



Canadian Life & Health
Insurance Association
Association canadienne des
compagnies d'assurances
de personnes

Submission to the
**CANADIAN AGENCY FOR DRUGS AND
TECHNOLOGIES IN HEALTH – REAL-
WORLD EVIDENCE REPORTING
GUIDANCE**

January 6, 2023



OVERVIEW

The Canadian Life and Health Insurance Association (CLHIA) is pleased to provide the views of its members to the Canadian Agency for Drugs and Technologies in Health (CADTH) for consideration regarding the Consultation on Real-World Evidence (RWE) reporting Guidance, which defines best practices for reporting as well as important methodological considerations to help standardize RWE submissions.

WHO WE ARE

The CLHIA is a voluntary association whose member companies account for 99 per cent the life and health insurance business in Canada.



Protecting **29 million Canadians**

26 million with drug, dental and other health benefits

22 million with life insurance averaging \$228,000 per insured

12 million with disability income protection



\$**97 billion** in payments to Canadians

\$**46 billion** in annuities

\$**37 billion** in health and disability claims

\$**14 billion** in life insurance policies



\$**8.2 billion** in tax contributions

\$**1.3 billion** in corporate income tax

\$**1.3 billion** in payroll and other taxes

\$**1.7 billion** in premium tax

\$**3.9 billion** in retail sales tax



Investing in Canadians

\$**1 trillion** in total invested assets

91% held in long-term investments

Life and health insurers play a key role in providing financial security to Canadians. Additionally, the industry makes a significant contribution to the economy, employing over 158,000 Canadians in high value, professional jobs (as employees or independent agents). The industry is also a major investor in domestic assets and contributes significant revenue through taxes to the federal and provincial governments.

Support for affordable prescription medicines

Canadian life and health insurers provide 27 million Canadians with access to a wide range of health services and prescription drugs, including rare disease drugs, through supplementary health plans. In 2021 insurers paid out more than \$13.4 billion in coverage for prescription drugs in Canada, while in 2020, \$650 million was paid for rare disease drugs to 15,000 Canadians. Canadians pay some of the highest prescription drug costs in the world—our drug prices are third highest among OECD countries.



OVERVIEW

1. The insurance industry strongly supports the work of CADTH to develop a standard approach to the reporting of RWE and for highlighting important methodological considerations for those undertaking and submitting RWE studies of healthcare technologies in Canada, including in the area of consent and data sharing (Section 3).

2. We applaud the direction taken to develop RWE submission principles for Canadian Health Technology Assessment (HTA) agencies, that is, to build upon existing Canadian work in this area and harmonizing current RWE submission principles while maintaining alignment with international standards.

PARTICIPATION OF PRIVATE INSURERS

Canada's life and health insurers support the following Health Canada pillars for real-world evidence generation:

- Optimize, collect, and use evidence that meets the needs of decision-makers in both public and private sectors along the pharmaceutical management continuum and across the lifecycle of the drug;
- Support optimal patient outcomes and sustainability of the Canadian health care system by ensuring drug spending brings value for money; and
- Strengthen alignment of research and innovation systems with access objectives for drugs for rare diseases.

We believe that insurers are vital partners in a comprehensive real-world evidence strategy. Our data, expertise and responsibilities as payors mean that we are essential contributors in the development of a broad view of Canadian evidence. We are also decision-makers, committed to effective drug plan management for millions of Canadians and are therefore, also end-users of RWE.

In addition, we'd like to reiterate our strong willingness to collaborate with government on:

- development and contribution to a registry for real-world evidence; common rare disease drug formulary; and
- eligibility criteria to access the basket of drugs as well as criteria that would result in a stop to funding any particular drug.

CONCLUSION

We would like to take this opportunity to thank you for your consideration of the views of the Canadian life and health insurance industry. Should you have questions regarding any of our comments, you may contact Joan Weir, Vice-President, Group Benefits at jweir@clhia.ca.

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