Policy Position: Making Pharmacare Work for People with Diabetes

October 2025

The Issue

On February 29, 2024, the federal government introduced Bill C-64, the National Pharmacare Act. The first phase of pharmacare, which includes diabetes medications and a device fund mark a positive step toward equitable access. However, the program in its current form still risks leaving too many people living with diabetes in Canada without access to the treatments they need. Unless addressed, gaps in coverage and the erosion of existing benefits could entrench inequities rather than reduce them.

The Background

- More than four million people in Canada live with diabetes[1]. For many, access to medications and devices is the difference between good health, severe complications, and a better quality of life[2].
- The proposed pharmacare medication list is misaligned with Diabetes Canada's Clinical Practice Guidelines[3], which are based on rigorous, evidence-based processes. Many of the most prescribed, proven, and guideline-recommended treatments are excluded from provincial/territorial formularies, while older and less effective products remain.
- The current single-payer design risks undermining existing private and employer-sponsored plans, forcing people to lose access to the medications they already rely on.
- Without adjustments, uninsured and underinsured Canadians — the very people pharmacare is intended to help — will continue to face access barriers to effective treatment.
- Despite the federal government's announcement, Pharmacare is not yet fully funded and will initially apply only in the three provinces and one territory that have signed bilateral agreements. With competing federal commitments, there is a significant risk that pharmacare could stall, further exacerbating geographic inequities across Canada and leaving millions of people in Canada living with diabetes without improved access to medications and devices.

DIABETES CANADA

[1] Diabetes in Canada: Backgrounder. Toronto: Diabetes Canada; 2024.
[2] Access to diabetes medication, supplies & medical devices. Toronto: Diabetes Canada: 2024.
[3] Diabetes Canada Clinical Practice Guidelines Expert Committee. Diabetes Canada 2018 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada. Can J Diabetes. 2018;42 (Suppl 1): S1-S325.

Call to Action

Diabetes Canada calls on the federal government and all provinces and territories to work together to design and fund a pharmacare program that truly works for people with diabetes. This means closing gaps in coverage, protecting existing benefits, prioritizing equity, committing to continuous improvement, and engaging the voices of people with lived experience. Anything less risks creating a program that looks promising on paper but fails in practice.

Recent Advocacy and Emerging Concerns

In the summer of 2025, Diabetes Canada advanced its case for universal pharmacare with payment flexibility. The proposal was received as a practical model for future consideration. However:

- There has been a significant policy shift under the new federal government, with all departmental work now tightly aligned to the published mandate letter priorities.
- The government is not pursuing new bilateral agreements on pharmacare beyond the three pilot provinces and one territorial pilot; expansion will only be considered after evaluation.
- No new federal funding is expected for pharmacare under current fiscal constraints.
- Current initiatives, including pharmacare pilots and the Diabetes Device Access Fund, are being counted as progress under the Framework for Diabetes in Canada, signaling a shift in framing toward consolidating programs under fewer banners rather than launching new stand-alone initiatives.

Our Position

To ensure pharmacare delivers on its promise, Diabetes Canada recommends:

1. **Close the gaps** – Cover more of the recommended medications that are included in Diabetes Canada's Clinical Practice Guidelines.
2. **Do no harm** – Ensure people with existing coverage do not lose access to their prescribed treatments. Consideration could be given to models such as the Dental Care Program as a potential pathway to prioritize and expand access for those who are uninsured and underinsured.
3. **Advance equity** – Prioritize uninsured and underinsured Canadians to ensure no one is left behind.
4. **Build in continuous improvement** – Require regular updates to the medicine formulary as new, more effective treatments become available.
5. **Engage lived experience** – Involve people with diabetes, health care providers, and advocates in the design and evaluation of pharmacare, rather than relying solely on the "panel of experts", to ensure the program truly reflects the needs of people living with diabetes.

Next Steps

Diabetes Canada will:

- Reframe advocacy efforts to align with federal mandate priorities and fiscal realities.
- Advance universal access models with built-in flexibility for multi-payer approaches.
- Monitor and assess the four pilot projects to ensure lessons learned translate into broader, equitable implementation.
- Continue to emphasize that pharmacare must strengthen — not weaken — the Framework for Diabetes in Canada.

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