

Written Submission for the 2023 Pre-Budget Consultations in Advance of the Upcoming Federal Budget

Submitted by: Arthritis Society Canada



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List of Recommendations:

1. Collaborate with provinces and territories to fix wait times for joint replacement surgeries
2. Support innovative solutions to help extinguish arthritis
3. Address access to treatment issues
4. Invest in research and work with health charities to enhance research in Canada
5. Eliminate the taxation of medical cannabis and expand access by enabling pharmacy distribution
6. Implement Canada Disability Benefit inclusive of episodic disabilities

Arthritis Society Canada is a national charity dedicated to extinguishing arthritis. We represent the six million Canadians living with arthritis today, and the millions more who are impacted or at risk. Arthritis can cause excruciating pain, limit the ability to walk and move, interrupt sleep, and significantly diminish quality of life for patients. Arthritis is a leading cause of long-term disability in the country and can severely impact a person's ability to participate in the labour force.

With a growing and aging population, the number of Canadians living with arthritis is expected to grow to more than nine million by 2040. While arthritis becomes more common at older ages, more than half of Canadians with arthritis are under the age of 65. Working aged Canadians with arthritis are twice as likely to report that they are not participating in the workforce compared to their peers without arthritis. Significantly reduced participation is seen at ages as young as 35.

As Canada continues to deal with the effects of COVID-19 on the healthcare system and economy, we must take steps to address the challenges facing Canadians with arthritis so that they can participate more fully in the workforce and contribute to the Canadian economy. In this context, Arthritis Society Canada respectfully provides the following recommendations.

1. Collaborate with provinces and territories to fix wait times for joint replacement surgeries

Arthritis is the leading cause of joint replacement, including over 99% of knee replacements and more than 70% of hip replacements. With the number of Canadians with arthritis expected to balloon by 2040, even more people will need joint replacements.

The COVID-19 pandemic has had a significant impact on surgical wait times through the delay or cancellation of hundreds of thousands of surgeries across Canada. While the number of surgeries performed has increased since the beginning of the pandemic, the latest data from the [Canadian Institute for Health Information](#) shows that 38% of Canadians waiting for hip and knee replacements surgeries waited longer than the recommended wait times of six months.

This prolonged wait leads to unnecessary pain and suffering for many Canadians who are prevented from contributing to their families, communities, and workplaces. Surgery delays are not only devastating for individuals but can also lead to significant additional costs for the healthcare system due to the co-morbidities associated with the disease, including weight gain, diabetes, heart and circulatory issues, mental health conditions, and other compounding health challenges, such as increased opioid use.

While some steps, including direct funding to provinces to help reduce the surgical backlog, have been taken, bold action is required. As previously shared, Arthritis Society Canada's report, [The Wait: Addressing Canada's Critical Backlog of Hip and Knee Replacement Surgeries](#) provides innovative approaches to delivering more efficient and patient-centred care for joint replacement surgeries that include:

- Ensuring innovative models of care are replicated and shared widely so more Canadians have access to their benefits.



- Standardizing how patient data is collected and reported on across the country, to make it easier to set national standards and benchmarks.
- Leveraging digital technology to reduce wait times, maximize limited health resources and improve co-ordination of care.
- Increasing access to community-based joint health management programs, so more patients have access to proven programs that effectively manage pain pre-op and better optimize results post-op.
- Ensuring savings from surgical efficiencies are re-invested into improving patient care.

We strongly encourage the federal government to collaborate with provincial and territorial governments, and other stakeholders including health professionals, health system leaders, industry, and patient groups such as Arthritis Society Canada, to develop and implement a coordinated plan, and provide the necessary tools to enable its implementation to fix this urgent health crisis.

2. Support innovative solutions to extinguish arthritis

As Canada's most common chronic condition that has no cure, there is an urgent need for innovative solutions to help those living with this debilitating condition. Arthritis Society Canada launched an [Innovation Strategy](#) with the purpose of creating transformational health change for Canadians living with arthritis and to accelerate the success of innovators working in this field. To date, the Strategy has awarded \$200,000 towards 4 innovative arthritis solutions through our [Ideator Program](#), have selected an innovative intervention through our [Social Impact Program](#) and are funding 12 high-risk, high-reward research projects representing a commitment of \$1.2 million through our new [Ignite Innovation Grants](#).

Arthritis Society Canada was pleased with the government's creation of the Canadian Innovation and Investment Agency in last year's Budget. We encourage the Ministry of Innovation, Science and Industry to work with us to support innovative technologies and research to help improve the health of all Canadians, especially those living with the fire of arthritis.

3. Address access to treatment issues

As there is currently no cure for arthritis, access to medications is critical for people living with arthritis. To manage their condition, people living with arthritis need access to their prescribed medications without financial, geographical, or administrative barriers or risk of shortages. The right treatment plan can significantly improve quality of life and allow people to lead near normal lives. Unfortunately, the reality is that many Canadians living with arthritis face significant barriers and challenges in accessing these necessary medications.

The loss of jobs and health benefits experienced by many Canadians during the pandemic underscores the need for a universal pharmacare program. A universal pharmacare program that aims to achieve both access, sustainability and affordability – with a primary aim to improve the health of Canadians –



would ensure all Canadians have equitable access to the medicines they need. For arthritis, it critical that there be a range of treatment options, as what works for one patient may not for other, it is still very much a matter of trial and error to find the find right treatment.

As the government moves forward on pharmacare, including exploring the development of a common formulary, it is essential that the patient voice be included in these conversations throughout the entire process in a meaningful manner.

4. Invest in research and work with health charities to enhance research in Canada

Arthritis Society Canada is the largest charitable funder of arthritis research in the country, and advances in research are essential to improving prevention, early detection, diagnosis, health outcomes, and quality of life for Canadians living with arthritis.

In 2021, Arthritis Society Canada partnered with the Canadian Institutes of Health Research Institute of Musculoskeletal Health and Arthritis (CIHR-IMHA) to commission a report on the status of the arthritis research funding landscape across Canada from 2005 to 2019 (data on file, report available on request). It is disappointing to have found that arthritis research funding has flatlined or declined over at least 14 years. In fact, arthritis research in Canada has been consistently underfunded compared to research on other diseases, or arthritis research in other countries. For example, federal funding for arthritis research through the U.S. National Institutes of Health (NIH) is about 1.7 times greater per patient compared to arthritis research funding from CIHR. With the global impact of Canadian arthritis research on the decline as a result, greater support is needed for arthritis researchers in Canada to help deliver the best health outcomes to Canadians with this debilitating chronic disease.

With the number of Canadians living with arthritis expected to grow to over 9 million by 2040, we encourage the federal government to work with health charities to explore options to enhance and sustain financial support for research and the charitable sector, including investing in CIHR and partnering with health charities on research initiatives.

To enhance the ability of health charities to invest in research, the government should look at actions that will support donations to charities, such as removing the capital gains tax on donations of shares from private corporations or real estate to charities and implementing tax measures to encourage Canadians to make charitable donations.

5. Eliminate the taxation of medical cannabis and expand access by enabling pharmacy distribution

For many people living with the fire of arthritis, medical cannabis is an important pain management option. About 1 in 4 Canadian adults using medical cannabis use it to manage arthritis, specifically. We support expanding access to medical cannabis and encourage oversight by healthcare professionals.



Although cannabis for medical purposes is authorized by healthcare practitioners as medicine, it is not treated as such in key aspects of policy around access and affordability. The costs associated with the use of cannabis for medical purposes (sometimes upwards of \$500/month) can put an enormous financial strain on many patients. In combination with limited insurance coverage, the taxation of cannabis for medical purposes presents additional access barriers to this effective form of treatment. It is also inconsistent with the taxation of prescription drugs and medical necessities, which are zero-rated under the *Excise Tax Act*.

To further support patients, pharmacies should also have the authority to retail medical cannabis. This will create a clear distinction between medical cannabis and cannabis for recreational/non-medical use and help ensure that patients receive reliable education on the safe and effective use of medical cannabis from trained health care professionals. This will also help facilitate reimbursement by health insurance plans.

We encourage the government to take these recommendations into consideration as it proceeds with its legislative review of the *Cannabis Act*.

6. Implement Canada Disability Benefit inclusive of episodic disabilities

It is a great step forward to see the introduction and second reading of Bill C-22 the Canada Disability Benefit. We would like to ensure that people with episodic disabilities like arthritis, who cannot work will qualify for the benefit and avoid encountering poverty due to their disease.

Closing thoughts

Arthritis Society Canada greatly appreciates this opportunity to provide input on the 2023 federal budget. We strongly encourage you to consider these recommendations in the context of the upcoming budget and would welcome any opportunity to elaborate on our recommendations.

About Arthritis Society Canada

Arthritis Society Canada is the country's national charity dedicated to fighting the fire of arthritis with the fire of research, advocacy, innovation, information and support. With the support of our donors and volunteers, we are all in to end arthritis, so people with arthritis can live their best life free from arthritis. The Arthritis Society is accredited under Imagine Canada's Standards Program.

