

# Study: Gaps in prescription insurance coverage

Released at 8:30 a.m. Eastern time in *The Daily*, Wednesday, January 10, 2024

---

Having a prescription drug insurance plan is an important pathway to pharmaceutical access and overall better health. While [many Canadians \(79%\) have some type of access to prescription drug insurance](#), the level of coverage can vary widely across benefit plans, resulting in possible differences in the ability to fill prescriptions and to adhere to healthcare provider recommendations (e.g., taking the correct dose).

A new study released today confirms that cost-related non-adherence to prescription medication was highest among those with either no insurance plan or a government-sponsored plan, and lowest among Canadians with an employer-sponsored or private plan. Cost-related non-adherence to prescription medication is an indicator in Canada's Quality of Life framework.

Using data from the Canadian Community Health Survey 2015, 2016 and 2019, this study examines differences in insurance coverage by plan types, highlighting possible disparities across sex, racialized groups, immigrant status, household income and employment status.

## Employer-sponsored drug insurance plans are the most common

Overall, employer-sponsored drug insurance plans were the most common form of insurance coverage among Canadians, with 55% of the population in 2019 having this type of coverage. This was followed by government-sponsored plans (21%), private plans (6%) and association-sponsored plans (5%).

The study revealed that not all Canadians had equal access to employer-sponsored drug insurance plans. One of these gaps was between immigrants and the Canadian-born population. Close to 50% of recent and established immigrants had employer-sponsored drug plan, compared with 56% of those born in Canada. This pattern was evident for both men and women.

Among racialized groups, Chinese women (45%) and men (44%) had the lowest rates of employer-sponsored drug insurance coverage. This compares with 56% for non-racialized men and for non-racialized women. Some racialized groups had rates of employer-sponsored coverage similar to the non-racialized population, namely South Asian women (53%) and South Asian men (52%).

## Seniors, people with chronic conditions, and low-income individuals are among the most likely to have government-sponsored drug plans

Coverage from government-sponsored plans was also not equal across all groups, with some Canadians having a greater reliance on government-sponsored plans, possibly to compensate for a lack of employer-sponsored plans. Those most likely to have a government-sponsored plan included seniors, people with chronic conditions, people with lower incomes, part-time workers, those not employed and the self-employed.

For instance, government-sponsored plans were the most common type of plan among senior women (54%) and senior men (51%). In comparison, a much smaller share of working-aged women (aged 25 to 64) (13%) and working-aged men (12%) depended on these types of insurance plans.

For individuals with five or more chronic conditions, almost half had a government-sponsored plan, compared with slightly over 1 in 10 of individuals without a chronic condition.

For those in the lowest income quintile, approximately 4 in 10 had government-sponsored drug insurance coverage, compared with slightly over 1 in 10 of those from the highest income quintile.



## Did you know we have a mobile app?

Get timely access to data right at your fingertips by downloading the [StatsCAN app](#), available for free on the [App Store](#) and on [Google Play](#).

### Note to readers

*This study was funded by Women and Gender Equality Canada. It used an intersectional lens to develop a profile of the demographic and socioeconomic factors linked to low rates of specific drug insurance coverage. Identifying the dominant factors associated with access to specific plans, such as employment status, should be explored in future studies.*

*The Canadian Community Health Survey (CCHS) is a cross-sectional survey that collects information related to health status, health care utilization and health determinants for the Canadian population. This study estimated overall and types of drug insurance coverage among Canadian men and women, nationally and provincially based on the CCHS 2015, 2016 and 2019. CCHS 2017, 2018 and more recent CCHS data did not have complete coverage of drug insurance content as this content was only available for some provinces.*

*The sample for this study included population 12 years of age and older living in the 10 provinces, excluding the territories. Also excluded from the CCHS sample were people living on Indian reserves, institutionalized population, youths in foster homes, full-time members of the Canadian Forces (living on or off military bases), and persons living in the Quebec health regions of Région du Nunavik and Région des Terres-Criées-de-la-Baie-James.*

### Definitions

**Sex** refers to sex assigned at birth. Sex is typically assigned based on a person's reproductive system and other physical characteristics.

Prior to 2019, the CCHS only collected information on sex of respondent (male or female), as recorded by the interviewer. In 2019 and subsequent cycles, both respondent self-reported sex at birth and gender identity is collected. However, to allow for detailed disaggregated analysis for various population subgroups, this analysis used the sex variable for 2015 and 2016 cycles and self-reported sex at birth for 2019.

**Immigrants** refer to persons who are, or who have ever been, landed immigrants. Non-permanent residents constituted a very small percentage of the population and were excluded from the study.

**Recent immigrants** refer to respondents who landed within 10 years of the collection date.

**Racialized groups** refer to whether or not a person belongs to one of the visible minority groups defined by the Employment Equity Act. The Employment Equity Act defines visible minorities as "persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour." The visible minority population consists mainly of the following groups: South Asian, Chinese, Black, Filipino, Latin American, Arab, Southeast Asian, West Asian, Korean and Japanese.

### Definitions, data sources and methods: survey number [3226](#).

The article entitled "[Exploring gaps in prescription drug insurance coverage among men and women in Canada using an intersectional lens](#)" is now available in *Insights on Canadian Society* ([75-006-X](#)).

For more information, or to enquire about the concepts, methods or data quality of this release, contact us (toll-free 1-800-263-1136; 514-283-8300; [infostats@statcan.gc.ca](mailto:infostats@statcan.gc.ca)) or Media Relations ([statcan.mediahotline-ligneinfomedias.statcan@statcan.gc.ca](mailto:statcan.mediahotline-ligneinfomedias.statcan@statcan.gc.ca)).