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Mr. Glen Doucet, Canadian Pharmacists Association
Ms. Adele Fifield, National Association of Pharmacy Regulatory Authorities
Mr. Stephen Frank, Canadian Life Health Insurance Association
Hon. Patty Hajdu, Federal Minister of Health
Hon. Adrian Dix, Minister of Health, BC
Hon. Tyler Shandro, Minister of Health, AB
Hon. Jim Reiter, Minister of Health, SK

Hon. Cameron Friesen, Minister of Health, MB
Hon. Christine Elliott, Minister of Health, ON
Hon. Ted Flemming, Minister of Health, NB
Hon. Randy Delorey, Minister of Health, NS
Hon. James Aylward, Minister of Health, PE
Hon. John Haggie, Minister of Health, NL
Hon. Pauline Frost, Minister of Health, Yu
Hon. Diane Thom, Minister of Health, NWT
Hon. George Hickey, Minister of Health, NU

In the midst of the COVID-19 pandemic, Canadians are facing multiple challenges. This is especially true for people living with chronic conditions, like diabetes, who rely on medicines to sustain life. In an effort to secure the drug supply, pharmacies and pharmacists have begun dispensing a 30-day supply of medications. The intention is to prevent hoarding of medicines and to ensure that the medication needs of all Canadians are met, and that panic and fear do not cause supply disruptions. CPhA has also recommended that prescriptions be limited to 30-day supplies unless otherwise indicated for clinical reasons. We support the intention and agree that we must all contribute to a continuous supply of medicines. However, we have heard from our community and we are concerned that this measure has unintended consequences for patients.

Requiring patients to fill three prescriptions for 30 days rather than one prescription for 90 days means that professional fees will triple. This may be important from a business perspective to offset costs, but patients should not be carrying this financial burden. We respect and value the essential role of pharmacists as front-line health-care providers, and people with diabetes certainly appreciate the role that pharmacists play in providing care, and health information, especially now. However, diabetes disproportionately impacts people with lower socio-economic status and many have concurrent conditions requiring multiple medications. It is unfair, unethical and, in some cases, untenable for patients to pay more for these medications and supplies, at this time.

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We also note that requiring people with diabetes, some of whom are at high risk of infection, to leave their homes to visit their pharmacy where home delivery is not available may work against social distancing. For some people, more frequent visits to the pharmacy may jeopardize their health, and the health of those around them.

We call on governments, private payers and pharmacies to work together to immediately solve this new cost barrier to care. Creating financial obstacles to care was not the intention of this policy, however, it is an outcome that must be mitigated. We strongly urge you to implement innovative solutions and come to an agreeable decision – one that secures the drug supply chain and, importantly, does not compromise patient care.

Thank you for your consideration. I look forward to hearing from you on this matter.

Russell Williams
Acting President
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