

Understanding the Gap: A Pan-Canadian Analysis of Prescription Drug Insurance Coverage

Greg Sutherland and Thy Dinh

Preface

This report provides an estimate of the number of Canadians who are eligible for either public or private coverage of prescription drugs. Previous research in this area is either out of date or too broad in scope for any actionable solutions, and also fail to demonstrate the extent to which this is contributing to affordability issues for Canadians. Using currently available national and provincial statistical data, we identify the uninsured population and the non-enrolled population, as well as those who have coverage but incur high out-of-pocket payments or are non-adherent or forego medicines altogether, presumably due to cost.

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Accessibility Officer, The Conference Board of Canada

Tel.: 613-526-3280 or 1-866-711-2262 E-mail: accessibility@conferenceboard.ca

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EXECUTIVE SUMMARY

Understanding the Gap: A Pan-Canadian Analysis of Prescription Drug Insurance Coverage

At a Glance

- Currently, the proportion of uninsured Canadians in Canada is 5.2 per cent. The bulk of this population without access to prescription drug coverage lives in Ontario and Newfoundland and Labrador. As of January 1, 2018, with the introduction of OHIP+ in Ontario, this number will drop to an estimated 1.8 per cent in Canada.
- Less than 1 per cent of Canadians who received a prescription in the past six months cited cost as a reason for not taking their medication as prescribed. Of surveyed Canadians who did not take their medications as prescribed, 54 per cent were not aware and 3 per cent were unsure if there were public drug programs to help pay for prescription drugs.
- Approximately 4.1 million Canadians who do not have private insurance and are eligible for public coverage do not enroll in the public plan.
- This research specifically describes the design of public programs in each province to provide a pan-Canadian perspective of prescription drug coverage. Out-of-pocket spending varies depending on the specific plan design features outlined in this report.

The goal of this research is to better understand the gap in prescription drug insurance coverage in Canada, and to specifically describe the uninsured population (ineligibility for publicly funded drug coverage and non-enrolment in a private drug insurance plan). In addition, given that program design varies across all provinces, this report describes the key parameters of each public program, including the out-of-pocket costs associated with each.

Across Canada, it was estimated that 5.2 per cent of the population is not eligible for a public plan or enrolled in a private plan. These residents live in either Ontario or Newfoundland and Labrador, with 13.2 and 8.5 per cent of their populations, respectively, considered uninsured. By taking a pan-Canadian approach to the analysis, it was found that Ontario residents represent a significant share of the proportion of Canadians without insurance coverage (the uninsured). It should be noted, however, that once OHIP+ comes into effect on January 1, 2018, the proportion of Ontarians, and in turn Canadians, without insurance coverage will be even lower. It is estimated that with OHIP+, the level of uninsured for the country will drop to 1.8 per cent.

To complement the research on the uninsured, a pan-Canadian survey was published by Nanos Research on prescription drug use among Canadians. Some of the key survey findings include:

- Eighty per cent of Canadians reported having received a prescription in the past six months.
- Ninety-three per cent of those who reported having received a prescription in the past six months also reported that they took the medication as prescribed.
- Seven per cent of those who reported receiving a prescription in the last six months did not take the medication as prescribed.

The reasons cited for non-adherence to medications among Canadians who reported not taking their medication as prescribed included:

- There was no longer a need for the medication (33 per cent).
- There were side effects, an allergic reaction, or the medication was too strong (23 per cent).
- The medication was too expensive or was unaffordable (7 per cent).
- They forgot to take the medication (7 per cent).
- Of Canadians who did not take their medications as prescribed, 54 per cent were not aware, and 3 per cent were unsure if there were public drug programs to help pay for prescription drugs.

The landscape of prescription drug coverage across the country is complex and varies from one province to the next. However, the comprehensive analysis undertaken in this report reveals that the majority of Canadians have access to drug insurance through private or public plans, or even both. In addition, the research estimated 4.1 million Canadians (or 11.3 per cent) are not enrolled for either public or private coverage, despite being eligible. The number of non-enrolled varies widely and for different reasons across provinces. Survey results can provide some context, including the potential role of lack of awareness of public programs, lack of need, or out-of-pocket costs and premiums, as possible reasons for non-enrolment. However, it is unclear to what extent these reasons, or others, may impact Canadians' enrolment decisions.

This report specifically describes the design of public programs in each province (including the out-of-pocket spending) to provide a pan-Canadian perspective on the extent of prescription drug coverage. This out-of-pocket spending varies depending on the specific plan design features outlined in this report. The report, however, does not qualify affordability issues, or Canadians' ability or willingness to pay related to the out-of-pocket costs. This would be an opportunity for additional research.

CHAPTER 1

Introduction

Chapter Summary

- The goal of this research was to better understand the gaps in prescription drug insurance coverage in Canada, and to specifically describe the design of public programs in each province, including the out-of-pocket spending, in order to provide a pan-Canadian perspective on the extent of prescription drug coverage.
- This out-of-pocket spending is variable depending on the specific plan design features outlined in this report.
- The Nanos survey indicated that a majority of surveyed Canadians who have had a drug prescription in the past six months used their medications as prescribed.
- More than one-half of respondents who did not take their medications as prescribed cited there was no longer a need for the medication or side effects/allergic reactions as the reason, while less than 7 per cent cited cost as the reason.
- More than half of surveyed Canadians who were prescribed medication but who did not take it as prescribed were unaware or unsure of available public prescription drug assistance programs in their province.

Access to prescription drug coverage in Canada is a mix between public prescription drug plans and private insurance plans. Public plans vary across provinces in terms of eligibility, affordability, and which drugs are covered.¹ Previous estimates of the number of Canadians with no or inadequate prescription drug insurance require updating² or do not accurately capture the public and private programs that exist to facilitate access to prescription medications.^{3,4,5,6,7}

The complexity of the current prescription drug insurance landscape, the variety of different public and private insurance programs within and across provinces, and the absence of current estimates add to confusion around the number and characteristics of Canadians who do not enrol in programs or access program benefits, despite being eligible. These reasons are poorly understood and the literature is limited in its scope.^{8,9,10,11,12} A deep dive into the characteristics of Canadians who may have coverage but face affordability challenges is outside the scope of this report; however, this should be addressed in subsequent research.

- 1 Canadian Life and Health Insurance Association, *CLHIA Report on Prescription Drug Policy*.
- 2 Previously quoted estimates of those uninsured have ranged from 10 to 20 per cent in the literature published more than a decade ago.
- 3 Applied Management, *Canadians' Access to Insurance for Prescription Medicines*.
- 4 Ibid.
- 5 Ibid.
- 6 See Tang, Ghali, and Manns, *Addressing Cost-Related Barriers to Prescription Drug Use in Canada*; Demers and others, "Comparison of Provincial Prescription Drug Plans"; Kapur and Basu, *Drug Coverage in Canada*.
- 7 Kapur and Basu, *Drug Coverage in Canada*.
- 8 Dewa, Hoch, and Steele, "Prescription Drug Benefits and Canada's Uninsured."
- 9 Demers and others, "Comparison of Provincial Prescription Drug Plans"; Grootendorst, *Beneficiary Cost Sharing*; Grootendorst and others, "A Review of the Comprehensiveness of Provincial Drug Coverage"; Ungar and Witkos, "Public Drug Plan Coverage for Children Across Canada"; Kapur and Basu, *Drug Coverage in Canada*.
- 10 Hennessy and others, "Out-of-Pocket Spending on Drugs and Pharmaceutical Products."
- 11 Law and others, "The Effect of Cost on Adherence to Prescription Medications."
- 12 Morgan and Lee, "Cost-Related Non-Adherence to Prescribed Medicines Among Older Adults."

Research Objectives

The purpose of this research is to provide a pan-Canadian perspective on the extent of prescription drug insurance coverage. Data used in this research include findings from the Nanos survey of Canadians and analyses of private and public drug insurance programs in Canada, as well as population and demographic statistics.

Understanding Canadians' Prescription Drug Use

A recent survey published by Nanos for this report uncovered several important insights into prescription drug use and behaviours among Canadians; these can be used as a starting point in understanding and confirming the main factors that might affect adherence to medications.¹³ (See “Nanos Survey of Canadians’ Prescription Drug Use—Highlights.”) The survey explored the number of Canadians who do not take prescription medication as prescribed to understand reasons and factors potentially explaining that behaviour, such as age, drug coverage, province of residence, knowledge of public drug programs, and out-of-pocket payments for prescription medicines.¹⁴

¹³ Nanos Research, *Prescription Use Among Canadians*.

¹⁴ Ibid.

Nanos Survey of Canadians' Prescription Drug Use—Highlights

This survey¹⁵ highlights that:

- Eighty per cent of Canadians reported having received a prescription in the past six months.
- Ninety-three per cent of Canadians who reported having received a prescription in the past six months also reported that they were taken as prescribed.
- Seven per cent of Canadians who reported receiving a prescription in the last six months did not take the medication as prescribed (varied between 12 per cent in Quebec, to 4 per cent and 5 per cent across other regions).
- The reasons cited for non-adherence to medications (7 per cent of those with a prescription) included:
 - There was no longer a need for the medication (33 per cent, or 2.3 per cent of Canadians with a prescription).
 - There were side effects, an allergic reaction, or the medication was too strong (23 per cent, or 1.6 per cent of Canadians with a prescription).
 - The medication was too expensive or was unaffordable (7 per cent, or 0.5 per cent of Canadians with a prescription).
 - People forgot to take the medication (7 per cent, or 0.5 per cent of Canadians with a prescription).
- Of Canadians who did not take their medications as prescribed, 54 per cent were not aware and 3 per cent were unsure if there were public drug programs to help pay for prescription drugs. This also applied to seniors, who typically are automatically eligible for public drug programs.
- Of those who did not take their medications as prescribed, 12 per cent reported not having any drug coverage and always having to pay the full cost of their medications. Another 18 per cent reported receiving benefits from a public plan, and another 66 per cent reported having private drug coverage.

15 Representative sample of 4,445 Canadians with two targeted sub-samples: Canadians with child(ren) who received a prescription in the last six months (n = 590) and Canadians who have personally received a prescription in the last six months (n = 2,845).

- Of those who did not take their medications as prescribed, 64 per cent reported they were “take-as-needed” medicines; 31 per cent reported they were for chronic conditions that could lead to more serious health outcomes if not taken as prescribed; and 14 per cent reported they were for conditions that impact their quality of life.
- Of those who did not take their medications as prescribed, the average out-of-pocket spending expenditure for their prescription medicines in the last six months was \$270.

Source: Nanos Research.

The survey results help us to better understand prescription drug use by Canadians and the extent to which some factors may influence behaviour. In addition, the findings of the survey are used to help explain the results of the analyses in this report on the prescription drug coverage gap in Canada that considers individuals’ enrolment in private insurance plans and/or eligibility for public programs. (See Appendix A for methodology.)

CHAPTER 2

Estimating the Gap in Prescription Drug Coverage

Chapter Summary

- More than 34 million Canadians are estimated to be eligible for some form of prescription drug coverage, leaving 5.2 per cent of the total Canadian population uninsured. After January 1, 2018, this uninsured number will drop to 1.8 per cent due to the introduction of OHIP+ in Ontario.
- Despite this, approximately 4.1 million Canadians with no private insurance are eligible but not enrolled in a public plan.
- When an individual is enrolled, they may be subject to out-of-pocket costs due to plan design features such as premiums, deductibles or co-payments, or annual or lifetime caps required by the drug plan. In addition, limited or reduced formularies open the possibility that those with public coverage only may not be able to receive reimbursement coverage for the medicine prescribed.

This report takes a pan-Canadian approach to assess the extent of people uninsured for prescription drugs. This section describes both the national and regional experiences to identify the unique challenges and opportunities across the country.

Methodology

This section briefly describes the approach used in the analyses for this report. Greater detail on the methodology, data sources, and research limitations can be found in Appendix A.

To estimate the number of residents eligible and enrolled in each provincial program (insured under a public program), The Conference Board of Canada reviewed the full suite of public drug assistance programs available in all provinces. The Conference Board then determined the extent of population eligibility by combining an understanding of the public drug plan eligibility criteria and population (demographic) estimates. Given that not all eligible individuals enrol or benefit from the public programs, these estimates were calculated using a variety of data sources. Combining these data sources gave estimates of both the eligible and enrolled population in each province, which was aggregated to a total for Canada. For provinces that have multiple public programs available to its residents, the potential exists for an individual to be eligible for and enrolled in more than one public program. The Conference Board attempted to estimate this level of overlap.

Estimates of private insurance coverage by age group were calculated by the Conference Board using multiple data sources.

Through a series of both qualitative and quantitative analyses, the Conference Board estimated the total number of individuals who are eligible for public drug coverage, as well as the total number of residents enrolled in private plans, for each province. The Conference Board also estimated the level of overlap of public and private insurance coverage (i.e., number of individuals being eligible for or enrolled in both a public

program and a private plan). The approach to estimating overlap differed by province due to the unique nature of programs, population, employment and demographic characteristics, and data availability.

Finally, the Conference Board calculated the number of Canadians who are not eligible for either public or private prescription drug coverage and also provided an estimate of the enrolment and beneficiaries among the plans to determine who has coverage but does not use it. In addition, reviewing the public plans for premiums, deductibles, and co-payments also provided a better understanding of the extent of out-of-pocket spending.

(For descriptions of the terms used in this report, see “Key Definitions.”)

Key Definitions

Uninsured: Defined as those individuals who are not eligible for public drug coverage and who are not enrolled in a private drug insurance plan.

Eligible but not enrolled: Defined as an individual who is eligible to participate in a public drug program and does not have the option to participate in a private group drug plan but does not enrol, for any number of reasons, including lack of awareness, cost of enrolment, or no need for coverage.

Premium: A fixed amount paid (usually annually or monthly) by a plan member to be eligible for drug insurance coverage under a given plan. Premiums vary substantially by type of plan, province, and characteristics of enrollees. This is typically paid regardless of whether drug expenses are incurred by the given member, and the amount is generally based on the claims experience in a private group plan or income-based in a public plan.

Deductible: The amount that a beneficiary (i.e., an individual who makes a claim and is reimbursed) must pay out-of-pocket either monthly or annually toward his or her prescriptions over a specific period before reimbursement coverage begins. After a deductible limit has been reached, the beneficiary becomes eligible to receive benefits (e.g., with no more or reduced payments, or with different kinds of payments) for prescription drugs. Deductibles vary substantially by type of plan, province, and characteristics of enrollees.

Fixed co-payment/co-insurance: A fixed cost that a beneficiary may be required to pay per prescription (e.g., \$3 per prescription), or a system in which a beneficiary pays a percentage of the cost required to fill a prescription (e.g., 20 per cent per prescription). Both take place after deductible limits have been reached. The majority of plans require co-insurance but the rates vary significantly across plans and characteristics of enrollees, from 5 to 10 to 20 per cent or up to more than 25 per cent and even up to 80 per cent in some cases.

Out-of-pocket spending limits: The total amount that a beneficiary is required to pay for a prescription (comprising deductibles, co-payments, co-insurance, and other out-of-pocket expenses), after which the insurer covers 100 per cent of prescription drug costs (only occurs in public plans). Not all plans have maximum out-of-pocket limits and, among those that do, there is variation in the set limits.

Plan spending limits or caps: The total amount that a plan will cover for any given beneficiary over a year or a lifetime, after which the beneficiary must pay 100 per cent of prescription drug costs.

Source: The Conference Board of Canada.

Results of the Pan-Canadian Analysis

Across Canada, there are 22.4 million who are eligible for a public drug program. (See tables 1 and 2.) At the same time, nearly 22.5 million are enrolled in a private program. Adjusting for the fact that many Canadians have access to both a public and private plan, roughly 34.3 million are eligible for some form of coverage for prescription drugs. (See Table 1.) However, it also means that in 2016, 5.2 per cent of the total population does not have access to coverage. Once OHIP+ comes into effect in Ontario on January 1, 2018, it is estimated that only 1.8 per cent of the population will be uninsured (there will be an additional 1.2 million Canadians with public coverage).

Table 1
The Insurance Gap, Canada and Provinces

Age groups	Population	Eligible population—public	Enrolled population—private	Multiple eligibility	Eligible for insurance	Uninsured (ineligible for Insurance)	Uninsured as percentage of population
Canada	36,150,000	22,360,000	22,470,000	10,570,000	34,259,000	1,891,000	5.2
Newfoundland and Labrador	530,300	148,600	360,000	23,400	485,200	45,100	8.5
Nova Scotia	948,600	948,600	610,000	610,000	948,600	n.a.	n.a.
Prince Edward Island	150,400	63,400	100,000	13,000	150,400	n.a.	n.a.
New Brunswick	759,700	331,600	490,000	61,900	759,700	n.a.	n.a.
Quebec	8,321,900	3,782,200	5,500,000	960,300	8,321,900	n.a.	n.a.
Ontario	13,976,300	5,622,100	8,800,000	2,291,800	12,130,300	1,846,000	13.2
Manitoba	1,338,100	1,338,100	760,000	760,000	1,338,100	n.a.	n.a.
Saskatchewan	1,131,200	1,131,200	650,000	650,000	1,131,200	n.a.	n.a.
Alberta	4,236,400	4,236,400	2,500,000	2,500,000	4,236,400	n.a.	n.a.
British Columbia	4,757,700	4,757,700	2,700,000	2,700,000	4,757,700	n.a.	n.a.

n.a. = not available

Sources: Statistics Canada; Canada Revenue Agency; provincial governments; Canadian Institute for Health Information; TELUS Health; Canadian Life and Health Insurance Association; The Conference Board of Canada.

Table 2
Insurance Gap, Canada, by Age Group

Age groups	Population	Eligible population—public	Enrolled population—private	Multiple eligibility	Eligible for insurance	Uninsured (ineligible for Insurance)	Uninsured as percentage of population
<25	10,303,000	5,549,000	5,372,000	1,883,000	9,038,000	1,265,000	12.3
25 to 64	19,859,000	10,881,000	15,185,000	6,833,000	19,233,000	626,000	3.2
65+	5,988,000	5,929,000	1,913,000	1,855,000	5,988,000	<500	0.0
All ages	36,150,000	22,360,000	22,470,000	10,570,000	34,259,000	1,891,000	5.2
<65	30,162,000	16,430,000	20,557,000	8,716,000	28,271,000	1,891,000	6.3

Sources: Statistics Canada; Canada Revenue Agency; provincial governments; Canadian Institute for Health Information; TELUS Health; Canadian Life and Health Insurance Association; The Conference Board of Canada.

Although most Canadians have access to coverage, many do not access that coverage. The analysis that follows indicates that of those Canadians eligible for public plans (22.4 million), only 59 per cent, or 13.1 million, of Canadians are enrolled. Once private coverage is accounted for, there remain around 4.1 million Canadians (11.3 per cent) who are not enrolled in a program for which they are eligible. (See Table 3.) Some of this could be attributed to lack of awareness of public

drug programs. The recent Nanos survey results suggest that 54 per cent of respondents who received a prescription but did not take it as prescribed were unaware of publicly funded programs that would help them, and 3 per cent were unsure.¹ This also applies to seniors, who for the most part are automatically enrolled in a public program.

Table 3
Non-Enrolled Population, Canada, by Age Group

Age group	Eligible population— public	Enrolled population— public	Non-enrolled population—public	Private enrolment and non-enrolled public	Non-enrolled population—public or private
<25	5,548,899	2,818,445	2,730,500	966,000	1,764,500
25 to 64	10,881,400	4,933,300	5,948,100	3,957,200	1,990,900
65+	5,929,500	5,359,800	569,700	239,600	330,000
All ages	22,307,200	13,091,300	9,248,200	5,162,800	4,085,500

Sources: Statistics Canada; Canada Revenue Agency; provincial governments; Canadian Institute for Health Information; TELUS Health; Canadian Life and Health Insurance Association; The Conference Board of Canada.

Most public programs have premiums or annual fees as well as deductibles and co-payments that may lead to significant out-of-pocket costs. There is also the possibility that the prescribed drug is not on the formulary, ensuring the likelihood of paying for the prescription out-of-pocket. The Nanos survey indicated that cost may impact adherence to medications in less than 1 per cent of the population. Thus, there is no clear causal linkage between insurance coverage and whether Canadians are actually unable to afford their medications.

For Canadians enrolled in a private program, formularies are more expansive, but there is also a risk that specific drugs (mostly high-cost drugs) are not eligible for coverage, have limited coverage criteria, or have limited reimbursement cost. In addition, cost-sharing is also common in private plans. There has been an increasing trend toward plan members having to pay more through higher co-insurance rates, and multiple types of cost-sharing mechanisms simultaneously, as well as annual or lifetime spending caps.

¹ Nanos Research, *Prescription Use Among Canadians*.

As a result, prescription drug coverage varies across provinces as do the out-of-pocket costs some may experience. The following sections describe the landscape for each region of Canada, outlining the number of residents who are eligible and enrolled in both public and private prescription drug programs.

Newfoundland and Labrador

Population: 530,300

Major public prescription drug provider:
Newfoundland and Labrador Prescription Drug Program (NLPDP)

Residents eligible for NLPDP: 148,600

Residents enrolled in private plans: 360,000

Newfoundland and Labrador

Public Programs

The NLPDP provides eligible residents coverage for their prescription medications.² The Foundation Plan, Access Plan, and 65Plus Plan provide insurance for seniors and those in need of financial assistance. There is also the Assurance Plan and the Select Needs Plan, which support residents experiencing high drug costs and those with cystic fibrosis and growth hormone deficiency, respectively.

Based on the eligibility criteria as defined by the NLPDP, about 148,600 residents are estimated to be eligible for public coverage for prescription drugs, representing about 28 per cent of the population. (See Table 4.) What is unique about the NLPDP is that it targets those in greatest need of financial assistance. Therefore, those who are eligible are predominantly those in lower-income brackets.³ Also, eligible residents are automatically enrolled in the two largest plans—the Foundation Plan and the 65Plus Plan—when they meet the requirements of the program. Normally, this requirement denotes the resident receives income assistance.

Table 4
Eligibility for Newfoundland and Labrador Public Programs, by Age Group

Age group	Foundation Plan	65Plus Plan	Access Plan	Assurance Plan	Select Needs Plan	Eligible population*	Total population	Percentage of population eligible for public program
<25	15,800	n.a.	17,000	7,900	1,300	33,800	132,800	25.5
25 to 64	19,900	n.a.	36,000	17,600	3,000	61,800	296,300	20.9
65+	29,400	50,400	26,000	5,700	1,000	53,100	101,200	52.4
All ages	65,200	50,400	79,000	31,200	5,300	148,600	530,300	28.0

n.a. = not applicable

*Rows may not sum total eligible population due to residents being eligible for more than one program. This overlap was removed when calculating total eligible population.
Sources: Statistics Canada; Canada Revenue Agency; Government of Newfoundland and Labrador.

2 Government of Newfoundland and Labrador, "Prescription Drug Program (NLPDP)."

3 Based on the eligibility criteria of other provinces, the figures for the Assurance Plan and Special Needs Plan were estimated by The Conference Board of Canada.

It is challenging to determine the exact enrolment under each plan.⁴ But based on claims data, it is estimated that approximately 102,700 residents are participating in Newfoundland and Labrador's public drug program.⁵ For the purposes of this report, equating the claims data with the enrolment data implies that 19.4 per cent are enrolled in the NLPDP. While this means that about 400,000 residents are not eligible for a public program, automatic enrolment in the two largest plans suggests that the total enrolment rate is rather high for those who are eligible, at 69.1 per cent. (See Table 5.)

Table 5
Enrolment in Newfoundland and Labrador Public Drug Programs, by Age Group

Age group	Public coverage eligibility	Public coverage enrolment	Total population	Percentage eligible for public program	Enrolled as percentage of eligible population
<25	33,800	16,900	132,800	25.5	50.1
25 to 64	61,800	34,700	296,300	20.9	56.1
65+	53,100	51,100	101,200	52.4	96.2
All ages	148,600	102,700	530,300	28.0	69.1

Sources: Statistics Canada; Canadian Institute for Health Information; Canada Revenue Agency; Government of Newfoundland and Labrador.

Private Drug Benefit Plans

According to CLHIA, approximately 360,000 Newfoundland and Labrador residents are covered by private insurance for prescription drugs, representing around 67.9 per cent of the population.⁶ This figure considers the total number of beneficiaries on each plan, such as the primary cardholder, the spouse, and the dependant. (See Table 6.)

In the province, private coverage is largely provided by the employer through a group plan.⁷ Normally, these plans also cover spouses and dependants. However, a small proportion of residents (around

4 Enrolment data for the NLPDP were not available; therefore, the Conference Board used claims data.

5 Excel data provided to the Conference Board by the Canadian Institute for Health Information.

6 Includes plan members who have any type of drug coverage, but excludes those who do not have drug coverage through their extended health benefits. This excludes individuals who are covered under separate benefit plans (from their spouse or parent) (i.e., all duplicates are removed).

7 For the purposes of this report, Administrative Services Only (ASO) plans are combined with group plans in the data.

6.5 per cent of plan-holders and dependants) are covered under an individual plan.

Table 6
Newfoundland and Labrador Residents Enrolled in Private Drug Plans, by Age Group and Type of Beneficiary

Age group	Plan members	Spouses and dependants	Total—private coverage	Total population	Percentage of population with private coverage
<25	5,200	63,000	68,200	132,800	51.4
25 to 64	152,500	84,500	237,000	296,300	80.0
65+	37,600	17,200	54,800	101,200	54.1
All ages	195,300	164,700	360,000	530,300	67.9

Sources: Statistics Canada; TELUS Health; Canadian Life and Health Insurance Association; The Conference Board of Canada.

Table 6 also states that most of the coverage under private plans is in the 25- to 64-year age group. Still, more than half of the residents in the other two age groups are covered under a private plan. With the provincial public plan geared toward low-income residents, it comes as no surprise that the proportions are lower for those in the 25-year-and-under cohort and the 65-year-and-older cohort; these residents are most likely to qualify for a public program. Indeed, they are most likely to receive Income Support benefits or the Guaranteed Income Supplement (GIS), two criteria needed to automatically qualify for public coverage.

The Gap

Uninsured

Our estimates indicate that just over 45,000 residents (8.5 per cent of the population) do not have access to some form of drug insurance, whether through public drug programs, private group plans, or private individual plans. (See Table 7.) With 485,200 residents eligible for coverage, nearly all seniors have access to coverage, and there are nearly equal numbers eligible for private coverage as there are for public coverage. Given the province's current public programs, it appears that the younger age groups, and particularly those who are precariously employed, are more likely to be susceptible to being uninsured across both public and private plans.

Table 7
Uninsured Population in Newfoundland and Labrador, by Age Group

Age groups	Population	Eligible population—public	Enrolled population—private	Multiple eligibility	Eligible for insurance	Uninsured (ineligible for insurance)	Uninsured as percentage of population
<25	132,800	33,800	68,200	3,000	99,100	33,700	25.4
25 to 64	296,300	61,800	237,000	13,700	285,100	11,200	3.8
65+	101,200	53,100	54,800	6,700	101,100	<500	0.1
All ages	530,300	148,600	360,000	23,400	485,200	45,100	8.5
<65	429,100	95,600	305,200	16,700	384,100	45,000	10.5

Sources: Statistics Canada; Canada Revenue Agency; Government of Newfoundland and Labrador; Canadian Institute for Health Information; TELUS Health; Canadian Life and Health Insurance Association; The Conference Board of Canada.

Since enrolment in the Foundation Plan and the 65Plus Plan is automatic, there are no residents who are eligible for a public program and not enrolled. However, the Access Plan (which provides coverage for low-income residents not on Income Support) and the Assurance Plan (which provides coverage for families with high drug costs) have much lower enrolment numbers.

Still, there are approximately 46,000 residents who are eligible for public coverage but who are not enrolled. Adjusting for those who may be enrolled in a private plan indicates that an estimated 42,200 residents are eligible for either a public plan (but have not enrolled) and do not have private coverage—predominantly residents under the age of 65. (See Table 8.)

Table 8
Number of Newfoundland and Labrador Residents Not Enrolled in Public or Private Plan, by Age Group

Age group	Eligible population—public	Enrolled population—public	Non-enrolled population—public	Private enrolment and non-enrolled public	Non-enrolled population—public or private
<25	33,800	16,900	16,900	600	16,300
25 to 64	61,800	34,700	27,100	3,200	24,000
65+	53,100	51,100	2,000	<500	2,000
All ages	148,600	102,700	46,000	3,800	42,200

Sources: Statistics Canada; Canada Revenue Agency; Government of Newfoundland and Labrador; Canadian Institute for Health Information; TELUS Health; Canadian Life and Health Insurance Association; The Conference Board of Canada.

Out-of-Pocket Spending in Public Drug Plans

Across the different public programs in Newfoundland and Labrador, the Foundation Plan and the Select Needs Plan provide 100 per cent coverage of eligible prescription drugs. Costs for the 65Plus Plan are minimal, at a maximum of \$6 per prescription.⁸ The Assurance Plan requires the individual/family to pay out-of-pocket until a predetermined share of income is spent on prescription drugs (either 5, 7.5, or 10 per cent, depending on income). For the Access Plan, the co-payment ranges from 20 to 70 per cent, depending on the size of the family and income.

These varying levels of cost-sharing are calculated based on the probable ability to pay of the beneficiaries. For seniors, the maximum co-payment per prescription is \$6. The Assurance Plan has an income-threshold deductible, and assistance is received after the annual deductible is reached. For example, based on the median after-tax household income at \$61,300 in the province,⁹ some households would have to spend \$2,000 to \$3,000 before receiving benefits. For the Access Plan, designed for lower-income brackets, the minimum co-payment is 20 per cent per prescription.

Drug Coverage in Public Drug Plans

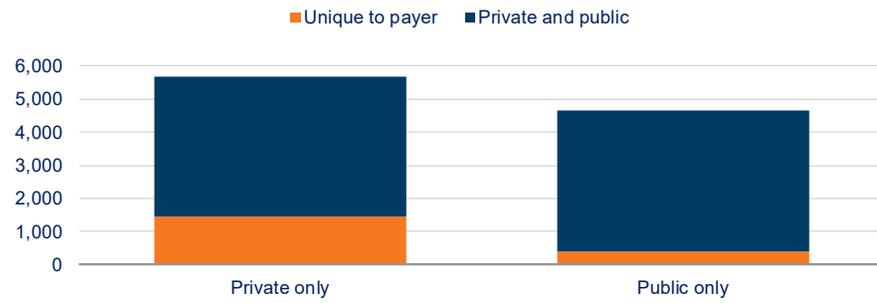
In Newfoundland and Labrador in 2015, there were a total of 4,229 drugs reimbursed in both public and private drug plans. Of this, the NLPDP reimbursed an additional 410 drugs not reimbursed in private plans. Meanwhile, private plans reimbursed an additional 1,446 drugs that were not reimbursed in public plans. (See Chart 1.) Enrolled individuals would have to pay the full cost out-of-pocket for those drugs prescribed that are not on the formulary.

8 Patented Medicine Prices Review Board, *Public Drug Plan Designs, 2015/16*.

9 Statistics Canada, "Census Profile, 2016 Census."

Chart 1

Number of DINs With Claims Reimbursed in Private Versus Public Plans, Newfoundland and Labrador, 2015–16



DIN = Drug Identification Number.
Sources: [QuintilesIMS](#); [Pharmastat](#).

Nova Scotia

Population: 948,600

Major public prescription drug provider: Nova Scotia Pharmacare

Residents eligible for Pharmacare: 948,600

Residents enrolled in private plans: 610,000

Nova Scotia

Public Programs

Nova Scotia Pharmacare provides coverage to all eligible residents of the province. It is available to families that have no drug coverage or if the cost of their prescription drugs becomes a financial burden (even if residents have private coverage).¹⁰ The Seniors' Pharmacare program is the most extensive, as eligibility is offered to all residents 65 years of age and older (but enrolment is required). The Family Pharmacare program is available to all residents, although it excludes those already in the Seniors' Pharmacare program and in the other public plans (such as Drug Assistance for Cancer, Diabetes Assistance, and Department of Community Services programs).

With Nova Scotia Pharmacare available to all residents, the entire population of the province is eligible to participate. However, the program is designed so that eligible residents are members of only one program most of the time. As a result, very little overlap exists between the various public programs. (See Table 9.)

Table 9
Eligibility for Nova Scotia Public Programs, by Age Group

Age group	Seniors' Pharmacare	Family Pharmacare	Department of Community Services benefits*	Eligible population**	Total population	Percentage of population eligible for public program
<25	n.a.	246,200	4,400	246,200	246,200	100.0
25 to 64	n.a.	519,000	27,500	519,000	519,000	100.0
65+	132,000	51,400	1,500	183,400	183,400	100.0
All ages	132,000	816,600	33,400	948,600	948,600	100.0

n.a. = not applicable

* This category refers to the Drug Assistance for Cancer, Diabetes Assistance, and Department of Community Services programs.*

** Rows may not sum total eligible population due to residents being eligible for more than one program. This overlap was removed when calculating total eligible population.

Sources: Statistics Canada; Canada Revenue Agency; Government of Nova Scotia; TELUS Health; Canadian Life and Health Insurance Association; The Conference Board of Canada.

10 Government of Nova Scotia, "Nova Scotia Pharmacare."

While the vast majority of the province is eligible to participate in a public drug program, enrolment is very low. (See Table 10.) Enrolment among those under 65 years of age is less than 10 per cent. Moreover, nearly two-thirds of seniors are enrolled in the Seniors' Pharmacare program, even though all seniors are eligible and enrolment is free. (See tables 11 and 12.)

Table 10
Enrolment in Nova Scotia Public Drug Programs, by Age Group

Age group	Seniors' Pharmacare	Family Pharmacare	Department of Community Services benefits	Enrolled population*	Total population	Percentage of population enrolled in public program
<25	n.a.	12,800	4,400	16,800	246,200	6.8
25 to 64	n.a.	27,100	27,500	51,900	519,000	10.0
65+	118,200	n.a.	1,500	119,900	183,400	65.4
All ages	118,200	40,000	33,400	188,700	948,600	19.9

n.a. = not applicable

*Rows may not sum total enrolled population due to residents being enrolled in more than one program. This overlap was removed when calculating total enrolled population.

Sources: Statistics Canada; Canada Revenue Agency; Government of Nova Scotia; TELUS Health; Canadian Life and Health Insurance Association; The Conference Board of Canada.

Table 11
Enrolment Rate in Nova Scotia Pharmacare, by Plan Type

	Seniors' Pharmacare	Family Pharmacare	Department of Community Services benefits
Eligible population	132,000	816,600	33,400
Enrolled population	118,200	40,000	33,400
Enrolment rate (per cent)	89.5	4.9	100.0

Sources: Statistics Canada; Canada Revenue Agency; Government of Nova Scotia; TELUS Health; Canadian Life and Health Insurance Association; The Conference Board of Canada.

Table 12

Eligibility and Enrolment in Public Plans, Nova Scotia, by Age Group

Age group	Public coverage eligibility	Public coverage enrolment	Total population	Percentage eligible for public program	Enrolled as percentage of eligible population
<25	246,200	16,800	246,200	100.0	6.8
25 to 64	519,000	51,900	519,000	100.0	10.0
65+	183,400	119,900	183,400	100.0	65.4
All ages	948,600	188,700	948,600	100.0	19.9

Sources: Statistics Canada; Canada Revenue Agency; Government of Nova Scotia; TELUS Health; Canadian Life and Health Insurance Association; The Conference Board of Canada.

Private Drug Benefit Plans

The majority of Nova Scotians rely on their private plans for prescription drug coverage. Indeed, according to CLHIA, around 610,000 residents are covered by private insurance for prescription drugs.¹¹ (See Table 13.) This figure includes the total number of beneficiaries on each plan, such as the primary cardholder, the spouse, and the dependant(s). Although private coverage is primarily provided by the employer through a group plan, around 6.6 per cent of plan-holders and dependants are covered under an individual plan.

Table 13

Nova Scotia Residents Enrolled in Private Drug Plans, by Age Group and Type of Beneficiary

Age group	Plan members	Spouses and dependants	Total—private coverage	Total population	Percentage of population with private coverage
<25	15,400	130,500	145,900	246,200	59.3
25 to 64	264,600	148,100	412,700	519,000	79.5
65+	33,100	18,400	51,400	183,400	28.0
All ages	313,000	297,000	610,000	948,600	64.3

Sources: Statistics Canada; TELUS Health; Canadian Life and Health Insurance Association; The Conference Board of Canada.

Most of the coverage under private plans is in the 25- to 64-year age group (79.5 per cent), and about 59.3 per cent of those under 25 years

¹¹ Includes plan members who have any type of drug coverage, but excludes those who do not have drug coverage through their extended health benefits. This figure may also include double counting when family members are covered under separate benefit plans for each spouse.

of age are also covered. This contrasts with the 65-year and over age group, where 28 per cent have public coverage.

The Gap

Uninsured

Our estimates suggest that while all residents are eligible for a public program, most rely on the private market for their prescription drug coverage. This is especially true for those under 65 years of age. (See Table 14.) However, there are about 765,000 Nova Scotians who are eligible for public coverage but not enrolled, and the majority of those are estimated to have private coverage, leaving around 150,000 Nova Scotians with no private coverage and not enrolled in public plans. (See Table 15.)

Table 14
Uninsured Population in Nova Scotia, by Age Group

Age group	Population	Eligible population—public	Enrolled population—private	Multiple eligibility	Eligible for insurance	Uninsured (ineligible for insurance)	Uninsured as percentage of population
<25	246,200	246,200	145,900	145,900	246,200	n.a.	n.a.
25 to 64	519,000	519,000	412,700	412,700	519,000	n.a.	n.a.
65+	183,400	183,400	51,400	51,400	183,400	n.a.	n.a.
All ages	948,600	948,600	610,000	610,000	948,600	n.a.	n.a.
<65	765,200	765,200	558,600	558,600	765,200	n.a.	n.a.

n.a. = not applicable

Sources: Statistics Canada; Canada Revenue Agency; Government of Nova Scotia; TELUS Health; Canadian Life and Health Insurance Association; The Conference Board of Canada.

Table 15
Number of Nova Scotia Residents Not Enrolled in Public or Private Plan, by Age Group

Age group	Eligible population—public	Enrolled population—public	Unenrolled population—public	Private enrolment and non-enrolled public	Non-enrolled population—public or private
<25	246,200	16,800	229,400	145,900	83,500
25 to 64	519,000	51,900	467,100	412,700	54,400
65+	183,400	119,900	63,500	51,400	12,000
All ages	948,600	188,700	759,900	610,000	149,900

Sources: Statistics Canada; Canada Revenue Agency; Government of Nova Scotia; TELUS Health; Canadian Life and Health Insurance Association; The Conference Board of Canada.

Out-of-Pocket Spending in Public Drug Plans

While eligibility for Nova Scotia Pharmacare is universal, families and individuals have deductibles and co-payments depending on their income and number of dependants. As an example, for a family with an income of \$50,000 and two dependants, out-of-pocket expenses on deductibles and co-payments is almost \$2,500 before Pharmacare covers the remainder of prescription costs for the year.¹²

For Seniors' Pharmacare, premiums depend on income and marital status and are capped at \$424 for single seniors earning between \$22,900 and \$35,000 a year. Those earning less do not pay a premium.¹³ Seniors pay a co-payment of 30 per cent, capped at \$382 per year. These features appear to minimize the out-of-pocket costs among seniors, as only 5.4 per cent of all households spend more than 3 per cent of their income out-of-pocket on prescription drugs.¹⁴

Drug Coverage in Public Drug Plans

In Nova Scotia, there were a total of 4,359 drugs reimbursed in 2015 across both public and private drug plans. The Pharmacare program reimbursed an additional 294 drugs unique to the program, while private plans reimbursed an additional 1,533 drugs that were not reimbursed by Pharmacare. (See Chart 2.) Enrolled individuals would have to pay the full cost out-of-pocket for those drugs prescribed that are not on the formulary.

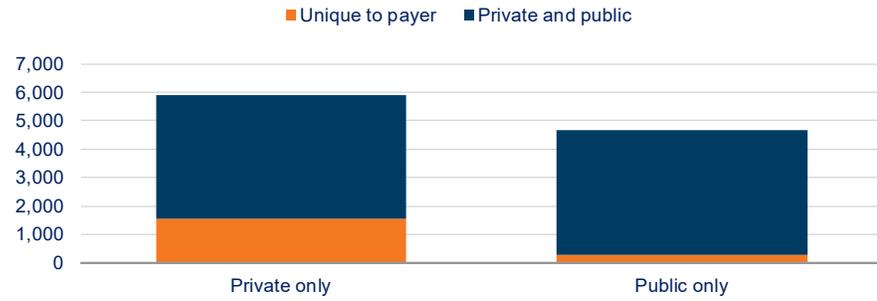
12 Government of Nova Scotia, "Nova Scotia Pharmacare: Family Pharmacare Calculator."

13 Government of Nova Scotia, "Seniors' Pharmacare Program."

14 Statistics Canada, CANSIM table 203-0021.

Chart 2

Number of DINs With Claims Reimbursed in Private Versus Public Plans, Nova Scotia, 2015–16



DIN = Drug Identification Number.
Sources: QuintilesIMS; Pharmastat.

Prince Edward Island

Population: 152,000

Major public prescription drug provider: PEI Pharmacare

Residents eligible for the drug plan: 63,500

Residents enrolled in private plans: 100,000

Prince Edward Island

Public Programs

Prince Edward Island Pharmacare is an extensive program that provides coverage to all eligible residents of the province. However, for residents who participate in a group plan, PEI Pharmacare is not the primary payer: private plans are billed first, and PEI Pharmacare acts as the payer of last resort for all Islanders.¹⁵ There are 27 programs available from PEI Pharmacare, with the Generic Program and the Seniors' Drug Cost Assistance Program providing access to most residents. In addition, there is a Financial Assistance Plan, a Catastrophic Program, and a High Cost Drug Plan, which provide coverage for those spending a certain proportion of their income on drugs or those needing expensive drugs. Most other programs that are part of PEI Pharmacare are focused on special (i.e., disease-based) drugs.

With PEI Pharmacare available to all residents, the entire population of the province is eligible to receive benefits. However, the Generic Program is designed for residents who have no insurance, and the Seniors' Drug Cost Assistance Program is available to all Islanders 65 years of age and older. Factoring in the eligibility requirements of these programs, and accounting for those eligible for the other programs (like the Financial Assistance plans and the specialized drug plans) it is estimated that approximately 63,400 residents (or 42.1 per cent) are eligible for PEI Pharmacare. (See Table 16.)

¹⁵ Patented Medicine Prices Review Board, *Public Drug Plan Designs, 2015/16*.

Table 16
Eligibility for Prince Edward Island Public Programs, by Age Group

Age group	Generic program	Seniors' Drug program	Financial Assistance drug plan	Specialized plans	Eligible population*	Total population	Percentage of population eligible for public program
<25	18,900	n.a.	6,000	n.a.	18,900	42,400	44.5
25 to 64	15,600	n.a.	13,000	3,000	15,600	79,100	19.7
65+	n.a.	28,900	6,000	n.a.	28,900	28,900	100.0
All ages	34,400	28,900	25,000	3,000	63,400	150,400	42.1

n.a. = not applicable

*Rows may not sum total eligible population due to residents being eligible for more than one program. This overlap was removed when calculating total eligible population.

Sources: Statistics Canada; TELUS Health; Canadian Life and Health Insurance Association; Government of Prince Edward Island.

It is challenging to determine the exact enrolment under each plan. But based on claims data, it is estimated that approximately 45,500 residents participate in PEI Pharmacare.¹⁶ This implies that 30.3 per cent are enrolled in PEI Pharmacare. While enrolment in the Seniors' Drug Cost Assistance Program is automatic, enrolment for those under 65 years of age is quite low as residents in these age groups would rely more on private insurance. (See tables 17 and 18.)

Table 17
Enrolment for Prince Edward Island Public Drug Coverage, by Age Group

Age group	Enrolled population	Total population	Percentage of population enrolled in public program
<25	3,300	42,400	7.8
25 to 64	13,300	79,100	16.8
65+	28,900	28,900	100.0
All ages	45,500	150,400	30.3

Sources: Statistics Canada; Canadian Institute for Health Information; Government of Prince Edward Island.

16 Excel data provided to the Conference Board by the Canadian Institute for Health Information.

Table 18
Eligibility and Enrolment in Prince Edward Island Pharmacare, by Age Group

Age group	Public coverage eligibility	Public coverage enrolment	Total population	Percentage eligible for public program	Enrolled as percentage of eligible population
<25	18,900	3,300	42,400	44.5	17.6
25 to 64	15,600	13,300	79,100	19.7	85.3
65+	28,900	28,900	28,900	100.0	100.0
All ages	63,400	45,500	150,400	42.1	71.9

Sources: Statistics Canada; TELUS Health; Canadian Life and Health Insurance Association; Canadian Institute for Health Information; Government of Prince Edward Island.

Private Drug Benefit Plans

According to CLHIA, about 100,000 P.E.I. residents are covered by private insurance for prescription drugs, representing around 65.8 per cent of the population.¹⁷ This figure considers the total number of beneficiaries on each plan, such as the primary cardholder, the spouse, and the dependant. (See Table 19.) Private coverage is mainly provided by the employer through a group plan. However, around 7.6 per cent of plan-holders and dependants (which includes spouses) are covered under an individual plan.

Table 19
Prince Edward Island Residents Enrolled in Private Drug Plans, by Age Group and Type of Beneficiary

Age group	Plan members	Spouses and dependants	Total—private coverage	Total population	Percentage of population with private coverage
<25	1,400	22,100	23,500	42,400	55.5
25 to 64	40,400	23,100	63,500	79,100	80.3
65+	8,400	4,600	13,000	28,900	44.9
All ages	50,200	49,800	100,000	150,400	66.5

Sources: Statistics Canada; TELUS Health; Canadian Life and Health Insurance Association; The Conference Board of Canada.

¹⁷ Includes plan members who have any type of drug coverage, but excludes those who do not have drug coverage through their extended health benefits. This excludes individuals who are covered under separate benefit plans (from their spouse or parent) (i.e., all duplicates are removed).

According to Table 19, most of the coverage under private plans is for Islanders under 65 years of age. This is an interesting contrast to public coverage, where the population under 25 years of age is most likely not to be enrolled in PEI Pharmacare (although it could signify fewer claims made by residents in that age group, relatively speaking). Interestingly, nearly half of seniors also have private insurance coverage, despite all of them being eligible and enrolled in public plans.

The Gap

Uninsured

Our estimates suggest that all residents have access to some form of drug insurance, whether through public drug programs, private group plans, or private individual plans. (See Table 20.) While all seniors are eligible for coverage (most through the public Seniors' Drug Cost Assistance Program), residents under 65 years of age are most likely to be part of the Generic Program, or have private insurance.

Table 20
Uninsured Population in Prince Edward Island, by Age Group

Age group	Population	Eligible population—public	Enrolled population—private	Multiple eligibility	Eligible for insurance	Uninsured (ineligible for insurance)	Uninsured as percentage of population
<25	42,400	18,900	23,500	n.a.	42,400	n.a.	n.a.
25 to 64	79,100	15,600	63,500	n.a.	79,100	n.a.	n.a.
65+	28,900	28,900	13,000	13,000	28,900	n.a.	n.a.
All ages	150,400	63,400	100,000	13,000	150,400	n.a.	n.a.
<65	121,400	34,400	87,000	n.a.	121,400	n.a.	n.a.

n.a. = not applicable

Sources: Statistics Canada; TELUS Health; Canadian Life and Health Insurance Association; Canadian Institute for Health Information; Government of Prince Edward Island; The Conference Board of Canada.

The youngest age groups have the lowest rates of enrolment. Also, only a small fraction of the province's population (roughly 12,100 Islanders) are without private coverage and eligible for a public program but not enrolled. (See Table 21.) This is because PEI Pharmacare is intended to provide coverage for those without private insurance.

Table 21
Number of Prince Edward Island Residents Not Enrolled in Public or Private Plan, by Age Group

Age group	Eligible population—public	Enrolled population—public	Unenrolled population—public	Private enrolment and non-enrolled public	Non-enrolled population—public or private
<25	18,900	3,300	15,500	4,800	10,700
25 to 64	15,600	13,300	2,300	900	1,400
65+	28,900	28,900	n.a.	n.a.	n.a.
All ages	63,400	45,500	17,800	5,700	12,100

n.a. = not applicable

Sources: Statistics Canada; TELUS Health; Canadian Life and Health Insurance Association; Canadian Institute for Health Information; Government of Prince Edward Island; The Conference Board of Canada.

Out-of-Pocket Spending in Public Drug Plans

The Generic Drug Program was introduced in 2015, with the aim of limiting out-of-pocket costs for generic prescription drugs. A maximum is set at \$19.95 per generic drug prescription; however, co-payments per prescription vary for each program and some medications. For the High Drug Cost Plan, the cost of medication to the individual depends on the income of the household.

Meanwhile, the Catastrophic Drug Program caps the annual amount a household pays out-of-pocket. This “cap” varies by the level of income—a household earning less than \$20,000 pays 3 per cent a year out-of-pocket, a household earning between \$20,000 and \$50,000 pays 5 per cent out-of-pocket, a household earning between \$50,000 and \$100,000 pays 8 per cent out-of-pocket, and a household earning more than \$200,000 pays 12 per cent out-of-pocket before receiving assistance.¹⁸ For the lowest-earning households, out-of-pocket expenses will be about \$600 a year (about 12.3 per cent of households spend more than 3 per cent out-of-pocket for prescription drugs¹⁹).

18 Government of Prince Edward Island, “Catastrophic Drug Program.”

19 Statistics Canada, CANSIM table 203-0021.

New Brunswick

Population: 759,600

Major public prescription drug provider: New Brunswick Drug Plan and New Brunswick Prescription Drug Plan

Residents eligible for the drug plan: 331,600

Residents enrolled in private plans: 490,000

New Brunswick

Public Programs

New Brunswick has three main plans that provide coverage to all residents who have a valid Medicare card. The Prescription Drug Program (NBPDP) is available to low-income seniors and nursing home residents and individuals with specific medical conditions.

The New Brunswick Drug Plan is available to residents who do not have private insurance, while the government-sponsored Medavie Blue Cross Seniors' Prescription Drug Plan provides coverage for uninsured seniors.²⁰

To receive benefits from the provincial plans, an individual must enrol and pay the annual premium associated with the specific plan (except for the NBPDP, where the premium is zero). Considering this, approximately 331,600 residents of New Brunswick were eligible for public coverage in 2015. (See Table 22.) This includes residents who have no private insurance, as well as low-income seniors who have private insurance (but receive the GIS) and those without private insurance.

Table 22
Eligibility in New Brunswick Public Programs, by Age Group

Age group	New Brunswick Drug Plan	Medavie Blue Cross	New Brunswick Prescription Drug Plan	Eligible population*	Total population	Percentage of population eligible for public program
<25	81,600	n.a.	3,700	84,400	196,000	43.1
25 to 64	80,400	n.a.	25,800	105,200	411,100	25.6
65+	n.a.	107,700	n.a.	142,000	152,600	93.1
All ages	162,000	107,700	77,000	331,600	759,700	43.6

n.a. = not applicable

*Rows may not sum total eligible population due to residents being eligible for more than one program. This overlap was removed when calculating total eligible population.

Sources: Statistics Canada; TELUS Health; Canadian Life and Health Insurance Association; New Brunswick Association of Nursing Homes; The Conference Board of Canada.

Even with only 43.6 per cent of the population eligible for public drug coverage, enrolment in provincial drug programs is fairly low in New

20 Government of New Brunswick, "New Brunswick Drug Plan."

Brunswick. Only 17 per cent of the population are enrolled in a public plan, representing an enrolment rate (enrolled population as a proportion of eligible population) of only 38.9 per cent. (See tables 23, 24, and 25.) Although the intent of the provincial plan is to cover the most vulnerable residents, the enrolment rate is lowest among younger age groups, but even for seniors it is only at 41.4 per cent, representing just under half of the seniors in the province. This is in contrast to other provinces, where most (if not all) are enrolled in the public plan.

Table 23

Enrolment for New Brunswick Public Drug Coverage, by Age Group

Age group	New Brunswick Drug Plan and Prescription Drug Plan		Enrolled population	Total population	Percentage of population enrolled in public program
	Drug Plan	Medavie Blue Cross			
<25	28,200	n.a.	28,200	196,000	14.4
25 to 64	37,800	n.a.	37,800	411,100	9.2
65+	40,400	22,800	63,100	152,600	41.4
All ages	106,400	22,800	129,100	759,700	17.0

n.a. = not applicable

Sources: Statistics Canada; TELUS Health; Canadian Life and Health Insurance Association; New Brunswick Association of Nursing Homes; Government of New Brunswick; The Conference Board of Canada.

Table 24

Enrolment Rate in New Brunswick Public Plans, by Plan Type

	New Brunswick Drug Plan and Prescription Drug Plan	Medavie Blue Cross
Eligible population	239,000	107,700
Enrolled population	106,400	22,800
Enrolment rate (per cent)	44.5	21.2

Sources: Statistics Canada; TELUS Health; Canadian Life and Health Insurance Association; New Brunswick Association of Nursing Homes; Government of New Brunswick; The Conference Board of Canada.

Table 25
Eligibility and Enrolment in Public Plan, New Brunswick, by Age Group

Age group	Public coverage eligibility	Public coverage enrolment	Total population	Enrolment rate (per cent)
<25	84,400	28,200	196,000	33.5
25 to 64	105,200	37,800	411,100	35.9
65+	142,000	63,100	152,600	44.5
All ages	331,600	129,100	759,700	38.9

n.a. = not applicable

Sources: Statistics Canada; TELUS Health; Canadian Life and Health Insurance Association; New Brunswick Association of Nursing Homes; Government of New Brunswick; The Conference Board of Canada.

Private Drug Benefit Plans

According to CLHIA, around 490,000 residents are covered by private insurance for prescription drugs, representing just under two-thirds of the provincial population.²¹ This figure includes the total number of beneficiaries on each plan, such as the primary cardholder, the spouse, and the dependant. (See Table 26.) Although private coverage is mostly provided by the employer through a group plan, a relatively large proportion of residents (about 16.5 per cent of plan-holders and dependants) are covered under an individual plan. Indeed, individual plans in New Brunswick are more popular for those without group coverage than joining the public plan.

Table 26
New Brunswick Residents Enrolled in Private Drug Plans, by Age Group and Type of Beneficiary

Age group	Plan members	Spouses and dependants	Total—private coverage	Total population	Percentage of population with private coverage
<25	11,200	103,200	114,400	196,000	58.4
25 to 64	205,700	124,900	330,600	411,100	80.4
65+	28,900	16,000	44,900	152,600	29.4
All ages	245,800	244,200	490,000	759,700	64.5

Sources: Statistics Canada; TELUS Health; Canadian Life and Health Insurance Association; The Conference Board of Canada.

²¹ Includes plan members who have any type of drug coverage, but excludes those who do not have drug coverage through their extended health benefits. This excludes individuals who are covered under separate benefit plans (from their spouse or parent) (i.e., all duplicates are removed).

The Gap

Uninsured

Our estimates suggest that the entire population of the province has access to some form of drug insurance. (See Table 27.) For those not enrolled in a private plan, public coverage is available. While there are more options for seniors to be eligible for public coverage (through the NBPDP and the Medavie Plan), the younger age cohorts are more represented in private plans.

Despite all residents being eligible for coverage, the youngest age groups have the lowest rates of enrolment in public plans. About 202,400 residents are eligible for drug coverage but are not enrolled in any program. (See Table 28.) Due to the eligibility criteria of the public plans targeting those who do not have private insurance, it is presumed that all those who have not enrolled in a public plan also do not have private coverage.

Table 27
Uninsured Population in New Brunswick, by Age Group

Age group	Population	Eligible population—public	Enrolled population—private	Multiple eligibility	Eligible for insurance	Uninsured (ineligible for insurance)	Uninsured as percentage of population
<25	196,000	84,400	114,400	2,800	196,000	n.a.	n.a.
25 to 64	411,100	105,200	330,600	24,800	411,100	n.a.	n.a.
65+	152,600	142,000	44,900	34,300	152,600	n.a.	n.a.
All ages	759,700	331,600	490,000	61,900	759,700	n.a.	n.a.
<65	607,100	189,600	445,100	27,600	607,100	n.a.	n.a.

n.a. = not applicable

Sources: Statistics Canada; TELUS Health; Canadian Life and Health Insurance Association; New Brunswick Association of Nursing Homes; Government of New Brunswick; The Conference Board of Canada.

Table 28
Number of New Brunswick Residents Not Enrolled in Public or Private Plan, by Age Group

Age group	Eligible population—public	Enrolled Population—public	Unenrolled population—public	Private enrolment and non-enrolled public	Non-enrolled population—public or private
<25	84,400	28,200	56,200	n.a.	56,200
25 to 64	105,200	37,800	67,400	n.a.	67,400

(continued ...)

Table 28 (cont'd)

Number of New Brunswick Residents Not Enrolled in Public or Private Plan, by Age Group

Age group	Eligible population— public	Enrolled Population—public	Unenrolled population—public	Private enrolment and non-enrolled public	Non-enrolled population—public or private
65+	142,000	63,100	78,900	n.a.	78,900
All ages	331,600	129,100	202,400	n.a.	202,400

n.a. = not applicable

Sources: Statistics Canada; TELUS Health; Canadian Life and Health Insurance Association; New Brunswick Association of Nursing Homes; Government of New Brunswick; The Conference Board of Canada.

Out-of-Pocket Spending in Public Drug Plans

There are varying levels of premiums and co-payments that New Brunswick residents must pay as part of the public drug programs. For the New Brunswick Drug Plan, annual premiums start at \$200 for an individual earning less than \$18,000 a year, or a single parent or couple earning less than \$27,000 a year. These premiums increase for higher-earning individuals/couples, up to a maximum amount of \$2,000. In addition, enrollees have co-payments of 30 per cent. For the NBPDP, premiums are waived, but the co-payment can range from \$9 per prescription for seniors on the GIS to \$15 for those without the assistance. For the Medavie Plan, the annual premium is \$1,400 and the co-payment is \$15 per prescription.²² All of this indicates that New Brunswick residents pay sizable amounts out-of-pocket. According to Statistics Canada, about 7.9 of households pay more than 3 per cent and 4.8 per cent of households pay more than 5 per cent of income out-of-pocket on prescription drugs.²³

Drug Coverage in Public Drug Plans

A total of 4,567 drugs were reimbursed in 2015 across both public and private drug plans in New Brunswick. The public drug plans reimbursed only 270 additional drugs that are not reimbursed by private plans, while private plans reimbursed an additional 1,739 drugs that were not reimbursed by New Brunswick's public plans. (See Chart 3.)

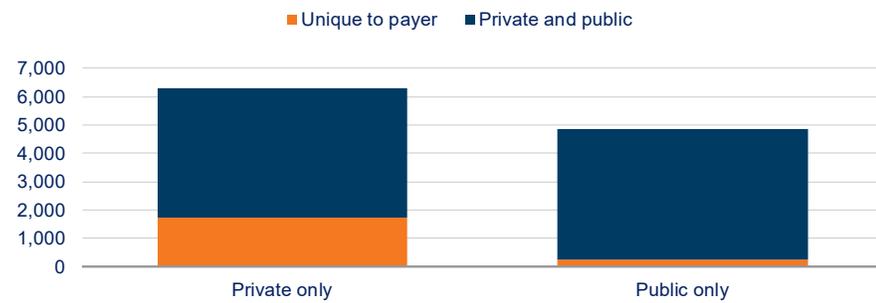
²² Patented Medicine Prices Review Board, *Public Drug Plan Designs, 2015/16*.

²³ Statistics Canada, CANSIM table 203-0021.

Members of public plans who are prescribed a drug not on the formulary will not be reimbursed for that drug. Since being a member of the public program means the individual does not have access to private coverage, that person must pay the full amount out-of-pocket or else forego the treatment or be prescribed a different treatment that is covered on the formulary.

Chart 3

Number of DINs With Claims Reimbursed in Private Versus Public Plans, New Brunswick, 2015–16



DIN = Drug Identification Number.
Sources: QuintilesIMS; Pharmastat.

Quebec

Population: 8.3 million

Major public prescription drug provider: Régie général d'assurance médicaments

Residents eligible for prescription drug insurance plan: 3.8 million

Residents enrolled in private plans: 5.5 million

Quebec

Public Programs

Quebec's public prescription drug program is administered by the Régie de l'assurance maladie. This plan is available to any resident of Quebec, although individuals must enrol with the Régie.

All residents of Quebec are mandated by law to have prescription drug insurance, either through a private plan or through the public plan. Any resident who is eligible for private coverage must enrol in a private plan, and those without access to private coverage must enrol in the public plan. Failure to enrol in a prescription drug plan in Quebec results in financial penalties equal to the amount of the public plan premiums. Thus, it is presumed there is no overlap between enrolment in the public and private prescription drug plans and that 100 per cent of Quebec residents have coverage. (See Table 29.) Seniors are the exception as they are automatically enrolled in the public plan, but can opt out of it if they already have private group coverage, or can overlap by purchasing individual private coverage in addition to their public plan coverage. Social assistance recipients are also automatically enrolled in the public plan.

Table 29
Eligibility for Quebec Public Programs, by Age Group

Age group	Residents not covered by private insurance	Seniors	Financial assistance	Eligible population*	Total population	Percentage of population eligible for public program
<25	963,700	n.a.	49,700	1,013,400	2,248,900	45.1
25 to 64	865,700	n.a.	400,200	1,265,900	4,570,100	27.7
65+	n.a.	1,502,900	14,400	1,502,900	1,502,900	100.0
All ages	1,829,500	1,502,900	464,300	3,782,200	8,321,900	45.4

n.a. = not applicable

*Rows may not sum total eligible population due to residents being eligible for more than one program. This overlap was removed when calculating total eligible population.

Sources: Statistics Canada; Government of Quebec; TELUS Health; Canadian Life and Health Insurance Association; The Conference Board of Canada.

While public coverage is available for 45.4 per cent of all residents, about two-thirds of the population is a member of a private group plan. The public plan is mostly reserved for seniors and for those under 65 years

of age receiving social assistance, or who are either unemployed, self-employed, or work for employers that do not offer benefits. About 10 per cent of seniors opt out of their public plan due to having private group plan coverage, which explains why the enrolment rate is 95.9 per cent. (See tables 30 and 31.)

Table 30
Enrolment in Quebec Public Drug Program, by Age Group

Age group	Residents not covered by private insurance	Seniors	Financial assistance	Enrolled population*	Total population	Percentage of population enrolled in public program
<25	963,700	n.a.	49,700	1,013,400	2,248,900	45.1
25 to 64	865,700	n.a.	400,200	1,265,900	4,570,100	27.7
65+	n.a.	1,334,600	14,400	1,349,000	1,502,900	89.8
All ages	1,829,500	1,334,600	464,300	3,628,300	8,321,900	43.6

n.a. = not applicable

Sources: Statistics Canada; Government of Quebec; TELUS Health; Canadian Life and Health Insurance Association; The Conference Board of Canada.

Table 31
Eligibility and Enrolment in Public Plans, Quebec

	Régie général d'assurance
Eligible population	3,782,200
Enrolled population	3,628,300
Enrolment rate (per cent)	95.9

Sources: Statistics Canada; Government of Quebec; TELUS Health; Canadian Life and Health Insurance Association; The Conference Board of Canada.

Private Drug Benefit Plans

According to CLHIA, roughly 5.5 million residents are covered by private insurance for prescription drugs, representing just under two-thirds of the provincial population.²⁴ This figure includes the total number of beneficiaries on each plan, such as the primary cardholder, the spouse, and the dependant. (See Table 32.) Although private coverage is mostly provided by the employer through a group plan, a small proportion of

²⁴ Includes plan members who have any type of drug coverage, but excludes those who do not have drug coverage through their extended health benefits. This excludes individuals who are covered under separate benefit plans (from their spouse or parent) (i.e., all duplicates are removed).

residents (roughly 8.8 per cent of plan-holders and dependants) are covered under an individual plan.

Table 32

Quebec Residents Enrolled in Private Drug Plans, by Age Group and Type of Beneficiary

Age group	Plan members	Spouses and dependants	Total private coverage	Total population	Percentage of population with private coverage
<25	96,000	1,293,000	1,389,000	2,248,900	61.8
25 to 64	2,514,700	1,282,900	3,797,700	4,570,100	83.1
65+	194,300	119,000	313,300	1,502,900	20.8
All ages	2,805,000	2,695,000	5,500,000	8,321,900	66.1

Sources: Statistics Canada; TELUS Health; Canadian Life and Health Insurance Association; The Conference Board of Canada.

The Gap

Uninsured

The design of the provincial plan suggests that the entire Quebec population has access to some form of drug insurance. Since residents are required to enrol in private coverage if it is available, most residents (66.1 per cent) have private insurance, and 43.6 per cent are enrolled in the Régie général d'assurance médicaments. (See tables 33 and 34.)

There is some overlap among seniors and individuals covered who also purchase additional individual plan coverage to supplement their public plan coverage. As a result, all Quebec residents are enrolled in a public or private plan, or both.

Table 33
Uninsured Population in Quebec, by Age Group

Age group	Population	Eligible population—public	Enrolled population—private	Multiple eligibility	Eligible for insurance	Uninsured (ineligible for insurance)	Uninsured as percentage of population
<25	2,248,900	1,013,400	1,389,000	153,500	2,248,900	n.a.	n.a.
25 to 64	4,570,100	1,265,900	3,797,700	493,500	4,570,100	n.a.	n.a.
65+	1,502,900	1,502,900	313,300	313,300	1,502,900	n.a.	n.a.
All ages	8,321,900	3,782,200	5,500,000	960,300	8,321,900	n.a.	n.a.
<65	6,819,000	2,279,300	5,186,700	647,000	6,819,000	n.a.	n.a.

n.a. = not applicable

Sources: Statistics Canada; Government of Quebec; TELUS Health; Canadian Life and Health Insurance Association; The Conference Board of Canada.

Table 34
Number of Quebec Residents Not Enrolled in Public or Private Plan, by Age Group

Age group	Eligible population—public	Enrolled population—public	Unenrolled population—public	Private enrolment and non-enrolled public	Non-enrolled population—public or private
<25	1,013,400	1,013,400	n.a.	n.a.	n.a.
25 to 64	1,265,900	1,265,900	n.a.	n.a.	n.a.
65+	1,502,900	1,349,000	153,900	153,900	n.a.
All ages	3,782,200	3,628,300	153,900	153,900	n.a.

n.a. = not applicable

Sources: Statistics Canada; Government of Quebec; TELUS Health; Canadian Life and Health Insurance Association; The Conference Board of Canada.

Out-of-Pocket Spending in Public Drug Plans

The public program charges a premium of up to \$640 per adult in each household for the majority of those enrolled in the public program, regardless if the individual purchases prescription drugs.²⁵ Additionally, monthly deductibles of \$18 and 34 per cent co-insurance rates apply to prescriptions. There is a maximum spending limit of \$85.75 per month (\$1,029 annually). The Régie adjusts premiums and deductibles and co-payments on a yearly basis to account for inflation.

Exemptions or reduced rates apply for some populations. Seniors receiving at least 94 per cent of the GIS, children under 18, social assistance recipients, and single, full-time students between 18 and

25 Government of Quebec, *Rapport annuel de gestion 2015–2016*.

25 years of age whose parents are enrolled in the public plan are not charged any premium or monthly contributions.²⁶ Seniors receiving less than 94 per cent of the GIS have a lower monthly spending limit of \$51.83 (\$622 per year), and the annual premium amount varies for enrollees depending on family income.

In 2015–16, the Régie reported that out-of-pocket spending represented 19 per cent, 27 per cent, and 26 per cent of total public prescription drug plan spending for seniors receiving less than 94 per cent of the GIS, seniors receiving no GIS at all, and for adults under 65, respectively. This represented \$473, \$510, and \$252 per beneficiary per year, respectively (this excludes the premium).

Residents who pay the premium must do so out-of-pocket, even if no prescription drug costs are incurred. Moreover, individuals with prescription drug costs that are less than the deductible would experience out-of-pocket costs. Another group that would experience out-of-pocket costs are those whose prescribed drugs are not on the provincial formulary. According to Statistics Canada, about 10.5 per cent of households spend at least 3 per cent of their income out-of-pocket for prescription drug expenses.²⁷

Drug Coverage in Public Drug Plans

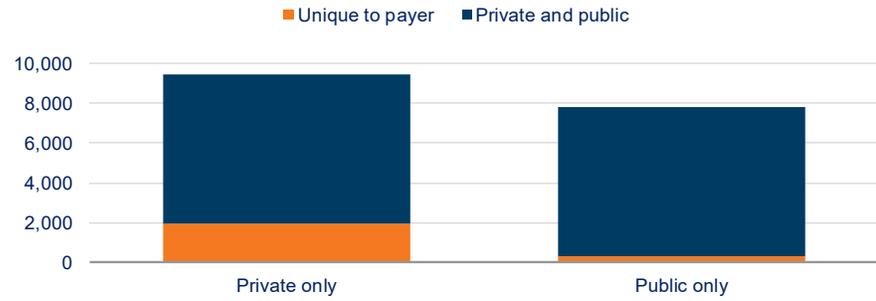
Quebec mandates that private employers offering group drug coverage for their plan members must make it at least the same as public plans. There were a total of 7,452 drugs reimbursed in 2015 in both public and private drug plans in Quebec. Of this, the public drug programs reimbursed 340 additional drugs. In private plans, a total of 1,975 unique drugs were reimbursed in 2015 that were not reimbursed under the public plan. This represents more than 1,600 additional drugs that were reimbursed by the private plans in 2015. (See Chart 4.) As a result, Quebec residents covered under the public plan who receive a prescription for one of those drugs excluded on the Quebec formulary would have to incur out-of-pocket costs, or else forego the choice of the physician and select a drug that was on the public formulary.

26 Government of Quebec, "Prescription Drug Insurance: Annual Premium."

27 Statistics Canada, CANSIM table 203-0021.

Chart 4

Number of DINs With Claims Reimbursed in Private Versus Public Plans, Quebec, 2015–16



DIN = Drug Identification Number.
Sources: QuintilesIMS; Pharmastat.

Ontario

Population: 14 million

Major public prescription drug provider: Ontario Drug Benefit (ODB) program

Residents eligible for ODB: 5.6 million

Residents enrolled in private plans: 8.8 million

Ontario

Public Programs

The Ontario Drug Benefit (ODB) program is designed to cover residents 65 years of age and older, residents of long-term care homes and homes for special care, recipients of professional home services, recipients of social assistance, residents with disabilities, and recipients under the Trillium Drug Program, which provides drug benefits for Ontario residents who have high drug costs in relation to their household income.²⁸

Based on the eligibility criteria as defined by ODB, nearly 5.6 million Ontarians are estimated to be eligible for public coverage for prescription drugs, representing about 40.2 per cent of the population. (See Table 35.) While seniors are fully eligible for public coverage, only 3.3 million of the 11.7 million residents under the age of 65 are eligible. However, this will change considerably with the introduction of the OHIP+ program. (See “What Is OHIP+?”) Roughly 8.3 million Ontario residents are not eligible for public drug coverage.

What Is OHIP+?

On January 1, 2018, all Ontario residents aged 24 and under who have OHIP coverage will be automatically covered by OHIP+. This program will completely cover the cost of the more than 4,400 drug products currently available through the ODB program. As a result, the calculations presented above will be reduced drastically. An additional 1.2 million Ontarians who previously had no coverage at all will become eligible for public coverage, while 2.1 million with private coverage will be transferred to have public coverage for prescription drugs.

Source: Government of Ontario.

28 Government of Ontario, *2015/16 Report Card for the Ontario Drug Benefit Program*.

Table 35
Eligibility for Ontario Public Programs, by Age Group

Age group	Ontario Disability Support Program	Ontario Works	Home Care program	Long Term Care program	Trilium Drug Program	Seniors' Program	Eligible population*	Total population	Percentage of population eligible for public program
<25	87,700	483,000	102,100	n.a.	104,800	n.a.	751,800	4,036,200	18.6
25 to 64	947,400	1,192,000	167,800	n.a.	419,300	n.a.	2,579,300	7,649,200	33.7
65+	616,500	271,000	459,500	180,100	n.a.	2,291,000	2,291,000	2,291,000	100.0
All ages	1,651,600	1,946,000	729,400	180,100	524,200	2,291,000	5,622,100	13,976,300	40.2

n.a. = not applicable

Sources: Statistics Canada; Government of Ontario; Home Care Ontario.

*Rows may not sum total eligible population due to residents being eligible for more than one program. This overlap was removed when calculating total eligible population

While about 5.6 million Ontarians are eligible to participate in a public drug program, only about 3.3 million people are enrolled.²⁹ (See Table 36.) This implies that about 40.1 per cent of the eligible population is not enrolled in any public program. However, the enrolment rate differs by program. For instance, Ontarians automatically qualify for the Seniors' Program once they reach their 65th birthday. As a result, all seniors are eligible and enrolled in that program. But for the other plans in Ontario, individuals (or households) must apply with the government to become enrolled and participate in the program. Consequently, not all those who are eligible are enrolled.

29 Ibid.

Table 36
Enrolment in Ontario Public Drug Coverage, by Age Group

Age group	Ontario Disability Support Program	Ontario Works	Home Care program	Long Term Care program	Trilium Drug Program	Seniors' Program	Enrolled population*	Total population	Percentage of population enrolled in public program
<25	30,400	118,700	20,000	n.a.	52,900	n.a.	218,000	4,036,200	5.4
25 to 64	355,900	293,400	32,800	n.a.	211,800	n.a.	856,700	7,649,200	11.2
65+	231,700	66,500	89,800	152,700	n.a.	2,291,000	2,291,000	2,291,000	100.0
All ages	618,100	478,700	142,600	152,700	264,700	2,291,000	3,365,700	13,976,300	24.1

n.a. = not applicable

*Rows may not sum total enrolled population due to residents being enrolled in more than one program. This overlap was removed when calculating total enrolled population.

Sources: Statistics Canada; Government of Ontario; Home Care Ontario.

Table 37 shows the difference in enrolment rates between each of the public programs. As expected, the rate for the Seniors' Program is at 100 per cent. However, enrolment in the other programs varies significantly. The enrolment rates are quite low among individuals eligible for the Home Care program, Ontario Works program, and Ontario Disability Support Program (20 per cent, 25 per cent, and 37 per cent, respectively). In contrast, the enrolment rate is quite high for individuals eligible for the Long Term Care program.

Table 37
Enrolment Rate, by Individual Public Program

	Ontario Disability Support Program	Ontario Works	Home Care program	Long Term Care program	Trilium Drug Program	Seniors' Program
Eligible population	1,651,600	1,946,000	729,400	180,100	524,200	2,291,000
Enrolled population	618,100	478,700	142,600	152,700	264,700	2,291,000
Enrolment rate (per cent)	37.4	24.6	19.6	84.8	50.5	100.0

Sources: Statistics Canada; Government of Ontario; Home Care Ontario.

Table 38

Eligibility and Enrolment in Public Plans, Ontario, by Age Group

Age group	Public coverage eligibility	Public coverage enrolment	Total population	Percentage eligible for public program	Enrolled as percentage of eligible population
<25	751,800	218,000	4,036,200	18.6	29.0
25 to 64	2,579,300	856,700	7,649,200	33.7	33.2
65+	2,291,000	2,291,000	2,291,000	100.0	100.0
All ages	5,622,100	3,365,700	13,976,300	40.2	59.9

Sources: Statistics Canada; Government of Ontario; Home Care Ontario.

Private Drug Benefit Plans

According to CLHIA, approximately 8.8 million Ontarians are covered by private insurance for prescription drugs, representing around 63 per cent of the population.³⁰ This figure takes into account the total number of beneficiaries on each plan, such as the primary cardholder, the spouse, and the dependant. (See Table 39.)

With about 7 million employed residents in the province, private coverage is predominantly provided by the employer through a group plan. Normally, these plans also cover spouses and dependants. However, about 6.3 per cent of plan-holders and dependants are covered under an individual plan.

Table 39

Ontario Residents Enrolled in Private Drug Plans, by Age Group and Type of Beneficiary

Age group	Plan members	Spouses and dependants	Total—private coverage	Total population	Percentage of population with private coverage
<25	186,000	1,944,000	2,130,000	4,036,200	52.8
25 to 64	3,738,200	2,053,400	5,791,600	7,649,200	75.7
65+	577,000	301,400	878,400	2,291,000	38.3
All ages	4,501,100	4,298,900	8,800,000	13,976,300	63.0

Sources: Statistics Canada; TELUS Health; Canadian Life and Health Insurance Association; The Conference Board of Canada.

³⁰ Includes plan members who have any type of drug coverage, but excludes those who do not have drug coverage through their extended health benefits. This excludes individuals who are covered under separate benefit plans (from their spouse or parent) (i.e., all duplicates are removed).

As is evident in Table 39, most of the coverage under private plans is in the 25-to 64-year age group. Just over half of those under 25 years of age are covered, mostly as dependants on their family plan. Meanwhile, more than one-third of seniors have private coverage, likely from a retirement pension plan or supplemental insurance coverage. This is an interesting contrast to public coverage, where the 25- to 64-year age group is least likely to be eligible. In addition, with OHIP+ coming into effect in January 2018, an estimated 2.1 million youth will be transferred from private insurance coverage to the public plan.

The Gap

Uninsured

Our estimates indicate that about 86.8 per cent (12.1 million residents) of Ontarians have access to some form of drug insurance, whether through public drug programs, private group plans, or private individual plans. However, they also indicate that 13.2 per cent (around 1.8 million) are not eligible for any drug coverage. (See Table 40.) Since seniors are fully covered, all the uninsured population is under the age of 65. Children are the most likely to be left out of any form of drug insurance (1.2 million residents, or 30 per cent), as none of the public plans to date are geared toward youth (unless drug costs are significant), and only half are covered in private plans. (See Table 40.) However, this is about to change considerably with the introduction of OHIP+. An estimated 1.2 million youth under 25 years who were previously uninsured will now have public coverage under OHIP+, and an additional 500,000 youth under 25 years who were eligible for a public plan but not enrolled will now be automatically enrolled to OHIP+.

Table 40
Uninsured Population in Ontario, by Age Group

Age group	Population	Eligible population—public	Enrolled population—private	Multiple eligibility	Eligible for insurance	Uninsured (ineligible for insurance)	Uninsured as percentage of population
<25	4,036,200	751,800	2,130,000	76,900	2,804,900	1,231,300	30.5
25 to 64	7,649,200	2,579,300	5,791,600	1,336,400	7,034,400	614,700	8.0
65+	2,291,000	2,291,000	878,400	878,400	2,291,000	n.a.	0.0
All ages	13,976,300	5,622,100	8,800,000	2,291,800	12,130,300	1,846,000	13.2
<65	11,685,300	3,331,100	7,921,600	1,413,400	9,839,300	1,846,000	15.8

n.a. = not applicable

Sources: Statistics Canada; Government of Ontario; Home Care Ontario; TELUS Health; Canadian Life and Health Insurance Association; The Conference Board of Canada.

Around 8 per cent of the 25- to 64-year age group will remain uninsured, and this will not change as a result of OHIP+, as coverage will still depend on whether group plans are available to employed residents or individuals can afford to purchase individual drug insurance. Still, with 85 per cent of full-time employees (and 66 per cent of part-time employees) having access to employer-sponsored benefits,³¹ the proportion without access to insurance is unlikely to change in this age cohort.

Moreover, approximately 2.3 million Ontarians are eligible for public coverage but are not enrolled. Adjusting for those who may be enrolled in a private plan indicates that there are an estimated 1.5 million Ontarians under the age of 65 who are eligible for a public plan (and not enrolled in a private plan), but have not enrolled in the public plan. (See Table 41.)

31 Conference Board of Canada, The, *Benefits Benchmarking 2015*.

Table 41
Number of Ontario Residents Not Enrolled in Public or Private Plan, by Age Group

Age group	Eligible population—public	Enrolled population—public	Unenrolled population—public	Private enrolment and non-enrolled public	Non-enrolled population—public or private
<25	751,800	218,000	533,800	40,300	493,500
25 to 64	2,579,300	856,700	1,722,600	698,900	1,023,700
65+	2,291,000	2,291,000	n.a.	n.a.	n.a.
All ages	5,622,100	3,365,700	2,256,400	739,200	1,517,100

n.a. = not applicable

Sources: Statistics Canada; Government of Ontario; Home Care Ontario; TELUS Health; Canadian Life and Health Insurance Association; The Conference Board of Canada.

Out-of-Pocket Spending in Public Drug Plans

Across the different public programs in Ontario, although there is a province-specific formulary that generally applies to all public program enrollees, there are different levels of cost-sharing depending on the program, which is somewhat based on the probable ability to pay of the beneficiaries. For example, seniors pay a \$100 deductible of total prescription costs each year and a maximum of a \$6.11 co-payment. For low-income seniors (income less than \$19,200 for a single senior or \$38,200 for a couple), there is no deductible and the co-payment is a maximum of \$2 for each prescription filled (or refilled).³² For long-term care residents and disability or social assistance recipients, the cost of filling prescriptions is free.

The Trillium drug program design exists for all Ontarians but the level of out-of-pocket spending is much higher. With the aim of helping those with high drug costs, the program provides benefits to households whose out-of-pocket drug costs are higher than 4 per cent of net household income. This would apply to residents with or without private insurance (and if the drug or drugs are on the provincial formulary) once the deductible has been reached out-of-pocket. Once the deductible has been reached, the Trillium Drug Program becomes first payer, even if the

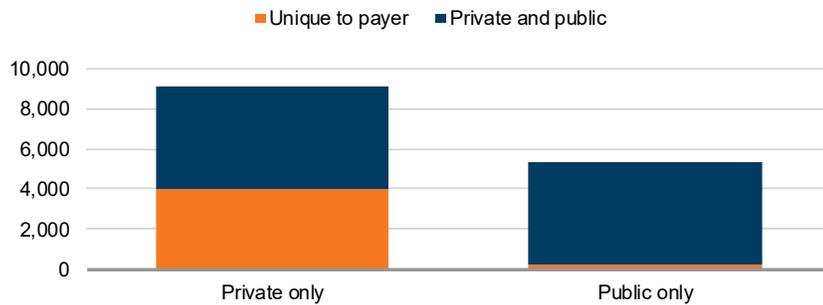
32 Government of Ontario, "Get Coverage for Prescription Drugs."

resident has private coverage.³³ In Ontario, approximately 3.9 per cent of households spend 4 per cent or more on prescription drugs as an out-of-pocket expense.³⁴

Drug Coverage in Public Drug Plans

In Ontario, a total of 5,095 drugs were reimbursed in 2015 in both public and private drug plans. Ontario’s public drug programs (ODB) reimbursed 240 additional unique drugs.³⁵ Private plans across Ontario reimbursed a total of 3,970 additional unique drugs in 2015 compared with public plans. (See Chart 5.)

Chart 5
Number of DINs With Claims Reimbursed in Private Versus Public Plans, Ontario, 2015–16



DIN = Drug Identification Number.
 Sources: QuintilesIMS; Pharmastat.

Cost-Sharing in Private Drug Plans

According to TELUS Health data, cost-sharing is also common in private plans (co-pay, co-insurance, deductibles, and spending limits or caps). There has been an increasing trend toward plan members having to pay more (higher co-insurance rates and multiple types of cost-sharing

33 According to TELUS Health Solutions, it is estimated that a fraction of Ontarians with private drug insurance actually ever benefit from the Trillium Drug Program since they would have to pay 4 per cent of the income out-of-pocket over and above what the private plan covers. For example, for a household making \$60,000 net income per year, the total drug costs would have to be \$12,000 per year in a private plan with a co-insurance of 20 per cent (household has to pay \$2,400, employer pays \$9,600).

34 Statistics Canada, Survey of Household Spending, 2015.

35 Including nutrition products and diabetic-testing agents.

mechanisms simultaneously, as well as annual or lifetime spending caps).³⁶ Based on data from TELUS Health Solutions, between 2010 and 2015, the share of private plan members with three or more types of cost-sharing mechanisms, including co-insurance, grew by 16 per cent, impacting 5 per cent of plan members, and those with drug spending caps increased by 35 per cent, impacting 23 per cent of plan members. Those with both a co-insurance and a plan maximum increased by 20 per cent, impacting almost 16 per cent of plan members in 2015. This is felt the most by those plan members with high drug costs.³⁷

Having said that, coordination of benefits is possible between plans for spouses who are each a member of a different plan, which can also alleviate out-of-pocket costs for privately covered individuals.³⁸ There is also coordination of benefits that could occur with public plans, notably with the Trillium Drug Program in Ontario, which covers the cost of drugs for individuals who incur large out-of-pocket costs for prescriptions that are covered on the ODB formulary, over and above a certain spending threshold (4 per cent of net income). However, Ontario has one of the lowest rates of coordination of benefits between private and public plans (i.e., Trillium)—only 1.2 per cent of drug costs incurred by private drug plans in Ontario end up being shared by public plans in Ontario.³⁹ According to data from TELUS Health Solutions, in Ontario, once coordination of benefits between multiple payers has occurred, on average plan members pay on average 8 per cent of total drug costs out-of-pocket.⁴⁰

36 Innovative Medicines Canada, *Private Drug Plans Design Trends*.

37 TELUS Health Solutions data provided to the Conference Board by Innovative Medicines Canada.

38 TELUS Health Solutions Inc. estimates that between 5 and 10 per cent of private plan members have dual coverage; however, less than that may make claims using their coordination of benefits.

39 Data from TELUS Health Solutions.

40 Ibid.

Manitoba

Population: 1.3 million

Major public prescription drug provider: Manitoba Pharmacare

Residents eligible for Pharmacare: 1.3 million

Residents enrolled in private plans: 760,000

Manitoba

Public Programs

Manitoba Pharmacare is available to all residents who have a valid provincial health card. It is a single-payer program, and although it is free to enrol, the cost of receiving benefits is equal to the deductible amount (which varies based on family income). The program includes sub-plans such as Employment and Income Assistance, the Personal Care Home Drug Program, the Palliative Care Drug Access Program, and the Home Cancer Drug Program.⁴¹ But in these cases, beneficiaries are still considered part of the Pharmacare Program.

While the entire population of the province is eligible to receive benefits (see Table 42), there is an annual, income-based deductible where the beneficiary/family must pay for their medication until the deductible is reached. As a result, approximately 832,000 Manitobans were enrolled in the Pharmacare Program in 2015.⁴² (See Table 43.) Since the Pharmacare Program is the main program, there is no overlap between public programs. However, if you are enrolled in a sub-program, you become a member of that program and your prescriptions and deductibles are free.

Table 42

Manitoba Residents Eligible for Pharmacare Program, by Age Group

Age group	Eligible population	Total population	Percentage of population eligible for public program
<25	433,900	433,900	100.0
25 to 64	700,300	700,300	100.0
65+	203,900	203,900	100.0
All ages	1,338,100	1,338,100	100.0

Sources: Statistics Canada; Government of Manitoba.

41 Patented Medicine Prices Review Board, *Public Drug Plan Designs, 2015/16*.

42 Excel data provided to the Conference Board by the Canadian Institute for Health Information.

Table 43
Manitoba Residents Enrolled in Public Drug Program, by Age Group

Age group	Enrolled population	Total population	Percentage of population enrolled in public program
<25	247,800	433,900	57.1
25 to 64	399,200	700,300	57.0
65+	185,200	203,900	90.8
All ages	832,100	1,338,100	62.2

Sources: Statistics Canada; Canadian Institute for Health Information.

Private Drug Benefit Plans

Because of the annual deductible that comes with Pharmacare, many residents still rely on their group plan for prescription drug coverage. Private plan coverage in Manitoba acts as a “wrap-around” to public plan coverage, paying for the public plan deductibles and paying for the same drugs that are listed on Pharmacare programs. According to CLHIA, around 760,000 residents are covered by private insurance for prescription drugs.⁴³ (See Table 44.) This figure includes the total number of beneficiaries on each plan, such as the primary cardholder, the spouse, and the dependant(s). Although most are group plans, about 14.9 per cent of plan-holders and dependants are covered under an individual plan.

Table 44
Manitoba Residents Enrolled in Private Drug Plans, by Age Group and Type of Beneficiary

Age group	Plan members	Spouses and dependants	Total—private coverage	Total population	Percentage of population with private coverage
<25	19,900	163,700	183,600	433,900	42.3
25 to 64	330,600	187,600	518,200	700,300	74.0
65+	36,500	21,700	58,200	203,900	28.5
All ages	387,100	372,900	760,000	1,338,100	56.8

Sources: Statistics Canada; TELUS Health; Canadian Life and Health Insurance Association; The Conference Board of Canada.

⁴³ Includes plan members who have any type of drug coverage, but excludes those who do not have drug coverage through their extended health benefits. This figure may also include double counting when family members are covered under separate benefit plans for each spouse.

Table 44 shows that most of the coverage under private plans is in the 25- to 64-year age group. Less than half of those under 25 years of age are covered, mostly as dependants on their family plan. In addition, only 28.5 per cent of seniors have private coverage, despite the fact that seniors are also subject to annual income-based deductibles as part of the public plan.

The Gap

Uninsured

With the Pharmacare Program, all Manitobans have access to some form of drug insurance. (See Table 45.) However, to avoid the annual deductibles that come with the public coverage, many employed residents (and their beneficiaries) rely on their group coverage. Employed residents who are not part of a group or individual plan, or unemployed residents, must enrol with the Pharmacare Program to receive coverage. Even then, a person will receive benefits only if his or her annual prescription drug cost exceeds the annual deductible.

Even with the universal nature of Pharmacare, more than 500,000 Manitobans are eligible for public coverage but are not enrolled. Because of the unique characteristic of Manitoban private plans requiring their plan members to be enrolled in the public plan, it is estimated that the surplus between public and private plans enrollees is those individuals with no private plans, who purchase individual private insurance. Adjusting for those who may be enrolled in a private individual plan indicates that an estimated 387,000 residents are eligible for Pharmacare or a private plan, but have not enrolled.⁴⁴ (See Table 46.) The vast majority of these residents are under the age of 65, as most will rely on private coverage.

44 The data indicate that those aged 25 years and older and are not enrolled in Pharmacare have private coverage.

Table 45
Uninsured Population in Manitoba, by Age Group

Age group	Population	Eligible population—public	Enrolled population—private	Multiple eligibility	Eligible for insurance	Uninsured (ineligible for insurance)	Uninsured as percentage of population
<25	433,900	433,900	183,600	183,600	433,900	n.a.	n.a.
25 to 64	700,300	700,300	518,200	518,200	700,300	n.a.	n.a.
65+	203,900	203,900	58,200	58,200	203,900	n.a.	n.a.
All ages	1,338,100	1,338,100	760,000	760,000	1,338,100	n.a.	n.a.
<65	1,134,200	1,134,200	701,800	701,800	1,134,200	n.a.	n.a.

n.a. = not applicable

Sources: Statistics Canada; Government of Manitoba; Canadian Institute for Health Information; TELUS Health; Canadian Life and Health Insurance Association; The Conference Board of Canada.

Table 46
Number of Manitoba Residents Not Enrolled in Public or Private Plan, by Age Group

Age group	Eligible population—public	Enrolled population—public	Unenrolled population—public	Private enrolment and non-enrolled public	Non-enrolled population—public or private
<25	433,900	247,800	186,100	n.a.	186,100
25 to 64	700,300	399,200	301,100	119,000	182,100
65+	203,900	185,200	18,800	n.a.	18,800
All ages	1,338,100	832,100	506,000	119,000	387,000

n.a. = not applicable

Sources: Statistics Canada; Government of Manitoba; Canadian Institute for Health Information; TELUS Health; Canadian Life and Health Insurance Association; The Conference Board of Canada.

Out-of-Pocket Spending in Public Drug Plans

The Pharmacare Program has an annual deductible based on total family income. In 2015, the minimum deductible was set at \$100, and the deductible paid thereafter is a share of family income set at 2.97 per cent for those earning less than \$15,000 a year and increasing to 6.73 per cent of income for those making more than \$75,000 a year.⁴⁵ The deductible is not paid until the individual fills a prescription—the individual must pay out-of-pocket for each prescription filled until the deductible amount is reached. After that, Pharmacare will pay 100 per cent of eligible prescription costs for the year. A family with an income of \$15,000 will pay \$445 out-of-pocket until the family is covered by the

45 Patented Medicine Prices Review Board, *Public Drug Plan Designs, 2015/16*.

program. Meanwhile, a family with income of at least \$75,000 will pay more than \$5,000 out-of-pocket until it is covered by the program.⁴⁶

As a result, each resident with public coverage incurs out-of-pocket costs for their prescriptions. In 2015, about 11.8 per cent of households paid at least 3 per cent (also equal to the minimum deductible) of their income on prescription drugs.⁴⁷

Drug Coverage in Public Drug Plans

Manitoba, like the other Western provinces, has a cancer agency that covers the full cost of oncology products administered in hospital and for outpatients, for all residents in the province, regardless of insurance coverage. Additionally, since Manitoba Pharmacare acts as first payer and private plans as second payer, and enrolment in Pharmacare is required as a condition for enrolment into private plans, the difference between public and private drug lists is small.

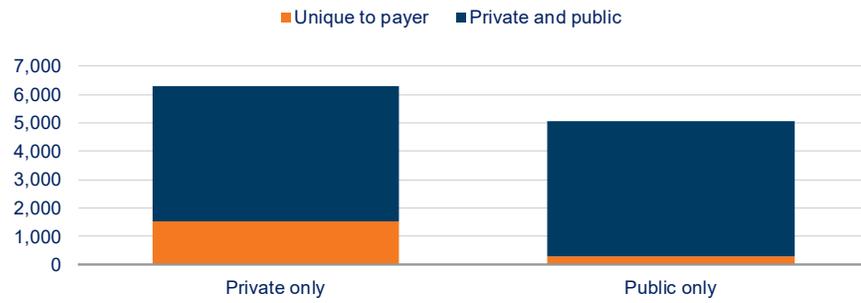
In Manitoba, a total of 4,771 drugs were reimbursed in 2015 in both public and private drug plans. The Pharmacare Program reimbursed an additional 679 drugs not reimbursed by private plans, while private plans across the province reimbursed a total of 1,094 additional drugs that were not reimbursed by public plans, representing only 400 additional drugs that were not reimbursed by the Pharmacare Program. (See Chart 6.) Nonetheless, when a resident is prescribed a drug not on the public or private formulary, the individual incurs the entire cost out-of-pocket, unless the individual has a more generous private plan or has an individual private plan to cover the cost of the prescription.

⁴⁶ The deductible estimate for each family can depend on pension-splitting and number of dependants.

⁴⁷ Statistics Canada, CANSIM table 203-0021.

Chart 6

Number of DINs With Claims Reimbursed in Private Versus Public Plans, Manitoba, 2015–16



DIN = Drug Identification Number.
Sources: QuintilesIMS; Pharmastat.

Saskatchewan

Population: 1.1 million

Major public prescription drug provider: Saskatchewan Drug Plan and Extended Health Benefits

Residents eligible for drug plan: 1.1 million

Residents enrolled in private plans: 650,000

Saskatchewan

Public Programs

Saskatchewan has several drug plans available to all its residents. The Saskatchewan Drug Plan provides residents with coverage, as does the Seniors' Drug Plan Program, the Children's Drug Plan Program, and the Special Support Program (which helps with high drug costs). Other programs assist residents who are on social assistance and income supplements (for seniors), in need of emergency assistance, in palliative care, or other special beneficiaries.⁴⁸

Based on the eligibility criteria defined by the numerous plans, roughly 1.1 million Saskatchewan residents⁴⁹ are estimated to be eligible for public coverage for prescription drugs, representing the entire population of the province. (See Table 47.) This includes all children under the age of 15 being automatically eligible for the Children's Drug Plan Program, and all seniors with income under \$66,100 being eligible. There are also several programs for those in need of financial assistance. Because the other programs are very specific, eligibility was combined and equalled the number of beneficiaries of the program.⁵⁰

Table 47
Eligibility for Saskatchewan Public Programs, by Age Group

Age group	Children's Drug Plan	Seniors' Drug Plan	Saskatchewan Drug Plan	Supplementary health benefits/income supplements	Other public programs	Eligible population*	Total population	Percentage of population eligible for public program
<25	214,600	n.a.	84,400	54,000	22,100	365,100	365,100	100.0
25 to 64	n.a.	n.a.	446,500	59,000	114,400	599,500	599,500	100.0
65+	n.a.	166,600	26,100	19,000	28,700	166,600	166,600	100.0
All ages	214,600	166,600	557,000	132,000	165,100	1,131,200	1,131,200	100.0

n.a. = not applicable

*Rows may not sum total eligible population due to residents being eligible for more than one program. This overlap was removed when calculating total eligible population.

Sources: Statistics Canada; Government of Saskatchewan.

48 Government of Saskatchewan, *Ministry of Health Drug Plan and Extended Benefits Branch Annual Report*.

49 This figure excludes residents who are eligible for more than one public program. The Conference Board estimates the total number of residents eligible for more than one public plan is about 1,160,000.

50 Saskatchewan Ministry of Health, *Ministry of Health Drug Plan and Extended Benefits Branch Annual Report*.

What this shows is that the entire provincial population is eligible for a public program but just under half are enrolled. As outlined above, much of the coverage is for children (especially under 15 years of age) and seniors. With that in mind, Table 48 displays the number of residents who are enrolled in these programs. Approximately 616,000 citizens are enrolled in public programs, comprising 54.5 per cent of the population. Enrolment is high in the Children's and Seniors' plans, as well as other public programs (which are generally disease-based). However, enrolment is lower for remaining programs, mostly from low rates in the 25- to 64-age group (those with higher rates of private coverage). (See tables 49 and 50.)

Table 48
Enrolment in Saskatchewan Public Drug Coverage, by Age Group

Age group	Children's Drug Plan	Seniors' Drug Plan	Saskatchewan Drug Plan	Supplementary health benefits/income supplements	Other public programs	Enrolled population*	Total population	Percentage of population enrolled in public program
<25	214,600	n.a.	69,300	15,500	11,200	283,200	365,100	77.6
25 to 64	n.a.	n.a.	111,400	24,900	92,900	190,400	599,500	31.8
65+	n.a.	119,700	31,500	7,000	41,400	142,300	166,600	85.4
All ages	214,600	119,700	212,200	47,400	145,500	616,000	1,131,200	54.5

n.a. = not applicable

*Rows may not sum total eligible population due to residents being eligible for more than one program. This overlap was removed when calculating total eligible population.

Sources: Statistics Canada; Government of Saskatchewan.

Table 49
Enrolment Rate for Saskatchewan, by Individual Public Program

	Children's Drug Plan	Seniors' Drug Plan	Saskatchewan Drug Plan	Supplementary health benefits/income supplements	Other public programs
Eligible population	214,600	166,600	557,000	132,000	165,100
Enrolled population	214,600	119,700	212,200	47,400	145,500
Enrolment rate (per cent)	100.0	71.8	38.1	35.9	88.1

Sources: Statistics Canada; Government of Saskatchewan.

Table 50

Eligibility and Enrolment in Public Plans, Saskatchewan, by Age Group

Age group	Public coverage eligibility	Public coverage enrolment	Total population	Percentage eligible for public program	Enrolled as percentage of eligible population
<25	365,100	283,200	365,100	100.0	77.6
25 to 64	599,500	190,400	599,500	100.0	31.8
65+	166,600	142,300	166,600	100.0	85.4
All ages	1,131,200	616,000	1,131,200	100.0	54.5

Sources: Statistics Canada; Government of Saskatchewan.

Private Drug Benefit Plans

According to CLHIA, around 650,000 residents are covered by private insurance for prescription drugs, representing 57.5 per cent of the provincial population.⁵¹ This figure includes the total number of beneficiaries on each plan, such as the primary cardholder, the spouse, and the dependant. (See Table 51.) Although private coverage is mostly provided by the employer through a group plan, a relatively large proportion of residents (approximately 30 per cent of plan-holders and dependants) are covered under an individual plan. In fact, Saskatchewan has the highest proportion of residents covered under individual private plans.

Table 51

Saskatchewan Residents Enrolled in Private Drug Plans, by Age Group and Type of Beneficiary

Age group	Plan members	Spouses and dependants	Total—private coverage	Total population	Percentage of population with private coverage
<25	25,800	148,800	174,600	365,100	47.8
25 to 64	295,500	147,000	442,500	599,500	73.8
65+	19,800	13,200	33,000	166,600	19.8
All ages	341,000	309,000	650,000	1,131,200	57.5

Sources: Statistics Canada; TELUS Health; Canadian Life and Health Insurance Association; The Conference Board of Canada.

51 Includes plan members who have any type of drug coverage, but excludes those who do not have drug coverage through their extended health benefits. This excludes individuals who are covered under separate benefit plans (from their spouse or parent) (i.e., all duplicates are removed).

The Gap

Uninsured

Our estimates indicate that all Saskatchewan residents have access to some form of drug insurance, whether through public drug programs, private group plans, or private individual plans. (See Table 52.)

Table 52
Uninsured Population in Saskatchewan, by Age Group

Age group	Population	Eligible population—public	Enrolled population—private	Multiple eligibility	Eligible for insurance	Uninsured (ineligible for insurance)	Uninsured as percentage of population
<25	365,100	365,100	174,600	174,600	365,100	n.a.	n.a.
25 to 64	599,500	599,500	442,500	442,500	599,500	n.a.	n.a.
65+	166,600	166,600	33,000	33,000	166,600	n.a.	n.a.
All ages	1,131,200	1,131,200	650,000	650,000	1,131,200	n.a.	n.a.
<65	964,500	964,500	617,000	617,000	964,500	n.a.	n.a.

n.a. = not applicable

Sources: Statistics Canada; Government of Saskatchewan; TELUS Health; Canadian Life and Health Insurance Association; The Conference Board of Canada.

However, approximately 515,000 residents are eligible for public coverage but are not enrolled. Adjusting for those enrolled in a private plan indicates that an estimated 172,000 are eligible for a public plan but are not enrolled, and are also not enrolled in a private plan. (See Table 53.) Most are in the 25- to 64-year age group since there is no specific public program that targets this middle age group like there is for the younger and older cohorts. For those without access to a private group plan, individual plans appear to be popular in the province.

Table 53

Number of Saskatchewan Residents Not Enrolled in Public or Private Plan, by Age Group

Age group	Eligible population—public	Enrolled population—public	Unenrolled population—public	Private enrolment and non-enrolled public	Non-enrolled population—public or private
<25	365,100	283,200	81,800	23,800	58,000
25 to 64	599,500	190,400	409,000	317,600	91,400
65+	166,600	142,300	24,300	1,300	23,000
All ages	1,131,200	616,000	515,200	342,700	172,400

Sources: Statistics Canada; Government of Saskatchewan; TELUS Health; Canadian Life and Health Insurance Association; The Conference Board of Canada.

Out-of-Pocket Spending in Public Drug Plans

Deductibles and co-payments for Saskatchewan's public programs vary depending on the type of plan. For the Children's and Seniors' plans, there is no deductible, but the individual is charged a maximum co-payment of \$20 per prescription. Meanwhile, the Special Support Program has a deductible of 3.4 per cent of family income, meaning the household must pay out-of-pocket for the first 3.4 per cent of the prescription cost before the program kicks in and covers the remainder (about 10.7 per cent of the province's households pay more than 3.5 per cent of income on prescription drugs).⁵² The other plans employ a combination of semi-annual deductible and 35 per cent co-payment, most of the time.⁵³

Drug Coverage in Public Drug Plans

In Saskatchewan, like the other Western provinces, the provincial cancer agency covers the full cost of oncology products administered in hospital and for outpatients, for all residents in the province, regardless of insurance coverage.

Additionally, since the Saskatchewan public plan acts as first payer and private plans as second payer, the difference between public and private drug lists is small. A total of 4,067 drugs were reimbursed in 2015 in both the public and private drug programs. In addition, the public drug programs reimbursed an additional 233 unique drugs not reimbursed

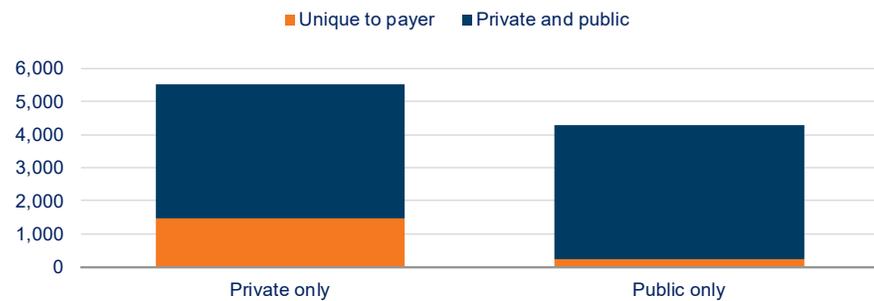
52 Statistics Canada, CANSIM table 203-0021.

53 Patented Medicine Prices Review Board, *Public Drug Plan Designs, 2015/16*.

in private plans, while the private plans reimbursed an additional 1,464 unique drugs not reimbursed in public plans.

Residents must pay out-of-pocket when a drug is prescribed that is not on the public or private formulary, unless the individual has a more generous private plan or has an individual private plan to cover the cost of the prescription.

Chart 7
Number of DINs With Claims Reimbursed in Private Versus Public Plans, Saskatchewan, 2015–16



DIN = Drug Identification Number.
Sources: QuintilesIMS; Pharmastat.

Alberta

Population: 4.2 million

Major public prescription drug provider: Non-Group Supplementary Health plans

Residents eligible for Non-Group plans: 4.2 million

Residents enrolled in private plans: 2.5 million

Alberta

Public Programs

Non-Group Supplementary Health plans provide coverage for prescribed drugs in Alberta. The main Non-Group Coverage plan is available to residents under 65 years of age, while the Coverage for Seniors Benefit covers residents 65 years of age and older. There are several other programs for those who qualify for social assistance, as well as palliative coverage, the Outpatient Cancer Drug Program, and the Specialized High Cost Drug Program.⁵⁴

Non-Group Coverage is available to all eligible residents under 65 years of age. (See Table 54.) However, Albertans must apply in order to be enrolled in the program. Even seniors, who automatically qualify for the Coverage for Seniors Benefit once they turn 65 years of age, must enrol to become part of the program. However, seniors are eligible to enrol premium-free, while the remainder of the population is charged a premium based on family size (some residents may be eligible for a premium subsidy).

Table 54

Eligibility for Alberta Public Programs, by Age Group

Age group	Eligible population	Total population	Percentage of population eligible for public program
<25	1,309,300	1,309,300	100.0
25 to 64	2,419,400	2,419,400	100.0
65+	507,700	507,700	100.0
All ages	4,236,400	4,236,400	100.0

Sources: Statistics Canada; Government of Alberta.

More than 730,000 Albertans are enrolled in public programs. Overall, this is a small percentage of the provincial population. While seniors take advantage of the premium-free participation, working-age residents (and younger) forego the premium and rely on the private market or pay out-of-pocket for their prescription drug coverage. (See tables 55 and 56.)

54 Ibid.

Table 55
Enrolment in Alberta Public Drug Coverage, by Age Group

Age group	Non-Group Supplementary Health plans	Seniors drug plan	Specialized prescription drugs	Low-income health benefits	Enrolled population*	Total population	Percentage of population enrolled in public program
<25	25,200	n.a.	700	21,200	47,100	1,309,300	3.6
25 to 64	115,200	n.a.	8,100	52,400	175,700	2,419,400	7.3
65+	n.a.	507,700	6,100	11,900	507,700	507,700	100.0
All ages	140,400	507,700	15,000	85,500	730,600	4,236,400	17.2

n.a. = not applicable

*Rows may not sum total enrolled population due to residents being enrolled in more than one program. This overlap was removed when calculating total enrolled population.

Sources: Statistics Canada; Government of Alberta; Canada Revenue Agency.

Table 56
Eligibility and Enrolment in Public Plans, Alberta, by Age Group

Age group	Public coverage eligibility	Public coverage enrolment	Total population	Enrolment rate (per cent)
<25	1,309,300	47,100	1,309,300	3.6
25 to 64	2,419,400	175,700	2,419,400	7.3
65+	507,700	507,700	507,700	100.0
All ages	4,236,400	730,600	4,236,400	17.2

Sources: Statistics Canada; Government of Alberta; Canada Revenue Agency.

Private Drug Benefit Plans

According to CLHIA, around 2.5 million residents (59 per cent of the population) are covered by private insurance for prescription drugs.⁵⁵ (See Table 57.) This figure includes the total number of beneficiaries on each plan, such as the primary cardholder, the spouse, and the dependant(s). Although most Albertans are members of group plans, approximately 11.9 per cent of plan-holders and dependants are covered under an individual plan.

⁵⁵ Includes plan members who have any type of drug coverage, but excludes those who do not have drug coverage through their extended health benefits. This figure may also include double counting when family members are covered under separate benefit plans for each spouse.

Table 57

Alberta Residents Enrolled in Private Drug Plans, by Age Group and Type of Beneficiary

Age group	Plan members	Spouses and dependants	Total —private coverage	Total population	Percentage of population with private coverage
<25	82,700	535,500	618,200	1,309,300	47.2
25 to 64	1,128,200	631,500	1,759,700	2,419,400	72.7
65+	77,800	44,300	122,100	507,700	24.1
All ages	1,288,700	1,211,300	2,500,000	4,236,400	59.0

Sources: Statistics Canada; TELUS Health; Canadian Life and Health Insurance Association; The Conference Board of Canada.

As seen in Table 57, most of the coverage under private plans is for those in the 25- to 64-year age group. But it also shows that less than half of those under 25 and a quarter of those over 65 have private coverage. For seniors, this is an interesting contrast to public coverage, where all are enrolled. However, for residents under 25 years of age, enrolment in a public or private plan is extremely low.

The Gap**Uninsured**

With Non-Group Supplementary Coverage, all residents of Alberta have access to some form of drug insurance. (See Table 58.) However, residents under the age of 65 tend to rely on private coverage, while seniors are much less likely to access private benefits, since they all access public benefits.

Table 58

Uninsured Population in Alberta, by Age Group

Age group	Population	Eligible population—public	Enrolled population—private	Multiple eligibility	Eligible for insurance	Uninsured (ineligible for insurance)	Uninsured as percentage of population
<25	1,309,300	1,309,300	618,200	618,200	1,309,300	n.a.	n.a.
25 to 64	2,419,400	2,419,400	1,759,700	1,759,700	2,419,400	n.a.	n.a.
65+	507,700	507,700	122,100	122,100	507,700	n.a.	n.a.
All ages	4,236,400	4,236,400	2,500,000	2,500,000	4,236,400	n.a.	n.a.
<65	3,728,700	3,728,700	2,377,900	2,377,900	3,728,700	n.a.	n.a.

n.a. = not applicable

Sources: Statistics Canada; Government of Alberta; Canada Revenue Agency; TELUS Health; Canadian Life and Health Insurance Association; The Conference Board of Canada.

Approximately 3.5 million Alberta residents who are eligible for public coverage are not enrolled. Adjusting for those who may be enrolled in a private plan indicates that an estimated 1.1 million under the age of 65 are eligible for a public plan have not enrolled. (See Table 59.) This represents about half (49.2 per cent) of the population under 25 years of age and around one-fifth (20 per cent) of the population aged 25 to 64 years. In Alberta, enrolment in the public plan is not mandatory, and residents can join at any time. Mostly, they enrol only if they truly need financial assistance with their prescription drug costs.

Table 59
Number of Alberta Residents Not Enrolled in Public or Private Plan, by Age Group

Age group	Eligible population—public	Enrolled population—public	Unenrolled population—public	Private enrolment and non-enrolled public	Non-enrolled population—public or private
<25	1,309,300	47,100	1,262,200	618,200	644,000
25 to 64	2,419,400	175,700	2,243,600	1,759,700	483,900
65+	507,700	507,700	n.a.	n.a.	n.a.
All ages	4,236,400	730,600	3,505,800	2,377,900	1,127,900

n.a. = not applicable

Sources: Statistics Canada; Government of Alberta; Canada Revenue Agency; TELUS Health; Canadian Life and Health Insurance Association; The Conference Board of Canada.

Out-of-Pocket Spending in Public Drug Plans

Premiums for Alberta’s Non-Group Supplementary Coverage apply only to residents under 65 years of age. An individual must pay \$63.50 per month, while the family rate is set at \$118 per month. This amounts to residents paying between \$760 and \$1,400 per year (monthly premiums can fluctuate depending on the number of dependants). Albertans with lower incomes are eligible to receive a subsidized rate that is 30 per cent of the full premium.⁵⁶ Although seniors do not pay premiums, they are on the hook for co-payments of 30 per cent per prescription (to a maximum

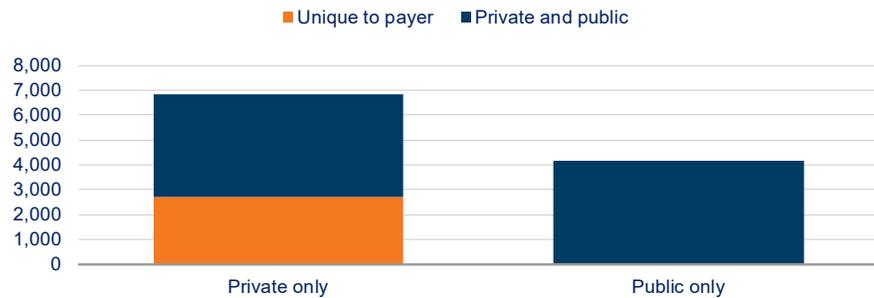
56 Government of Alberta, “Monthly Premium Rates for Non-Group Coverage.”

of \$25 per prescription).^{57,58} All in all, the proportion of households paying out-of-pocket for prescription drugs is generally lowest in Alberta.⁵⁹

Drug Coverage in Public Drug Plans

In Alberta, a total of 4,123 drugs were reimbursed in 2015 across both public and private drug plans.⁶⁰ In private plans, a total of 2,695 unique drugs were reimbursed in addition to those that were also reimbursed in public plans. (See Chart 8.) Meanwhile, the Non-Group program reimbursed only 46 additional drugs in addition to those that were also reimbursed in public plans.⁶¹ This reflects a gap in the public programs, as private plan members have access to a wider range of drugs. Public plan beneficiaries with public coverage may have to pay out-of-pocket more often if they are prescribed a medicine that is not listed on the public formulary, or their choice of medicine prescribed is influenced by whether it is listed on the public formulary.

Chart 8
Number of DINs With Claims Reimbursed in Private Versus Public Plans, Alberta, 2015–16



DIN = Drug Identification Number.
 Sources: QuintilesIMS; Pharmastat.

57 Patented Medicine Prices Review Board, *Public Drug Plan Designs, 2015/16*.
 58 Palliative Coverage clients also have a 30 per cent co-payment (and \$25 maximum per prescription), but with a \$1,000 out-of-pocket lifetime maximum.
 59 Statistics Canada, CANSIM table 203-0021.
 60 Note that oncology drugs and some high-cost drugs in specialized drug programs are covered outside of the provincial drug plans and are not included in these claims data.
 61 Government of Alberta, “Alberta Drug Benefit List (ADBL).”

British Columbia

Population: 4.8 million

Major public prescription drug provider: PharmaCare

Residents eligible for PharmaCare:
4.8 million

Residents enrolled in private plans:
2.7 million

British Columbia

Public Programs

British Columbia's PharmaCare program consists of nine separate programs. The largest is the Fair PharmaCare program (Plan I), which provides prescription drug coverage to nearly all residents. The other plans provide assistance for children with disabilities; those in residential care facilities; those in need of income assistance, palliative care, psychiatric care, or smoking cessation therapy; and those with cystic fibrosis or HIV expenditures.⁶²

Enrolment with the Medical Services Plan (MSP) is mandatory for all eligible residents and their dependants to have access to the plan. Therefore, all residents are eligible for coverage and those who have enrolled with MSP are also enrolled in public drug coverage. (See Table 60.) Each family in the plan must actively apply to the program in order to have their annual deductible calculated based on their family income.

As of March 2016, approximately 1.2 million families were registered for the PharmaCare program. All eligible residents must be in the Fair PharmaCare program to be enrolled in one of the other programs. After adjusting for some of the overlap between the various public programs, it was estimated that approximately 3.5 million residents are enrolled in the program.⁶³ Since residents are normally registered with MSP to obtain regular health insurance, enrolment in the program is extremely high. (See Table 61.)

62 Patented Medicine Prices Review Board, *Public Drug Plan Designs, 2015/16*.

63 Based on average family size of 2.8 residents. Statistics Canada, "Census Profile, 2016 Census."

Table 60
Eligibility for British Columbia Public Programs, by Age Group

Age group	Eligible population	Plan I	Plan B	Plan C	Plan D	Plan F	Plan G	Plan P	Plan S	Enrolled population*	Total population	Percentage of population eligible for public program	Percentage of population enrolled in public program
<25	1,292,200	943,600	n.a.	26,800	200	2,900	4,900	n.a.	1,400	943,600	1,292,200	100.0	73.0
25 to 64	2,615,600	1,907,700	n.a.	116,900	200	524,200	26,000	1,200	31,200	1,907,700	2,615,600	100.0	72.9
65+	849,900	621,500	30,400	26,300	n.a.	n.a.	4,400	10,400	4,100	621,500	849,900	100.0	73.1
All ages	4,757,700	3,472,800	30,400	170,000	300	527,100	35,300	11,500	36,700	3,472,800	4,757,700	100.0	73.0

n.a. = not applicable

*Rows may not sum total enrolled population due to residents being enrolled in more than one program. This overlap was removed when calculating total enrolled population.

Sources: Statistics Canada; Government of British Columbia.

Table 61
Enrolment in British Columbia Public Drug Coverage, by Age Group

Age group	Public coverage eligibility	Public coverage enrolment	Total population	Enrolment rate (per cent)
<25	1,292,200	943,600	1,292,200	73.0
25 to 64	2,615,600	1,907,700	2,615,600	72.9
65+	849,900	621,500	849,900	73.1
All ages	4,757,700	3,472,800	4,757,700	73.0

Sources: Statistics Canada; Government of British Columbia.

Private Drug Benefit Plans

According to CLHIA, roughly 2.7 million residents are covered by private insurance for prescription drugs, representing 56.8 per cent of the population.⁶⁴ This figure includes the total number of beneficiaries on each plan, such as the primary cardholder, the spouse, and the dependants. (See Table 62.) Although private coverage is mostly provided by the employer through a group plan, a small proportion of residents (roughly 5.3 per cent of plan-holders and dependants) are covered under an individual plan.

Table 62
British Columbia Residents Enrolled in Private Drug Plans, by Age Group and Type of Beneficiary

Age group	Plan members	Spouses and dependants	Total—private coverage	Total population	Percentage of population with private coverage
<25	62,900	499,000	561,900	1,292,200	43.5
25 to 64	1,201,200	649,600	1,850,800	2,615,600	70.8
65+	185,600	101,700	287,300	849,900	33.8
All ages	1,449,800	1,250,200	2,700,000	4,757,700	56.8

Sources: Statistics Canada; TELUS Health; Canadian Life and Health Insurance Association; The Conference Board of Canada.

Table 62 confirms that those in the 25- to 64-year age group are primarily enrolled in private plans. Meanwhile, less than half of residents under 25 years of age and only one-third of seniors have private coverage.

The Gap

Uninsured

The British Columbia PharmaCare program ensures that all residents are eligible for prescription drug coverage. (See Table 63.) Still, nearly 1.3 million residents are not enrolled for public coverage. Adjusting for those who may be enrolled in a private plan implies an estimated 474,400 residents are not enrolled or do not participate in any plan (even

⁶⁴ Includes plan members who have any type of drug coverage, but excludes those who do not have drug coverage through their extended health benefits. This excludes individuals who are covered under separate benefit plans (from their spouse or parent) (i.e., all duplicates are removed).

though they are eligible to receive benefits). (See Table 64.) Those in the youngest and oldest age groups are more represented in this estimate.

Table 63
Uninsured Population in British Columbia, by Age Group

Age group	Population	Eligible population—public	Enrolled population—private	Multiple eligibility	Eligible for insurance	Uninsured (ineligible for insurance)	Uninsured as percentage of population
<25	1,292,200	1,292,200	561,900	561,900	1,292,200	n.a.	n.a.
25 to 64	2,615,600	2,615,600	1,850,800	1,850,800	2,615,600	n.a.	n.a.
65+	849,900	849,900	287,300	287,300	849,900	n.a.	n.a.
All ages	4,757,700	4,757,700	2,700,000	2,700,000	4,757,700	n.a.	n.a.
<65	3,907,800	3,907,800	2,412,700	2,412,700	3,907,800	n.a.	n.a.

n.a. = not applicable

Sources: Statistics Canada; Government of British Columbia; Canada Revenue Agency; TELUS Health; Canadian Life and Health Insurance Association; The Conference Board of Canada.

Table 64
Number of British Columbia Residents Not Enrolled in Public or Private Plan, by Age Group

Age group	Eligible population—public	Enrolled population—public	Unenrolled population—public	Private enrolment and non-enrolled public	Non-enrolled population—public or private
<25	1,292,200	943,600	348,600	132,400	216,200
25 to 64	2,615,600	1,907,700	707,900	645,200	62,700
65+	849,900	621,500	228,300	32,900	195,400
All ages	4,757,700	3,472,800	1,284,800	810,500	474,400

Sources: Statistics Canada; Government of British Columbia; Canada Revenue Agency; TELUS Health; Canadian Life and Health Insurance Association; The Conference Board of Canada.

Out-of-Pocket Spending in Public Drug Plans

In the PharmaCare program, enrolment is free. However, there are different levels of cost-sharing depending on the plan. For instance, residents with net family income below \$15,000 pay no annual deductible, but pay a deductible of 2 per cent of net income between \$15,000 and \$30,000 and a 3 per cent deductible when family income is greater than \$30,000.⁶⁵ In addition, once the deductibles have been paid, there are co-payments of 30 per cent of the prescription drug costs.

65 Patented Medicine Prices Review Board, *Public Drug Plan Designs, 2015/16*.

Median family net income in the province is about \$77,000,⁶⁶ so the deductible is about \$2,300 for the average household. With an average prescription expenditure of \$498 per household in 2015,⁶⁷ families may not reach the annual deductible and simply be paying out-of-pocket instead. Indeed, there were only 740,000 total beneficiaries who received reimbursement assistance in 2015 out of an estimated 3.5 million enrolled in the program.⁶⁸ Meanwhile, 7.1 per cent of households spent more than 3 per cent of their income out-of-pocket on prescriptions in 2015.⁶⁹

Drug Coverage Restrictions in Public Drug Plans

In British Columbia, the provincial cancer agency covers listed oncology drugs for the entire population regardless of prescription drug coverage; thus, there are no differences between public and private plans in oncology drug coverage.

A total of 5,243 drugs were reimbursed in 2015 in both public and private drug plans. In addition, PharmaCare reimbursed 554 unique drugs, while the private plans reimbursed a total of 1,528 unique drugs. (See Chart 9.) This signifies that the public market in British Columbia reimbursed 1,000 fewer drugs that were not reimbursed by PharmaCare. This gap is smaller than Central and Eastern provinces due to greater coordination of benefits between public and private plans. The public plan is the first payer and the private plans act as second payer, so there tends to be more similarity between public and private plans.

66 Statistics Canada, "Census Profile, 2016 Census."

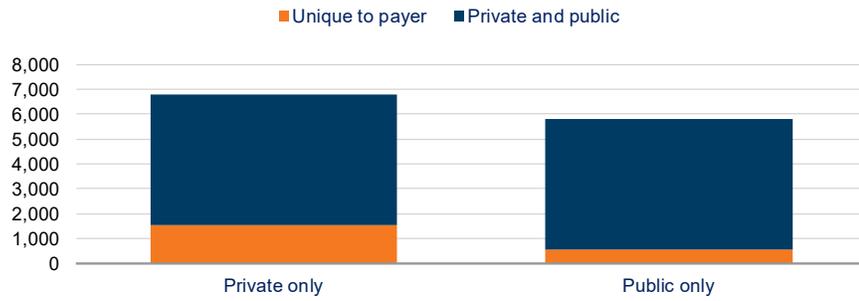
67 Statistics Canada, CANSIM table 203-0021.

68 Government of British Columbia, *PharmaCare Trends 2014/15*.

69 Statistics Canada, CANSIM table 203-0021.

Chart 9

Number of DINs With Claims Reimbursed in Private Versus Public Plans, British Columbia, 2015–16



DIN = Drug Identification Number.
Sources: QuintilesIMS; Pharmastat.

CHAPTER 3

Understanding Out-of-Pocket Spending

Chapter Summary

- Most of the Canadian population is eligible for either public or private coverage for prescription drugs in each province. Thus, the uninsured gap is very small and mostly concentrated in Ontario, which will soon be drastically reduced when OHIP+ comes into effect.
- There are also those who are enrolled in a public program but not in a private plan and who experience a high cost-sharing burden, as well as those who are enrolled in a private plan but have higher drug costs.
- Gaps in prescription drug coverage are centred among those who are eligible but not enrolled in a public program.

Looking at all the provincial programs separately shows that there are essentially many different public programs within and across provinces. Each has its own eligibility and enrolment requirements targeted at ensuring that certain segments of the population have prescription drug coverage. Meanwhile, the private programs are a little more consistent across the country; most are funded by employers, with the main difference being in the drugs available for coverage, cost-sharing with members, and how they complement (or not) public programs, rather than the populations that are covered.

What has become clear by looking at all public programs and private plan enrolment is that most of the population is eligible for either public or private coverage in each province. In some provinces, such as Manitoba, British Columbia, and Saskatchewan, a universal program ensures that all residents have access to a public program and private plans act as a second payer. In other provinces, such as Prince Edward Island, New Brunswick, and Quebec, public programs are reserved for those who do not have access to private insurance. And in others, such as Ontario, Alberta, and Newfoundland and Labrador, public programs are designed to help the most vulnerable (e.g., those with specific health conditions or low income) and the elderly population.

Canadians Who Experience No Prescription Drug Coverage (Uninsured)

There are an estimated 1.9 million Canadians without access to insurance, some of whom may experience real financial challenges to access. Nationally, the uninsured fall in the under 25 year age group in Ontario. However, this will change on January 1, 2018, when OHIP+ is launched, at which time an estimated 1.2 million additional

Ontarians aged 24 and under without insurance will now have public drug coverage.

The Eligible but Non-Enrolled

Nearly 4.1 million Canadians are eligible for public or private coverage but are not enrolled in either program. For those who do not enrol in a public program, a primary reason for not enrolling may be as simple as the individual not requiring coverage. Another reason may be that the individual is comfortable paying the cost out-of-pocket and/or the cost of enrolment outweighs the benefit of enrolling. Nearly two-thirds of Canadian households paid out-of-pocket for at least a portion of their prescription drug expenditures in 2015.¹ Yet, another reason for non-enrolment includes a lack of awareness of the existence of the program and/or that they are eligible for the program. According to the Nanos survey, roughly 60 per cent of respondents who did not take their medication as prescribed were either unaware or unsure that there might be a public program to alleviate some of the cost.²

Enrolled in Public Prescription Drug Program(s) Only

Relying on public programs can pose a financial burden, especially for lower-income residents. For the estimated 8.5 million Canadians who are enrolled in a public program but who have no access to a private plan, deductibles and co-payments can be a financial burden for some (although survey results show this may be a small proportion of the population).³ This is typical of the Pharmacare provinces, including British Columbia, Saskatchewan, and Manitoba, and some Atlantic provinces such as Nova Scotia and New Brunswick. Most of these provinces have tried to limit the financial burden by applying a sliding scale for deductibles based on household income. For example, for families at the lower end of the income scale (\$15,000 to \$30,000),

1 Statistics Canada, CANSIM table 203-0021.

2 Nanos Research, *Prescription Use Among Canadians*.

3 Ibid.

British Columbia and Manitoba's deductibles are set at 2 per cent and 3 to 4.7 per cent, respectively, representing up to \$600 per year in British Columbia and \$1,410 per year in Manitoba for someone making \$30,000 per year. In Nova Scotia, the deductible adds up to \$900 per year for a single individual making \$30,000 per year. These are normally paid out-of-pocket before coverage kicks in, which is one reason why so many households in Canada pay at least some portion of their income out-of-pocket for prescription drugs—it is required to be part of a public plan in many provinces.

This disadvantages lower-income Canadians who still participate in the labour force. While those on income assistance programs normally have access to public coverage free of charge, individuals/families just above those low-income thresholds must pay a portion of the deductible, and in some provinces even those who would qualify for social assistance (e.g., less than \$15,000 per year) must still pay a deductible (e.g., Manitoba).

Other cost-sharing mechanisms in public plans, such as co-payments (payments made by the beneficiary and insurer on medications) can also lead to financial burden, especially for those with lower incomes. For example, the Family Health Benefits Plan in Saskatchewan has a 35 per cent co-payment, and the Newfoundland and Labrador Access Plan co-payment is set at a minimum of 20 per cent for those with the lowest incomes.⁴ In Nova Scotia, co-payments of 80 per cent of prescription costs apply to prescriptions under the deductible, and 20 per cent afterwards. In Quebec, 35 per cent co-payments apply to prescriptions net of the monthly deductible (around \$19 per month).

Chart 10 demonstrates the disproportionate impact of out-of-pocket spending on drugs by income, indicating that individuals in the second income quintile (which is around \$30,000 on the low end) spend the most out-of-pocket.⁵ This is the population that would generally be just above the social assistance threshold but the least likely to have private insurance. The lower quintiles generally pay more out-of-pocket in provinces such as Quebec, Manitoba, Saskatchewan, and British Columbia (which have Pharmacare programs) than in other provinces

4 Patented Medicine Prices Review Board, *Public Drug Plan Designs, 2015/16*.

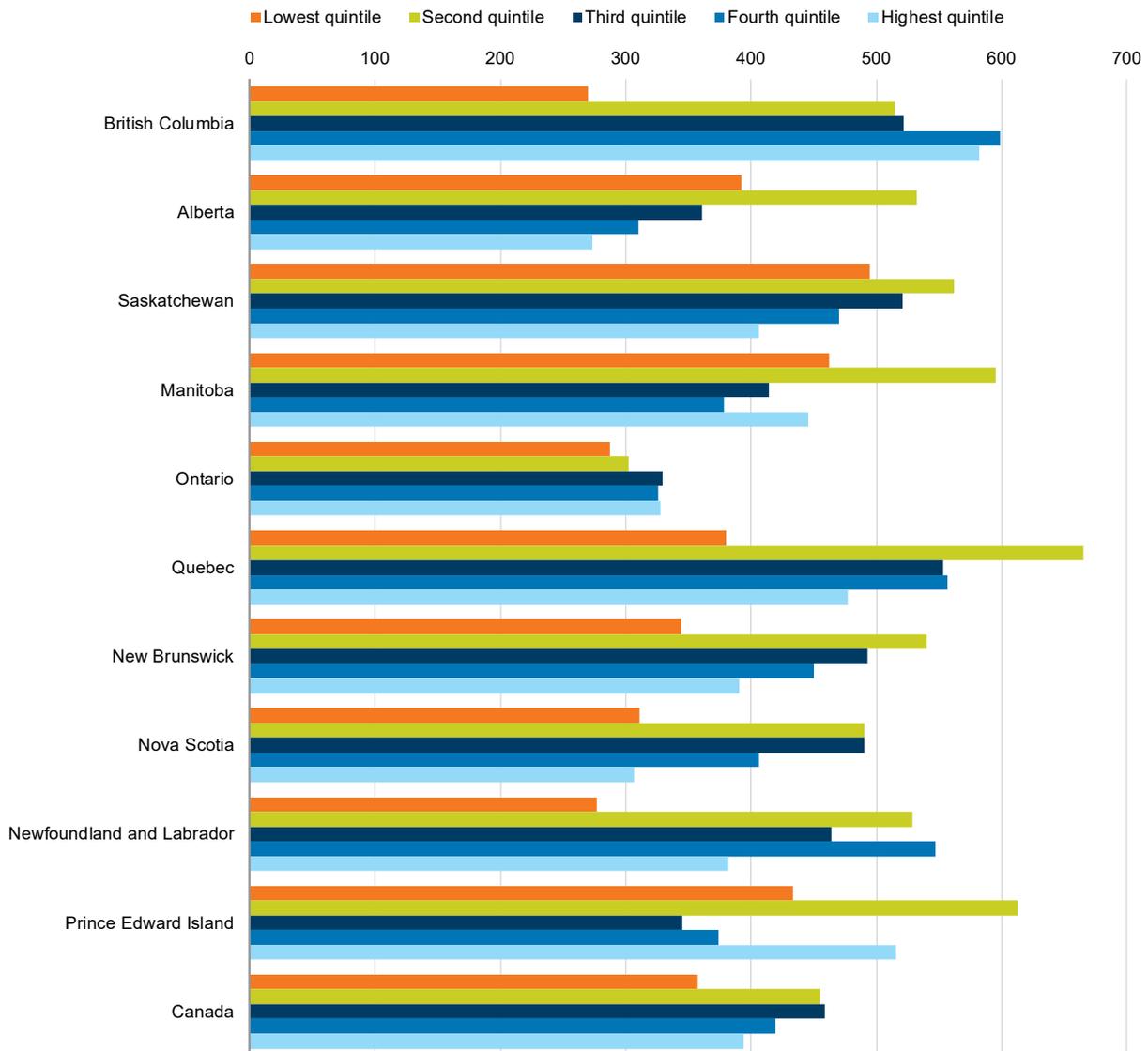
5 Statistics Canada, CANSIM table 203-0021.

with non-Pharmacare-based plans. Only in Ontario is the out-of-pocket basically equal across all quintiles, and this is because the program is not income-tested but based on demographics and severity of illness.

Chart 10

Average Out-of-Pocket Prescription Drug Spending, by Household Income Quintile, 2015

(\$)

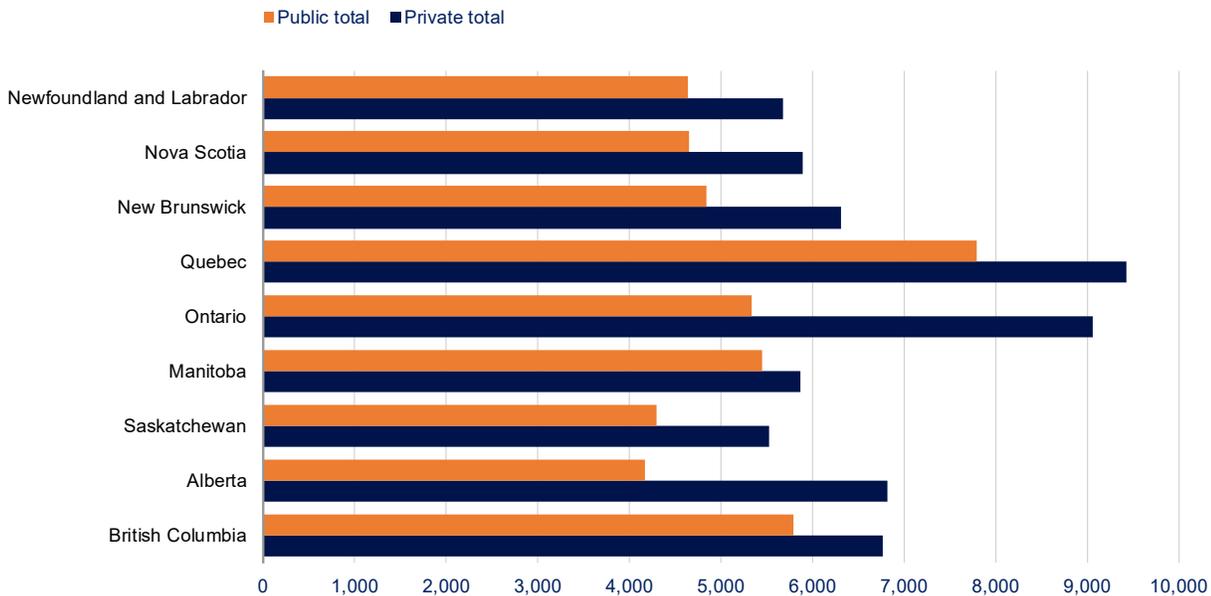


Source: Statistics Canada, Survey of Household Spending.

In addition, limited or reduced formularies open the possibility that those with public coverage only may not be able to receive coverage for the most appropriate medication for them. In each of the provincial sections, it became obvious that generally fewer drugs were reimbursed in the public programs than the private plans. (See Chart 11.) While this may be the result of no claims made for that specific drug, it also likely reveals that they were not available to beneficiaries.

Chart 11

Number of DINs With Claims Reimbursed in Private Versus Public Plans, 2015–16



Note: P.E.I. is not included as the public and private plans cover the same DINs.
Sources: QuintilesIMS; Pharmastat.

Enrolled in Private Prescription Drug Insurance

For those enrolled in a private program (approximately 22.5 million Canadians), although formularies are more expansive, there is also a risk that specific drugs (mostly high-cost drugs) are not eligible for coverage or have limited coverage criteria, or have limited reimbursement cost. According to TELUS Health Solutions, the number of drugs with special

authorization criteria in private plans has increased by 150 per cent between 2010 and 2015, and the number of claimants who were required to go through a special authorization process grew by 44 per cent.⁶

In addition, cost-sharing is also common in private plans. There has been an increasing trend toward plan members having to pay more through higher co-insurance rates and multiple types of cost-sharing mechanisms simultaneously, as well as annual or lifetime spending caps. This is felt the most by those plan members with high drug costs.⁷

According to the Patented Medicine Prices Review Board (using QuintilesIMS data⁸), around 0.7 per cent of private plan beneficiaries make claims for high-cost drugs (\$10,000 or more per calendar year).⁹ We also know from the TELUS Health Solutions data that annual plan caps are typically under \$5,000, and are more common among small- to medium-size group plans.¹⁰

Where these high-cost drug beneficiaries are subject to significant cost-sharing or drug-spending caps, beneficiaries must rely on catastrophic or high drug cost programs available from the provincial government (like the Trillium Drug Program in Ontario or the Special Support Program in Saskatchewan), or rely on manufacturer financial assistance programs. Public plan assistance, however, is limited to those drugs covered by the public plan in the respective province. Moreover, public plan assistance for high cost drugs is less accessible in Ontario, Quebec, and the Atlantic provinces, where public programs have limited (or none in the case of Quebec) coordination with the private plan coverage. In those provinces with universal public coverage (British Columbia, Saskatchewan, and Manitoba) and in Alberta, the private plans pay the public plan deductible or premium to the public plan on behalf of the plan member. Further, when the deductible is met, the public plan initiates payment; therefore, the public program is helpful to provide assistance on high drug costs for the few private plan members who find themselves

6 Innovative Medicines Canada, *Private Drug Plans Design Trends*.

7 Ibid.

8 Data originally provided by QuintilesIMS to the Patented Medicine Prices Review Board.

9 Patented Medicine Prices Review Board, *Private Drug Plans in Canada*.

10 Innovative Medicines Canada, *Private Drug Plans Design Trends*.

in these difficult situations. In contrast, the Trillium Drug Program in Ontario still requires the individual to pay over and above what the private plan pays—4 per cent of household income—before providing assistance to the individual.¹¹ In these cases, the public program provides only limited relief to the private plan member.

11 Government of Ontario, *A Guide to Understanding the Trillium Drug Program*.

CHAPTER 4

Summary

Chapter Summary

- This report provides greater insight into the number of Canadians who are uninsured from a pan-Canadian perspective and discusses the plan design features across the provinces.
- Overall coverage for prescription drug insurance is comprehensive, at 95 per cent of Canadians today and 98 per cent as of January 1, 2018.
- Of the Canadians who fall into the gap, very few Canadians report having financial barriers to taking their medications as prescribed.
- The out-of-pocket spending can vary significantly depending on the plan design.
- The results of this research can help inform opportunities to close the gaps.

This report fills the void in the existing literature in uncovering the extent of prescription drug access via insurance coverage by examining the populations with public coverage and private coverage, as well as attempts to shed light on the overlap in coverage for many Canadians. Through this exercise, this report has provided greater insight into how many and which Canadians may be falling into the gap in terms of having insurance coverage.

While the analysis in this report suggests that total coverage is comprehensive (it is estimated that 5.2 per cent of Canadians are uninsured currently, which will drop to 1.8 per cent on January 1, 2018, when OHIP+ is launched), this is heterogeneous across provinces. This research also reveals that many people may be unaware they have some level of prescription drug insurance or assistance, that there are out-of-pocket costs associated with programs (e.g., high premiums, deductibles, and/or co-payments) which may pose a barrier to accessing benefits, or some Canadians may not require coverage (low drug costs or higher income). The complexity of the public and private drug insurance landscape in Canada can lead to a perception of lack of access to affordable medicines. However, according to the Nanos survey, few Canadians (0.5 per cent) report facing challenges with adherence to medications due to cost, which suggests that lack of coverage and typical out-of-pocket costs may not lead to cost-related non-adherence for as many Canadians as previously reported.

While the landscape of prescription drug coverage across the country varies between provinces, the comprehensive analysis undertaken in this report revealed that most Canadians have access to drug insurance through private or public plans, or even both. It also shows that the plan design features lead to out-of-pocket costs for many Canadians and that this varies widely and for different reasons across provinces. The research does not define affordability, or ability or willingness to pay, as this will vary depending on the individual and where the person

lives. Therefore, closing the gap in prescription drug coverage will require collaborative dialogue among all key stakeholders to develop approaches customized to the specific needs of the different populations affected by the lack of insurance coverage or out-of-pocket costs, to ensure everyone is able to access the medications they need.

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APPENDIX A

Methodology

Approach, Data Sources, and Limitations

This section provides a detailed description of the approach used in the analyses for this report. While an estimate of the uninsured population is provided, the out-of-pocket population is more of a discussion piece about potential gaps in prescription drug coverage. To calculate the number of uninsured Canadians, two segments of the population had to be defined—those who are eligible for public coverage for their prescription drugs and those who are enrolled in either a public or private drug plan (or both).

To do this, the first step was to become familiar with both the public and private drug programs available in each province. On the public side, each province offers programs targeted to specific populations. This can range from basically one program (such as in Quebec and Manitoba) to several programs (such as in Saskatchewan and Prince Edward Island). Regardless of the number of programs, the main goal of public programs is basically the same in all provinces—to cover as much as possible the segments of the population that require special assistance based on their age, income, or medical condition, and in some provinces, those who do not have access to private insurance. Since there was no data source that provided the number of residents in each province who are targeted for public coverage, a solid understanding of the programs was essential to estimating who is eligible for public coverage.

We then estimated eligibility for each plan to come up with public coverage in all provinces. Because some provinces have several public drug plans available, there is the potential for some residents to be eligible for more than one program. For example, members of the

Seniors' Program in Ontario may also qualify under the Ontario Disability Support Program, the long-term care program, and/or the social assistance program. Similarly, the New Brunswick Prescription Drug Program provides coverage to low-income seniors, who may also qualify for the Medavie Blue Cross plan, which provides coverage for uninsured seniors. This overlap was estimated based on our understanding of the programs, using the population by age cohort and claims data as a constraint.

For provinces with income support programs, eligibility was determined using either low-income figures from Statistics Canada or social assistance data from the Canada Revenue Agency, depending on the specifics of the plan. As well, eligibility for catastrophic programs, like Newfoundland and Labrador's Assurance Plan or Ontario's Trillium Drug Program, were calculated using the Survey of Household Spending from Statistics Canada, which measures the proportion of households that spend more than an allotted percentage of income on prescription drugs.

After eligibility was estimated for each public program in each province (by age group), enrolment in those programs was estimated to determine the proportion of the population who are potentially using the public benefits for which they are eligible. Specific provincial report cards/annual reports normally provide good detail about the number of enrolled individuals in each public plan. For programs that are targeted to a specific condition, like Special Beneficiaries in Saskatchewan or Drug Assistance for Cancer Patients in Nova Scotia, enrolment is set to be identical to the number of utilizing beneficiaries (i.e., those who submit claims). For programs with automatic enrolment, like Ontario's Seniors' Plan or Saskatchewan's Children's Plan, enrolment is identical to the population in that age group. For programs that are geared toward residents without private insurance, like the Quebec plan, enrolment is simply total population minus those with private insurance.

It is more challenging to determine enrolment for other public programs, since not all provinces provide enrolment data for all programs. In these cases, enrolment is estimated based on plan usage. For instance, in Newfoundland and Labrador, Prince Edward Island, and Manitoba, enrolment is based on the claims data that are submitted to the NPDUIS,

which admittedly is an under-representation of the total number of people enrolled in their respective public programs since not everyone who is enrolled will necessarily make a claim depending on the program. In all other provinces, enrolment is estimated by The Conference Board of Canada, based on the makeup of the specific plans available in each province.

On the private side, data were obtained from the Canadian Life and Health Insurance Association and TELUS Health Solutions. The private data from the Canadian Life and Health Insurance Association provided the total number of unique Canadians who are enrolled in a private plan for each province, accounting for those enrolled in more than one private plan. Included in these data are the number of Canadians enrolled in a group plan (through their employer or sponsor) and by type of group plan (e.g., Administrative Services Only or insured plans), and individual plans. The TELUS Health data provide an age breakdown of a sample of Canadians with private insurance in each region, with a capture rate ranging from 25.8 per cent in New Brunswick to 92.4 per cent in Saskatchewan. It was confirmed with TELUS Health that approximately 5 to 10 per cent of spouses and dependants (depending on the province) had dual private coverage (as a primary cardholder and as a spouse or dependant). Removing these duplicates and combining the Canadian Life and Health Insurance Association and TELUS Health data gave us an estimate of private insurance enrolment by age group for each province.

Three age groups were considered important for this analysis: <25 years, 25 to 64 years; and 65 years and older. The <25-year age group represents children and those who are still in school and are most likely a beneficiary on their parents' or university group private plan. The 25- to 64-age group represents working Canadians who are more likely a member of a private group plan. The 65-year and older age group represents the seniors and retired population, who will predominantly be part of a public drug plan and less likely to be part of private group plan, although individual private coverage is not uncommon in this age group.

Combining the eligibility estimates on the public side and the enrolment figures on the private side generates an approximation of the number of

Canadians eligible for coverage. However, this gives us a number that is greater than the total population. To account for this, the Conference Board must estimate the number of residents who potentially qualify for both a public and a private program. In the report, we labelled this occurrence “multiple eligibility.” Multiple eligibility differs by province. In Pharmacare provinces like Nova Scotia, Manitoba, and British Columbia (where the entire population is eligible for public coverage), multiple eligibility is equal to the population that is enrolled in a private plan. In other Pharmacare provinces like Prince Edward Island and Quebec, multiple eligibility is almost non-existent because public programs cover those without private insurance (Prince Edward Island) or the small numbers that purchase private insurance to supplement their public coverage (Quebec and, to a lesser extent, Prince Edward Islanders over 65 years of age). There is also very little multiple eligibility in the New Brunswick plan, and includes only those with private insurance who require special drugs or social assistance. For provinces with enough programs to cover everyone (Saskatchewan) or with one program that is open to the entire population (Alberta), multiple eligibility is also equal to the number of residents with private insurance. Finally, in Newfoundland and Labrador and Ontario, multiple eligibility applies only to those who are eligible for a public program and may also be a member of a private plan—participants of the Assurance plan in Newfoundland and Labrador and participants of the Seniors’, Trillium, Ontario Works, and Disability programs in Ontario. These estimates of multiple eligibility are then subtracted from the public eligibility and private enrolment figures to calculate the total number of Canadians who are eligible for prescription drug coverage. Subtracting this estimate from total population gives the total number who are uninsured.

Combining the eligibility and enrolment estimates on the public side (i.e., the non-enrolled population) provides an estimate of the number of Canadians not enrolled in a public drug plan. However, some individuals potentially do not enrol in a public plan for which they are eligible because they already have private coverage. Accounting for these individuals (labelled as Private Enrolment and the Non-Enrolled Public) gives a better estimate of the population that is without any coverage. Indeed, the likelihood of not enrolling in a public plan is different in

each province, and so the calculation of Private Enrolment and the Non-Enrolled Public also varies by province. (See “Who Is Included in the Private Enrolment and the Non-Enrolled Public Calculation?” which outlines the segments of the population included.) After taking these into consideration, an estimate of the number of Canadians not enrolled in a public or private plan is generated. This estimate is important because it takes our analysis a step further—by looking at who is uninsured because they do not qualify for coverage and who is not participating in programs available to them.

Who Is Included in the Private Enrolment and the Non-Enrolled Public Calculation?

Newfoundland and Labrador

Those eligible for the Assurance Plan who also have access to private coverage (i.e., the probability of being employed and receiving benefits is based on Statistics Canada data as well as the Conference Board’s *Benefits Benchmarking 2015*).

Nova Scotia

The number of people with private coverage, since Pharmacare is available to the entire population.

Prince Edward Island

Residents eligible for the Generic program who also have access to private coverage (i.e., the probability of being employed and receiving benefits is based on Statistics Canada data as well as the Conference Board’s *Benefits Benchmarking 2015*).

New Brunswick

There are no residents who are not enrolled in both a public plan and a private plan, since public coverage is almost entirely for those without private insurance.

Quebec

There are no residents who are not enrolled in both a public plan and a private plan. Only a handful of seniors are not enrolled in the public plan because they have private coverage.

Ontario

Residents eligible for the Seniors', Trillium, Disability, or Ontario Works who also have access to private coverage (based on Statistics Canada data as well as the Conference Board's *Benefits Benchmarking 2015*).

Manitoba

Those who have purchased individual private insurance, seeing as everyone with private coverage has registered for Pharmacare.

Saskatchewan

Non-enrolled residents who have private insurance, calculated using the probability of being employed and receiving benefits (based on Statistics Canada data as well as the Conference Board's *Benefits Benchmarking 2015*).

Alberta

Residents under 65 years of age with access to private coverage—typically, they do not enrol in public programs even if they do not have private insurance.

British Columbia

Non-enrolled residents who have private insurance (i.e., the probability of being employed and receiving benefits, based on Statistics Canada data as well as the Conference Board's *Benefits Benchmarking 2015*).

APPENDIX B

The Insurance Gap

Newfoundland and Labrador

Age groups	Population	Eligible population—public	Enrolled population—private	Multiple eligibility	Eligible for insurance	Uninsured (ineligible for insurance)	Uninsured as percentage of population
<25	132,800	33,800	68,200	3,000	99,100	33,700	25.4
25 to 64	296,300	61,800	237,000	13,700	285,100	11,200	3.8
65+	101,200	53,100	54,800	6,700	101,100	<500	0.1
All ages	530,300	148,600	360,000	23,400	485,200	45,100	8.5
<65	429,100	95,600	305,200	16,700	384,100	45,000	10.5

Nova Scotia

Age group	Population	Eligible population—public	Enrolled population—private	Multiple eligibility	Eligible for insurance	Uninsured (ineligible for insurance)	Uninsured as percentage of population
<25	246,200	246,200	145,900	145,900	246,200	n.a.	n.a.
25 to 64	519,000	519,000	412,700	412,700	519,000	n.a.	n.a.
65+	183,400	183,400	51,400	51,400	183,400	n.a.	n.a.
All ages	948,600	948,600	610,000	610,000	948,600	n.a.	n.a.
<65	765,200	765,200	558,600	558,600	765,200	n.a.	n.a.

Prince Edward Island

Age group	Population	Eligible population—public	Enrolled population—private	Multiple eligibility	Eligible for insurance	Uninsured (ineligible for insurance)	Uninsured as percentage of population
<25	42,400	18,900	23,500	n.a.	42,400	n.a.	n.a.
25 to 64	79,100	15,600	63,500	n.a.	79,100	n.a.	n.a.
65+	28,900	28,900	13,000	13,000	28,900	n.a.	n.a.
All ages	150,400	63,400	100,000	13,000	150,400	n.a.	n.a.
<65	121,400	34,400	87,000	n.a.	121,400	n.a.	n.a.

New Brunswick

Age group	Population	Eligible population—public	Enrolled population—private	Multiple eligibility	Eligible for insurance	Uninsured (ineligible for insurance)	Uninsured as percentage of population
<25	196,000	84,400	114,400	2,800	196,000	n.a.	n.a.
25 to 64	411,100	105,200	330,600	24,800	411,100	n.a.	n.a.
65+	152,600	142,000	44,900	34,300	152,600	n.a.	n.a.
All ages	759,700	331,600	490,000	61,900	759,700	n.a.	n.a.
<65	607,100	189,600	445,100	27,600	607,100	n.a.	n.a.

Quebec

Age group	Population	Eligible population—public	Enrolled population—private	Multiple eligibility	Eligible for insurance	Uninsured (ineligible for insurance)	Uninsured as percentage of population
<25	2,248,900	1,013,400	1,389,000	153,500	2,248,900	n.a.	n.a.
25 to 64	4,570,100	1,265,900	3,797,700	493,500	4,570,100	n.a.	n.a.
65+	1,502,900	1,502,900	313,300	313,300	1,502,900	n.a.	n.a.
All ages	8,321,900	3,782,200	5,500,000	960,300	8,321,900	n.a.	n.a.
<65	6,819,000	2,279,300	5,186,700	647,000	6,819,000	n.a.	n.a.

Ontario

Age group	Population	Eligible population—public	Enrolled population—private	Multiple eligibility	Eligible for insurance	Uninsured (ineligible for insurance)	Uninsured as percentage of population
<25	4,036,200	751,800	2,130,000	76,900	2,804,900	1,231,300	30.5
25 to 64	7,649,200	2,579,300	5,791,600	1,336,400	7,034,400	614,700	8.0
65+	2,291,000	2,291,000	878,400	878,400	2,291,000	n.a.	0.0
All ages	13,976,300	5,622,100	8,800,000	2,291,800	12,130,300	1,846,000	13.2
<65	11,685,300	3,331,100	7,921,600	1,413,400	9,839,300	1,846,000	15.8

Manitoba

Age group	Population	Eligible population—public	Enrolled population—private	Multiple eligibility	Eligible for insurance	Uninsured (ineligible for insurance)	Uninsured as percentage of population
<25	433,900	433,900	183,600	183,600	433,900	n.a.	n.a.
25 to 64	700,300	700,300	518,200	518,200	700,300	n.a.	n.a.
65+	203,900	203,900	58,200	58,200	203,900	n.a.	n.a.
All ages	1,338,100	1,338,100	760,000	760,000	1,338,100	n.a.	n.a.
<65	1,134,200	1,134,200	701,800	701,800	1,134,200	n.a.	n.a.

Saskatchewan

Age group	Population	Eligible population—public	Enrolled population—private	Multiple eligibility	Eligible for insurance	Uninsured (ineligible for insurance)	Uninsured as percentage of population
<25	365,100	365,100	174,600	174,600	365,100	n.a.	n.a.
25 to 64	599,500	599,500	442,500	442,500	599,500	n.a.	n.a.
65+	166,600	166,600	33,000	33,000	166,600	n.a.	n.a.
All ages	1,131,200	1,131,200	650,000	650,000	1,131,200	n.a.	n.a.
<65	964,500	964,500	617,000	617,000	964,500	n.a.	n.a.

Alberta

Age group	Population	Eligible population—public	Enrolled population—private	Multiple eligibility	Eligible for insurance	Uninsured (ineligible for insurance)	Uninsured as percentage of population
<25	1,309,300	1,309,300	618,200	618,200	1,309,300	n.a.	n.a.
25 to 64	2,419,400	2,419,400	1,759,700	1,759,700	2,419,400	n.a.	n.a.
65+	507,700	507,700	122,100	122,100	507,700	n.a.	n.a.
All ages	4,236,400	4,236,400	2,500,000	2,500,000	4,236,400	n.a.	n.a.
<65	3,728,700	3,728,700	2,377,900	2,377,900	3,728,700	n.a.	n.a.

British Columbia

Age group	Population	Eligible population—public	Enrolled population—private	Multiple eligibility	Eligible for insurance	Uninsured (ineligible for insurance)	Uninsured as percentage of population
<25	1,292,200	1,292,200	561,900	561,900	1,292,200	n.a.	n.a.
25 to 64	2,615,600	2,615,600	1,850,800	1,850,800	2,615,600	n.a.	n.a.
65+	849,900	849,900	287,300	287,300	849,900	n.a.	n.a.
All ages	4,757,700	4,757,700	2,700,000	2,700,000	4,757,700	n.a.	n.a.
<65	3,907,800	3,907,800	2,412,700	2,412,700	3,907,800	n.a.	n.a.

Canada

Age groups	Population	Eligible population—public	Enrolled population—private	Multiple eligibility	Eligible for insurance	Uninsured (ineligible for insurance)	Uninsured as percentage of population
<25	10,303,000	5,549,000	5,372,000	1,883,000	9,038,000	1,265,000	12.3
25 to 64	19,859,000	10,881,000	15,185,000	6,833,000	19,233,000	626,000	3.2
65+	5,988,000	5,929,000	1,913,000	1,855,000	5,988,000	<500	0.0
All ages	36,150,000	22,360,000	22,470,000	10,570,000	34,259,000	1,891,000	5.2
<65	30,162,000	16,430,000	20,557,000	8,716,000	28,271,000	1,891,000	6.3

APPENDIX C

The Non-Enrolled Population Gap

Newfoundland and Labrador

Age group	Eligible population—public	Enrolled population—public	Non-enrolled population—public	Private enrolment and non-enrolled public	Non-enrolled population—public or private
<25	33,800	16,900	16,900	600	16,300
25 to 64	61,800	34,700	27,100	3,200	24,000
65+	53,100	51,100	2,000	<500	2,000
All ages	148,600	102,700	46,000	3,800	42,200

Nova Scotia

Age group	Eligible population—public	Enrolled population—public	Unenrolled population—public	Private enrolment and non-enrolled public	Non-enrolled population—public or private
<25	246,200	16,800	229,400	145,900	83,500
25 to 64	519,000	51,900	467,100	412,700	54,400
65+	183,400	119,900	63,500	51,400	12,000
All ages	948,600	188,700	759,900	610,000	149,900

Prince Edward Island

Age group	Eligible population—public	Enrolled population—public	Unenrolled population—public	Private enrolment and non-enrolled public	Non-enrolled population—public or private
<25	18,900	3,300	15,500	4,800	10,700
25 to 64	15,600	13,300	2,300	900	1,400
65+	28,900	28,900	n.a.	n.a.	n.a.
All ages	63,400	45,500	17,800	5,700	12,100

New Brunswick

Age group	Eligible population—public	Enrolled Population—public	Unenrolled population—public	Private enrolment and non-enrolled public	Non-enrolled population—public or private
<25	84,400	28,200	56,200	n.a.	56,200
25 to 64	105,200	37,800	67,400	n.a.	67,400
65+	142,000	63,100	78,900	n.a.	78,900
All ages	331,600	129,100	202,400	n.a.	202,400

Quebec

Age group	Eligible population—public	Enrolled population—public	Unenrolled population—public	Private enrolment and non-enrolled public	Non-enrolled population—public or private
<25	1,013,400	1,013,400	n.a.	n.a.	n.a.
25 to 64	1,265,900	1,265,900	n.a.	n.a.	n.a.
65+	1,502,900	1,349,000	153,900	153,900	n.a.
All ages	3,782,200	3,628,300	153,900	153,900	n.a.

Ontario

Age group	Eligible population—public	Enrolled population—public	Unenrolled population—public	Private enrolment and non-enrolled public	Non-enrolled population—public or private
<25	751,800	218,000	533,800	40,300	493,500
25 to 64	2,579,300	856,700	1,722,600	698,900	1,023,700
65+	2,291,000	2,291,000	n.a.	n.a.	n.a.
All ages	5,622,100	3,365,700	2,256,400	739,200	1,517,100

Manitoba

Age group	Eligible population—public	Enrolled population—public	Unenrolled population—public	Private enrolment and non-enrolled public	Non-enrolled population—public or private
<25	433,900	247,800	186,100	n.a.	186,100
25 to 64	700,300	399,200	301,100	119,000	182,100
65+	203,900	185,200	18,800	n.a.	18,800
All ages	1,338,100	832,100	506,000	119,000	387,000

Saskatchewan

Age group	Eligible population—public	Enrolled population—public	Unenrolled population—public	Private enrolment and non-enrolled public	Non-enrolled population—public or private
<25	365,100	283,200	81,800	23,800	58,000
25 to 64	599,500	190,400	409,000	317,600	91,400
65+	166,600	142,300	24,300	1,300	23,000
All ages	1,131,200	616,000	515,200	342,700	172,400

Alberta

Age group	Eligible population—public	Enrolled population—public	Unenrolled population—public	Private enrolment and non-enrolled public	Non-enrolled population—public or private
<25	1,309,300	47,100	1,262,200	618,200	644,000
25 to 64	2,419,400	175,700	2,243,600	1,759,700	483,900
65+	507,700	507,700	n.a.	n.a.	n.a.
All ages	4,236,400	730,600	3,505,800	2,377,900	1,127,900

British Columbia

Age group	Eligible population—public	Enrolled population—public	Unenrolled population—public	Private enrolment and non-enrolled public	Non-enrolled population—public or private
<25	1,292,200	943,600	348,600	132,400	216,200
25 to 64	2,615,600	1,907,700	707,900	645,200	62,700
65+	849,900	621,500	228,300	32,900	195,400
All ages	4,757,700	3,472,800	1,284,800	810,500	474,400

Canada

Age group	Eligible population—public	Enrolled population—public	Non-enrolled population—public	Private enrolment and non-enrolled public	Non-enrolled population—public or private
<25	5,548,899	2,818,445	2,730,500	966,000	1,764,500
25 to 64	10,881,400	4,933,300	5,948,100	3,957,200	1,990,900
65+	5,929,500	5,359,800	569,700	239,600	330,000
All ages	22,307,200	13,091,300	9,248,200	5,162,800	4,085,500

APPENDIX D

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