



2023 Budget Submission

Submitted to
The Honourable Travis Toews
President of Treasury Board and Minister of Finance
Government of Alberta

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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 Albertans.

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 Canadians 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 Albertans, 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 Parliament of the [**Diabetes Framework for Canada**](#) on October 5, 2022 presents Alberta with an opportunity to build on this policy roadmap and turn the tide of Canada's growing diabetes epidemic.

This framework was adopted and supported by 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 the provincial level.

Alberta 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 Alberta health-care system \$514 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, Albertans 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.¹

In 2023, 26 per cent of Alberta's population, or nearly 1.3 million, live with diabetes (type 1 or type 2) or prediabetes. Over the next decade, Alberta is facing a 41 per cent increase in diabetes prevalence, the largest increase among the provinces.²

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 Alberta government's commitment to developing a provincial diabetes strategy which, if funded appropriately, will help accelerate the momentum to end diabetes in the province. We appreciate being named as a member of the recently announced provincial Diabetes Working Group and look forward to participating alongside Albertans affected by diabetes, partner organizations, healthcare professionals, and other stakeholders to help inform the development of a comprehensive Alberta strategy to combat this epidemic.

As Alberta 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 to a provincial diabetes strategy is in the best interest of both patients and Alberta's taxpayers.

Recommendations | Alberta Budget 2023

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

1. **Fund the development and implementation of a comprehensive diabetes strategy** to improve diabetes prevention, screening, treatment, and health outcomes for Albertans.
2. **Expand access to necessary diabetes medications, devices and supplies** to enable Albertans with diabetes to effectively manage their disease and reduce the risk of complications.

Recommendation Summaries

1. Implement a Comprehensive Diabetes Strategy

Alberta cannot sustain the growing burden of diabetes on its citizens and on the healthcare system. Alberta requires a comprehensive diabetes strategy to improve diabetes prevention, screening, treatment, and health outcomes for the province.

In 2022, the Government of Alberta acknowledged the need for and committed to a comprehensive diabetes strategy to address the growing prevalence and cost of diabetes in the province. The formation of a Diabetes Working Group is underway with its co-chairs appointed and Diabetes Canada invited to serve on the Working Group. In 2023, Alberta needs to adequately support the work of the Working Group to ensure prompt development and implementation of a comprehensive diabetes strategy.

With an aging population and exploding growth rates amongst higher-risk populations, including South Asians and Indigenous Peoples, the prevalence and cost of diabetes in Alberta will continue to rise over the next decade. Treating diabetes and its complications will cost Alberta’s healthcare system \$514 million this year and will reach \$712 million by 2033, unless a comprehensive plan is designed, implemented, and funded.

Estimated Prevalence and Cost of Diabetes - Alberta

Prevalence (1)	2023	2033
Diabetes (type 1 + type 2 diagnosed + type 2 undiagnosed)	599,000 / 12%	842,000 / 15%
Diabetes (type 1 and type 2 diagnosed)	419,000 / 9%	589,000 / 11%
Diabetes (type 1)	5-10% of diabetes prevalence	
Diabetes (type 1 + type 2 diagnosed + type 2 undiagnosed) and prediabetes (includes undiagnosed)	1,277,000 / 26%	1,651,000 / 30%
Increase in diabetes (type 1 and type 2 diagnosed), 2023-2033	41%	
Direct cost to the health care system	\$514 million	\$712 million
Out-of-pocket costs per year (2)		
Type 1 diabetes costs, % of family income	\$123-\$6,557 / 0%-9%	
Type 2 diabetes costs, % of family income	\$76-\$5,641 / 0%-8%	

Alberta’s strategy development can expand on the work being done now in the province to address diabetes prevention, screening, and treatment. It can expand its initiatives within the context of a thoughtful strategy designed with achievable targets that are measurable and outcome-focused, so that improved health outcomes are achieved, and health care costs are reduced.

Diabetes Canada recommends the Government of Alberta fund the immediate mobilization of the Diabetes Working Group to inform the development and prompt implementation of a comprehensive diabetes strategy

2. Expand Access: Put patients at the centre of policy decisions

a. Eliminate barriers, including age discrimination, to access evidence-based, personalized diabetes treatments, including diabetes medications, devices, and supplies.

Diabetes Canada is pleased that the government decided to suspend its plan to dismantle the Insulin Pump Therapy Program (IPTP) in 2022. The government listened to the concerns of Albertans about the negative impact the change would have on many individuals and families. Albertans living with diabetes not only live with difficult health issues every day, but also bear a significant financial burden. In Alberta, individuals with type 1 diabetes pay out-of-pocket up to \$6,557.00 annually and those managing type 2 diabetes pay up to \$5,641.00. We know that added costs adversely affect the ability of some to manage their disease optimally, which impacts quality of life and risks their short- and long-term health.

We hear directly from Albertans who are unable to pay the costs associated with managing their diabetes. In some cases, they are forced to make difficult choices between paying for needed diabetes medication, devices, and supplies, or paying for necessities like rent or food. We know too that private plans do not routinely cover diabetes devices and/or include caps on annual expenses. This may result in the unintended consequences of increasing medical interventions in the public health system.

Diabetes Canada recommends the Government of Alberta place people at the centre of policy decisions to ensure equitable access to evidence-based treatments, including diabetes medications, devices, and supplies. Imposing barriers to access that cause undue financial and emotional hardship is problematic at best and unethical at worst.

b. Provide equitable access to continuous glucose monitoring systems (isCGM/rtCGM)

Many Albertans with diabetes are unable to access the glucose monitoring systems they need to optimally manage their diabetes.

Self-management is a cornerstone of diabetes care so that individuals can work to prevent or delay the serious complications of the disease. Diabetes self-management includes balancing medications with eating and physical activity. Monitoring blood glucose is necessary to know whether blood glucose is being maintained within an individual's target range. Elevated blood glucose levels can, over time, lead to serious complications. Low blood glucose can result in a life-threatening situation.

Glucose self-monitoring is necessary for all people with type 1 diabetes and in pregnancy and is recommended for many people with type 2 diabetes. People living with diabetes should work with their healthcare team to determine the type of device that best suits their needs.

There are three different glucose self-monitoring modalities, including:

- **Capillary blood glucose monitoring:** Diabetes Canada is pleased that the Government of Alberta in 2021 increased access to diabetes supplies, including blood glucose test strips and lancets that are required for capillary blood glucose monitoring. The policy now aligns with Diabetes Canada's minimum standards for coverage of blood glucose test strips.
- **Intermittently-scanned continuous glucose monitoring (isCGM):** Alberta does not fund isCGM.
- **Real-time continuous glucose monitoring (rtCGM):** Alberta funds rtCGM for Albertans under age 18 only.

According to Diabetes Canada's [Policy Statement](#), isCGM and rtCGM can provide many benefits, such as:

- Support healthy behaviours and behaviour change, as well as guide diabetes management strategies by providing immediate data on the impact of food choices and exercise on blood glucose levels.
- Inform treatment decisions, including medication choice and dose adjustment.
- Promote safety from acute complications, such as diabetic ketoacidosis (DKA) and hypoglycemia, by allowing for identification of patterns and trajectories of blood sugar, as well as protection from long-term complications of diabetes by providing overall blood glucose averages and proportion and time in range.
- Enhance virtual care by allowing healthcare providers to access uploaded data about daily blood glucose trends, average daytime and nighttime glycemia, time in range and the glycemic response to specific interventions.
- Empower people living with diabetes by providing knowledge of current and trending blood glucose to inform self-management decisions.

The positive impact isCGM and rtCGM devices have on disease management and quality of life attest to their value. Cost savings to the healthcare system may be realized in both the short- and long-terms, such as:

- Fewer calls to EMS and fewer visits to ER for treatment of severe low or high blood sugars.
- Fewer hospitalizations for emergencies related to extreme blood sugars (DKA).
- Fewer visits to clinicians due to more stable blood sugars.
- Fewer complications due to better blood sugar management.
- Fewer amputations, reducing months of hospital and clinical care.
- Fewer people with kidney disease, reducing dialysis treatments.
- Less demand for medications, treatments, and surgeries to deal with nerve damage and vision loss.

Diabetes Canada recommends the Government of Alberta remove the age barrier to access and fund glucose monitoring devices (isCGM and rtCGM) per Diabetes Canada's [reimbursement recommendations](#).

Conclusion

The recommendations contained in Diabetes Canada's pre-budget submission represent our priorities for government investments. By adopting these recommendations, the government will meaningfully improve the lives of Albertans 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 the government for the opportunity to provide these recommendations and look forward to working together in 2023.

¹ 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

² Canadian Diabetes Association. (2013). Canadian Diabetes Cost Model.