

Speaking Notes for CD

Pharmacare  
Public Meeting  
Sept 30, 2007

Thank you for the opportunity to share some of my thoughts with you about how cuts to Pharmacare will affect all of us.

Women face barriers to accessing quality patient care.

Immigrant women, poor women, HIV+ women, women who are mental health consumers, lesbians, aboriginal women, and women with a physical disability confront barriers to quality care including language or cultural barriers, a knowledge gap on the part of health providers, or a lack of confidence in dealing with "the doctor".

Because of this the VWHC offers women a Patient's Rights workshop. Among the many things we share with women is that they have the right to decide the future of their health care, to have access to their medical records, to have a friend or family member present during an examination, to a clear explanation about a diagnosis or medication being prescribed, and to be treated with dignity and respect. Many women do not know they have these rights.

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In 1999, Pharmacare paid for prescriptions for 850,000 patients. About 50% of Pharmacare expenditures are for drugs for seniors, about 20% of the drug costs are for people on social assistance and disability benefits, around 15% is for people and families with greater drug needs, and the remainder includes drug costs for long-term care residents, and people who are on anti-HIV/AIDS drug therapies.

The media seems to be focusing the discussion about Pharmacare around costs and cutting drug coverage for people on income assistance, seniors, and people with a chronic illness. We are being told that one of the ways that Pharmacare costs can be reduced is if we target users.

What that means is single moms, families, and individuals who are already struggling on income assistance will have to pay for the drugs they need, what that means is charging seniors for their drugs, and it also means making people pay who have illnesses such as HIV or Schizophrenia and require costly drugs to lead their lives.

I have a friend who is HIV+. The cost of the drugs that he must take to maintain his health is just under a thousand dollars a month, presently Pharmacare covers this cost. The annual costs of drugs for someone who is HIV+ ranges from \$10,000 to \$16,000 per year. Can my friend expect to have to pay for 25% of these drug costs which is about \$250 a month or \$3,000 a year. In the last year, there were about 2,500 people in BC taking drugs for HIV and more people are diagnosed with HIV each year. How will people who are HIV+ live under these circumstances? Positive Women's Network reports that 94% of its members live in poverty. How will these HIV+ women pay for their drugs?

In 1997, the average annual earnings of women were 64% of men. In other words, women earned on average 64 cents for every dollar a man earned. In that same year, 56% of all families headed by lone-parent mothers had incomes that fell below Statistics Canada's low-income cut-off. Over 50% of women with disabilities live in poverty. And families with a child with a disability are almost twice as likely to live in poverty as families without a child with a disability. How will

these women afford to pay for necessary drugs for themselves and their children?

In 1997, close to half a million women, 65 years and older, lived in what Statistics Canada describes as a low-income situation. That's 24% of senior women. Senior women had an <sup>annual</sup> average income of just over \$16,000, \$10,000 less than senior men. How will these women afford their medication?

A study published this year found that when Quebec started charging seniors and people on social assistance 25% of the total cost of their prescriptions, fewer patients filled their prescriptions, therefore fewer patients took the drugs they were prescribed, resulting in adverse effects and costly visits to emergency rooms. So in the long run forcing people to pay for their drugs does not save money; it costs both lives and money.

I consider myself a relatively healthy woman ~~in the middle years of my life~~. Today, I don't take any medication, but what if I had an accident, if a car hit me when I crossed the street, or if I had a sports injury. Will I be forced to decide

between paying for the drugs I need, or buying my monthly bus pass, or paying my rent? I certainly know that cuts to Pharmacare would affect my grandparents who are both unwell and in a long-term care facility on Vancouver Island, and these cuts would affect my friend who is HIV+. The fact is that cuts to Pharmacare will affect me because these cuts will affect people I know and love...

As well, I want an affordable, accessible health care system to be there for me, if and when I need it, because I believe I have the right to quality health care. In fact, I don't want to defend Pharmacare I want to make it better for everybody!