



## 2023 Pre-Budget Submission

Submitted to  
The Honourable Mark McLane  
Minister of Finance  
Government of Prince Edward Island

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Diabetes Canada  
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## Introduction

Diabetes Canada is pleased to submit its Budget 2023 consultation submission and hope our contribution can help government ensure the province continues to thrive, prosper, and improve health outcomes for Islanders.

Since our founding in 1953, we have, and continue to, lead the fight against diabetes by helping those affected by diabetes to live healthy lives and by preventing the onset and consequences of diabetes while we work to find a cure.

Diabetes Canada is the driving force to build awareness of the disease and its implications, which are often misunderstood. We are the national voice for 11.7 million people in Canada living with diabetes and prediabetes.

1 in 3 people in Canada live with diabetes or prediabetes, and several populations are at higher risk of developing type 2 diabetes, such as those of Indigenous, African, Arab, Asian, Hispanic, or South Asian descent, older Islanders, those who have a lower level of income or education, experience food insecurity, are physically inactive, or living with overweight or obesity.

The tabling in the House of Commons of the **Diabetes Framework for Canada** this past October 5, 2022 (<https://www.canada.ca/en/public-health/services/publications/diseases-conditions/framework-diabetes-canada.html>) presents P.E.I. with an opportunity to build on this policy roadmap from a provincial perspective and its own effort to help turn the tide of Canada's diabetes epidemic.

This framework was adopted and supported by federal parliamentarians of all political parties who, working with Diabetes Canada, prioritized the interests of people affected by diabetes in a non-partisan manner. This collaborative spirit led to a remarkable accomplishment in health policy.

Much more work to address diabetes remains, as Canada's grim trajectories for increasing diabetes prevalence and cost, as well as the consequent challenges on Canada's diabetes community will only be reversed with a thoughtful, comprehensive, and funded effort at all levels of government.

## Prince Edward Island Landscape

To *End Diabetes* and its serious health impacts is our rallying cry. We estimate that in 2023 diabetes and its complications will cost the P.E.I. healthcare system \$19 million with 80 per cent of this cost attributed to treating diabetes-related complications in acute care settings.

Diabetes is the leading cause of preventable blindness, kidney failure, and non-traumatic lower limb amputation. Compared to those without diabetes, Islanders living with diabetes are two to four times more likely to be hospitalized for cardiovascular or kidney disease, and over 14 times more likely to suffer lower limb amputations. Adults with diabetes spend over 2.5 times the number of days in hospital each year than people without diabetes; and children and adolescents spend over seven times the number of days in hospital than those without diabetes.<sup>1</sup>

In 2023, 31 per cent of P.E.I.'s population, or nearly 51,000 Islanders live with diabetes (type 1 or type 2) or prediabetes. The risk of developing type 2 diabetes increases with age, which is of great concern, since 19.4 per cent of Islanders are over the age of 65<sup>2</sup>. Since 2015, P.E.I. has experienced a 65.9 per cent increase in prevalence among Islanders 65 years and over<sup>3</sup>, the largest increase of all

provinces, and higher than the national increase of 22.4 per cent. Over the next ten years, P.E.I. is facing a 34 per cent increase in diabetes prevalence<sup>4</sup>.

### Estimated Prevalence and Cost of Diabetes – Prince Edward Island

Prevalence (1)	2023	2033
Diabetes (type 1 + type 2 diagnosed + type 2 undiagnosed)	25,000 / 16%	31,000 / 18%
Diabetes (type 1 and type 2 diagnosed)	18,000 / 11%	22,000 / 13%
Diabetes (type 1)	5-10% of diabetes prevalence	
Diabetes (type 1 + type 2 diagnosed + type 2 undiagnosed) and prediabetes (includes undiagnosed)	51,000 / 31%	59,000 / 34%
Increase in diabetes (type 1 and type 2 diagnosed), 2023-2033	23%	
Direct cost to the health care system	\$19 Million	\$23 Million
Out-of-pocket cost per year (2)		
Type 1 diabetes costs, % of family income	\$942-\$6,085 / 3%-20%	
Type 2 diabetes costs, % of family income	\$487-\$4,832 / 2%-16%	

Added to the risk of complications, people with diabetes are at greater risk of the consequences of COVID-19 and have been nearly twice as likely to require hospitalization and intensive care as those without, and nearly three times as likely to die of COVID-19. For some people, surviving COVID-19 has led to lasting medical concerns. The already growing burden of diabetes was heightened through the pandemic.

Diabetes Canada is pleased with the P.E.I. government’s commitment to improving the lives of those living with diabetes. Several actions have made P.E.I a model for the rest of the country, including: In 2022, announcing a Glucose Sensor Program, providing access to real-time continuous glucose monitoring (rtCGM) and intermittently-scanned glucose monitoring (isCGM) systems at a reduced cost through local P.E.I. pharmacies; expanding the insulin pump program to include Islanders up to 25 years in 2021; and the renewal of its provincial diabetes strategy (2020-2024), which aligns with the recently tabled framework. The provincial diabetes strategy which, if funded appropriately, will help accelerate the momentum to end diabetes in the province.

As P.E.I. considers the allocation of provincial dollars, specifically within the area of healthcare, we believe that (compared to downstream costs associated with not addressing diabetes), allocating appropriate funds do a provincial diabetes strategy is in the best interest of both patients and taxpayers living in P.E.I.

### Recommendations | Prince Edward Island Budget 2023

With the determination to alleviate the burden of diabetes in P.E.I., Diabetes Canada recommends the government commit to the following priority actions and apply ample resources in Budget 2023:

1. Eliminate age discrimination to access insulin pump devices and supplies, as per Diabetes Canada's [Access to diabetes medication, supplies & medical devices](#).
2. Implement a provincial mandatory standard of care for students with diabetes that aligns with Diabetes Canada's [Guidelines for the Care of Students Living with Diabetes in School](#).
3. Introduce a levy on sugar-sweetened beverages as a fiscal measure to reduce excess sugar intake from beverages in the population and lower type 2 diabetes risk, as per Diabetes Canada's [Sugar & Diabetes position statement](#).

## Recommendation Summaries

1. **Remove the current age restriction and expand the existing insulin pump program to include all people with type 1 diabetes who would benefit as medically prescribed:** This means supporting people throughout their lifetime, as diabetes does not discriminate based on age. Effective January 2021, the insulin pump program was expanded to include Islanders up to 25 years of age. The percentage of eligible coverage depends on income levels. The program also covers some of the costs of insulin pump supplies that must be used frequently and are an ongoing cost. Currently, many provinces do not have this kind of age restriction, including British Columbia, Yukon/Nunavut/Northwest Territories, Alberta, Ontario, and Newfoundland and Labrador.

Type 1 diabetes is a chronic disease affecting the lives and livelihoods of nearly 1,800 Islanders who need insulin every day to survive. The disease is complex and can be complicated to manage. It places an enormous burden on individuals as well as their families, the health system, and society. There is no cure for type 1 diabetes; survival in this population hinges on intensive intervention, education, and support, coupled with a strict regimen of insulin and lifestyle management.

The clinical effectiveness of insulin pumps is well documented and was the main consideration in the evidence-based decision to adopt an insulin pump program in P.E.I. When used appropriately, insulin pump therapy can help people achieve target blood glucose levels and prevent potentially debilitating and life-threatening complications. In addition to positive health outcomes, insulin pump therapy can offer people with diabetes greater independence, flexibility, and a sense of normalcy as they work to be active and productive citizens. These are very important considerations and should be weighed appropriately in a patient-centered healthcare system.

Diabetes Canada strongly believes that people with diabetes require choice in treating their condition. Regrettably, many who are over age 25 who have been recommended by their specialist for pump therapy must either pay out-of-pocket for their insulin pump or go without, thereby compromising their diabetes management. As well, children and youth who were previously covered by the provincial program will no longer be eligible once reaching age 26, and may need to revert to multiple daily injections, significantly changing their insulin administration and diabetes management. Some Islanders may choose to move to another province to gain access to full coverage elsewhere.

Type 1 diabetes is a life-long disease, and people who are considered good candidates by healthcare professionals for insulin pump therapy should have access to this option, regardless of age. Diabetes Canada urges the Government of P.E.I. to lift the age restriction of the insulin pump program and make this program available to all eligible Islanders with type 1 diabetes. By helping

people to effectively managing their diabetes through expanding the insulin pump program, the government is helping to prevent the serious complications of diabetes, including heart attack, stroke, kidney failure, preventable blindness, amputation, and depression, which account for 80% of the cost of diabetes to the healthcare system.

2. **A mandatory standard of care for kids with diabetes at school:** Many children with diabetes do not have adequate support with their daily diabetes management tasks at school. This may place them at greater risk for emergency situations, long-term complications, and at a disadvantage to learn and participate in the classroom.

Type 1 diabetes requires treatment with insulin, close monitoring of blood glucose levels, and careful balance of diet and physical activity every day. Ongoing effective self-management helps to avoid serious health problems from occurring, from emergency situations such as severe hypoglycemia (low blood sugar) to long-term complications such as heart disease, blindness, amputation, and kidney failure.

Given children spend 30 to 35 hours in school per week, these children and their families need support to effectively manage diabetes at school. While most students can manage their diabetes independently, some may need help with blood glucose monitoring and/or insulin administration. Pushing this responsibility to family members is unreasonable when employment, transportation or other caregiving responsibilities at home may make it impossible to visit the school daily.

In P.E.I., there is no mandatory standard of care for students with diabetes. Currently, support is ad hoc and often insufficient. School boards require the government's guidance to develop and implement consistent diabetes policies across the province that include supports for daily management tasks as well as emergency protocols. Children with diabetes whose elevated blood glucose is not corrected with insulin throughout the school day may be unable to concentrate or participate fully in the classroom and their resulting behaviours may be considered disruptive.

The [Guidelines for Diabetes Management in Schools](#) is available as a resource on the Government of P.E.I.'s website, but it is neither mandatory nor fully aligned with Diabetes Canada's *Guidelines for the Care of Students Living with Diabetes at School*. British Columbia and Nova Scotia provide provincial policies that best serve the health and safety of students with diabetes and their families.

3. **Introduce a levy on sugar-sweetened beverages** as a fiscal measure to reduce excess sugar intake from beverages in the population and lower type 2 diabetes risk: The increasing prevalence of diabetes and its secondary complications impose a serious burden on the publicly funded healthcare system and the economy. Direct costs of diabetes are led by hospitalization, but also include general practitioners, specialists, and medications. Indirect costs include loss of economic output from illness or premature death. The impact of diabetes, if it is left unaddressed, will result in significantly increased rates of related chronic conditions in P.E.I. We are seeing these results already in our overburdened healthcare system.

Many studies have linked excessive consumption of sugar-sweetened beverages (SSBs) to an increased risk of type 2 diabetes and gestational diabetes. SSBs, including soft drinks and other beverages with added sugars, contain large amounts of readily absorbable sugars and are considered nutrient poor. While consumption of SSBs leads to rapid consumption of large quantities of sugar at once, it may also promote overconsumption of calories from liquids due to a less satiating effect compared to solid food, leading to weight gain. It is important to note that SSBs also independently increases the risk for developing type 2 diabetes. That means that even with a healthy weight, if a substantial portion of calories are from sugar-sweetened beverages, an

individual would have a 20 percent higher risk of developing type 2 diabetes compared to others of the same weight whose calories come from other sources.

Excessive consumption of sugary drinks is harmful and sugary drinks are the single greatest contributor of sugar in our diets. Urgent action is needed now on several fronts to reduce consumption of SSBs and thereby lessen the burden of obesity and type 2 diabetes in Canada. No one intervention will itself result in drastic reductions in type 2 diabetes. Population-based interventions, such as SSB taxation along with education, improved food distribution policies, and healthy food procurement by public institutions will together promote healthier food consumption, reduced intake of free sugars and better health.

A tax on SSBs has been shown to reduce consumption and would generate substantial revenues to support health promotion activities. In addition, the revenues could be used to support the other key strategies to reduce diabetes and obesity, including increasing the accessibility and availability of nutritious foods, or other priorities identified under the provincial diabetes strategy.

More than 45 cities, countries and regions worldwide have instituted a soda tax<sup>5</sup>. With its 2020 provincial budget, British Columbia became the first provincial jurisdiction to introduce a tax on SSBs. As of July 1, 2020, the B.C. provincial sales tax (PST) at a rate of 7% was expanded to include all carbonated beverages that contain sugar, natural sweeteners, or artificial sweeteners. In 2022 Newfoundland imposed a 20 cents per liter tax on all sugar-sweetened beverages. The N.L. tax is projected to generate \$9 million in annual revenue, which will go towards physical activity and prenatal infant nutrition initiatives, and school food programs.

## Conclusion

The recommendations contained in Diabetes Canada's pre-budget submission represent our priorities for government investment in 2023. By adopting these recommendations, the government will meaningfully improve the lives of Islanders living with diabetes, reduce the healthcare costs associated with diabetes, and increase productivity of the workforce.

Diabetes Canada looks forward to continuing to work closely with the government and other stakeholders towards achieving optimal health outcomes for people with diabetes and those at risk of diabetes. We thank you for the opportunity to provide these recommendations and look forward to working together in 2023.

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<sup>1</sup> Johnson, J.A., Rabi, D.M., Edwards, A.L. ... & Balko, S.U. (2009). Diabetes and health care utilization in Alberta. Alberta Diabetes Atlas 2009. Accessed from [https://www.researchgate.net/profile/Doreen\\_Rabi/publication/265099105\\_Chapter\\_4\\_Diabetes\\_and\\_Health\\_Care\\_Utilization\\_in\\_Alberta/links/5458f3190cf2bccc4912afca.pdf](https://www.researchgate.net/profile/Doreen_Rabi/publication/265099105_Chapter_4_Diabetes_and_Health_Care_Utilization_in_Alberta/links/5458f3190cf2bccc4912afca.pdf)

<sup>2</sup> Diabetes Canada Clinical Practice Guidelines Expert Committee. Diabetes Canada 2018 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada. Can J Diabetes. 2018;42(Suppl 1):S1:S325.

<sup>3</sup> Statistics Canada, Diabetes by age group, Prince Edward Island From 2015 to 2021: <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1310009607&pickMembers%5B0%5D=1.3&pickMembers%5B1%5D=3.1&cubeTimeFrame.startYear=2015&cubeTimeFrame.endYear=2021&referencePeriods=20150101%2C20210101>

<sup>4</sup> Canadian Diabetes Association. (2013). Canadian Diabetes Cost Model

<sup>5</sup> Popkin, Barry M., (2021). Sugar-sweetened beverage taxes: Lessons to date and the future of taxation: <https://doi.org/10.1371/journal.pmed.1003412>