



2023 Pre-Budget Submission

Submitted to the
Standing Committee on Finance and Economic Affairs
Consultation on the
2023 Ontario 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 Ontarians.

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 Ontarians, 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 Ontario 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. Ontario has long been a leader in healthcare in this country and will have a vital role to play as provinces across Canada make their respective commitments to diabetes strategies.

Ontario 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 Ontario healthcare system \$1.7 billion with 80 per cent of this cost attributed to treating diabetes-related complications in acute care settings.

Diabetes impacts people physically, emotionally, and financially. Under current conditions, the logistical and cost burden of diabetes will continue to grow. As Ontario 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, 30% of Ontario’s population, or nearly 2.4 million, live with diabetes (type 1 or type 2) or prediabetes. Over the next decade, Ontario is facing a 25% 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 Ontario will continue to rise over the next decade. Treating diabetes and its complications will cost Ontario’s healthcare system \$1.7 billion this year and will reach \$2.1 billion by 2033, unless a comprehensive plan is designed, implemented, and funded.

Estimated Prevalence and Cost of Diabetes - Ontario

Prevalence	2023	2033
Diabetes (type 1 + type 2 diagnosed + type 2 undiagnosed)	2,409,000 / 15%	3,009,000 / 17%
Diabetes (type 1 and type 2 diagnosed)	1,686,000 / 11%	2,106,000 / 12%
Diabetes (type 1)	5-10% of diabetes prevalence	
Diabetes (type 1 + type 2 diagnosed + type 2 undiagnosed) and prediabetes (includes undiagnosed)	4,809,000 / 30%	5,722,000 / 33%
Increase in diabetes (type 1 and type 2 diagnosed), 2023-2033	25%	
Direct cost to the health care system	\$1.7 billion	\$2.1 billion
Out-of-pocket costs per year		
Type 1 diabetes costs, % of family income	\$694 - \$5,245 / 2%-6%	
Type 2 diabetes costs, % of family income	\$287 - \$4,985 / 1%-17%	

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 Ontario government’s recent commitment to improving the lives of those living with diabetes. In November 2021, the government expanded public funding of intermittently-scanned continuous glucose monitoring systems (isCGM) to include Freestyle Libre 2 for all Ontario Drug Benefit clients who use insulin and have a valid prescription from their physician or nurse practitioner. And in March 2022, the Assistive Devices Program (ADP) added coverage for real-time continuous glucose monitoring systems (rtCGM) for Ontario residents with type 1 diabetes who are most at risk of a severe hypoglycemic event or cannot recognize or communicate the symptoms of hypoglycemia. 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 | Ontario 2023

With the determination to alleviate the burden of diabetes in Ontario, 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 Ontarians.
2. Expand access to necessary diabetes medications, devices and supplies to enable Ontarians 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. Ontario requires a comprehensive diabetes strategy to improve diabetes prevention, screening, treatment, and health outcomes for the province.

In October 2021, the [Minister of Health wrote to the Chair of Ontario Health to provide clear direction that as part of the agency's 2022-2023 activities](#), Ontario Health “*work in partnership with the Ministry of Health to develop a chronic disease strategy addressing prevention, management and treatment, with **an initial focus on diabetes**. The development of the plan will include engagement of key partners, such as Public Health Ontario*”. Diabetes Canada will continue to offer our support on this priority, as we did in 2022.

A comprehensive diabetes strategy would also address the priority to “*increase overall access to preventative care and primary care*”. According to some reports, more than three million Ontarians could be without a family doctor by 2025³. 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, Ontarians 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 Ontario will continue to rise over the next decade. Treating diabetes and its complications will cost Ontario's healthcare system \$1.7 billion this year and is expected to reach \$2.1 billion by 2033, unless a comprehensive plan is designed, implemented, and funded.

Diabetes Canada recommends the Government of Ontario 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. Ontarians living with diabetes not only live with difficult health issues every day, but also bear a significant financial burden. In Ontario, individuals with type 1 diabetes pay out-of-pocket up to \$5,245 annually and those managing type 2 diabetes pay up to \$4,985⁴. 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 Ontarians 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.

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

Many Ontarians 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)

Effective March 2022, the Assistive Devices Program (ADP) added coverage for real-time continuous glucose monitoring systems (rtCGM) for Ontario residents with type 1 diabetes who are most at risk of a severe hypoglycemic event or cannot recognize or communicate the symptoms of hypoglycemia. However, eligibility requirements around having experienced severe hypoglycemia make it difficult for healthcare providers to apply for the program on behalf of their patients, and for Ontarians to access coverage. Further, this requirement does not meet the standard of Diabetes Canada's [reimbursement recommendations](#).

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 Ontario 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:

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 Ontario, 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.

Diabetes Canada recommends the Government of Ontario 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 Ontarians 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 Ontario, 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 More than three million Ontarians could be without a family doctor by 2025, The Globe and Mail, <https://www.theglobeandmail.com/canada/article-more-than-three-million-ontarians-could-be-without-a-family-doctor-by/>

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