

## **CARP Pharmacare Poll Report September 19, 2014**

### **Key Findings**

**The vast majority of members have drug plans, mostly private sector, and the vast majority of plans have co-pays, usually 20%. Most agree Canada should not sign CETA if it imposes higher prescription drug prices and, if it does, that the federal government should pay the difference. As a result, almost all agree foreign drug companies operating in Canada should be required to spend a portion of their revenues on research and development here.**

**While the vast majority say agree with the idea of a national pharmacare program that could save \$10 billion, they are half as likely to be enthusiastic when it is mentioned that those savings would depend on cutting private insurers out of the market.**

**A narrow margin agrees a national pharmacare plan should be income tested and those who believe this think the income level for a subsidy should be, on average, \$27,300.**

**Important elements of a national pharmacare plan are seen to be universal coverage for all, including the same drugs for the same price covered in every province. There agreement the government should pay manufacturers to produce drugs which risk being taken off-market because of non-profitability.**

**In a surprising finding, two thirds of members think pharmaceutical manufacturers artificially create shortages of key drugs to pressure governments not to cut drug prices, and that the best answer to this is to force manufacturers to make adequate supplies of key drugs.**

### **Electoral Preference**

**One half of members will vote Liberal if the election were held today, while one third would vote Conservative. One eighth will vote NDP.**

## Detailed Findings

The vast majority of members have a drug plan (85%), most commonly a private plan (49%), followed by a provincial plan for seniors (28%).

### ***Are you enrolled in a prescription drug coverage plan?***

<b>YES</b>	<b>85%</b>
Private plan	49%
Provincial plan for seniors	28%
Provincial plan (OTHER)	8%
<b>NO</b>	<b>15%</b>

The vast majority of drug plans feature a cop-pay or deductible (85%), and in one half of cases it is the standard 20% (45%).

### ***Does your drug plan have a co-pay or deductible?***

<b>YES</b>	<b>85%</b>
20%	45%
Less than 20%	27%
More than 20%	14%
<b>NO</b>	<b>15%</b>

Two thirds of members (66%) agree Canada should not sign CETA if it means an increase in prescription drug prices.

***The Comprehensive Economic and Trade Agreement with Europe, or CETA, which has been finalized by the federal government, allows foreign prescription drug companies to extend their patent protections, leading to higher costs for prescription drugs, and fewer options for less expensive generic drugs. Do you think it's a good idea or not a good idea for the government to sign CETA?***

<b>Yes, good idea to sign CETA</b>	<b>14%</b>
<b>No, not a good idea to sign CETA</b>	<b>66%</b>
<b>DON'T KNOW</b>	<b>20%</b>

Three quarters believe, if CETA is signed, it will be the federal government's responsibility to reimburse provinces for higher drug costs (73%), even though there is only one taxpayer.

***Do you believe it is the federal government's responsibility to reimburse the provinces for the higher cost of drugs due to CETA?***

<b>Yes</b>	73%
<b>No</b>	15%
<b>DON'T KNOW</b>	13%

The vast majority of members agree foreign pharmaceutical manufacturers should be required to spend a set proportion of their revenues in Canada (90%) and close to two thirds agree strongly (61%).

***Despite their promises and publicity, foreign pharmaceutical firms spend very little on research and development in Canada. Do you agree or disagree drug companies operating in Canada should be required to spend a set percentage of their Canadian revenues on Canadian R&D?***

<b>AGREE</b>	<b>90%</b>
<b>Agree strongly</b>	61%
<b>Agree</b>	29%
<b>DISAGREE</b>	<b>7%</b>
<b>Disagree</b>	5%
<b>Disagree strongly</b>	2%
<b>DON'T KNOW</b>	4%

The vast majority of members agree with national pharmacare when it is stated that it could save \$10 billion (83%, 51% strongly), but they are less enthusiastic when told these savings will require cutting the private sector out of the market (47% agree, 15% strongly).

***Experts say we could save more than \$10 billion a year by creating a national pharmacare program. Do you agree or disagree this is a good idea/Part of the \$10 billion per year saved from creating a national public pharmacare program would have to come from eliminating private sector insurance companies from the market, and private drug plans. Do you agree or disagree this is a good idea?***

	Unprompted on private insurers	Prompted on private insurers
<b>AGREE</b>	<b>83%</b>	<b>47%</b>
<b>Agree strongly</b>	51%	15%
<b>Agree</b>	32%	32%
<b>DISAGREE</b>	<b>6%</b>	<b>35%</b>
<b>Disagree</b>	4%	24%
<b>Disagree strongly</b>	2%	11%
<b>DON'T KNOW</b>	11%	18%

One half of members think a national pharmacare program should be income-tested (50%)

***If a national pharmacare plan were created, should it be income-tested for full coverage?***

<b>Yes</b>	50%
<b>No</b>	35%
<b>DON'T THINK PHARMACARE NEEDED</b>	5%
<b>DON'T KNOW</b>	10%

The average level at which members think a subsidized, income-tested drug plan should kick in is \$27,300 a year.

***At what income level per single person should a national pharmacare subsidy be set?***

<b>AVG. INCOME LEVEL FOR SUBSIDY</b>	<b>\$27,300</b>
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The most common plan for national pharmacare is universal coverage with a co-pay (20%) or full dollar coverage for seniors, children and vulnerable groups only (19%). After this comes universal full dollar coverage for all (14%), coverage with a co-pay and income test (12%) or full dollar coverage with an income test (10%). Few select coverage for high cost drugs only.

***How would a national pharmacare program best be designed?***

<b>Universal coverage with co-pay</b>	20%
<b>Full coverage for seniors/children</b>	19%
<b>Universal full coverage for all</b>	14%
<b>Coverage with co-pay and income test</b>	12%
<b>Full coverage with income test</b>	10%
<b>Coverage for seniors/children with co-pay</b>	6%
<b>Full coverage high cost drugs for seniors/children</b>	2%
<b>Universal full coverage for high cost drugs</b>	2%
<b>Full coverage, high cost drugs with income test</b>	1%
<b>OTHER/DON'T KNOW</b>	14%

Members are slightly more disposed to the private sector having the advantage in negotiations on drug prices (30%) over the government (22%), while one quarter think the advantage will be even (24%).

***Creating a national pharmacare program would require governments to negotiate prices and access with private sector insurers and pharmaceutical companies. Who do you believe would have the advantage in these negotiations?***

<b>Governments</b>	22%
<b>Insurers/Pharmaceutical companies</b>	30%
<b>Both</b>	24%
<b>Neither</b>	8%
<b>OTHER/DON'T KNOW</b>	16%

Key to a successful national pharmacare plan for members is affordable drugs in every market and the same drugs in every market (21% and 19%, respectively). Some believe the program should be federally managed (15%), some provincially managed with national standards (12%). Few think it should be open to the private sector, or that it should be totally public sector.

***Which one of the following do you think is the most important aspect of a national pharmacare plan?***

<b>Affordable prices in every market</b>	21%
<b>Same drugs covered in every province</b>	19%
<b>Federally managed</b>	15%
<b>Provincially managed with national standards</b>	12%
<b>Same prices in every market</b>	8%
<b>Full coverage with no co-pay</b>	8%
<b>Open to private sector insurers</b>	5%
<b>Completely public sector, no private sector insurers</b>	4%
<b>OTHER/DON'T KNOW</b>	9%

Three quarters of members agree governments should pay pharmaceutical manufacturers to produce drugs they might take off the market because they are no longer profitable (72%).

***Some less expensive generic drugs get taken off the market when they are no longer profitable, despite still being used by patients. Do you agree or disagree governments should purchase the licenses for these drugs and pay manufacturers to produce them?***

<b>AGREE</b>	<b>72%</b>
<b>Agree strongly</b>	26%
<b>Agree</b>	46%
<b>DISAGREE</b>	<b>14%</b>
<b>Disagree</b>	10%
<b>Disagree strongly</b>	4%
<b>DON'T KNOW</b>	14%

Two thirds of members agree recent drug shortages are artificially created by manufacturers to place pressure on governments not to press for lower prescription drug prices (63%).

***Do you agree or disagree that recent shortages of critical prescription drugs like vaccines are an effort by pharmaceutical manufacturers to pressure governments not to lower drug prices?***

<b>AGREE</b>	<b>63%</b>
<b>Agree strongly</b>	27%
<b>Agree</b>	36%
<b>DISAGREE</b>	<b>13%</b>
<b>Disagree</b>	11%
<b>Disagree strongly</b>	2%
<b>DON'T KNOW</b>	24%

The largest group of members thinks the answer to drug shortages is somehow forcing manufacturers to make adequate supplies of critical drugs (43%), and this is followed by suggesting better planning by pharmaceutical manufacturers (17%) and governments (11%), as well as forcing manufacturers to give early warning of shortages (11%)

***What is the best answer to shortages of critical prescription drugs and vaccines?***

<b>Mandate supplies of critical drugs</b>	43%
<b>Better planning by pharmaceutical manufacturers</b>	17%
<b>Mandate early warnings of shortages</b>	11%
<b>Better planning by governments</b>	11%
<b>Government critical drug stockpiles</b>	7%
<b>Pay pharma to produce adequate amounts</b>	5%
<b>OTHER/DON'T KNOW</b>	7%

## **Electoral Preference**

The Liberals (47% have maintained their vote share at the expense of the Conservatives (33%) The NDP (15%) remain in third place.

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decompressor  
are needed to see this picture.

***Almost 2000 CARP Poll™ online panel members responded to this poll between September 12 and 15, 2014. The margin of error for a probability sample this size is about plus or minus 2%, 19 times out of 20***