

Low Earnings, Unfilled Prescriptions:

Employer-Provided Health Benefit
Coverage in Canada

The Wellesley Institute engages in research, policy and community mobilization to advance population health.

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Executive Summary

The health risks associated with living with low income are well documented. A previous study by the Wellesley Institute, *Low Wages, No Benefits*, showed that one-third of working Ontarians do not have employer-provided health benefits. The assumption that working age Canadians receive health benefits through their employers is based on outdated beliefs about the labour market.

This new study, *Low Earnings, Unfilled Prescriptions*, shines a light on the lack of access to prescription drugs for many working Canadians, further contributing to health inequities in our country.

Among our findings:

- One-third of working Canadians do not receive employer-provided health benefits
- There are inequities in access to these benefits based on gender, age, earnings, and full-time/part-time employment status
- Even if people are working, the lower their earnings the less likely they are to receive employer-provided health benefit coverage
- Men are more likely to have employer-provided benefits than women
- Only one-quarter of workers aged 25 and under have employer-provided health benefits
- Only one-quarter of part-time workers have employer-provided health benefits
- Canada is the only country that has a universal health care system that excludes prescription drugs.

The federal government should create a national PharmaCare program.

This report provides a comprehensive table outlining the patchwork of prescription drug coverage currently offered in Canada — a patchwork that contributes to ongoing health inequities. Providing health care is essential but it's only half the job. The only way to ensure access, equity and quality in prescription drug coverage in Canada is to follow the lead of every other country with a universal health care system and incorporate prescription drugs into the Canada Health Act.

Introduction

Canada's universal health care system is a source of national pride. However, the Canada Health Act covers only some health care services such as hospital or doctor visits and surgical dental services.¹ Other essential health care services are excluded.

This report focuses on access to prescription drugs in Canada. Prescription drugs are not fully covered by our system. Each province and territory offers some form of prescription drug coverage but there is wide variation in the type and level of coverage across Canada; some provinces provide coverage to selected populations (usually seniors and people receiving social assistance), while others cover people who have high drug costs relative to their income and others provide insurance-based schemes. The result is a complex patchwork of prescription drug coverage across Canada, compounded by the extremely limited role played by the federal government.

There is an assumption in Canada that many working age adults receive employer-provided benefits that include prescription drug coverage and access to other uninsured health services. This report tests this assumption by presenting data from the 2011 Survey of Labour and Income Dynamics which includes the proportion of Canadians that have access to employer-provided medical benefits.

The report concludes by making the case for universal public prescription drug coverage in Canada based on the Canada Health Act's five basic program criteria: public administration, comprehensiveness, universality, portability and accessibility.

Cost-Related Barriers to Prescription Drug Access

Being unable to access medically necessary prescription drugs can have serious health implications. Not being able to access prescription drugs can make managing health care conditions difficult and can lead to broader health system costs including complications for chronic conditions and hospital readmissions.²

Cost is a barrier to accessing prescription drugs for many Canadians. Around 10 percent of Canadians do not fill medical prescriptions because of cost.³ Cost-related non-adherence to prescription drugs is associated with households with low income, those lacking prescription drug coverage and those with fair or poor self-reported health.⁴ Cost-related non-adherence varies by province, from 8.9 percent in Saskatchewan and Manitoba to 17 percent in British Columbia.⁵

1 Minister of Justice, "Canada Health Act," (1985).

2 Michael R Law et al., "The Effect of Cost on Adherence to Prescription Medications in Canada," *Canadian Medical Association Journal* 18, no. 3 (2012).

3 Ibid.

4 Ibid.

5 Ibid.

Paying Out of Pocket

Canadians who do not have access to private or public prescription drug coverage may not receive necessary health care services or they may pay out of pocket. For many people, paying out of pocket can be prohibitively expensive and can contribute to health inequities.

In Canada, 22 percent of prescription drugs are paid for out of pocket.⁶ Canadian research found that one in five Canadians living in a household with income lower than \$20,000 did not fill a prescription because of cost, compared to only one in twenty living in a household with income over \$80,000.⁷

Out-of-pocket expenses are incurred across income groups, but people with low income are disproportionately affected. Statistics Canada data shows that between 1997 and 2009 there was a greater increase in out-of-pocket health care spending as a percentage of household income for lower-income households than there was for households in the highest income quintile.⁸ As well, in 2009 households in the lowest income quintile spent 5.7 percent of their total after-tax income on out-of-pocket health expenses while households in the highest income quintile spent only 2.6 percent of their after-tax income.⁹ This means that households within the lowest 20 percent of income spent an average of nearly \$300 for prescription drugs in 2009.¹⁰

The health risks associated with living on a low income and lacking basic resources are well documented. People with low income are at greater risk of poor physical and mental health, including increased rates of cardiovascular disease,¹¹ anxiety, depression, psychological distress and suicide.¹² People living in lower income neighbourhoods are more likely to develop diabetes and to experience higher rates of diabetes-related complications.¹³ Health inequities associated with living with low income are compounded by the fact that many interventions that can prevent or control diabetes, such as healthy eating and regular physical exercise, are less possible for low those with income because they cannot afford them.¹⁴ The health impacts of living with low income can also differ by gender,¹⁵ race¹⁶ and other socio-demographic factors.

Individuals and families living with low income must face difficult decisions about how to allocate their limited resources and may sacrifice health care services in order to meet day-to-day expenses. Canadian evidence shows that some people with low income may forego visiting the dentist in order to buy groceries.¹⁷ Evidence also shows that women may sacrifice their own nutrition so that their children have enough to

6 "National Health Expenditure Trends, 1975 to 2014," (Ottawa: Canadian Institute for Health Information, 2014).

7 Law et al., "The Effect of Cost on Adherence to Prescription Medications in Canada."

8 Claudia Sanmartin et al., "Trends in Out-of-Pocket Health Care Expenditures in Canada, by Household Income, 1997-2009," in *Health Reports* (Statistics Canada, 2014).

9 Ibid.

10 Ibid.

11 L. Samuel B. Walton-Moss, T.H. Nguyen, Y. Commodore-Mensah, M.J. Hayat & S.L. Szanton, "Community-Based Cardiovascular Health Interventions in Vulnerable Populations: A Systematic Review," *Journal of Cardiovascular Nursing* 29, no. 4 (2014).

12 M.W. Manseau, "Economic Inequality and Poverty as Social Determinants of Mental Health," *Psychiatric Annals* 44, no. 1 (2014).

13 I. Daiski F.B Pilkington, T. Bryant, M. Dinca-Panaitescu, S. Dinca-Panaitescu & D. Raphael, "The Experience of Living with Diabetes for Low-Income Canadians," *Canadian Journal of Diabetes* 34, no. 2 (2010).

14 Ibid.

15 A.S. Bierman et al., "Burden of Illness," in *Project for an Ontario Women's Health Evidence-Based Report*, ed. A.S. Bierman (Toronto 2009).

16 Sheryl Nestel, "Colour Coded Health Care: The Impact of Race and Racism on Canadians' Health," (Toronto: Wellesley Institute, 2012).

17 V Muirhead et al., "Oral Health Disparities and Food Insecurity in Working Poor Canadians," *Community Dentistry and Oral Epidemiology* 37, no. 4 (2009).

eat.¹⁸ Access to prescription drugs is particularly income sensitive, meaning that the lower a household's income the more difficult it is to access medically necessary drugs.¹⁹ Not having access to prescription medications can contribute to poor health and increase health inequities.

The Patchwork of Prescription Drug Coverage in Canada

In Canada access to uninsured health services like prescription drugs is provided through public and private health care plans that are operated by the federal government, provincial and territorial governments and the private insurance industry. The result is a patchwork of coverage that means that Canadians receive different levels of coverage based on where they live, their age, income, employment status, the generosity of employer-provided coverage and the cost of their prescription drugs relative to their income.

There are three major models of public coverage used in Canada: population-based coverage, insurance-based coverage and catastrophic coverage. Population-based coverage provides access to prescription drugs for people from specific groups such as seniors or people on social assistance. Insurance-based coverage provides prescription drug coverage to people who are required or who choose to buy into a public insurance program. Catastrophic coverage covers some or all of the cost of prescription drugs for people whose drug costs are high relative to their income. In this section we identify the model or models of coverage used by governments across Canada and discuss each model's merits and limitations.

Federal Coverage for Prescription Drugs

At the federal level, there are a handful of population-based prescription drug programs that provide coverage to First Nations people, Inuit, some veterans, members of the military, members of the RCMP, some refugees and inmates in federal penitentiaries (see Appendix F). While these programs provide important coverage for select populations, the federal government does not play a significant role in prescription drug coverage for most Canadians, contributing to just two percent of prescription drug expenditures in Canada in 2014.²⁰

Provincial Coverage for Prescription Drugs

The public prescription drug coverage model(s) used in each province and territory are shown in Table 1 along with the share of provincial spending as a proportion of total prescription drug expenditure. Greater detail about the programs offered by each province and territory is provided in Appendices A-E.

18 Rita Paul Sen Gupta et al., "Perspectives of Parenting on a Low Income in Toronto," (Toronto Public Health, 2011).

19 Sanmartin et al., "Trends in Out-of-Pocket Health Care Expenditures in Canada, by Household Income, 1997-2009."

20 "National Health Expenditure Trends, 1975 to 2014."

Table 1 - Prescription Drug Coverage Models and Provincial Spending as a Proportion of Total Prescription Drug Expenditure²¹

Province	Coverage Model	Provincial Spending as a Proportion of Total Prescription Drug Expenditures (2014)
British Columbia	Income-based/catastrophic coverage	30%
Alberta	Mixed population-based and insurance-based coverage	41%
Saskatchewan	Mixed population-based and catastrophic coverage	40%
Manitoba	Mixed population-based and catastrophic coverage	35%
Ontario	Mixed population-based and catastrophic coverage	39%
Quebec	Insurance-based coverage	32%
New Brunswick	Population-based and insurance-based coverage	28%
Nova Scotia	Mixed population-based and insurance-based coverage	33%
PEI	Mixed population-based and catastrophic coverage	37%
Newfoundland	Population-based and catastrophic coverage	34%
Yukon	Population-based coverage	N/A
Northwest Territories	Population-based coverage	N/A
Nunavut	Population-based coverage	N/A

In total we identified 46 federal, provincial and territorial prescription drug programs, which are described in greater detail in Appendices A-F.

²¹ "National Health Expenditure Trends, 1975 to 2014."

Gaps in Prescription Drug Coverage

Canada's current patchwork of 46 federal, provincial and territorial prescription drug coverage programs is complex and there is variation in the level and type of coverage offered in each part of the country. Access to prescription drugs depends on where you live, your age, household income, source of income and drug costs relative to household income. Moreover, the amount that Canadians must pay out-of-pocket as part of public prescription drug plans varies widely, from 100 percent coverage to a set percentage of drug costs, to coverage that depends on paying widely varied premiums, co-payments and deductibles. Added to this, the complexity of finding and applying for coverage through the multitude of programs may create barriers for some people to access programs for which they are eligible.

There are major limitations associated with each of the prescription drug coverage models. Population-based coverage may provide good access to prescription drugs for those who are eligible, but they fail to cover other groups who may need support to access drugs. Moreover, population-based models can be complex to administer as they require strict eligibility criteria and, in some cases, require individuals to apply for coverage.

Insurance-based coverage has the disadvantage of requiring premiums, deductibles and co-payments which can be prohibitively expensive for people with low income.²² New Brunswick began implementing an insurance-based coverage model in 2014 but halted implementation due to concerns about the affordability of premiums for people with low income.²³ While there are sometimes options to reduce or waive individual financial contributions these mechanisms require reassessments, which are usually conducted annually. Insurance-based models of coverage tend to be expensive to administer and relatively inefficient.²⁴ The nature of insurance-based models also assumes that plan members are insuring against unpredictable one-off risks in the same way that homes or vehicles are insured. Prescription drug use is relatively predictable and most people require drugs occasionally, which creates a tension in insurance-based models of coverage.

Catastrophic coverage can provide important relief from exceptionally high prescription drug costs and may work well for middle and higher-income households who are able to absorb some of their prescription drugs costs. However, for many Canadians even relatively small out-of-pocket prescription drug expenses can be unaffordable. Because eligibility is determined annually recipients must pay out-of-pocket at the beginning of each year until they reach their deductible, which can create financial hardship. British Columbia – the only province that has a purely income-based catastrophic coverage model – has the second-lowest level of public expenditures on prescription drugs in Canada²⁵ and the highest rate of cost-related non-adherence at 17 percent.²⁶

22 Dana P Goldman, Geoffrey F Joyce, and Yuhui Zheng, "Prescription Drug Cost Sharing: Associations with Medication and Medical Utilization and Spending and Health," *Journal of American Medical Association* 298, no. 1 (2007).

23 CBC News, "Mandatory drug coverage eliminated, Liberals announce," *CBC News*, December 9, 2014.

24 Marc-André Gagnon and Guillaume Hébert, "The Economic Case for Universal PharmaCare: Costs and Benefits of Publicly Funded Drug Coverage for all Canadians," (Canadian Centre for Policy Alternatives and Institut de recherche et d'informations socio-économiques, 2010).

25 "National Health Expenditure Trends, 1975 to 2014."

26 Law et al., "The Effect of Cost on Adherence to Prescription Medications in Canada."

Who Has Employer-Provided Health Benefits in Canada?

While there are various models of public prescription drug coverage in Canada, all are premised on the assumption that many working Canadians have at least some prescription drug coverage through employer-provided health benefits. This has led to the development of public programs that primarily assist people who are not employed (such as those who are retired or receive social assistance) or who have exceptionally high prescription drug costs relative to their income. However, some working Canadians may not have access to employer-provided health benefits despite being ineligible for public coverage. This study investigates who is more or less likely to have employer-provided health benefits in Canada.

Employer-Provided Medical Benefit Equity Analysis²⁷

This analysis uses data from Statistics Canada's Survey of Labour and Income Dynamics (SLID) 2011 survey. SLID is a household survey that covers all individuals in Canada, excluding residents of the Yukon and Northwest Territories and people living in institutions, military barracks and on reserve. The SLID sample is drawn from the monthly Labour Force Survey and is composed of two panels, each composed of approximately 17,000 households. Responding to the survey is voluntary. Interviews are conducted between January and March, with questions focusing on labour market experience and income during the previous year.²⁸

The SLID asks several questions to determine the income and earnings of the survey respondent and respondents may give Statistics Canada permission to access their income tax records. An important caveat is that this study uses individual earnings, not household earnings. This data is appropriate for this study as we are examining the quality of jobs, as measured by health benefit coverage. Survey participants are asked whether their employer offered a medical insurance or health plan, even if they chose not to accept it, in addition to public health insurance coverage.²⁹ Respondents are not asked about the quality of their employer-provided medical benefits; for example, no questions are asked about employees' financial contributions to health plan coverage or the extent of coverage.

Data reported in Tables 2 through 5 are based on custom cross tabulations of the variable participant's reported employer-provided medical benefit coverage with gender, full-time/part-time status, individual earnings and age.

One-Third of Canadians in Paid Employment Do Not Have Employer-Provided Medical Benefits

Table 2, below, shows the proportion of people in paid employment who reported that they had access to employer-provided medical benefits in 2011.

27 This subsection outlining the SLID data used in this report is adapted from S Barnes, V Abban, and A Weiss, "Low Wages, No Benefits: Expanding Access to Health Benefits for Low Income Ontarians," (2015).

28 Statistics Canada, "Survey of Labour and Income Dynamics (SLID): Detailed information for 2011," <http://www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&SDDS=3889>.

29 Statistics Canada, "Survey of Labour and Income Dynamics (SLID): Preliminary, Labour and Income Questionnaire for Reference Year 2011," ed. Income Statistics Division.

Table 2 – Medical Benefit Coverage in Canada in 2011 by Gender

	Medical Benefit Coverage (%), 2011
All Employees	64
Men	67
Women	61

One-third of Canadians in paid employment do not have access to medical benefits through their employer. Given that many of these Canadians do not have access to publicly-provided prescription drug coverage without incurring out-of-pocket expenses, this finding demonstrates the high proportion of people who do not have access to comprehensive coverage either through their employer or public programs.

Also noteworthy is that women are less likely than men to have access to employer-provided medical benefits. This may reflect the greater likelihood of women to work in part-time jobs that do not offer health benefits (see Table 3).³⁰ While some women receive benefits through their spouse's employer-provided plan, this can place women in a vulnerable position if their relationship status changes or if their spouse's employment situation changes. Additionally, plan members typically have access to information about the health care services used by their family members which may impact their spouse's use of the insurance plan for sensitive health issues.

Three-Quarters of Part-Time Workers Do Not Have Employer-Provided Medical Benefits

Table 3 shows the proportion of full-time and part-time workers who had access to employer-provided medical benefits in 2011.

Table 3 – Medical Benefit Coverage in Canada in 2011 by Full-Time/Part-Time Status

Full Time/Part Time Status	Medical Benefit Coverage (%), 2011
Full Time	73
Part Time	27

Given that Canada's labour market is becoming increasingly dependent on part-time employees,³¹ the finding that only just over a quarter of part-time workers have health benefits is concerning. Although part-time earners are often seen as second earners within a household, there are many workers in Canada who involuntarily work part-time because they are unable to find full-time work.³² Part-time workers have lower average hourly wages than full-time workers,³³ which may make them less able to afford to pay out-of-pocket for essential health care services like prescription drugs.

30 Vincent Ferrao, "Paid Work," in *Women in Canada: A Gender-based Statistical Report*, ed. Statistics Canada (Ottawa: Minister of Industry, 2011); Law Commission of Ontario, "Vulnerable Workers and Precarious Work" (2012).

31 Law Commission of Ontario, "Vulnerable Workers and Precarious Work."

32 Statistics Canada, "Table 282-0014 - Labour force survey estimates (LFS), part-time employment by reason for part-time work, sex and age group."

33 Statistics Canada, "Average hourly wages of employees by selected characteristics and occupation, unadjusted data, by province (monthly) (Canada)," <http://www.statcan.gc.ca/tables-tableaux/sum-som/l01/cst01/labr69a-eng.htm>.

Low Earnings, Low Benefit Coverage

Table 4 shows the proportion of Canadians in paid employment who have access to employer-provided medical benefits by individual earnings before tax in 2011.

Table 4 – Medical Benefit Coverage in Canada in 2011 by Individual Earnings

Individual Earnings	Medical Benefit Coverage (%), 2011
\$1-\$10,000	17
\$10,001-\$20,000	32
\$20,001-\$30,000	56
\$30,001-\$40,000	76
\$40,001-\$60,000	86
\$60,001-\$80,000	90
\$80,001-\$100,000	93
\$100,001 +	94

At the lowest end of the earnings continuum fewer than one in five workers earning less than \$10,000 per year have access to employer-provided medical benefits, while 94 percent of individuals earning over \$100,000 enjoy benefit coverage. In-between, benefit coverage increases at each step up the earnings ladder. This means that Canadians in paid employment who are least likely to be able to afford prescription drugs are also less likely to have employer-provided coverage. Many of these Canadians also have limited access to publicly-provided programs.

Younger Workers Are Less Likely to be Covered

Table 5 shows the proportion of Canadians in paid employment with access to employer-provided medical benefits in 2011 by age.

Table 5 – Medical Benefit Coverage in Canada in 2011 by Age

Age	Medical Benefit Coverage (%), 2011
15-24	26
25-44	71
45-64	73
65+	48

Only a quarter of employees aged 15-24 have access to employer-provided health benefits. While younger people tend to experience better overall health than older people this gap in coverage could have significant health impacts for young people with prescription drug needs; 9.4 percent of Canadians aged 12-34 report not filling a prescription because of cost.³⁴

³⁴ Law et al., "The Effect of Cost on Adherence to Prescription Medications in Canada."

The Need for Universal Public Prescription Drug Coverage

This report has shown how the patchwork of 46 federal, provincial and territorial prescription drug programs provide inequitable access to medically necessary drugs for Canadians and that assumptions that working Canadians have access to prescription drugs through their employers are flawed. It is time for Canada to implement universal prescription drug coverage.

Numerous studies in recent years have made the case for universal prescription drug coverage in Canada.³⁵ Our study adds to the existing evidence on the need for a comprehensive national prescription drug plan by demonstrating that the assumptions upon which Canada's patchwork of models for providing coverage no longer reflect our labour market. Most provincial and territorial prescription drug coverage excludes many Canadians in paid employment unless they have catastrophic drug costs. Our data show that a large proportion of these Canadians do not have coverage through their employers and that this creates a coverage gap that may have serious health implications.

Canada's labour market has seen an increase in precarious and non-standard work that does not include access to health benefits.³⁶ Recent research on precarious work in the Greater Toronto and Hamilton Area (GTHA) found that barely half of workers aged 25-64 are in permanent, full-time jobs that include benefits. Almost 85 percent of self-employed people in the GTHA are precariously employed.³⁷ Many of these and other precariously employed Canadians lack access to comprehensive private or public health benefits.

A limitation of this study is that our findings do not show the quality of coverage received by people with employer-provided benefits. Private insurance companies are struggling to ensure the sustainability of their plans in the face of rising prescription drug costs,³⁸ which may undermine the quality of coverage for Canadians who do have access to employer-provided medical benefits. In recent years many private insurance companies have made changes to plan rules to manage escalating drug costs by shifting costs to plan members. This has driven increases in co-payments, dispensing fees and annual or lifetime coverage limits.³⁹ It is likely that many Canadians who have employer-provided prescription drug coverage are inadequately covered.

Canada is the only country with a universal health care system that excludes prescription drug coverage. This omission creates significant costs in multiple systems. It is estimated that one in six hospital admissions in Canada could be avoided if prescription drugs were used appropriately and when needed.⁴⁰ Additionally, a recent study found that Canada could reduce spending on prescription drugs by \$7.3 billion annually

35 Gagnon and Hébert, "The Economic Case for Universal PharmaCare: Costs and Benefits of Publicly Funded Drug Coverage for all Canadians"; Steven G Morgan, Jamie R Daw, and Michael R Law, "Rethinking Pharmacare in Canada," (Toronto: C.D. Howe Institute, 2013); Steven G. Morgan et al., "Estimated cost of universal public coverage of prescription drugs in Canada," *Canadian Medical Association Journal* (2015); Marc-André Gagnon, "A Roadmap to a Rational Pharmacare Policy in Canada," (Ottawa: The Canadian Federation of Nurses Unions, 2014); Monika Dutt, "Affordable Access to Medicines: A Prescription for Canada," (Canadian Centre for Policy Alternatives and Canadian Doctors for Medicare, 2014).

36 W. Lewchuk et al., "The Precarity Penalty: The impact of employment precarity on individuals, households and communities - and what to do about it," (PEPSO, McMaster University and United Way Toronto, 2015).

37 Ibid.

38 "Tackling runaway drug plan costs: Drug management solutions not as tough a pill for employees to swallow," (Sun Life Financial, 2011).

39 K. McGrail J. Kratzer, E. Strumpf & M. Law, "Cost-Control Mechanisms in Canadian Private Drug Plans," *Healthcare Policy* 9, no. 1 (2013).

40 L.J. Samoy et al., "Drug-related hospitalizations in a tertiary care internal medicine service of a Canadian hospital: a prospective study," *Pharmacotherapy* 26, no. 11 (2006).

by establishing universal public drug coverage.⁴¹

Canada's universal health care system sets out five basic program criteria: public administration, comprehensiveness, universality, portability and accessibility.⁴² In light of these criteria, the gaps created by the lack of universal drug coverage in Canada are evident. These criteria provide a framework that should also be applied to prescription drug coverage alongside the services that are currently supported by Canada's health care system.

Too few Canadians have access to medically-necessary prescription drugs. We currently have a patchwork of federal, provincial, territorial and private coverage for prescription drugs that leaves too many Canadians behind. We already have the basic infrastructure in place to create a national prescription drug plan and there are numerous international jurisdictions with universal coverage from which we can learn best practices in ensuring access, equity and quality. Establishing universal prescription drug coverage would complete Canada's universal health care system and could improve health and health equity for all Canadians.

41 Morgan et al., "Estimated cost of universal public coverage of prescription drugs in Canada."

42 *Canada Health Act*.

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Note: Appendices A-E exclude public prescription drug plans that provide coverage for specialized drugs such as those required for organ transplants, cystic fibrosis and Crohn’s disease because they cover only small populations and are not representative of a province/territory’s coverage model for larger populations.

Appendix A: Public Prescription Drug Coverage for Seniors in Canada’s Provinces and Territories

Province	Eligibility	Payment	Level of Coverage ⁴³
British Columbia	No population-based coverage for seniors. Seniors with high drug costs relative to their income may be eligible for coverage through the Fair PharmaCare Plan (see Appendix D).		
Alberta	Population-based coverage for seniors aged 65 and over through the Alberta Blue Cross Coverage for Seniors plan.	Recipients are required to pay a co-payment of 30 percent to a maximum of \$25 per prescription.	Full coverage, minus co-payment. ⁴⁴
Saskatchewan	Population-based coverage through the Seniors’ Drug Plan for seniors who are eligible for provincial health care coverage and who qualify for the Provincial Age Credit (net income <\$66,100 in 2014). ⁴⁵	Eligible seniors pay a maximum co-payment of \$20 per prescription.	Full coverage, minus co-payment. ⁴⁶
Manitoba	No population-based coverage for seniors. Seniors with high drugs costs relative to their income may be eligible for catastrophic coverage through the Manitoba Pharmacare Program (see Appendix D).		

⁴³ Description of coverage for drugs listed in provincial/territorial formularies.

⁴⁴ Alberta Health, "Coverage for Seniors benefit," <http://www.health.alberta.ca/services/drugs-seniors.html>.

⁴⁵ Canada Revenue Agency, "Information for Residents of Saskatchewan," http://www.cra-arc.gc.ca/E/pub/tg/5008-pc/5008-pc-14e.html#P37_2449.

⁴⁶ Government of Saskatchewan, "Seniors' Drug Plan," <http://www.saskatchewan.ca/live/health-and-healthy-living/health-benefits-and-prescription-drug-plans/extended-benefits-and-drug-plan/programs/seniors-drug-plan#1>.

Province	Eligibility	Payment	Level of Coverage ⁴³
Ontario	Population-based coverage through the Ontario Drug Benefit for people who are 65 years or older.	Seniors undergo a test of net annual family income and may be required to pay a \$100 annual deductible and a co-payment of up to \$6.11 for each prescription. Lower income seniors pay no deductible but must pay a co-payment of up to \$2 per prescription.	Full coverage, minus deductible (for those required to pay) and co-payment. ⁴⁷
Quebec	Insurance-based coverage through the Public Prescription Drug Insurance Plan (PPDIP) for people aged 65 or over. ⁴⁸ People aged 65 or over are automatically registered in the PPDIP but may opt out if they have drug coverage through a private plan. ⁴⁹	Plan members pay an annual premium calculated based on net family income to a maximum of \$640. ⁵⁰ Recipients pay a monthly deductible of \$18 and co-payment of 34 percent of the prescription cost minus the deductible. ⁵¹ People aged 65 or over who receive 94 to 100 percent of the federal Guaranteed Income Supplement are not required to pay premiums, deductibles or co-payments. ⁵²	Full coverage, minus monthly deductible and co-payment for those required to pay. Plan members have maximum monthly and annual contribution limits after which they receive 100 percent coverage.

⁴⁷ Ontario Ministry of Health and Long-Term Care, "Ontario's Drug Plans: How Much Do I Pay?," http://www.health.gov.on.ca/en/public/programs/drugs/programs/odb/opdp_pay.aspx.

⁴⁸ Régie de l'assurance maladie Québec, "Eligibility," <http://www.ramq.gouv.qc.ca/en/citizens/prescription-drug-insurance/Pages/eligibility.aspx>.

⁴⁹ Régie de l'assurance maladie Québec, "Prescription drug insurance," <http://www.ramq.gouv.qc.ca/en/life-events/turning-65/Pages/prescription-drug-insurance.aspx>.

⁵⁰ Régie de l'assurance maladie Québec, "Annual premium," <http://www.ramq.gouv.qc.ca/en/citizens/prescription-drug-insurance/Pages/annual-premium.aspx>.

⁵¹ Régie de l'assurance maladie Québec, "Summary of costs," <http://www.ramq.gouv.qc.ca/en/citizens/prescription-drug-insurance/Pages/summary-costs.aspx>.

⁵² Régie de l'assurance maladie Québec, "Amount to pay for prescription drugs," <http://www.ramq.gouv.qc.ca/en/citizens/prescription-drug-insurance/Pages/amount-to-pay-prescription-drugs.aspx>.

Province	Eligibility	Payment	Level of Coverage⁴³
New Brunswick	Population-based coverage through the New Brunswick Prescription Drug Program for low-income seniors aged 65 or over who receive the federal Guaranteed Income Supplement or who meet a provincial income test calculated on annual family net income.	Seniors who receive the Guaranteed Income Supplement are required to pay a co-payment of \$9.05 per prescription up to an annual maximum of \$500. All other seniors have a co-payment of \$15 per prescription with no annual maximum.	Full coverage, minus co-payment. ⁵³
Nova Scotia	Population-based coverage for people aged 65 and over who are permanent residents of Nova Scotia and eligible for provincial health care coverage but are not eligible for any other drug programs.	Recipients are required to pay an annual income tested premium of up to \$424 and a co-payment of 30 percent of the prescription cost up to an annual maximum of \$382. People receiving the federal Guaranteed Income Supplement and seniors who meet a provincial income test calculated on annual net family income are not required to pay a premium but must still pay the co-payment.	Full coverage, minus co-payment. ⁵⁴
PEI	Population-based coverage for seniors aged 65 and over who are eligible for provincial health care services.	Recipients make a co-payment of \$8.25 per prescription plus the dispensing fee.	Full coverage, minus co-payment and dispensing fee. ⁵⁵

⁵³ Government of New Brunswick, "Prescription Drug Program - Seniors (Plan A)," http://www2.gnb.ca/content/gnb/en/services/services_renderer.8875.html.

⁵⁴ Nova Scotia Department of Health and Wellness, "Nova Scotia Pharmacare Programs: The Nova Scotia Seniors' Pharmacare Program," http://novascotia.ca/DHW/pharmacare/documents/seniors_pharmacare/Seniors-Pharmacare-Information-Booklet.pdf.

⁵⁵ Health PEI, "Prince Edward Island Seniors' Drug Cost Assistance Program," <http://www.gov.pe.ca/photos/original/sendrugcost2011.pdf>.

Province	Eligibility	Payment	Level of Coverage⁴³
Newfoundland	Population-based coverage through the Newfoundland and Labrador Prescription Drug Program's 65Plus Plan for seniors aged 65 and older who receive Old Age Security Benefits and the Guaranteed Income Supplement.	Recipients must pay the dispensing fee up to a maximum of \$6.	Full coverage, minus dispensing fee. ⁵⁶
Yukon	Population-based coverage through the Pharmacare program for seniors aged 65 and over or aged 60 and over and are married to a 65 year old Yukon resident.	No payment required.	Full cost of the lowest priced generics of all prescription drugs listed in the Yukon Pharmacare Formulary, including the dispensing fee. ⁵⁷
Northwest Territories	Population-based coverage through the Extended Health Benefits for Seniors program for all non-Native and non-Indigenous Métis seniors aged 60 years and over who are permanent residents of the NWT and receive territorial health insurance.	No payment required.	Full coverage. ⁵⁸
Nunavut	Population-based coverage through the Extended Health Benefits Full Coverage Plan for all seniors aged 65 or older who do not have other insurance through their employer or their spouse's employer. ⁵⁹	No payment required.	Full coverage. ⁶⁰

⁵⁶ Department of Health and Community Services, "Plan Overview," http://www.health.gov.nl.ca/health/prescription/nlpdp_plan_overview.html.

⁵⁷ Yukon Health and Social Services, "Pharmacare," <http://www.hss.gov.yk.ca/pharmacare.php>.

⁵⁸ Northwest Territories Health and Social Services, "Extended Health Benefits Seniors' Program," <http://www.hss.gov.nt.ca/health/nwt-health-care-plan/extended-health-benefits-seniors-program>.

⁵⁹ Nunavut Department of Health, "Health Insurance - Extended Health Benefits," <http://gov.nu.ca/health/information/health-insurance-extended-health-benefits>.

⁶⁰ Nunavut Department of Health, "Seniors Full Coverage Plan," <http://gov.nu.ca/health/information/seniors-full-coverage-plan>.

Province	Eligibility	Payment	Level of Coverage ⁴³
	Population-based coverage through the Extended Health Benefits Senior Additional Assistance Plan for seniors aged 65 and older who have insurance through their employer or any other third-party. ⁶¹	No payment required. Seniors are responsible for any premiums, deductibles and co-payments required of their third-party insurance.	Coverage for the cost of prescription drugs not covered by the third-party insurance plan, usually 20 percent. ⁶²

Appendix B: Public Prescription Drug Coverage for People Receiving Social Assistance in Canada's Provinces and Territories

Province	Eligibility	Payment	Level of Coverage
British Columbia	No population-based coverage for people receiving social assistance. People receiving social assistance with high drug costs relative to their income may be eligible for coverage through the Fair PharmaCare Plan (see Appendix D).		
Alberta	Population-based coverage for people receiving social assistance through Alberta Works. ⁶³ Population-based coverage for people receiving support through the Assured Income for the Severely Handicapped program. ⁶⁴	No payment required.	Listed prescription and over-the counter drugs are eligible for full coverage. ⁶⁵
Saskatchewan	Population-based coverage for people receiving social assistance.	People receiving social assistance pay a co-payment of \$2 per prescription.	Listed prescription and over-the counter drugs are eligible for

⁶¹ Nunavut Department of Health, "Senior Additional Assistance Plan," <http://gov.nu.ca/health/information/senior-additional-assistance-plan>.

⁶² Ibid.

⁶³ Alberta Human Services, "Health Benefits Card," <http://humanservices.alberta.ca/financial-support/2073.html>.

⁶⁴ Alberta Human Services, "Health Benefits," <http://humanservices.alberta.ca/documents/aish-tipsheet-health-benefits.pdf>.

⁶⁵ Ibid.

Province	Eligibility	Payment	Level of Coverage
		Co-payments are waived for people who require five or more drugs on a regular basis. Some people receiving social assistance may also be eligible for selected over-the-counter medications at no charge.	full coverage, minus co-payment. ⁶⁶
Manitoba	Population-based coverage for people receiving Employment and Income Assistance through the Manitoba Pharmacare program.	No payment required (standard Manitoba Pharmacare deductible waived).	Full coverage. ⁶⁷
Ontario	Population-based coverage through the Ontario Drug Benefit for people receiving social assistance.	People receiving social assistance pay no deductible but must pay a co-payment of up to \$2 per prescription.	Full coverage, minus co-payment. ⁶⁸
Quebec	Insurance-based coverage through the Public Prescription Drug Insurance Plan for people receiving social assistance. ⁶⁹	People receiving social assistance are not required to pay premiums, ⁷⁰ deductibles or co-payments.	Full coverage. ⁷¹
New Brunswick	Population-based coverage for people receiving social assistance.	People receiving social assistance pay a co-payment of \$4 per prescription up to a maximum of \$250 per family unit per fiscal year.	Full coverage, minus co-payment until the annual contribution limit is reached. ⁷²

⁶⁶ Government of Saskatchewan, "Special Coverages," ed. Ministry of Health.

⁶⁷ Government of Manitoba, "Employment and Income Assistance for the General Assistance Category," ed. Employment and Income Assistance.

⁶⁸ Ontario Ministry of Health and Long-Term Care, "Ontario's Drug Plans: How Much Do I Pay?"

⁶⁹ Régie de l'assurance maladie Québec, "Annual premium."

⁷⁰ Régie de l'assurance maladie Québec, "Amount to pay for prescription drugs."

⁷¹ Ibid.

⁷² Government of New Brunswick, "Prescription Drug Program - Social Development Clients (Plan F)," http://www2.gnb.ca/content/gnb/en/services/services_renderer.8915.html.

Province	Eligibility	Payment	Level of Coverage
Nova Scotia	Population-based coverage for people receiving social assistance who do not have access to any other drug plan.	People receiving social assistance pay a co-payment of \$5 per prescription. The co-payment can be waived for people with large monthly drug costs or who need small doses of prescription drugs regularly.	Full coverage, minus co-payment. ⁷³
PEI	Population-based coverage through the Financial Assistance Drug Program for people receiving social assistance and who are eligible for provincial health insurance.	No payment required.	Full coverage of the cost of approved prescription and non-prescription medications. ⁷⁴
Newfoundland	Population-based coverage for people receiving social assistance as part of the Newfoundland and Labrador Prescription Drug Program's Foundation Plan.	No payment required.	Full coverage. ⁷⁵
Yukon	Population-based coverage for people receiving social assistance on a discretionary basis with approval from the Director of Social Services or their designate. ⁷⁶	N/A.	N/A. ⁷⁷
Northwest Territories⁷⁸	No population-based coverage for people receiving social assistance.		

⁷³ Nova Scotia Department of Community Services, "Medical Costs," http://www.novascotia.ca/coms/employment/income_assistance/MedicalCosts.html.

⁷⁴ Health PEI, "Financial Assistance Drug Program," <http://www.healthpei.ca/index.php3?number=1026281&lang=E>.

⁷⁵ Department of Health and Community Services, "Plan Overview."

⁷⁶ Commissioner of Yukon, "Social Assistance Regulations," (2008).

⁷⁷ As a discretionary benefit, payments and levels of coverage are not clearly described in the regulation or associated government websites. Attempts were made to contact Government of Yukon officials to clarify coverage but no response was received.

Province	Eligibility	Payment	Level of Coverage
Nunavut	No population-based coverage for people receiving social assistance. People receiving social assistance may be eligible for coverage under Nunavut's Extended Health Benefits Policy (see Appendix C).		

Appendix C: Public Prescription Drug Coverage for Other People with Low Income in Canada's Provinces and Territories

Province	Eligibility	Payment	Level of Coverage
British Columbia	No population-based coverage for people with low income. People with high drug costs relative to their income may be eligible for coverage through the Fair PharmaCare Plan (see Appendix D).		
Alberta	Population-based coverage for people with low income through the Alberta Adult Health Benefit. Eligibility is based on net adjusted family income. Other population groups may also qualify for this coverage, including people who are pregnant with limited income, people who have high ongoing prescription drug needs and limited income and people who leave social assistance and who have income from employment, self-employment of the Canada Pension Plan Disability Program. ⁷⁹	No payment required.	Full coverage. ⁸⁰

⁷⁸ Attempts were made to contact officials from the Northwest Territories to determine the existence of prescription drug programs. No response was received.

⁷⁹ Alberta Human Services, "Alberta Adult Health Benefit," <http://humanservices.alberta.ca/financial-support/2085.html#income>.

⁸⁰ Government of Alberta, "Health Benefits," ed. Alberta Works.

Province	Eligibility	Payment	Level of Coverage
	Population-based coverage for children living in families with low income through the Alberta Child Health Benefit. Eligibility is determined by adjusted net family income. ⁸¹	No payment required.	Full coverage. ⁸²
Saskatchewan	Population-based coverage for low income families that include at least one child though the Family Health Benefits program. Eligibility is determined based on family net adjusted income.	Recipients undergo an income test and pay a \$100 semi-annual family deductible and 35 percent co-payment thereafter. Deductibles and co-payments are waived for children.	Full coverage, minus family deductible and co-payment. ⁸³
	All children aged 14 and under in Saskatchewan are eligible for coverage through the Children's Drug Plan.	\$20 co-payment per prescription. Children who are eligible for other drug plans with lower co-payments pay the lower amount.	Full coverage, minus co-payment. ⁸⁴
Manitoba	No population-based coverage for people with low income. People receiving social assistance receive coverage through the Manitoba Pharmacare Program (see Appendix B). People with high drugs costs relative to their income may be eligible for catastrophic coverage through the Manitoba Pharmacare Program (see Appendix D).		
Ontario	No population-based coverage for people with low income.		

⁸¹ Alberta Human Services, "Alberta Child Health Benefit," <http://humanservices.alberta.ca/financial-support/2076.html>.

⁸² Government of Alberta, "Health Benefits."

⁸³ Government of Saskatchewan, "Family Health Benefits," <http://www.saskatchewan.ca/live/health-and-healthy-living/health-benefits-and-prescription-drug-plans/extended-benefits-and-drug-plan/programs/family-health-benefits>.

⁸⁴ Government of Saskatchewan, "Children's Drug Plan," <http://www.saskatchewan.ca/live/health-and-healthy-living/health-benefits-and-prescription-drug-plans/extended-benefits-and-drug-plan/programs/childrens-drug-plan>.

Province	Eligibility	Payment	Level of Coverage
	<p>Seniors receive prescription drug coverage through the Ontario Drug Benefit (see Appendix A).</p> <p>People receiving social assistance receive coverage through the Ontario Drug Benefit (see Appendix B).</p> <p>People with high drugs costs relative to their income may be eligible for catastrophic coverage through the Trillium Drug Program (see Appendix D).</p>		
Quebec	<p>No population-based coverage for people with low income.</p> <p>People with low income may receive coverage through the Public Prescription Drug Insurance Plan. People with low income may have premiums, deductibles and co-payments waived (see Appendix E).</p>		
New Brunswick	<p>No population-based coverage for people with low income.</p> <p>Seniors with low income receive prescription drug coverage (see Appendix A).</p> <p>People receiving social assistance receive prescription drug coverage (see Appendix B).</p> <p>People with low income may choose to register for the insurance-based New Brunswick Drug Plan (see Appendix E).</p>		
Nova Scotia	<p>Population-based coverage through the Low Income Pharmacare for Children program for children who live in families that receive the Nova Scotia Child Benefit.</p>	<p>Families are required to pay \$5 per prescription for eligible children.</p>	<p>Full coverage, minus co-payment.⁸⁵</p>
	<p>Seniors receive prescription drug coverage (see Appendix A).</p> <p>People receiving social assistance receive prescription drug coverage (see Appendix B).</p> <p>Adults with low income may choose to register for the insurance-based Nova Scotia Family Pharmacare Program (see Appendix E).</p>		

⁸⁵ Nova Scotia Department of Community Services, "Low Income Pharmacare (drug coverage) for Children," <http://www.novascotia.ca/coms/families/PharmacareforChildren.html>.

Province	Eligibility	Payment	Level of Coverage
PEI	Population-based coverage for children in low-income families with at least one child aged under 18 years or with at least one full-time student aged under 25 years. Eligibility is determined based on net adjusted family income.	Recipients pay the pharmacy fee.	Full coverage, minus pharmacy fee. ⁸⁶
	<p>Seniors receive prescription drug coverage (see Appendix A).</p> <p>People receiving social assistance receive prescription drug coverage (see Appendix B).</p> <p>People with high drugs costs relative to their income may be eligible for catastrophic coverage through the Catastrophic Drug Program (see Appendix D).</p>		
Newfoundland	Population-based coverage through the Newfoundland and Labrador Prescription Drug Program's Access Plan for low income families. Eligibility is calculated based on net adjusted family income. ⁸⁷	Recipients must pay a co-payment of between 20-70 percent of the drug cost, calculated based on net adjusted family income.	Full coverage, minus the co-payment. ⁸⁸
	<p>Seniors receive prescription drug coverage (see Appendix A).</p> <p>People receiving social assistance receive prescription drug coverage (see Appendix B).</p> <p>People with high drugs costs relative to their income may be eligible for catastrophic coverage through the Newfoundland and Labrador Prescription Drug Program's Assurance Plan (see Appendix D).</p>		
Yukon	Population-based coverage for children aged less than 19 years in low income families through the Children's Drug and	Recipients must pay an annual deductible which is capped at \$250 per child or \$500 per family.	Full coverage, minus the deductible. ⁹⁰

⁸⁶ Health PEI, "Prince Edward Island Family Health Benefit Program," <http://www.gov.pe.ca/forms/pdf/1921.pdf>.

⁸⁷ Department of Health and Community Services, "Plan Overview."

⁸⁸ Government of Newfoundland and Labrador, "Newfoundland and Labrador Prescription Drug Program (NLPDP)," ed. Department of Health and Community Services.

Province	Eligibility	Payment	Level of Coverage
	Optical Program. Eligibility is calculated based on gross adjusted family income. ⁸⁹	Deductibles can be waived on a sliding scale based on income.	
Northwest Territories⁹¹	<p>No population-based coverage for people with low income.</p> <p>Seniors receive prescription drug coverage (see Appendix A).</p>		
Nunavut	Nunavut residents who have exhausted or do not have other health care insurance options may be eligible for coverage through the Extended Health Benefits Additional Assistance Plan. ⁹²	No payment required.	<p>The Extended Health Benefits Additional Assistance Plan pays the cost of prescription drugs not covered by the third party insurance plan, usually 20 per cent.</p> <p>If a prescription drug is not covered by the third party insurance plan, the Extended Health Benefits Additional Assistance Plan pays the full cost of the prescription drug if prior approval is given. Recipients must provide a copy of the letter from the other insurance plan declining payment for the drug.⁹³</p>

⁹⁰ Yukon Health and Social Services, "Children's drug and optical program," <http://www.hss.gov.yk.ca/childdrugoptical.php>.

⁸⁹ Commissioner of the Yukon, "Health Act," (1997).

⁹¹ Attempts were made to contact officials from the Northwest Territories to determine the existence of prescription drug programs. No response was received.

⁹² Nunavut Department of Health, "Health Insurance - Extended Health Benefits."

⁹³ Nunavut Department of Health, "EHB Additional Assistance," <http://gov.nu.ca/health/information/ehb-additional-assistance>.

Appendix D: Catastrophic Coverage and Income-Based Plans in Canada's Provinces and Territories

Province	Eligibility	Payment	Level of Coverage
British Columbia	Income-based coverage for all BC residents who are eligible for provincial health care coverage and who filed a tax return for the relevant tax year.	<p>Deductibles are calculated based on net family income.</p> <p>Families with net income of \$15,000 or less do not pay a deductible. Deductibles increase incrementally as income increases, to a maximum deductible of \$10,000 for families with net income of \$316,667 and over.</p> <p>Each family has an annual maximum deductible, ranging from \$25 to \$10,000. Maximums are calculated based on net family income and range from \$25 to \$10,000.</p>	<p>The Fair PharmaCare Plan pays 70 percent of drug costs after the deductible is reached and 100 percent after the maximum is met.⁹⁴</p> <p>Families with at least one spouse born in 1939 or earlier receive 75 percent coverage until the deductible is reached and 100 percent after the maximum is met.⁹⁵</p>
Alberta	<p>No catastrophic coverage plan available.</p> <p>Seniors receive prescription drug coverage through the Alberta Blue Cross for Seniors Plan (see Appendix A).</p> <p>People receiving social assistance receive prescription drug coverage (see Appendix B).</p> <p>Adults and children with low income may receive prescription drug coverage (see Appendix C).</p> <p>Optional insurance-based coverage is available through the Non-Group Coverage Benefit (see Appendix E).</p>		

⁹⁴ British Columbia Ministry of Health, "Fair PharmaCare Assistance Levels - Regular," http://www2.gov.bc.ca/assets/gov/health/health-drug-coverage/pharmacare/income_bands_fair_pcare_regular.pdf.

⁹⁵ British Columbia Ministry of Health, "Fair PharmaCare Assistance Levels – Families with at least one spouse born in 1939 or earlier," ed. British Columbia Ministry of Health.

Province	Eligibility	Payment	Level of Coverage
Saskatchewan	Catastrophic coverage is available through the Special Support Program to all Saskatchewan residents who are eligible for provincial health care coverage. ⁹⁶	Recipients undergo an income test and pay a deductible of 3.4 percent of their adjusted family income. Co-payments are calculated using total family income and actual drug costs.	Full coverage, minus deductible and co-payments. ⁹⁷
Manitoba	Catastrophic coverage through Manitoba Pharmacare Program.	Deductible is calculated based on adjusted family income, with a minimum deductible of \$100 and no maximum. Deductibles increase as family income increases and range from 2.97 percent to 6.73 percent of household income. ⁹⁸	Full coverage, minus deductible. ⁹⁹
Ontario	Catastrophic coverage through the Trillium Drug Program for people who are eligible for provincial health care coverage, do not have private insurance and whose prescription drug costs exceed four percent of their household income.	Deductible is calculated based on net household income and is split into four equal amounts payable throughout the year. The deductible is four percent of net household income for most recipients. Recipients are also required to pay a co-payment of up to \$2 per prescription.	Full coverage, minus quarterly deductibles and ongoing co-payments. ¹⁰⁰

⁹⁶ Government of Saskatchewan, "Special Support Program," <http://www.saskatchewan.ca/live/health-and-healthy-living/health-benefits-and-prescription-drug-plans/extended-benefits-and-drug-plan/programs/special-support-program>.

⁹⁷ Government of Saskatchewan, "Special Coverages."

⁹⁸ Healthy Living and Seniors Manitoba Health, "Pharmacare Deductible Estimator," <http://www.gov.mb.ca/health/pharmacare/estimator.html>.

⁹⁹ Healthy Living and Seniors Manitoba Health, "General Pharmacare Questions," <http://www.gov.mb.ca/health/pharmacare/general.html>.

¹⁰⁰ Ontario Ministry of Health and Long-Term Care, "The Trillium Drug Plan (TDP)," http://www.health.gov.on.ca/en/public/programs/drugs/programs/odb/opdp_trillium.aspx.

Province	Eligibility	Payment	Level of Coverage
Quebec	<p>No catastrophic coverage plan available.</p> <p>People who do not have private prescription drug coverage are required to register for the Public Prescription Drug Insurance Plan (see Appendix E).</p>		
New Brunswick	<p>No catastrophic coverage plan available.</p> <p>Seniors with low income receive prescription drug coverage through the New Brunswick Prescription Drug Program (see Appendix A).</p> <p>People receiving social assistance receive prescription drug coverage (see Appendix B).</p> <p>Optional insurance-based coverage is available through the New Brunswick Drug Plan (see Appendix E).</p>		
Nova Scotia	<p>No catastrophic coverage plan available.</p> <p>Seniors with no other insurance options receive prescription drug coverage (see Appendix A).</p> <p>People receiving social assistance receive prescription drug coverage (see Appendix B).</p> <p>Children living in families with low income may receive prescription drug coverage (see Appendix C).</p> <p>Optional insurance-based coverage through the Nova Scotia Family Pharmacare Program (see Appendix E).</p>		
PEI	<p>Catastrophic coverage through the Catastrophic Drug Program for all permanent residents who are eligible for provincial health insurance.</p>	<p>Deductible is based on percentage of household income spent on prescription drugs, ranging from three percent for families with income under \$20,000 to 12 percent for families with income greater than \$100,000.</p>	<p>Full coverage, minus deductible.¹⁰¹</p>
Newfoundland	<p>Catastrophic coverage through the Newfoundland and Labrador</p>	<p>Deductible is based on percentage of net household income spent on</p>	<p>Full coverage, minus deductible.¹⁰³</p>

¹⁰¹ Health PEI, "Catastrophic Drug Program," <http://healthpei.ca/catastrophic>.

Province	Eligibility	Payment	Level of Coverage
	Prescription Drug Program's Assurance Plan. ¹⁰²	prescription drugs, ranging from five percent for families with income under \$40,000 to 10 percent for families with income from \$75,000 to \$150,000.	
Yukon	<p>No catastrophic coverage plan available.</p> <p>Seniors receive prescription drug coverage (see Appendix A).</p> <p>People receiving social assistance may receive prescription drug coverage on a discretionary basis (see Appendix B).</p> <p>Children living in families with low income may receive prescription drug coverage (see Appendix C).</p>		
Northwest Territories¹⁰⁴	<p>No catastrophic coverage plan available.</p> <p>Seniors receive prescription drug coverage (see Appendix A).</p>		
Nunavut	<p>No catastrophic coverage plan available.</p> <p>Seniors receive prescription drug coverage (see Appendix A).</p> <p>People with no other insurance options may be eligible for coverage under Nunavut's Extended Health Benefits Policy (see Appendix C).</p>		

¹⁰³ Government of Newfoundland and Labrador, "Newfoundland and Labrador Prescription Drug Program (NLPDP)."

¹⁰² Department of Health and Community Services, "Plan Overview."

¹⁰⁴ Attempts were made to contact officials from the Northwest Territories to determine the existence of prescription drug programs. No response was received.

Appendix E: Insurance-Based Coverage in Canada's Provinces and Territories

Province	Eligibility	Payment	Level of Coverage
British Columbia	<p>No insurance-based coverage available.</p> <p>People with high drug costs relative to their income may be eligible for coverage through the Fair PharmaCare Plan (see Appendix D).</p>		
Alberta	<p>Optional insurance-based coverage through the Non-Group Coverage Benefit.</p>	<p>Plan members are required to pay quarterly premiums (\$190.50/quarter for singles and \$354/quarter for families). Premiums may be reduced for recipients with low income, which is assessed on gross adjusted family income.</p> <p>Plan members must pay co-payments of 30 percent of each prescription's cost up to a maximum of \$25. Co-payments cannot be waived.¹⁰⁵</p>	<p>Full coverage, minus deductible and co-payments.¹⁰⁶</p>
Saskatchewan	<p>No insurance-based coverage available.</p> <p>Seniors with low income receive prescription drug coverage (see Appendix A).</p> <p>People receiving social assistance receive prescription drug coverage (see Appendix B).</p> <p>All children receive prescription drug coverage and children living in families with low income may qualify for no-cost coverage (see Appendix C).</p> <p>People with high drug costs relative to their income may receive catastrophic coverage (see Appendix D).</p>		
Manitoba	<p>No insurance-based coverage available.</p>		

¹⁰⁵ Alberta Health, "Monthly premium rates for Non-Group coverage," <http://www.health.alberta.ca/services/drugs-non-group-premium-rates.html>.

¹⁰⁶ Alberta Health, "Non-Group coverage benefit," <http://www.health.alberta.ca/services/drugs-non-group.html>.

Province	Eligibility	Payment	Level of Coverage
	<p>People receiving social assistance receive prescription drug coverage (see Appendix B).</p> <p>People with high drug costs relative to their income may receive catastrophic coverage (see Appendix D).</p>		
Ontario	<p>No insurance-based coverage available.</p> <p>Seniors receive prescription drug coverage through the Ontario Drug Benefit (see Appendix A).</p> <p>People receiving social assistance receive prescription drug coverage through the Ontario Drug Benefit (see Appendix B).</p> <p>People with high drug costs relative to their income may receive catastrophic coverage through the Trillium Drug Program (see Appendix D).</p>		
Quebec	<p>Insurance-based coverage through the Public Prescription Drug Insurance Plan for people who do not have private prescription drug insurance and for people aged 65 or over, recipients of social assistance, and children whose parents are covered by the public plan.¹⁰⁷</p>	<p>Plan members pay an annual premium calculated based on net family income to a maximum of \$640.¹⁰⁸ The premium is paid when the plan member files their tax return.¹⁰⁹</p> <p>Plan members pay a monthly deductible of \$18 and co-payment of 34 percent of the prescription cost minus the deductible.¹¹⁰</p> <p>Plan members have maximum monthly and annual contribution limits after which they receive 100 percent coverage.</p> <p>People receiving social assistance, people aged 65 or over who receive 94 to 100 percent of the</p>	<p>Full coverage, minus monthly deductibles and co-payments until monthly and/or annual contribution limits are reached.¹¹¹</p>

¹⁰⁷ Régie de l'assurance maladie Québec, "Annual premium."

¹⁰⁸ Ibid.

¹⁰⁹ Revenu Québec, "447 - Premium Payable Under the Québec Prescription Drug Insurance Plan," <http://www.revenuquebec.ca/en/citoyen/declaration/produire/comment/aideligne/ligne447.aspx>.

¹¹⁰ Régie de l'assurance maladie Québec, "Summary of costs."

¹¹¹ Régie de l'assurance maladie Québec, "Amount to pay for prescription drugs."

Province	Eligibility	Payment	Level of Coverage
		<p>federal Guaranteed Income Supplement and children are not required to pay premiums, deductibles or co-payments.</p> <p>Adults aged 18 to 25 are not required to pay deductibles or co-payments if they are full-time students, do not have a spouse and live with their parents.</p>	
<p>New Brunswick</p>	<p>Optional insurance-based coverage through the New Brunswick Drug Plan for residents who are eligible for provincial health care coverage and who do not have private insurance, have reached the annual maximum for their existing benefit plan or have been prescribed a drug that is not covered by their existing plan.¹¹²</p>	<p>Plan members are required to pay an annual premium based on their gross family income reported in their previous year's tax return. Premiums range from \$200 to \$2,000 annually. Children are exempt from premiums.</p> <p>All plan members, including children, have a 30 percent co-payment for each prescription with maximum per-prescription amounts calculated based on gross family income.</p>	<p>Full coverage, minus co-payments.¹¹³</p>

¹¹² New Brunswick Department of Health, "Frequently Asked Questions," <http://www2.gnb.ca/content/gnb/en/departments/health/MedicarePrescriptionDrugPlan/NBDrugPlan/questions.html#3>

¹¹³ New Brunswick Department of Health, "Premiums and Copayments," <http://www2.gnb.ca/content/gnb/en/departments/health/MedicarePrescriptionDrugPlan/NBDrugPlan/Premiums.html>.

Province	Eligibility	Payment	Level of Coverage
Nova Scotia	Optional insurance-based coverage for permanent residents of Nova Scotia who are eligible for provincial health care coverage.	<p>Recipients are required to pay an annual deductible, which is calculated on net adjusted family income, and a co-payment of 20 percent of each prescription up to an annual cap that is determined based on income.</p> <p>Because there are no premiums and deductibles and co-payments are paid as prescriptions are filled, recipients who do not need any prescription drugs within a year incur no costs.</p>	Full coverage, minus deductible and co-payments until annual limits are reached. ¹¹⁴
PEI	<p>No insurance-based coverage available.</p> <p>Seniors receive prescription drug coverage (see Appendix A).</p> <p>People receiving social assistance receive prescription drug coverage (see Appendix B).</p> <p>Children living in families with low income may receive prescription drug coverage (see Appendix C).</p> <p>People with high drug costs relative to their income may receive catastrophic coverage (see Appendix D).</p>		
Newfoundland	<p>No insurance-based coverage available.</p> <p>Seniors who receive OAS and GIS receive prescription drug coverage (see Appendix A).</p> <p>People receiving social assistance receive prescription drug coverage (see Appendix B).</p> <p>People with low income may receive prescription drug coverage through the Access Program (see Appendix C).</p> <p>People with high drug costs relative to their income may receive catastrophic coverage (see Appendix D).</p>		

¹¹⁴ Nova Scotia Department of Health and Wellness, "Nova Scotia Pharmacare Programs: The Nova Scotia Family Pharmacare Program," http://novascotia.ca/dhw/pharmacare/documents/family_pharmacare/Family_Pharmacare_Booklet.pdf.

Province	Eligibility	Payment	Level of Coverage
Yukon	<p>No insurance-based coverage available.</p> <p>Seniors receive prescription drug coverage (see Appendix A).</p> <p>People receiving social assistance may receive prescription drug coverage on a discretionary basis (see Appendix B).</p> <p>Children living in families with low income may receive prescription drug coverage (see Appendix C).</p>		
Northwest Territories¹¹⁵	<p>No insurance-based coverage available.</p> <p>Seniors receive prescription drug coverage (see Appendix A).</p>		
Nunavut	<p>No insurance-based coverage available.</p> <p>Seniors receive prescription drug coverage (see Appendix A).</p> <p>People with no other insurance options may be eligible for coverage under Nunavut's Extended Health Benefits Policy (see Appendix C).</p>		

Appendix F: Prescription Drug Programs Provided by the Federal Government

Department	Program
Health Canada	Non-Insured Health Benefits Program (NIHB) provides access to prescription drugs to First Nations people and Inuit. ¹¹⁶
Veterans Affairs Canada	Prescription drug coverage to veterans for the treatment of their pensioned medical condition or who have a “clearly demonstrated” health need and are not able to access the prescribed medication under a provincial health plan. ¹¹⁷

¹¹⁵ Attempts were made to contact officials from the Northwest Territories to determine the existence of prescription drug programs. No response was received.

¹¹⁶ Health Canada, "Non-Insured Health Benefits for First Nations and Inuit," <http://www.hc-sc.gc.ca/fniah-spnia/nihb-ssna/index-eng.php>.

Department of National Defence	Prescription drug coverage for members of the military. ¹¹⁸
RCMP	Prescription drug coverage for members of the RCMP. ¹¹⁹
Correctional Service of Canada	Prescription drug coverage for inmates in federal penitentiaries. ¹²⁰
Citizenship and Immigration Canada	Interim Federal Health Program coverage to some categories of refugees. ¹²¹

¹¹⁷ Veterans Affairs Canada, "Prescription Drug Program (POC 10)," <http://www.veterans.gc.ca/eng/services/health/treatment-benefits/poc/poc10>.

¹¹⁸ National Defence and the Canadian Armed Forces, "Supplemental Health Care," <http://www.forces.gc.ca/en/caf-community-health-services-benefits-drug-coverage/supplemental-health-care-coverage.page>

¹¹⁹ Health Canada, "Federal Public Drug Benefit Programs," <http://www.hc-sc.gc.ca/hcs-sss/pharma/acces/fedprog-eng.php>.

¹²⁰ Correctional Service Canada, "Health Services," ed. Correctional Service Canada.

¹²¹ Citizenship and Immigration Canada, "Determine your eligibility and coverage type – Interim Federal Health Program," <http://www.cic.gc.ca/english/refugees/outside/arriving-healthcare/individuals/apply-who.asp>.