



2023 Pre-Budget Submission

Submitted to the
The Honourable Siobhan Coady
Deputy Premier, Minister of Finance, and President of Treasury Board
2023 Newfoundland and Labrador Budget

By Diabetes Canada

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Introduction

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

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 complications, which are often misunderstood. We are the national voice for 11.7 million people in Canada living with diabetes and prediabetes.

One in three 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 Newfoundlanders and Labradorians, 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 presents Newfoundland and Labrador with an opportunity to build on this policy roadmap and turn the tide of Canada's diabetes epidemic.

This framework provides a common policy direction for multi-sectoral stakeholders to improve access to diabetes prevention and treatment, ensuring better health outcomes for people living in Canada and allow for the identification of gaps in current approaches, avoid duplication of effort, and provide an opportunity to monitor and report on progress. It 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.

Newfoundland and Labrador 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 Newfoundland and Labrador healthcare system \$72 million with 80% of this cost attributed to treating diabetes-related complications in acute care settings.

Diabetes impacts people physically, emotionally, and financially. As Newfoundland and Labrador grapples with high inflation levels, out-of-pocket expenses for people living with diabetes continue to rise, further contributing to the affordability crisis. The medication, devices, and supplies required to treat diabetes can cost people thousands of dollars annually.

Beyond individual affordability issues, diabetes adds immense costs to our healthcare system. People with diabetes are over three times more likely to be hospitalized with cardiovascular disease, 12 times more likely to be hospitalized with end-stage renal disease, and almost 20 times more likely to be

hospitalized for a non-traumatic lower limb amputation compared to the general population¹. 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.²

In 2023, 36% of Newfoundland and Labrador’s population, or nearly 193,000, live with diabetes (type 1 or type 2) or prediabetes, among the highest rate in the country. Over the next decade, Newfoundland and Labrador is facing an 18% increase in diabetes prevalence. 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 Newfoundland and Labrador will continue to rise over the next decade. Treating diabetes and its complications will cost Newfoundland and Labrador’s healthcare system \$72 million this year and will reach \$81 million by 2033, unless a comprehensive plan is designed, implemented, and funded.

Estimated Prevalence and Cost of Diabetes - Newfoundland and Labrador

Prevalence	2023	2033
Diabetes (type 1 + type 2 diagnosed + type 2 undiagnosed)	105,000 / 19%	124,000 / 22%
Diabetes (type 1 and type 2 diagnosed)	73,000 / 14%	87,000 / 15%
Diabetes (type 1)	5-10% of diabetes prevalence	
Diabetes (type 1 + type 2 diagnosed + type 2 undiagnosed) and prediabetes (includes undiagnosed)	193,000 / 36%	216,000 / 39%
Increase in diabetes (type 1 and type 2 diagnosed), 2023-2033	18%	
Direct cost to the health care system	\$72 Million	\$81 Million
Out-of-pocket cost per year		
Type 1 diabetes costs, % of family income	\$520-\$9,214 / 2%-12%	
Type 2 diabetes costs, % of family income	\$401-\$6,394 / 1%-9%	

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 Newfoundland and Labrador government’s recent commitment to improving the lives of those living with diabetes. In September 2022 the government implemented a sugar-sweetened beverage tax to address the impact of chronic disease, such as diabetes. In January 2021, the insulin pump program was expanded to include full coverage for eligible individuals with type 1 diabetes up to age 18 years, and full coverage for those 18 to 25 years for individuals already in the program. Also in 2021, eDOCSNL, in partnership with Diabetes Canada, began phase two of a pilot project integrating Diabetes Canada’s Clinical Practice Guidelines with the Electronic Medical Records (EMRs) being used by healthcare providers.

Improving the health of people with diabetes will have a direct impact on the costs associated with the disease. The cost burden will decrease with improved prevention efforts, and better care as more people with diabetes will be diverted from acute care and will enjoy a higher quality of life with increased function and productivity.



Recommendations | Newfoundland and Labrador 2023

With the determination to alleviate the burden of diabetes in Newfoundland and Labrador, 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 Newfoundlanders and Labradorians.
2. Expand access to necessary diabetes medications, devices and supplies to enable Newfoundlanders and Labradorians with diabetes to effectively manage their disease and reduce the risk of complications.
3. Implement a provincial mandatory standard of care for students with diabetes.

Recommendation Summaries

1. Implement a Comprehensive Diabetes Strategy

The growing burden of diabetes is putting significant pressure on the healthcare system. Newfoundland and Labrador requires a comprehensive diabetes strategy to improve diabetes prevention, screening, treatment, and health outcomes for the province.

In April 2021, the Premier wrote to the Minister of Health and Community Services to provide clear direction that as part of [the agency's mandate](#), the Minister *increase public health promotion, awareness, education, and prevention measures in chronic disease management*. Building on the important work of the [2018 Chronic Disease Action Plan](#), critical elements within a diabetes strategy will set this province up for improved diabetes care and prevention and healthier citizens. A provincial strategy, supported by a national strategy with the support of all provinces, could help to tackle the epidemic of diabetes and help allocate scarce resources and prioritize investments.

A comprehensive diabetes strategy would also address the mandate to continue expanding primary healthcare teams throughout the province. According to the latest poll by the Newfoundland and Labrador Medical Association (NLMA), more than 125,000 people in Newfoundland and Labrador (about 24% of the population) don't have a family doctor. The problem is particularly severe in central Newfoundland, where 37% of the population doesn't have a family doctor.³ We know that with consistent, in-person and/or virtual healthcare, as well as access to the right devices and medication, blood glucose levels can be managed, and expensive downstream complications can be prevented. Without access to primary healthcare, Newfoundlanders and Labradorians have no choice but to go to emergency rooms across the province, putting added strain on the healthcare system.

With an aging population and exploding growth rates amongst higher-risk populations, including Indigenous Peoples and South Asians, the prevalence and cost of diabetes in Newfoundland and Labrador will continue to rise over the next decade. Treating diabetes and its complications will cost Newfoundland and Labrador's healthcare system \$72 million this year and is expected to reach \$81 million by 2033, unless a comprehensive plan is designed, implemented, and funded.

Diabetes Canada recommends the Government of Newfoundland and Labrador fund the immediate mobilization of a 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:

This means supporting people throughout their lifetime, as diabetes does not discriminate based on age. Newfoundlanders and Labradorians living with diabetes not only live with difficult health issues every day, but also bear a significant financial burden. In Newfoundland and Labrador, individuals with type 1 diabetes pay out-of-pocket up to \$9,169 annually and those managing type 2 diabetes pay up to \$6,394⁴. 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 from Canadians across the country who are unable to pay the out-of-pocket costs associated with managing their diabetes. This effectively compromises their ability to manage their disease. In some cases, it may force them to make difficult choices between paying for needed diabetes drugs, devices, and supplies, or paying for necessities like rent or food. We also know that private plans do not routinely cover diabetes devices, or their plans are capped at an annual maximum for diabetes medications, devices, and supplies, which exacerbates the cost burden. This may result in the unintended consequences of increasing medical interventions in the public health system. Some may choose to move to another province to gain access to full coverage elsewhere.

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

Many Newfoundlanders and Labradorians 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 levels 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:

- i. Capillary blood glucose monitoring
- ii. Intermittently-scanned continuous glucose monitoring (isCGM)
- iii. Real-time continuous glucose monitoring (rtCGM)

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

- Support healthy behavioural 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 Newfoundland and Labrador broaden and increase access to the supplies and devices needed to monitor blood sugar and prevent or delay serious complications, as per Diabetes Canada's [reimbursement recommendations](#).

3. A mandatory standard of care for kids with diabetes at school:

Newfoundland and Labrador has one of the highest incidences of type 1 diabetes reported worldwide in children 0-14 years old.⁵ 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 Newfoundland and Labrador, 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 Newfoundland and Labrador'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*. For reference, [British Columbia](#) and [Nova Scotia](#) provide provincial policies that best serve the health and safety of students with diabetes and their families.

Diabetes Canada recommends the Government of Newfoundland and Labrador implement a mandatory standard of care for students with diabetes that aligns with Diabetes Canada's [Guidelines for the Care of Students Living with Diabetes at School](#).

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 Newfoundlanders and Labradorians 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.

¹ Diabetes Canada, Diabetes in Newfoundland and Labrador, 2023 Backgrounder, January 2023

² 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

³ CBC, 125,000 people in N.L. don't have a family doctor, says medical association poll, June 1, 2022, <https://www.cbc.ca/news/canada/newfoundland-labrador/nlma-family-doctor-shortage-poll-2022-1.6473963>

⁴ Diabetes Canada, Diabetes and Diabetes-Related Out-of-Pocket Costs: 2022 UPDATE, November 2022

⁵ Guidelines for Diabetes Management in Schools, Government of Newfoundland and Labrador and Labrador, https://www.gov.nl.ca/education/files/k12_studentsupportservices_guidelinesfordiabetesmanagementinschools.pdf