



2023 Budget Submission

**Submitted to
The Honourable Chris Cullen
Minister of Finance
Government of Manitoba**

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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 the government ensure the province continues to thrive, prosper, and improve health outcomes for Manitobans.

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 Manitobans, 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 Manitoba with an opportunity to build on this policy roadmap and turn the tide of Canada's 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.

Manitoba 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 Manitoba health-care system \$157 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, 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 population.¹

In 2023, 29 per cent of Manitoba's population, or nearly 421,000, live with diabetes (type 1 or type 2) or prediabetes. Over the next decade, Manitoba is facing a 29 per cent increase in diabetes prevalence, one of the largest increases among the provinces.²

Prevalence	2023	2033
Diabetes (type 1 + type 2 diagnosed + type 2 undiagnosed)	233,000 / 15%	289,000 / 18%
Diabetes (type 1 and type 2 diagnosed)	156,000 / 11%	202,000 / 13%
Diabetes (type 1)	5-10% of diabetes prevalence	
Diabetes (type 1 + type 2 diagnosed + type 2 undiagnosed) and prediabetes (includes undiagnosed)	421,000 / 29%	503,000 / 32%
Increase in diabetes (type 1 and type 2 diagnosed), 2023-2033	29%	
Direct cost to the health care system	\$157 million	\$203 million
Out-of-pocket costs per year		
Type 1 diabetes costs, % of family income	\$1,426-\$9,520 / 5%-6%	
Type 2 diabetes costs, % of family income	\$554-\$6,702 / 2%-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 Manitoba government's recent commitment to improving the lives of those living with diabetes. In late 2021, the cut-off age to qualify for public coverage of an insulin pump was extended to age 25, and the government introduced coverage of glucose monitoring devices for eligible Manitobans with diabetes age 25 and younger. More recently, in February 2022 the government released the province's five-year plan, *A Pathway to Mental Health and Community Wellness: A Roadmap for Manitoba*, that includes implementing the first diabetes strategy in Manitoba. The government's upcoming 2023 release of its provincial diabetes strategy will place Manitoba as a national leader in taking thoughtful and deliberate action to *End Diabetes* in the province.

As Manitoba 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 its provincial diabetes strategy is in the best interest of patients, the health-care system, and Manitoba's taxpayers.

Recommendations | Manitoba Budget 2023

Building on the Government of Manitoba's commitment in Budget 2022 to a *Comprehensive Provincial Diabetes Strategy*, Diabetes Canada urges the province to strengthen its resolve to alleviate the burden of diabetes by committing to the following priority actions and applying to them ample resources in Budget 2023.

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

Recommendation Summaries

1. Implement Manitoba's Comprehensive Diabetes Strategy

Diabetes Canada is pleased to have worked with the government through the journey to develop a comprehensive diabetes strategy to improve the prevention, screening, treatment and health outcomes in Manitoba. The diabetes community eagerly anticipates its release and implementation.

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 Manitoba will continue to rise over the next decade. Treating diabetes and its complications will cost Manitoba's healthcare system \$157 million this year and is expected to reach \$203 million by 2033, unless its comprehensive plan is promptly implemented and funded.

The Government of Manitoba committed to announcing its comprehensive diabetes strategy in November 2022 (Diabetes Awareness Month) but postponed the announcement until early 2023. Diabetes Canada is confident that with the investment of adequate resources, the provincial strategy will put Manitoba well on its way to improve the lives of Manitobans living with diabetes as well as reduce the burden of diabetes and its complications on the health system. It will also establish Manitoba as a provincial leader in this regard.

Diabetes Canada recommends the Government of Manitoba promptly implement and fund the provincial 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. Manitobans living with diabetes not only live with difficult health issues every day, but also bear a significant financial burden. In Manitoba, individuals with type 1 diabetes pay out-of-pocket up to \$9,475³ annually (among the highest in the country) and those managing type 2 diabetes pay up to \$6,702⁴. 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 Manitobans 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 Manitoba 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, such as restrictions based on age, 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 Manitobans 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, including heart attack, stroke, kidney failure, blindness and amputation. Low blood glucose can be life-threatening.

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): Manitoba currently funds isCGM for eligible Manitobans up to age 26 only.
- iii. Real-time continuous glucose monitoring (rtCGM): Manitoba funds rtCGM for eligible Manitobans up to age 26 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 Manitoba 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 Manitobans 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 Diabetes in Canada: facts and figures from a public health perspective. Ottawa Ont: Public Health Agency of Canada; 2011. 112 p.

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

³ Diabetes and Diabetes-Related Out-of-Pocket Costs: 2022 UPDATE, Diabetes Canada

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