

Written Submission for the 2022 Pre-Budget Consultations in Advance of the Upcoming Federal Budget

By: Arthritis Society



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List of Recommendations:

1. Develop and implement a coordinated plan to address wait times for joint replacement surgeries
2. Address access to medicine issues, including through implementation of a national pharmacare program
3. Invest in research and work with the charitable sector to enhance health research in Canada
4. Stop the taxation of medical cannabis and expand access by enabling pharmacy distribution

The Arthritis Society is a national health charity that gives voice to the one in five Canadians – and one in two seniors – who have arthritis, a collection of conditions affecting joints and other tissues. 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.

As part of its 2022 pre-budget consultations, the Standing Committee on Finance (FINA) is seeking ideas about how the federal government can “restart the Canadian economy as it recovers from the pandemic.” As Canada continues to battle the COVID-19 pandemic, it is vital that we take steps to support the 6 million Canadians living with arthritis, many of whom have encountered significant hardship during the pandemic. Moving forward, it is vital that we 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 during this critical period. In this context, the Arthritis Society respectfully provides the following recommendations.

1. Develop and implement a coordinated plan to address wait times for joint replacement surgeries, starting with the COVID-related backlog

Arthritis is the leading cause of joint replacement, including over 99% of knee replacements and more than 70% of hip replacements. Even before COVID-19 there were already significant challenges meeting the 6-month benchmark for knee and hip replacement surgeries. The COVID-19 pandemic has greatly exacerbated this issue through the delay or cancellation of hundreds of thousands of surgeries across Canada. According to recent data from the Canadian Institute for Health Information, during the first six months of the pandemic, half of patients did not receive their hip or knee joint replacement surgery within the recommended time frame, compared to a third in the same time period the previous year.

This prolonged wait will lead to unnecessary pain and suffering for many Canadians who are prevented from contributing to their families, communities, and workplaces. There are potential downstream health impacts that increased wait times could have for arthritis patients waiting for joint replacement surgery, such as the increased use of opioids for pain relief. 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.

Canada needs to have a clear, immediate and sustained response to this growing crisis. The Arthritis Society brought together a group of leading clinicians, advocates and health system leaders to analyze the situation and propose a wide range of potential solutions in our new report, [*The Wait: Addressing Canada’s Critical Backlog of Hip and Knee Replacement Surgeries*](#). The report makes the case for a new and innovative approach to delivering more efficient and patient-centred care for joint replacement surgeries, and includes the following recommendations:



- The federal government create a Canadian Wait Times Task Force that includes clinical, health system, government, industry and patient groups such as the Arthritis Society and is mandated to develop and resource a pan-Canadian action plan.
- Ensure innovative models of care are replicated and shared widely so more Canadians have access to their benefits.
- Standardize how patient data is collected and reported on across the country, to make it easier to set national standards and benchmarks.
- Leverage digital technology to reduce wait times, maximize limited health resources and improve co-ordination of care.
- Increase 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.
- Ensure savings from surgical efficiencies are re-invested into improving patient care.

2. Address access to medicine issues, including through implementation of a national pharmacare program

There is currently no cure for arthritis, so pharmaceutical treatments play a large role in the management of the condition, which can persist over many years. To manage their condition, people living with arthritis need access to their prescribed medications without financial or administrative barriers or risk of shortages.

The loss of jobs and health benefits experienced by many Canadian during the pandemic underscores the need to move forward on the implementation of a national pharmacare program. A national pharmacare program that aims to achieve both access and affordability – with a primary aim to improve the health of Canadians – would ensure all Canadians have equitable access to the medicines they need.

On a related note, while we support the goal of improving affordability and ensuring sustainability of Canada’s public drug programs, we do have some concerns about the potential impact the new PMPRB regulations may have on medications being launched in Canada and clinical trials being conducted here.

People with arthritis rely on innovative and potentially transformative therapeutics including biologics and precision medicines, which hold significant promise in treatment. Research and development, including clinical trials, supported by government, industry and health charities in Canada is vital to finding new therapies and treatment options for people living with arthritis. It is also critical that arthritis patients have access to a variety of therapies as the disease requires much trial and error to find the right treatment. Moving forward, we need to ensure that the PMPRB regulations are not a barrier to patient access to new medicines and clinical trials.



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 in a meaningful manner.

3. Invest in research and work with the charitable sector to further enhance health research in Canada

The Arthritis Society is the largest charitable funder of arthritis research, and advances in research help with prevention, diagnosis and improved health outcomes and quality of life for Canadians living with arthritis.

COVID-19 has had a substantial impact on Canadian scientists, researchers, and hospital-based research institutions, limiting non-COVID research and causing a massive and immediate funding crunch. We appreciate the federal measures implemented during the pandemic to help support the research sector, including eligibility for the Canadian Emergency Wage Subsidy for hospital-based research institutions and other funding support.

As we continue to deal with the pandemic, we support the need for further research on COVID and its implications. However, it is also important that there be sustainable and enhanced research investments in other critical health research. With the number of Canadians living with arthritis expected to grow to over 9 million by 2040, there is an urgent need to greater invest in research to better understand the causes of arthritis and to develop innovative solutions to improve quality of life for those living with arthritis.

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 to kickstart research projects 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.

4. Stop the taxation of medical cannabis and expand access by enabling pharmacy distribution

There are a range of effective treatments that can help patients manage their arthritis pain and lead productive lives, and one of those treatments is medical cannabis. At least half of Canadians using medical cannabis use it to manage chronic pain, like pain from arthritis. About 1 in 4 Canadian adults using medical cannabis use it to manage arthritis, specifically.

While we are largely pleased with the Cannabis Act's preservation of a distinct system for medical cannabis, and strongly believe it should remain a distinct system, one outstanding issue that continues to be a concern is the ongoing taxation of medical cannabis.



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, particularly during the pandemic. 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.

Closing thoughts

The Arthritis Society, on behalf of the 6 million Canadians living with arthritis, greatly appreciates this opportunity to provide input on the 2022 federal budget. We strongly encourage you to consider these recommendations in the context of the upcoming budget and would welcome the opportunity to elaborate on our recommendations before the FINA committee as part of its deliberations.

Sincerely,



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About the Arthritis Society

The Arthritis Society is Canada's largest charitable source of investment in cutting-edge arthritis research, and a leader in proactive advocacy, education and support towards delivering better health outcomes for people affected by arthritis. Safety and improved care are our top priorities, with our advocacy focused on improving access to care, timeliness of care, and innovative research. The Arthritis Society is accredited under Imagine Canada's Standards Program.



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