



**Written Submission for the Pre-Budget  
Consultations in Advance of the 2019 Budget**

**By: Canadian Dental Association**

## List of Recommendations:

- **Recommendation 1:** A consistent approach to fund existing or lapsed provincial and territorial oral health programs must be adopted.
- **Recommendation 2:** A review of the capital cost allowance rates applicable to medical and other capital that dentists purchase in order to support investments in health care innovation.
- **Recommendation 3:** Any changes to the funding models or administration of a new pharmacare regime must be kept separate and distinct from the Budget's legislative process.

## **Executive Summary**

The Canadian Dental Association (CDA) is the national voice for dentistry, dedicated to the promotion of optimal oral health – an essential component of general health – and to the advancement and leadership of a unified profession. CDA is a federation of Canada’s provincial and territorial dental associations, representing over 21,000 practicing dentists from coast to coast to coast.

As part of Budget 2019, CDA is pleased to present the following recommendations for action to the House of Commons Standing Committee on Finance:

- A consistent approach to fund existing or lapsed provincial and territorial oral health programs must be adopted.
- A review of the capital cost allowance rates applicable to medical and other capital that dentists purchase in order to support investments in health care innovation.
- Any changes to the funding models or administration of a new pharmacare regime must be kept separate and distinct from the Budget’s legislative process.

### **Targeted funding is required to address gaps in access to oral health care**

Healthy citizens lead to productive businesses, growing economies, and thriving communities. Canada has one of the best oral health care delivery systems in the world, with care primarily delivered through dental clinics. Unfortunately, not all Canadians enjoy this excellent access to dental services. Solutions to the access to oral health care issue are complex, however, and no single organization, government agency, or community can be expected to solely address oral health challenges of certain groups of Canadians. Within this context, it is important to recognize that there is a growing need to fund targeted provincial oral health programs, and it is vital that the Federal government collaborate with provincial and territorial governments to ensure that those programs are appropriately prioritized and funded.

Over the past decade, a steady erosion of funds to existing oral health care programs across the country has created an environment where the needs of vulnerable groups are no longer adequately covered. These groups include children, seniors in long-term care, low-income Canadians and persons who face physical, developmental, and cognitive barriers. Provincial programs that do exist are often targeted to children, which leads to a significant gap in oral health treatment when a patient ages out of the program. In addition, existing provincial disability programs for adults currently provide such low subsidies for oral health care that the ability to afford out-of-pocket expenses is extremely limited, rendering basic services unattainable for some.

Further, the current fee structure for existing programs is not aligned with active professional fee guides for dentists and are not relative to the cost of providing care for complex cases. In Ontario, social assistance programs cover less than 40% of the recommended fee guide for general dentistry, and closer to 30% for special dentistry. Funding for these programs is not growing at even the rate of inflation, and as a result, spending envelopes for public programs remain stagnant. With current oral health programs not keeping pace with the growing costs associated with providing care, provincial governments are increasingly placing the cost-burden of caring for these patients on the provider.

Dentists view patients of all kinds as simply patients, and care about providing members of their community with the services they need. Often, dentists will volunteer their time for local public health programs, or will designate days to treat patients who require special accommodations. However, it is becoming increasingly difficult for the profession to keep up with the demand of treating the backlog of patients with special care needs under an ailing fee structure with minimal existing support from Canadian governments.

#### **CDA Recommendation #1:**

As part of any new health-related funding transfers, the Federal government must deploy targeted investment to adequately fund existing or lapsed oral health programs administered by provinces and territories. This would help to alleviate pressure on programs which have seen a degradation in funding levels, which would also help to renew oral health programs previously cancelled under budget constraints.

#### **Promoting innovation in oral health care**

Dental offices are “mini-hospitals”, with increasingly complex demands in order to address the needs of their patients and stay current with the latest technology. Obtaining the necessary equipment to provide high quality oral health care involves significant capital investments, at times in the millions of dollars.

These advances in health care innovation ensure that Canadians receive effective oral health treatment, but these growing costs of practicing dentistry can be substantial for small dental practices to continually make the necessary investments required.

#### **CDA Recommendation #2:**

In order to promote investment and health care innovation, CDA recommends a review of the capital cost allowance rates applicable to medical and other capital that dentists purchase in order to support investments in health care innovation.

#### **Implementation of a new national model of pharmacare**

The Advisory Council on the Implementation of National Pharmacare was first announced in Budget 2018, and is a shared project of both Finance Canada and Health Canada. In June 2018, the Advisory Council released a discussion paper and simultaneously launched a multi-pronged consultation process on changes to the ways Canadians access medicine through publicly-funded programs. Dentists are health professionals who lead the diagnosis of oral health maladies, and therefore have a vested interest in the creation of a universal pharmacare program.

At the time that this submission is being made to the Standing Committee on Finance, CDA is still reviewing the initial discussion paper and seeking guidance in advance of providing a fulsome submission to that process. Given that the closing date for that process will be two months after the

closing date for this consultation, it stands to reason that a more informed and substantive position from CDA will be provided at that time.

The potential impact of changes to the manner in which Canadians access medicines will be significant, and will be felt broadly across many stakeholder groups. As such, any potential policy changes related to the Advisory Council's work must be considered distinctly, and through a process that provides an opportunity for focused discussion.

The discussions involved with the annual pre-Budget consultations and the legislative process to bring forward the Budget itself are broad and varied. Thus, including a new regime for funding and administering pharmacare through a budget implementation process would unnecessarily burden the Standing Committee on Finance, and do a disservice to the important discussions on this vital policy issue.

**CDA Recommendation #3:**

The Canadian Dental Association strongly recommends that any changes to the funding models or administration of a new pharmacare regime be kept separate and distinct from the Budget's legislative process.

CDA thanks the committee members of FINA for their consideration of this submission.

For further information, please contact:

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