

Written Submission for the 2024 Pre-Budget Consultations in Advance of the Upcoming Federal Budget

**Submitted by:
Arthritis Society Canada**

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List of Recommendations:

- 1.** Invest in research and work with health charities to enhance research in Canada
- 2.** Enhance the quality of arthritis statistics and health data
- 3.** Collaborate with provinces and territories to significantly improve wait times for joint replacement surgeries
- 4.** Address access to treatment issues
- 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 health 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.

As the country's most common chronic condition, arthritis is misunderstood and often considered a disease of the elderly. The reality is that half the people with arthritis are under the age of 65, one-third of Canadians living with osteoarthritis were diagnosed before the age of 45 and there are tens of thousands of children with arthritis. Arthritis is a leading cause of long-term disability and can severely impact a person's ability to participate in the labour force. 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 in the workforce is seen at ages as young as 35.

Arthritis Society Canada's recently released [State of Arthritis in Canada Report Card](#) looks at arthritis across the country based on three categories: Access to Care, Wellness, and Research and Innovation. No province or territory scored higher than C, emphasizing the need for collective action to improve arthritis data, increase research funding and provide better access to care.

6 million people in Canada live with arthritis.



Steps must be taken to address the challenges facing Canadians with arthritis so they can participate more fully in the workforce and contribute to the Canadian economy. In this context, we respectfully provide the following recommendations.

1. 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. The report 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, arthritis research is funded at a rate of \$4 per capita in comparison to a \$12 per capita investment for diabetes, a chronic disease with many comparable features to arthritis. 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 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 the arthritis ecosystem to explore options to enhance and sustain financial support for research.

As member of the Health Charities Coalition of Canada, we support [Research Coalition's](#) urgent ask that government increase investment in Canada's research ecosystem including increased support for graduate students and post-doctoral students. This budget is an opportunity to strengthen Canada's commitment to research and innovation.

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.

2. Enhance quality of arthritis statistics and health data

The findings of our *Report Card* clearly show the need for better and more accessible data for researchers and the public. It is critical that together we determine the appropriate data to collect and establish standardized collection methods to ensure comparability. 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 people 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 development of the pan-Canadian Health Data Strategy and recognize the importance of engaging the patient community in discussions and strategy implementation.

3. 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.

According to the Canadian Institute for Health Information (CIHI), the benchmark wait time for hip and knee replacements is 182 days. The most recent [CIHI data](#) shows that 47% of Canadians waiting for hip and knee replacement surgeries waited longer than the recommended wait times of six months – a 9% increase in wait times from the previous year.

We were pleased the federal government identified surgical backlogs as a priority in the health care funding offer to provinces and territories. We 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.

Our previously shared report [The Wait: Addressing Canada's Critical Backlog of Hip and Knee Replacement Surgeries](#) provides innovative approaches to help guide delivery of 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.

4. Address access to treatment issues

Arthritis symptoms can range from mild to severe. Most people with arthritis experience chronic pain, fatigue, restricted mobility, lowered mood and other symptoms that can combine to erode their quality of life. Left untreated, inflammation can lead to significant and often irreparable damage to the affected areas, resulting in loss of function and disability. 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.

Many Canadians do not have access to extended workplace health benefits or have limited coverage. All Canadians deserve equitable access to the medications they need. In the case of inflammatory arthritis, it is critical that there be a range of treatment options, as it is still very much a matter of trial and error to find the right treatment. What works for one patient may not for another. As the government considers a universal pharmacare program, such a program should provide access, sustainability and affordability, with a primary aim to improve the health of Canadians.

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.

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. While cannabis for medical purposes requires a medical authorization by a healthcare professional, it is subject to sales and excise taxes, which is inconsistent with the taxation of prescription drugs and medical necessities under the *Excise Tax Act*.

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.

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 continue to 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.

As the government develops regulations for the *Canada Disability Benefit Act*, we strongly encourage government to meaningfully engage with the disability community, including organizations like ours, to ensure the patient voice is at the centre and the benefit truly helps those who need it.

Closing thoughts

Arthritis Society Canada greatly appreciate this opportunity to provide input on the 2024 federal budget. We strongly encourage you to consider these recommendations which align with many of the federal government's priorities and 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 and 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. Arthritis Society Canada is accredited under Imagine Canada's Standards Program.