagine why a universal single-payer pharmacare plan wouldn't be a shoo-in for Canada. However, efforts to make drug coverage fair and economical have failed before and could fail again.[21] On the opponent's side, a coalition of deep-pocketed interests with the enormous capacity to marshal resources is mounting a campaign to stop pharmacare in its tracks. Why the opposition? The multinational pharmaceutical industry – enjoying substantial profit margins – and the private insurance industry stand to lose billions if universal public pharmacare becomes a reality.[22] [23] Not surprisingly, they both oppose the plan.

Innovative Medicines Canada (IMC), the Canadian lobby group for the

pharmaceutical industry, and the Canadian Life and Health Insurance Association (CLHIA), which represents private health insurance companies, both advocate for a piecemeal "fill the gaps" plan.[24] "Fill the gaps" means yet another targeted public plan that would only cover segments of the population who currently have no coverage or whose coverage falls short.[25] This would do little to change the current dysfunctional patchwork system of coverage. To paraphrase a prominent Canadian health policy expert, "a patchwork system doesn't need more patches."

SUPPORTING VOICES: ORGANIZED LABOUR

On the proponents side there are also some well-resourced actors, in particular organized labour. The Canadian Federation of Nurses Unions (CFNU) has, for decades, advocated for a public pharmacare plan for all Canadians.[26] Similarly, the Canadian Labour Congress, representing over 3 million unionized workers in Canada, made pharmacare a core campaign in 2017. While these entities have resources to spend on advocacy, there are some crucial differences between them and Big Corporate Money – namely motivation and spending power. On



U.S. General Accounting Office analysis of Bloomberg data, Nov. 2017

9% of Quebecers don't fill prescriptions because of cost

pharmacare, neither profits nor the interests of shareholders (or members) are motivating factors for the labour movement. That's because unionized workers generally enjoy much better extended health benefits than non-unionized workers[27] by virtue of collective bargaining. On the other hand, corporations view a potential pharmacare plan through the prism of profits and shareholder dividends. The labour movement's concern is for the sustainability of public medicare, a program that it has supported since its inception. This includes the expansion of important services such as home care and mental health. The CFNU, Canada's largest organization representing nurses, represents the perspectives of frontline nurse members who witness the daily tragedies of a lack of adequate drug coverage in Canada. On spending power, the lobbying coffers of the corporate sector are larger than those of labour. Statistics on lobbying spending in Canada aren't publicly available, however, the US provides us with some illustrative comparisons. South of the border, the US Chamber of Commerce alone spent six times more on lobbying in 2018 than all the U.S. public sector unions put together.[28 29]

QUEBEC'S PLAN: A MODEL TO AVOID

A "fill the gaps" system could take many forms, including the one used in Quebec over the past two decades. Under this program, all large employers must include drug coverage in their employee insurance packages, and all employees must participate, including purchasing coverage for their dependants. The public plans pick up the rest. In theory, everyone is insured either publicly or privately.[30] The evidence proves, however, that the Quebec model has failed to control costs and is a system that is neither equitable nor sustainable.[31]

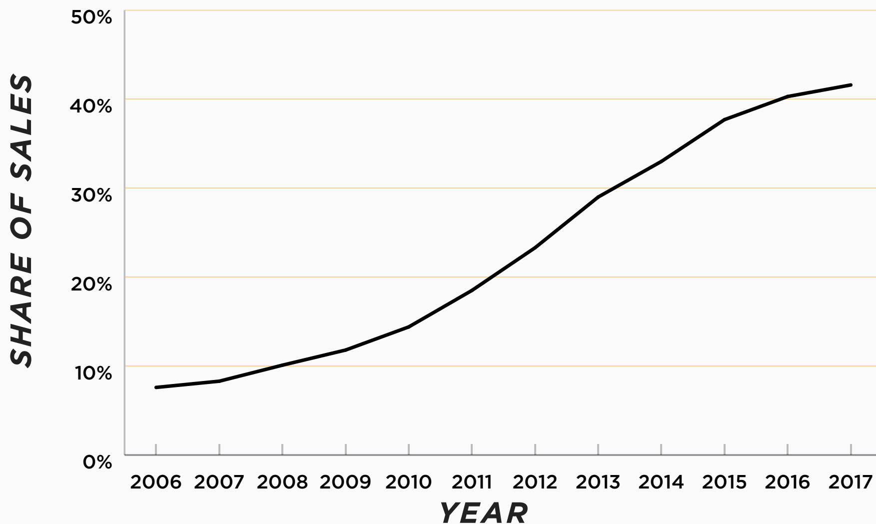
The Quebec model has been lucrative for the pharmaceutical and insurance industries. The private insurance plans that continue to be abundant in Quebec make money with every prescription, resulting in higher costs with little focus on health outcomes.

Health consequences

Private plans often provide an open formulary,[I] which amounts to coverage for whatever a physician or other health provider prescribes. This can undermine patient health since prescribing choices are often based on marketing by the pharmaceutical industry of newer – more expensive – drugs rather than clinical evidence.[32] Indeed, a recent report found that 91% of new patented drugs that entered the Canadian

I Open formularies also distort the economic incentives for drug manufacturers. If we accept to pay for drugs with no additional proven therapeutic value, drug manufacturers have less economic incentive to focus their resources on producing drugs that add therapeutic value.

RAPID RISE IN MARKET SHARE OF HIGH-PRICED DRUGS



Under 10% in 2006 and over 40% in 2017

OVER 40% & INCREASING

Patented medicine in Canada with an annual average cost of at least $10,000.
PMPRB Annual Report, 2017 - July 24, 2018

market did not provide a significant therapeutic improvement over existing products.[33]

The current deadly opioid epidemic sweeping North America is evidence of the damage that inappropriate prescribing can have on patients. Years of allegedly inaccurate marketing by Purdue Pharma,[34] combined with liberal prescribing practices and open formularies, contributed to a crisis of opioid addiction involving millions of North Americans and resulted in over 50,000 deaths in 2017 alone.[35] [36] In Europe, where pharmaceutical regulation is tighter and open formularies much less common, the rate of addiction is less significant.[37]

Overprescribing goes beyond opioids. In 2016 just under half of all seniors in Canada were prescribed a drug listed on the Beers list, a list of drugs deemed potentially inappropriate for seniors because the risk of serious adverse events (e.g., falls, cognitive decline, dizziness and stroke) outweighs the benefits. Thirty-one percent of seniors were chronic users of these drugs.[38]

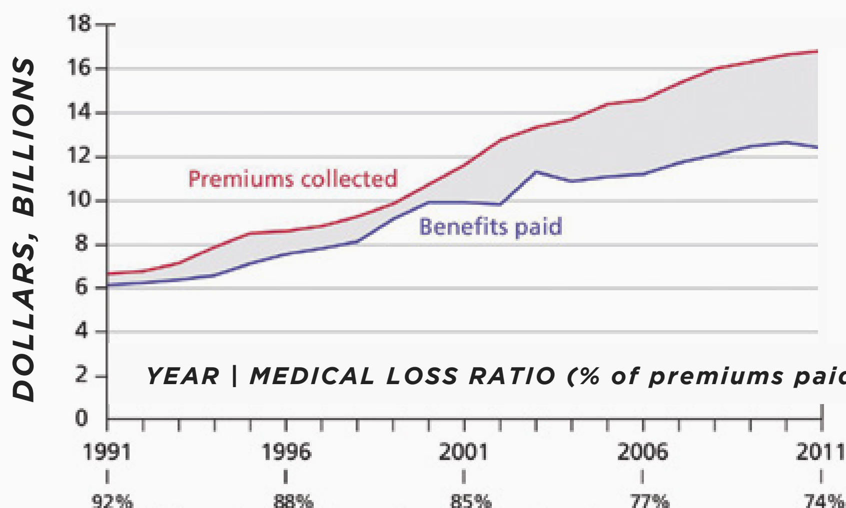
Finally, drug co-payments and deductibles in the Quebec public system pose additional access barriers for patients.[39] Almost 9% of Quebeckers don't fill prescriptions because of cost.[40]

High prices

The Quebec model also maintains an inefficient multi-payer system that fails to leverage its potential bargaining power to lower prices. It also duplicates administrative costs. In Quebec, the administrative cost of private plans averages at 18%, compared to under 2% in the public plan.[41] The result: Quebec spends yearly around $200 more per person than the rest of Canada[42] on prescriptions, making Quebec's system one of the most expensive in the world. The evidence shows the big winners in Quebec drug coverage model are industry stakeholders.[43]

Opposition to the Quebec model has emerged from within Quebec in recent years. Workers' organizations like the Fédération des travailleurs et travailleuses du Quebec and others, including consumer advocacy groups, are publicly opposed because of the waste it creates and its failure to resolve barriers to accessing medications.[44]

HEALTH INSURANCE PROFITS GROWING



YEAR | MEDICAL LOSS RATIO (% of premiums paid as benefits for group plans)

PROFITS INCREASING

Source: Law, M., Kratzer, J., Dhalla, I. (2014). The increasing inefficiency of private health insurance in Canada. *CMAJ*. 186, 12: E470-E474

HOW 'FILL THE GAPS' BENEFITS BIG PHARMA

Turning the flawed Quebec model, or something resembling it, into a national program would be a gift to the pharmaceutical industry. No improved bargaining power would be achieved to bring down the price of pharmaceuticals to Canadians. Overprescribing and inappropriate prescribing, which industry marketing facilitates, would continue. And, the industry would have the additional bonus of more than 50 million prescriptions per year[45] – drugs that many currently can't afford – with the public plan picking up the cost.[46]

The economics of our multi-payer system, with its abundance of open formularies, can permit gargantuan price differences between medicines with near equivalent therapeutic benefits. Recently it was revealed in Canada that **a drug company was charging over 6000% more for its newly patented drug** than the retail price of the pre-existing equivalent. The only difference offered by the new therapy was a longer timed-release of the active ingredients.[47] Without the effective regulation and discipline of a single-payer system, price inflation such as this will continue to exist to the benefit of pharmaceutical company revenues.

HOW 'FILL THE GAPS' BENEFITS BIG INSURANCE

The Canadian insurance industry also wants the government to opt for a "fill the gaps" mix of public and private insurance. They promote the notion that improved drug "access" through an open formulary is good for patients.

Private insurance companies cover more than $10 billion in prescription drug costs in Canada today,[48] much of which is profit for them. This wasn't always the case. In 1997 Canada changed a law that required insurance companies to be owned by, and accountable to, insurance policy-holders.[II] By 2011, the gap between premiums and payouts had grown three fold over 1991 figures. This translated into billions in increased profits and administrative costs for the insurance industry.[49] Public pharmacare would threaten a significant share of that

II The new law allowed large insurers to become for-profit companies owned by shareholders. Providing a return on investment to shareholders became the priority, rather than benefiting the interests of plan members. In fact, the proportion of premium income that insured group plans spent on benefits dropped from a previous 92% in 1991 to 74% in 2011.

revenue.
Even for Canadians with private plans, access to drugs can be troublesome since most private plans don't provide full coverage: a patient may pay 10% to 40% of the cost, meaning financial barriers persist. As drug prices continue to rise, plans will continue to reduce their share of coverage.[50] Overall, administrative costs rise considerably in a system with many thousands[51] of private plans, and these costs are passed on to workers and employers.[52]

HIDDEN PUPPET-MASTERS: THE BILLIONAIRES

The multinational pharmaceutical and private insurance companies are not the only powerful and wealthy interests investing in the campaign to stop pharmacare. There is also a global network of billionaires who are connected to efforts to prevent drugs from becoming part of Canada's public health care system.[53]

According to current Liberal Minister of Foreign Affairs, **Chrystia Freeland**, in her 2012 book, plutocrats (another word for the ultra-rich) use their money to finance a political agenda that brings increased profits to themselves and their enterprises:

> **"Some farsighted plutocrats try to use their money not merely to buy public office for themselves but to redirect the reigning ideology of a nation, a region, or even the world... billionaires like the Koch brothers have assiduously nurtured a right-wing intellectual ecosystem of think tanks and journals that has had a powerful impact on electoral politics and the legislative agenda of the United States and beyond."[54]**
>
> ***- Chrystia Freeland***

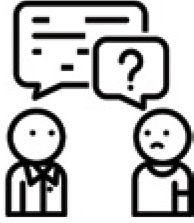
Since the early 1970s, networks of the ultra-rich have bankrolled campaigns designed to protect the drug patent system[55][56] and to keep prescription drugs priced as if they were precious commodities rather than the prescribed medical necessities that they are.

Strategies from a playbook for changing society,[57] developed by one of the American billionaire Koch family's "charitable" foundations, are currently being deployed in Canada's drug policy sphere. The goal is to influence the public, media and decision makers to support policies that serve the interests of the wealthy. Billionaires bankroll many think tanks in Canada, such as the Fraser Institute and the Macdonald-Laurier Institute, [58] which consistently produce lopsided papers without peer review that oppose pharmacare.

A lack of transparency keeps the public mostly in the dark about the amount of funding the ultra-rich contribute to anti-pharmacare campaigns. However, as powerful shareholders in the most profitable sectors of the economy, billionaires have a major financial stake in preserving the lucrative multi-payer "fill the gaps" system of coverage. Moreover, since the vast majority of private financing for prescription drugs comes from premiums, which represent a greater share of household income for modest and lower-income households, the current system is markedly rich-friendly.

A

BUY INFLUENCE



B

CREATE ECHO-CHAMBERS

C

CALL ON FOREIGN BACK-UP

BIG MONEY'S THREE-PRONGED STRATEGY TO STOP PHARMACARE

To oppose a common sense pharmacare plan in Canada and protect their profit margins, billionaires and big-moneyed interests are using a multi-faceted strategy of influencing decision makers. These include the following three prongs:

A) BUY INFLUENCE

with politicians and policymakers through lobbying and advertising;

B) CREATE ECHO-CHAMBERS

that distort information and promote a baseless fear of change;

C) CALL ON FOREIGN BACK-UP

by appealing to the Trump Administration to apply pressure on Canada.

The following examples show this strategy in action.

A) BUY INFLUENCE

Since the announcement of the federal Advisory Council on the Implementation of National Pharmacare (ACINP) in federal Budget 2018, the pharmaceutical and insurance industries have embarked on a lobbying frenzy in Ottawa. Lobbying and advertising are two ways that industries use their money to buy influence. In this case, the goal is to advocate for a "fill the gaps" system, which is more lucrative to them and worse for Canadians.

No one knows exactly how much money Big Pharma,

CLHIA Twitter Campaign, June 18-20, 2018

The Hill Times, June 4, 2018

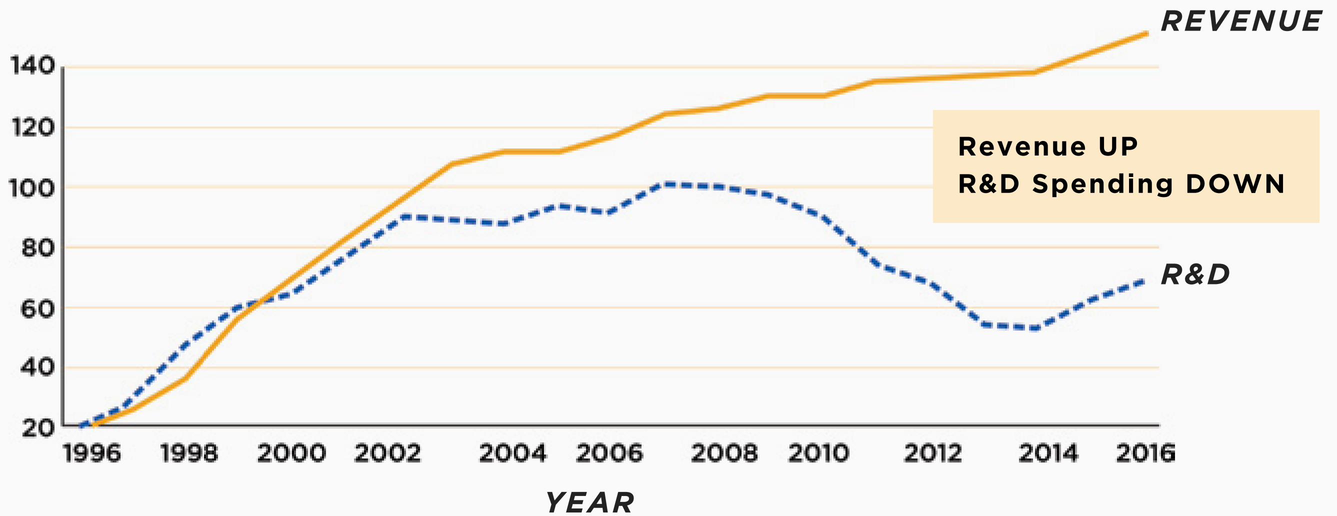
Big Insurance and billionaires are funnelling into the anti-pharmacare campaigns. No mechanism exists in Canada to ensure that level of transparency. However, it is possible to gather fragments of evidence that suggest a complex tapestry of lobbying and advertising activity being deployed by these actors to protect their interests.

CLHIA and the Health Insurance Industry

Shortly after the House of Commons Standing Committee on Health issued its report endorsing publicly funded pharmacare in April 2018, members of CLHIA challenged the Committee's recommendations at a Lobby Day event on Parliament Hill. A press release stated that the Standing Committee's recommendations would "reduce the quality of health benefit plans for millions of people." Further, the release claimed, the proposed plan would cost taxpayers an extra $20 billion.[59] (This figure doesn't factor in the nearly $15 billion[60] in existing and poorly controlled public spending. Any net cost of a pharmacare program would be more than offset by revenues capturing some of the estimated $11 billion in savings to Canadians that would result.[61] Furthermore, these figures don't take into account the public cost of tax subsidies for private health benefit plans and the private coverage bought for public employees.)

This was followed by a series of three half-page ads in the *The Hill Times*[III] in May, June and November 2018. With the headline "Better Health Benefits for Everyone," the CLHIA ads reiterated the industry's key position: that a program, which preserves the private insurance industry's market share (essentially "fill the gaps"),

III At a time when digital advertising predominates, it is nearly impossible to gather records of online advertising. Though not a household name, we use *The Hill Times* as **a proxy for the broader media advertising campaign** deployed by the opponents of pharmacare. We chose *The Hill Times* for two reasons. First, it is a bi-weekly print newspaper that is a go-to publication for politicians and senior bureaucrats in Ottawa on political and public policy news. If your goal is to put your message in front of the eyes of key decision makers, *The Hill Times* is a good place to start. Second, as a print publication, subscribers can easily access its publication archives.



Patented Medicine Prices Review Board - CBC News

is the best policy option for Canada. Any government changes to coverage ought simply to add another layer of targeted public coverage to the existing public-private mix, the ads suggested.

CLHIA also turned to Twitter to spread its core message from July 18-20, 2018, when provincial premiers met for their annual summit in St. Andrew's by-the-Sea, New Brunswick. During the days of the premiers' summit, CLHIA-promoted ads appeared regularly on Twitter feeds geo-located to that hamlet with a population of 1,500 people. Using the guise of a micro-site called betterhealthbenefits.ca, CLHIA's ads read: "Cost of medicines are a problem for 2 million Canadians. Governments should help those people while protecting the workplace health benefits that others enjoy." The clear objective of the ads was to target Canada's premiers and senior staff with a message opposing universal single-payer pharmacare.

CLHIA's lobbying efforts with Canadian decision makers also rose considerably with the launch of the ACINP in Budget 2018. From 2017 to 2018, **CLHIA's non-trade-related lobbying activity rose by roughly 61%**.[62] The evidence suggests a ramping-up of efforts by the Big Insurance to stop pharmacare from being delivered to Canadians.

Innovative Medicines Canada and the Pharma Industry

Considering the growing potential profits on the horizon from high-cost medications, the pharmaceutical industry has a lot to lose from a strong single-payer bargainer for Canada. According to the latest report from the Patented Medicine Prices Review Board (PMPRB),[IV] **within a decade the number of patented medicines in Canada with an annual cost of at least $10,000 more than tripled.** They now account for over 40% of patented medicine sales, rising from 7.6% in 2006. Despite this escalation in the share of costs, the number of people using

IV The PMPRB is an arms-length, quasi-judicial body established in 1987 to ensure that the price of patented drugs is not excessive. It has raised concerns about rising prices of these medications.

these medicines is less than 1% of the population.[63] This high-priced pharmaceutical market is, to a large degree, preserved by Canada's current multi-payer system of drug coverage.

In 2018, corresponding with the launch of the ACINP, Innovative Medicines Canada (IMC) increased its lobbying and advertising efforts substantially. They bought fifteen full-colour ads in *The Hill Times* in 2018 alone. The ads included claims that pharmacare could result in patients being forced to go without medications: "Far-reaching changes to Canada's patented drug regime will lead to job losses, a cutback in R&D investment and reduced access to the latest therapies," stated one ad. Another cautioned, "Far-reaching Health Canada reforms could undermine life sciences research and investment in Canada." In fact, history proves false claims linking revenue to R&D investments in life sciences. **Indeed since 2000, industry revenues have soared while R&D investments have stagnated.**[64] The industry's research investments in Canada fell in 2017 to a paltry 4.1 % (from 4.4% in 2016) of Canadian sales (4.6% for members of Innovative Medicines Canada, down from 4.9% in 2016).[65] Merck, AstraZeneca, Sanofi-Aventis and Johnson & Johnson have either closed or scaled down their Canadian research facilities, laying off staff.[66]

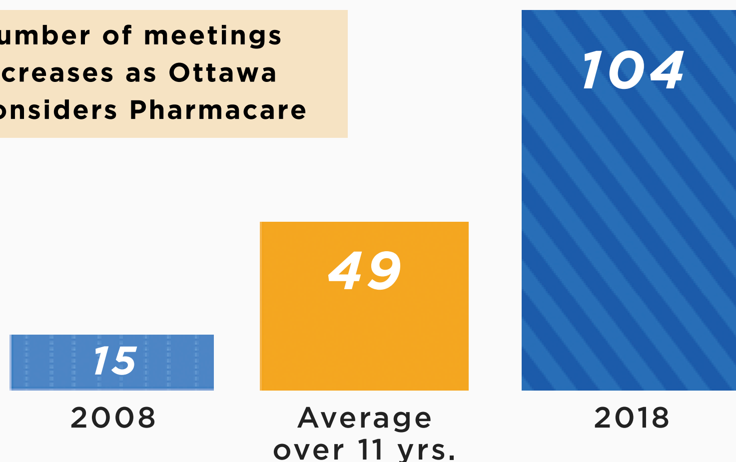
The IMC and Canada's pharmaceutical giants also increased lobbying efforts in 2018. In fact, **IMC's non-trade-related lobbying meetings rose from 18 in 2017 to 104 in 2018**. This was a 500% increase in lobbying activity in one year – the same year the Trudeau government announced the ACINP. This figure is even more exceptional comparing it to the numbers from 2015 and 2016 – an election and post-election year. In both years, IMC took 54 non-trade-related lobbying meetings, just over half the number in 2018. The pharmaceutical industry sees the implementation of pharmacare as worthy of the deployment of unprecedented lobbying resources.

Pharma Influence over Patient Groups

In the past two decades, drug companies in Canada and abroad have poured millions of dollars into funding patient advocacy groups, which now have a formal role in many drug policy structures.[68] Many of these patient groups are tiny organizations that valiantly fight for the well-being of

FEDERAL LOBBYING BY PHARMA LOBBY GROUP: NUMBER OF MEETINGS

(Trade-related meetings excluded) [V]



WHY SO MANY MEETINGS LAST YEAR?

Records of the Office of the Commissioner of Lobbying of Canada

their often vulnerable patients, yet they are hamstrung by a lack of funding sources.

As one Canadian patient group recently discovered, to its dismay, funding arrangements with patient groups often come with strings attached. [69]

In October 2018, *The Globe and Mail* broke a story illustrating this phenomenon. In 2016 the president of the Canadian Spondylitis Association, which represents patients with a type of arthritis that affects the spine, attended a focus group project which ended with groups being asked to sign a report (destined for Health Canada) that said patients were "strongly opposed" to switching from their brand name drug to a cheaper biosimilar. The two companies that paid for the report, Janssen and AbbVie, are two with a lot to lose from biosimilar competition. Feeling manipulated, the group's president e-mailed members of his board and recommended the group take its name off the report. Board members agreed, despite the fact that Janssen and AbbVie had provided 90% of the group's budget the previous year. Janssen then rejected the group's requests for funding in 2017 and 2018 (AbbVie continued its funding). [70]

With few other funding options available to them, cases like this suggest that many patient groups are given little choice but to take the conditions placed on them by Big Pharma funders, or face closure.

It is not easy to know the scale of pharmaceutical funding of patient groups, since few companies publicly disclose such contributions. To their credit, GlaxoSmithKline is a rare example of a company that effectively discloses its patient group funding to the public. Here is their data for 2017 – likely only a drop in the bucket of all funding for patient groups:

V Meetings explicitly relating to international trade were excluded from our count because of the importance of the NAFTA renegotiations in 2018.

GLAXOSMITHKLINE[VI] 2017 FUNDING OF PATIENT GROUPS & GSK'S %[71]

Group	Total $ to group in 2017	% of group's 2017 revenues
Asthma Society of Canada	101,560	10.2%
BC Lung Association	20,000	< 1%
Best Medicines Coalition	35,000	13.5%
Canadian Lung Association	50,000	< 1%
Canadian Organization for Rare Disorders	5,000	1.3%
Chronic Obstructive Pulmonary Disease Canada	25,000	8.1%
Gastrointestinal Society	25,000	2.6%
Immunize Canada	30,000	16.9%
L'Association Pulmonaire du Quebec	65,000	2.3%
Lung Association of AB & NWT	12,500	<1%
Lung Association of NB	21,000	2.8%
Lung Association of Saskatchewan	87,500	3%
Ontario Lung Association	107,455	1.7%
Pulmonary Hypertension Association of Canada	17,500	3.6%
Save Your Skin Foundation	10,000	7.4%
TOTAL	**612,515**	N/A

There is also evidence that certain pharma-funded patient groups toe a similar line to the industry on the issue of a single-payer universal pharmacare plan for Canada. One coalition of 24 patient organizations with pharmaceutical funding recently argued for "a full array of approved medicines… including more recently approved advancements" and warned that "access delayed is access denied."[72] Another coalition of patient advocacy groups, focused on rare disorders, told *The Hill Times* in 2018 that a national pharmacare program could slow or limit access to new drugs for some patients, such as those with rare diseases, who are much more likely to get access to the [latest]

VI Among the major pharmaceutical companies, GSK is transparent in disclosing their funding to patient groups. We applaud this commitment to transparency.

The Hill Times, February 12, 2018

therapies under private drug plans than those who rely solely on a public plan.[73] Innovative Medicines Canada bought a *Hill Times* ad two months earlier with a similar message to the patient group.[74]

These examples suggest that pharmaceutical giants are sometimes able to buy additional lobbying influence through their conditional funding of under-resourced patient groups.

B) CREATE ECHO CHAMBERS

The second prong in the strategy to stop pharmacare is the creation of echo-chambers of information designed to convince the public and media to favour policies that ultimately serve commercial interests. Information is generated and disseminated to the public via think tanks and other policy outfits funded by wealthy donors and corporations with a vested interest in stopping pharmacare from emerging in Canada. A revolving door connects the cast of characters at the Canadian think tanks to the pharmaceutical industry and larger U.S.-based conservative and business-friendly institutions. What emerges is a media campaign involving many industry-linked organizations singing from the same song book.

Following the money trail

Think tanks that oppose pharmacare draw funds from the ultra-rich and large corporations both from Canada and abroad. Due to murky public disclosure practices, it is challenging to uncover who the donors are and how much they contribute. Nevertheless, some examples can be traced that show part of the overall picture.

From Canada

One deep-pocketed Canadian funder is the Aurea Foundation, a registered charitable organization founded by the late Canadian billionaire Peter Munk. From 2011 to 2017, Aurea gave $1,675,568 to the Fraser Institute, $1,255,000 to the Macdonald-Laurier Institute, and $968,000 to the Montreal Economic Institute,[75] three think tanks that oppose pharmacare. Additional funding included $5 million in donations by the Munk family in 2016 to establish the Peter Munk Centre for Free Enterprise Education at the Fraser Institute.[76]

One of Canada's wealthiest families, the Westons, who own Shoppers Drug Mart – Canada's largest pharmacy chain – also frequently supports the Fraser Institute. Their charitable family foundation has a history of collaboration[77] with the Institute, including reports of $22 million in funding.[78]

From the U.S.

Foreign billionaires and Big Pharma lobbies are also generous donors to Canadian think tanks that oppose

Millions in funding from U.S. Pharma lobby to change Canadian health care

pharmacare.

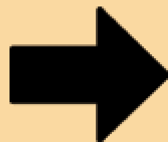
In 2004, the U.S. pharmaceutical industry's lobbying arm, the Pharmaceutical Research and Manufacturers of America, known as **PhRMA, ramped up its lobbying budget to U.S. $150 million to support a series of projects that would target American legislators, but also foreign governments, including Canada**. The plan was dedicated to funding a standing network of economists, "thought leaders" and think tanks to act as an intellectual echo-chamber sympathetic to the industry, and to develop strategic alliances with doctors, patients, universities and influential members of minority groups. **The PhRMA budget included $1 million "to change the Canadian health care system."**[79]

One objective of PhRMA was to keep global drug prices high – including those north of the border, where our lower drug prices and public health care system constantly remind Americans of the level of dysfunction in their system. The industry worried that, as state, federal and foreign governments tried to expand access to affordable drugs, the resulting price controls and other regulations would tie the drug makers' hands. Price control efforts in Canada were seen as particularly problematic because they created "politically unsustainable cross-border pricing differences…"[80]

The Fraser Institute has received $4.3 million in foreign funding over 10 years from billionaire U.S. donors, beginning in the early 2000s. More than half (approximately $2.7 million) of the total foreign funding came from the **Eli Lilly** and Co. Foundation, a charitable arm of pharmaceutical giant Eli Lilly.[81] [82] According to the U.S.-based *Center for Media and Democracy* – an organization that tracks corporations' PR campaigns and identifies corporate front groups – between 1995 and 2014 the Fraser Institute received over $1 million from the Charles G. Koch Charitable Foundation, and $400,000 from the Searle Freedom Trust, a private foundation founded with wealth from G.D. Searle pharmaceuticals (now part of **Pfizer**, another pharma giant).[83]

Canadian think tanks also receive funding from the U.S.-based Atlas Network, which is itself funded by billionaires such as the Koch brothers.[84] Founded and initially bankrolled by British billionaire Antony Fisher, Atlas Network was an extension of Fisher's mission to "litter the world with free-market think tanks."[85] Among the 13 organizations listed as Canadian global partners of the Atlas Network are the Canadian Taxpayers Federation (CTF), the Fraser Institute, the Montreal Economic Institute (MIC), and the MacDonald-Laurier Institute for Public Policy.[86] By becoming a global partner, these Canadian think tanks become eligible for grants, training and awards throughout the year. To become a partner, think tanks must share the Atlas Network vision of "a free,

INTERNATIONAL BILLIONAIRES



U.S. ATLAS NETWORK

prosperous and peaceful world where limited governments defend the rule of law, private property and free markets."[87]

What little information is available suggests the Atlas Network is promoting a model of elaborate mass persuasion strategies using YouTube, Facebook, WhatsApp and other social media to rebrand public debate and to mobilize low-cost organizing to advance the interests of corporate elites and profits. The Atlas Network also is actively supporting the creation of new think tanks that support its mission in Canada and abroad.[88]

According to the Atlas Network's Annual Report for 2016, Canadian partner organizations received over $200,000 in grant funding, though it is unclear which organizations in particular benefited.[89 90]

The revolving door

The cast of characters who work for these industry-funded think tanks often have deep ties to the pharmaceutical sector and larger U.S.-based think tanks. Although numerous examples exist, here are three.

The Canadian Health Policy Institute is another think tank that opposes pharmacare and whose ties to deep-pocketed donors run deep. Its' founder is a former CEO and director of Health Policy Studies at the Fraser Institute, and was Executive Director of Health and Economic Policy at Innovative Medicines Canada for four years.[91] Despite a staff contingent of three, the CHPI bills itself as an "evidence-based activist think tank."

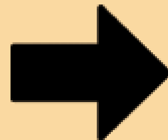
A former federal director of the CTF for six years subsequently moved on to Rx&D (the precursor to Innovative Medicines Canada) and now works as a Senior Director for Government Relations with Purdue Pharma.[92]

One of the current senior fellows with the Macdonald-Laurier Institute is also an associate fellow at a Washington D.C-based conservative and industry-linked think tank, the R-Street Institute.

Creating the echo-chamber

The Fraser Institute in Vancouver is one of the most established conservative think tanks in Canada. Founded in 1974, it has maintained a long-standing campaign to oppose public single-payer health care. As interest in pharmacare picked up in recent years, the Fraser Institute began contributing to the echo-chamber of opposition. **In 2018 alone, the Fraser Institute published six articles opposing universal single-payer pharmacare and/or supporting Big Pharma-friendly "fill the gaps"**. Articles included titles such as "Pharmacare is the wrong solution at the wrong time"[93] and "Before implementing national pharmacare, look at what provinces already offer."[94]

Moving further afield, the Institute also pitches



CAMPAIGN TO STOP PHARMACARE

opinion pieces in local newspapers in order to access new audiences across Canada. For example, in an effort to sway public opinion in just one small province, the Fraser Institute has published opinion pieces with titles such as "Prescription Drugs in Canada – target those who need help," in the Moncton *Times*, and "Pharmacare – be careful what you wish for" in the New Brunswick *Telegraph-Journal*.[95]

Adding to the echo-chamber, **the billionaire-funded Macdonald-Laurier Institute also published five articles in 2018, opposing universal single-payer pharmacare.** Titles include "Fill in the gaps to strengthen pharmacare" and "Single-payer pharmacare is a cure worse than the system," the latter of which was published in *The Hill Times* in November 2018.[96]

As well, the Macdonald-Laurier Institute secured publication of three opinion pieces in the *Financial Post* in 2018 on pharmacare, with titles such as "Canadians are being fooled into thinking we'll like pharmacare: we really, really won't," "Turns out nearly all Canadians already have drug coverage, despite the pharmacare myths" and "We can make medicine affordable without the damage pharmacare will cause Canadians."

As recently as January 23, 2019, the Canadian Health Policy Institute secured the publication of another opinion piece in the *Financial Post*, entitled "Trudeau spreads the Big Pharmacare myth that scores of Canadians can't afford medicine."[97]

The Montreal Economic Institute (MEI), an Atlas partner and recipient of funding from the Aurea Foundation, adds yet another voice to the anti-public pharmacare echo chamber. In additional to numerous media interviews, one of the MEI-based economists has written articles with the titles "Do we need a public drug insurance monopoly in Canada?" in the *MEI health care series*, "The risks that come with a national pharmacare program, in the *The Globe and Mail* and "National pharmacare plan not the answer" in the *Ottawa Citizen*.

As a key Atlas Network member in Canada, the CTF[98] has also put pharmacare in its cross-hairs. The CTF recently published a piece against pharmacare on CBC's Opinion website in October 2018, titled "There will be no such thing as painless national pharmacare." In other publications, CTF parrots the lines of big-moneyed interests, declaring that "there should never be a national pharmacare program," and that rather "more participation by the private sector" is the best path forward.[99] Armed with its base of 140,000 supporters across Canada, the CTF has a powerful capacity to bolster the Big Money echo-chamber in Canada.

Domestic and foreign billionaires and pharmaceutical giants have long targeted Canada's public health

U.S. DOWNGRADED CANADA'S STATUS AS A TRADING PARTNER AFTER PROPOSED DRUG PRICE CONTROLS ANNOUNCED

system and now want to prevent Canada from implementing a universal single-payer pharmacare plan that Canadians so badly need. In an effort to head off public antipathy towards them, these deep-pocketed interests have deployed a campaign of mass public persuasion, using echo-chambers to achieve their goal.

C) CALL ON FOREIGN BACK-UP

The deep-pocketed campaign to influence prescription drug policy and stop pharmacare in Canada has also called upon the Trump Administration for support. Given the power of the pharmaceutical lobby in U.S. politics, it's little surprise that their attention has turned to Canada. And, it would appear that the Trump Administration has obliged with threats to curtail trade and investment and a public relations campaign that blames Canada for health care ills in the U.S.

In 2018 the U.S. downgraded Canada's status as a trading partner after Canada announced our intent to apply stricter price rules for prescriptions medications in the revised PMPRB regulations. Canada was already on the U.S. "Watch List" mainly due to our pharmaceutical policy designed to defend the public interest. A 2018 report switched us to the "Priority Watch List" because of serious concerns about Canada's policies on patent protection.[100]

In Canada credible concern is mounting that this kind of Big Pharma lobbying tactic, possibly assisted by the Trump Administration, is starting to work. The deadline (January 1, 2019) for the implementation of promised stricter price rules for prescriptions in Canada passed without action. Reports suggest there are no plans to meet any future deadline.[101] The single purpose of the price ceilings is to prevent corporate gouging of patients while their medicines are on patent. While the government's reasons for this delay are unclear, the powerful weight of U.S. commercial pressure and Big Pharma lobbying has been applied on this issue. Every day, Canadians are paying the price.

Adding to the pressure, President Trump began blaming Canada in 2018 for high drug prices in the U.S. He argued that Canada gets a free ride on U.S. innovation.[102] This is hard to imagine when we pay the third highest per capita prices in the Organisation for Economic Co-operation and

North America's Biggest Lobbying Spenders:

1. Big Pharma

2. Big Insurance

Development (OECD).[103]

In reality the U.S. government, under pressure from its powerful pharmaceutical sector, is the only country among rich nations not to enact price controls on drugs. These high prices help make the pharmaceutical industry one of the most profitable industries in the U.S., with a 2016 net profit margin of over 20%.[104]

Meanwhile, pharmaceutical giants put more money into marketing, paying out corporate dividends and buying back corporate stock than they spend in the discovery of new drugs.[105] **When the U.S. watchdog group OpenSecrets ranked 121 industries according to the amount they spent on lobbying in 2018, Big Pharma topped the list. The pharmaceutical industry spent $280 million, and the insurance industry, at $156 million, ranked second.**[106] Lobbying data in Canada reflects a similar degree of lobbying influence this side of the border (consider, among other sources, the 500% increase in lobbying activity by Innovative Medicines Canada between 2017 and 2018).

In addition to exerting investment pressures, the U.S. administration also demanded concessions from Canada on drug prices during the recent United States-Mexico-Canada trade agreement (USMCA) negotiations (NAFTA 2.0). The Trump Administration's bluster and threats pressured Canada into agreeing to the extension of data protection for biologic medicines (the highest-priced medications on the market) from eight years to ten.[107] The prolongation of this period of data protection amounts to longer market monopolies for hugely profitable pharmaceutical giants and higher costs to Canadian patients. It also means a further fiscal burden on Canadian governments, who cover 42.7% of drug spending in Canada.[108] Finally, it could increase the cost of implementing a national pharmacare program.

CONCLUSION

Though seemingly diverse, virtually all the opposition to pharmacare can be traced back to a network of well-funded interests exerting their influence largely in secret. This Big Money Club – made up of pharmaceutical companies, the health insurance industry, and both Canadian and foreign free-market billionaires – are the only players who stand to lose from pharmacare. For the rest of Canadians, pharmacare would be a substantial gain.

With deep pockets and considerable resources, the Big Money Club is employing an expansive strategy involving three key prongs to stop the delivery of pharmacare to Canadians. Tapping into a deep well of resources and overlapping networks, they are influencing politicians and policymakers through lobbying and inflammatory advertising. They are creating echo-chambers to distort the information available to the public and the media, and to promote a fear of change. Finally, they are calling for back-up from the Trump Administration to exert international commercial pressure on Canada to maintain the status quo and reconsider reforms.

As Canadians look to the federal election in the fall of 2019, we cannot let the big-moneyed interests distort health policy in Canada to the exclusive benefit of their profit margins. Instead the Canadian government should be listening to who supports pharmacare and why. The supporters include nurses and health care workers, who see everyday the tragedies of the current system; over 200 health policy experts, who signed on to Pharmacare2020, based on the evidence[109]; the Canadian Labour Congress, whose over 3 million members experience the cost of the current dysfunctional system; a consensus of over 80 national, provincial and territorial organizations of all kinds in all sectors, who support a system that is universal, single-payer, public, accessible, comprehensive and portable; and the grassroots of the Liberal, NDP and Green parties. Canadians must demand of our elected officials that they choose policies that defend the interests of *all* Canadians over Big Money. It's time Canadians enjoyed a common sense pharmacare plan built to provide coverage for everyone, control costs and keep prices down. It's time to do what's right for the public's health and the country's economy.

IT’S TIME PRESCRIPTION DRUGS BE CONSIDERED PART OF OUR PUBLIC HEALTH CARE SYSTEM

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APPENDIX A:

MESSAGE FROM LINDA SILAS

(FRANÇAIS)

Linda SIlas, 2018.

NOUS POUVONS FAIRE MIEUX!

Le club qui roule sur l'or discute de l'influence surdimensionnée d'acteurs ultra riches dans le débat sur un régime d'assurance-médicaments au Canada. Ces acteurs voient les signes de dollar dans le maintien du système actuel, et ils financent une campagne pour protéger leurs profits.

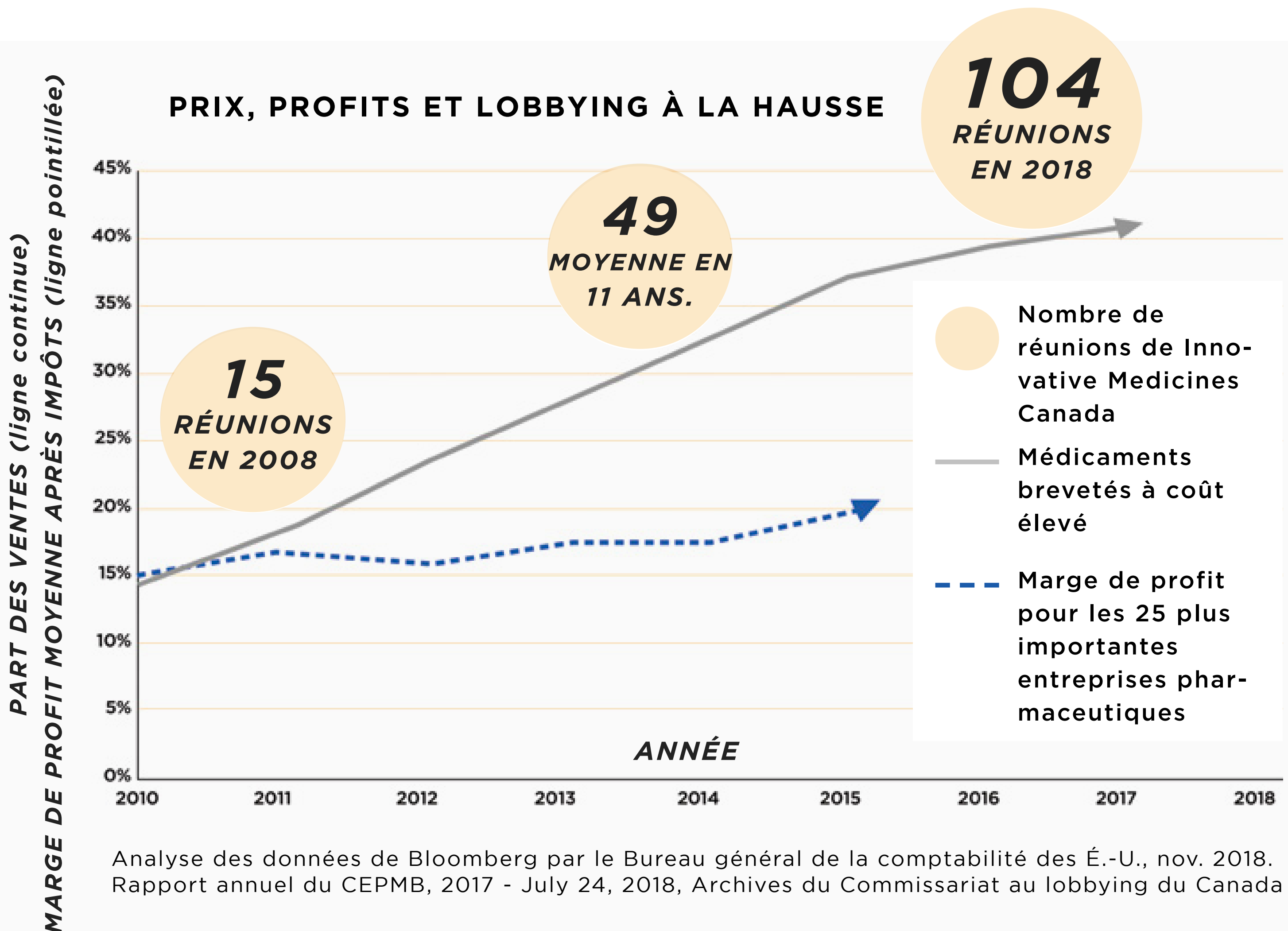
Depuis plus de vingt ans, la Fédération canadienne des syndicats d'infirmières et d'infirmiers (FCSII) plaide en faveur de la mise en œuvre d'un régime national d'assurance-médicaments universel et public au Canada. Un programme qui offre une couverture pour tout le monde, peu importe les circonstances, et qui permet d'économiser de l'argent tout en éliminant le manque d'efficacité grâce aux achats groupés et une administration simplifiée. Selon les rapports précédents d'experts mandatés par la FCSII, le Canada gaspille chaque jour jusqu'à 14 000 $ en soins de santé par minute sans régime d'assurance-médicaments, et jusqu'à 640 Canadiens meurent prématurément chaque année d'une seule maladie en raison d'obstacles financiers aux médicaments sur ordonnance. Nous pouvons et nous devons faire mieux, mais de puissants acteurs s'efforcent de faire obstacle à ce changement pour le mieux. Ces derniers se composent de grosses entreprises pharmaceutiques

et de grosses sociétés d'assurance ainsi que de milliardaires du Canada et des É.-U.

Alors que les dépenses pour les médicaments sur ordonnance ne cessent de croître chaque année, et que de nouveaux médicaments dispendieux font leur entrée sur le marché, les géants pharmaceutiques se la coulent douce dans une période d'âge d'or pour les profits (plus de 20 % par année). Les compagnies d'assurance de la santé au Canada, qui ont été déréglementées dans les années 1990, profitent de milliards de dollars en profits provenant du marché lucratif des avantages médicaux. Les philanthropes milliardaires ayant des liens dans ces secteurs rentables financent également des campagnes pour faire obstacle au régime d'assurance-médicaments.

Depuis le lancement du Conseil consultatif sur la mise en œuvre d'un régime d'assurance-médicaments national en février 2018, les acteurs du club qui roule sur l'or ont intensifié leur campagne pour faire obstacle au régime d'assurance-médicaments. Nantis de ressources, ils achètent l'influence par l'entremise de groupes de pression et de publicités, recrutant une série de groupes de réflexion et de commentateurs liés à l'industrie afin de créer une chambre d'écho se composant de valideurs, et appelant à l'aide l'administration des É.-U. Ils redoublent d'efforts dans leur campagne afin d'empêcher les Canadiens de bénéficier d'un système qui épargnerait des vies et ferait économiser de l'argent.

Les Canadiens doivent demander à leur gouvernement : quels intérêts défendront-ils? Est-ce que



Analyse des données de Bloomberg par le Bureau général de la comptabilité des É.-U., nov. 2018. Rapport annuel du CEPMB, 2017 - July 24, 2018, Archives du Commissariat au lobbying du Canada

14 000$ par minute

en dollars de soins de santé gaspillés sans assurance-médicaments

le gouvernement canadien cédera aux intérêts des ultra riches ou fera-t-il le bon choix d'instaurer un régime d'assurance-médicaments pour tous?

Malgré les ressources mobilisées par le club qui roule sur l'or, les Canadiens se sont montrés inébranlables dans leur soutien au régime d'assurance-médicaments universel. Même si environ deux tiers des Canadiens bénéficient d'un régime d'assurance-maladie offert par leur employeur, un nouveau sondage national mené par Environics Research, à la demande de la Fédération canadienne des syndicats d'infirmières et d'infirmiers, indique que 88 % des Canadiens préfèrent un programme de remboursement des médicaments sur ordonnance simple et économique qui couvre toutes les personnes du Canada plutôt qu'un autre régime fragmenté. Une proportion semblable (84 %) croit que les gouvernements devraient investir dans notre système public de soins de santé, en couvrant les médicaments sur ordonnance de la même façon que sont couverts les hôpitaux et les médecins. Après tout, pourquoi la couverture des médicaments sur ordonnance se termine-t-elle quand vous quittez l'hôpital?

Durant vingt ans, la FCSII a consigné les résultats liés à l'échec du Canada pour mettre en œuvre un régime d'assurance-médicaments national dans le cadre de son programme d'assurance-maladie dans le but de réduire les décès évitables et les déclins prématurés de la santé ainsi que les coûts considérables pour le système de santé du Canada. En tant que défenseurs des droits des patients, qui voient personnellement les répercussions sur la santé du manque d'accès aux médicaments sur ordonnance, la FCSII reconnaît qu'un régime d'assurance-médicaments universel et national constitue une solution logique. Les experts et les données probantes ainsi que l'expérience d'autres pays démontrent qu'un programme couvrant tout le monde permet d'économiser de l'argent en éliminant les inefficacités grâce aux achats groupés et à une administration simplifiée.

CORDIALEMENT,

Linda Silas
Présidente
Fédération canadienne des syndicats d'infirmières et infirmier

APPENDIX B:

INTRODUCTION

(FRANÇAIS)

Les foyers, les employeurs et les gouvernements du Canada ont dépensé 34 milliards de dollars en médicaments sur ordonnance en 2018.[1] Cette somme correspond à plus d'argent par habitant que pratiquement tout autre pays doté d'une assurance-maladie universelle au sein de l'Organisation de coopération et de développement économiques (OCDE). La raison de ce statut aberrant pour le Canada n'est pas un mystère: les médicaments sur ordonnance ne font pas partie du système universel d'assurance-maladie qui fait la promotion de la qualité et de l'égalité des soins tout en contrôlant les coûts. Nous sommes plutôt dotés d'un ensemble disparate de régimes publics ayant des exigences et des restrictions d'admissibilité variant d'une province ou d'un territoire à l'autre, et de régimes privés offerts par les employeurs, qui varient selon ces derniers, le niveau de rémunération, l'âge et d'autres facteurs non liés aux besoins médicaux. Au moins 20% des Canadiens n'ont aucune assurance-médicaments, ou elle est insuffisante,[2] c'est pourquoi 23% des répondants à un récent sondage national ont mentionné qu'une personne de leur foyer, ou qu'eux-mêmes, ne prenaient pas leurs médicaments sur ordonnance en raison des coûts.[3] En 2016, plus de 700 000 Canadiens ont dû renoncer à certaines dépenses liées à la nourriture en raison du prix de leurs médicaments.[4]

Pour de nombreuses raisons qui seront énumérées ci-dessous, la mise en œuvre d'un régime public d'assurance-médicaments à payeur unique pour tout le Canada est sans contredit une option logique qui aidera les Canadiens et améliorera la qualité de vie au Canada.

La question si souvent négligée est: **qui s'oppose à un tel régime?** Qui profite du système fragmenté actuel, et qui souhaite faire obstacle à sa transformation tant attendue pour qu'il devienne un système plus juste et efficace? De plus, **qui possède le pouvoir** de miner efficacement les tonnes de données probantes tirées de cinq décennies de recherche sur les politiques et qui témoignent des avantages d'un système de couverture à payeur unique pour tous les Canadiens?

Le présent rapport entre dans les coulisses pour examiner ce qui saute aux yeux mais que personne ne veut évoquer: les entreprises pharmaceutiques et les sociétés d'assurances. Tous deux profitent considérablement du système actuel et déploient d'importantes ressources pour bloquer tout changement significatif. Ce rapport révèle également d'autres acteurs se cachant derrière les rideaux: les milliardaires canadiens et étrangers qui investissent massivement pour maintenir le système actuel dans lequel des centaines de régimes publics et privés fournissent aux Canadiens une couverture inégale, inefficace et injuste. Notre système fragmenté maintient aussi les prix artificiellement élevés des médicaments au Canada, causant du gaspillage et de la souffrance.

DANS LE PRÉSENT RAPPORT, NOUS NOUS POSONS LES QUESTIONS SUIVANTES:

Quel est le visage des entreprises qui roulent sur l'or dans le débat sur le régime d'assurance-médicaments?

Comment les grosses entreprises pharmaceutiques et les grosses sociétés d'assurances bénéficient-elles du statu quo?

Quelle est la stratégie des entreprises qui roulent sur l'or pour faire obstacle au régime national d'assurance-médicaments pour les Canadiens?

APPENDIX C:
CONCLUSION
(FRANÇAIS)

Bien qu'en apparence différents, presque tous les intervenants qui s'opposent au régime d'assurance-médicaments peuvent être associés à un réseau d'intérêts bien financés, exerçant en grande partie leur influence en secret. Les acteurs de ce *club qui roule sur l'or*, soit les entreprises pharmaceutiques, les sociétés d'assurance de la santé et des milliardaires canadiens et étrangers, sont les seuls qui pourraient perdre beaucoup si un régime d'assurance-médicaments était mis en place. Pour le reste des Canadiens, un régime d'assurance-médicaments s'avérerait un gain substantiel.

Ayant les poches pleines et des ressources considérables, *le club qui roule sur l'or* use d'une stratégie tentaculaire impliquant trois principaux fronts pour empêcher qu'un régime d'assurance-médicaments soit offert aux Canadiens. En exploitant un puits sans fond de ressources et des réseaux qui se chevauchent, ce club influence les politiciens et les responsables des politiques par le biais de manœuvres de couloirs et de publicités incendiaires. Il crée des chambres d'écho pour déformer l'information transmise au public et aux médias, et pour faire la promotion d'un sentiment non fondé de peur du changement. Enfin, il demande du renfort de l'administration Trump pour exercer une pression commerciale internationale sur le Canada afin qu'il maintienne son statu quo et réexamine les réformes.

Alors que les Canadiens iront aux urnes à l'automne 2019, nous ne pouvons pas permettre à ces intervenants bien nantis de déformer les politiques en matière de santé au Canada au bénéfice exclusif de leurs marges de profits. Le gouvernement canadien devrait plutôt écouter les spécialistes qui appuient un régime d'assurance-médicaments et pourquoi ils l'appuient. Parmi les partisans, notons les infirmières et infirmiers et les travailleurs de la santé qui sont témoins tous les jours de tragédies causées par le système actuel; les plus de 200 experts en matière de politiques de la santé qui ont signé le document Pharmacare 2020, basé sur des données probantes;[43] le Congrès du travail du Canada dont les plus de 3 millions de membres font les frais du système dysfonctionnel actuel; un consensus de plus de 80 organismes nationaux, provinciaux et territoriaux en tout genre et de tout secteur, qui appuient un système universel, à payeur unique, public, accessible, global et indépendant; et les appuis électoraux des partis libéral, NDP et vert. Les Canadiens doivent exiger que nos représentants élus adoptent des politiques éclairées qui défendent les intérêts de tous les Canadiens plutôt que seulement ceux des bien nantis. Il est temps que les Canadiens bénéficient d'un régime d'assurance-médicaments plein de bon sens, conçu pour fournir une couverture pour tout le monde, contrôler les coûts et maintenir les prix à un niveau raisonnable. Il est temps de faire ce qu'il convient pour la santé publique et l'économie du pays.

AUTHOR

SHARON BATT, PHD

Sharon Batt, PhD, is a Halifax-based author and activist with a focus on health, ethics and pharmaceutical policy. Her latest book, *Health Advocacy Inc.: How pharmaceutical funding changed the breast cancer movement*, was published in 2017 by UBC Press. Her articles have appeared in many publications, including The Globe and Mail, the Toronto Star, the CMAJ and the Hastings Center Report. She is an adjunct professor at Dalhousie University in the departments of Bioethics and Political Science, and serves on the executive of the Nova Scotia Health Coalition and on the public education committee of the Canadian Deprescribing Network.

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