

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

Submitted by:
Arthritis Society Canada
Canadian Arthritis Patient Alliance



List of Recommendations:

- 1.** Collaborate with provinces and territories to significantly improve 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. The Canadian Arthritis Patient Alliance (CAPA) is a grassroots, patient-driven and managed, independent, national education and advocacy organization that creates links between Canadians with arthritis, assists them to become more effective advocates and seeks to improve the quality of life of all people living with the disease.

Arthritis can cause excruciating pain, limit the ability to walk and move, interrupt sleep, and significantly diminish quality of life for patients, caregivers and families. 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, we respectfully provide the following recommendations.

1. Collaborate with provinces and territories to significantly improve 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 to nine million 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 time 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, more 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 the innovative models of care that we know work, 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 for people with arthritis.

We are very pleased that addressing the surgical backlog is an identified priority in the health care funding offer to the provinces and territories. 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 to develop and implement a coordinated plan and provide the necessary tools including dedicated funding and support to standardized and improve health data sharing, 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, selected an innovative intervention through our Social Impact Program and is funding 12 high-risk, high-reward research projects representing a commitment of \$1.2 million through our new Ignite Innovation Grants.

We were 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.



We believe data is key to supporting innovation and improving efficiencies within the health system. Most importantly if we optimize how we collect, use and report on health data it can better inform health care decisions leading to better health outcomes and quality of life for peoples living in Canada. We encourage the government to move forward on the recommendations set out in the Pan-Canadian Health Data Strategy. To ensure progress, it is critical the government continue to work and collaborate with provincial/territorial governments, research institutions, health system leaders, industry and patient groups to create a shared path focused on providing timely, accurate and standard data. We strongly support that pan-Canadian health data sharing should be included as of part of health funding agreements with the provinces and territories. Arthritis Society Canada and CAPA would welcome opportunities to provide input and support this work, including helping to inform what data and outcomes are important from the patient and family perspective.

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 well, we encourage the government to accelerate its work on developing a national strategy for drugs for rare disorders. People living with rare disorders, including some forms of arthritis, often live with chronic, debilitating pain, that can be life-threatening, severely limit their ability to do daily activities of living and can take months or years to diagnosis. Proceeding with a rare disorders strategy is in the Health Minister's mandate letter and we recommend the government, working in collaboration with provinces and territories, make this a priority as part of the discussions on health care.

As the government continues to move ahead on the path to universal pharmacare, including the next steps in the development of the Canadian Drug Agency, a common formulary and a national strategy for rare disorders, 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 all people in Canada 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 people in Canada 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. There is also an opportunity in the current health care funding discussions to encourage provinces and territories to make investments in arthritis research.

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, pharmacists should have the authority to prescribe and dispense 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. Pharmacy access can also help facilitate reimbursement by health insurance plans.

We encourage the government to take these recommendations into consideration and ensure the patient voice is at the table as it proceeds with its legislative review of the *Cannabis Act*.

6. Implement Canada Disability Benefit inclusive of episodic disabilities

People with arthritis can face barriers to financial security. While some manage well at work with little to no additional support, others need to leave (or may not even be able to enter) the workforce to address their symptoms. In fact, 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. Assistive devices, medication, and therapy are added expenses that may threaten someone's financial well-being.

Arthritis Society Canada and CAPA were pleased that Bill C22, the *Canada Disability Benefit Act*, unanimously passed third reading in the House of Commons, and included the definition of a disability meaning the same as part 2 of the *Accessible Canada Act*. We strongly believe people with episodic disabilities like arthritis, who cannot work, should qualify for the benefit to help avoid encountering poverty due to their disease. We encourage the Senate to support quick passage of the Bill. As the regulations are developed it is essential the government meaningfully engage with the disability community, including patient organizations like ours, to ensure the patient voice is at the centre and that the benefit truly helps those who need it.

Closing thoughts

Arthritis Society Canada and the Canadian Arthritis Patient Alliance greatly appreciate this opportunity to provide input on the 2023 federal budget. While not specifically mentioned in our submission, we note our strong support of the recommendations of the Canadian Pain Task Force and encourage the government to continue its action to address pain, which is often a constant for many people living with arthritis. As the federal budget is developed and the negotiations continue with the provinces and territories on health care funding, we strongly encourage you to consider these recommendations which align with many of the federal government's priorities. We would welcome any opportunity to elaborate on our recommendations.

