

Submission to the House of Commons Standing Committee on Finance Pre-Budget 2020 Consultations

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 2020, CDA is pleased to present the following recommendation for action to the House of Commons Standing Committee on Finance:

• A long-term approach to fund public oral health programs provided at the provincial and territorial level through a dedicated funding envelope in the Canada Health Transfer.

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 in communities across Canada. Unfortunately, not all Canadians enjoy access to dental services. Solutions to the access to oral health care issue are complex, however, and no single organization or government agency can be expected to address oral health challenges of Canadians. Addressing these challenges requires collaboration to leverage the dentists who are delivering care in our communities. Within this context, it is important to recognize that there is an urgent 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.

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 specific groups, like 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 structures for many existing programs are not aligned with the costs of delivering care and with active professional suggested fee guides for dentists, and do not reflect the cost of providing care for complex cases. In Ontario, social assistance programs cover on average 42% of the recommended fee guide for general dentistry, and do not reflect the costs associated with delivering dentistry to people with special needs. Moreover, funding for these programs is not growing at even the rate of inflation, and as a result, spending envelopes for public programs remain dangerously 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.

As primary health care providers, dentists are committed to their patients, and care about providing members of their community with the services they need. Beyond their practices, dentists often will volunteer their time for local public health programs, or will designate days to treat patients who require special accommodations. However, the profession simply cannot keep up with the increasing demand of treating the backlog of patients with special care needs under an eroding fee structure with minimal existing support from Canadian governments.

CDA Recommendation:

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, and would also help to renew oral health programs previously cancelled under budget constraints.

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

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