Written Submission for the Pre-Budget Consultations in Advance of the 2020 Budget

By: JDRF Canada

- **Recommendation #1:** As recommended in the Disability Advisory Committee's (DAC) First Annual Report, Canadians with type 1 diabetes and other conditions requiring life-sustaining therapy should qualify automatically for the Disability Tax Credit.

- **Recommendation #2:** As recommended by the House of Commons Standing Committee on Health in their report: A Diabetes Strategy for Canada, the Government of Canada should implement a national diabetes strategy (Diabetes 360^{o}) with specific outcomes for type 1 diabetes and include new funding for research aimed at curing, preventing and treating the disease.

- **Recommendation #3:** As recommended by the House of Commons Standing Committee on Health in their report: A Diabetes Strategy for Canada, the government should support the creation of a national diabetes registry for patients with type 1 diabetes.

- **Recommendation #4:** That the government ensure that various types of insulin are included under any National Pharmacare program.

PRE-BUDGET SUBMISSION 2020

Improving lives for Canadians with type 1 diabetes

JDRF IMPROVING LIVES. CURING TYPE 1 DIABETES.

Type 1 diabetes (T1D) is a devastating, relentless and potentially fatal, autoimmune disease which affects an estimated 300,000 Canadians 24 hours a day, 7 days a week, 365 days a year. The disease strikes children and adults suddenly, causing the body's immune system to attack and destroy the insulin producing cells in the pancreas, leading to dependence on daily injections or infusions of insulin for life. Those with T1D must carefully manage their blood sugar levels or risk hospitalization or death.

While much progress has been made in recent decades in the care and treatment of T1D, most patients are still unable to achieve normal target HbA1C (the standard measure of blood glucose). Complications such as kidney failure, blindness, nerve damage, amputation, heart attack and stroke are almost inevitable in the long term.

JDRF welcomes the recent publication of a number of reports recognizing the need for change in the Government's approach to caring for people with diabetes. The recently published Disability Advisory Committee's (DAC) First Annual Report and the House of Commons Standing Committee on Health report: A Diabetes Strategy for Canada build on the work done by the Senate Standing Committee on Social Affairs, Science and Technology for their 2018 report entitled: "Breaking Down Barriers, a critical analysis of the Disability Tax Credit and the Registered Disability Savings Plan".

We welcome the unanimous vote in the House of Commons this past spring for a motion formally recognizing November as Diabetes Awareness Month, along with the many expressions of support for Canadians with diabetes during the debate on this motion.

Notwithstanding the many important issues the House of Commons Standing Committee on Finance will look to address in its pre-budget report, JDRF urges the committee to consider the health of Canadians and the current momentum for changes in diabetes-related policy.

RECOMMENDATION 1

As recommended in the Disability Advisory Committee's (DAC) First Annual Report, the 14 hour per week eligibility criteria for life-sustaining therapy should be eliminated for Canadians with type 1 diabetes and other conditions requiring life-sustaining therapy.

The Disability Advisory Committee was convened by the Minister of National Revenue in the wake of a directive the Canada Revenue Agency issued to its tax offices in 2017 which saw all adults with type 1 diabetes denied the Disability Tax Credit over a nine-month period.

In its first annual report the committee notes that the eligibility criteria for life-sustaining therapy, in particular, the requirement that 14 hours per week be spent in eligible activities is too restrictive:

In light of all the submissions, survey reports and personal letters from applicants, our committee feels that the CRA must move away from a rigid definition and interpretation of life-sustaining therapy that excludes many potential eligible Canadians from qualifying for the DTC. The undeniable fact is that any individual who requires life-sustaining therapy, by definition, must administer therapies on a daily/weekly basis or they will not survive.

As the Government of Canada has repeatedly stated its intention to increase the number of people eligible for the DTC, it should consider eliminating the 14 hour rule for Canadians with type 1 diabetes and others in the life-sustaining therapy category.

RECOMMENDATION 2

As recommended by the House of Commons Standing Committee on Health in their report: A Diabetes Strategy for Canada, the Government of Canada should implement a national diabetes strategy (Diabetes 360°) with specific outcomes for type 1 diabetes and include new funding for research aimed at curing, preventing and treating the disease.

Canada has been without a national diabetes strategy since 2013. Meanwhile the rate of new cases of diabetes (type 1 and type 2) continues to rise. Unchecked it will reach the level of an epidemic.

JDRF along with Diabetes Canada and other diabetes and health organizations is urging the adoption and implementation of Diabetes 360°, a pan-Canadian strategy for diabetes. The Government of Canada is urged to support this initiative and work alongside provincial, territorial and municipal partners .

Recommendation 2 continued

As type 1 and type 2 diabetes are very different diseases, they will require different approaches within any national strategy. As type 1 is a non-preventable condition for which there is presently no known cure, creating an environment where T1D can be prevented will require a substantial investment in research aimed at preventing the disease. Recently, a clinical trial demonstrated that it's possible to delay the onset of T1D for up to two years, providing early evidence that preventing T1D is possible. Further investigation and implementation of screening and prevention strategies for Canadians at risk is needed.

Type 1 strategies for care and treatment must also include strategies to improve access and affordability of medical device technologies such as insulin pumps, continuous glucose monitoring and new hybrid closed-loop systems.

RECOMMENDATION 3

As recommended by the House of Commons Standing Committee on Health in their report: A Diabetes Strategy for Canada, the Government of Canada should support the creation of a national diabetes registry for patients with diabetes.

Canada should recognize the importance of leveraging technology and data by supporting creation of an opt-in registry of all patients with diabetes and a national repository using de-identified data to improve understanding of the disease and determine the effectiveness and value of interventions for patients. Different treatment approaches can be tracked with learnings used to help drive health care systems improvements leading to reduced costs and improved patient outcomes.

Much of the current understanding of the epidemiology of diabetes globally is based on such registries, such as the Swedish National Diabetes Registry. One of the weaknesses in current Canadian diabetes data through the Canadian Chronic Disease Surveillance System is that it does not distinguish between type 1 and type 2 diabetes. It will be critical in establishing a national registry to identify whether patients have type 1 or type 2 diabetes. Implementation of a Canadian registry is an important step in improving patient outcomes and a reducing health care costs.

RECOMMENDATION 4

That the government ensure that various types of insulin are included under any National Pharmacare program.

JDRF was encouraged by the recommendations published in the Final Report of the Advisory Council on the Implementation of National Pharmacare. In particular, JDRF supports the recommendation that the Federal, Provincial and Territorial Governments establish a national formulary and offer universal coverage for essential medicines by January 1, 2022.

The report recommended that the World Health Organization's Model List of Essential Medicines (EML) and the CLEAN Meds list be used as a starting point for a national formulary. JDRF is concerned that these lists do not cover all of the types of insulin that Canadians with diabetes commonly use. Insulin products on the EML are limited to human insulins and do not cover the insulin analogues used with insulin pumps, a preferred method of managing insulin therapy for tens of thousands of Canadians. If these lists are used without amendment, the formulary will not adequately meet the expectations and needs of Canadians, leading to some public disappointment in the program.

To be workable in a Canadian context and to align with Canadian diabetes clinical practice guidelines, we would need at a minimum to see one long-acting insulin analogue and one rapid-acting insulin analogue added to the formulary, and ideally consider adding insulin adjunct therapies and newer insulins in development as their clinical value is demonstrated.

As we move towards 2022 and the 100th anniversary of Sir Frederick Banting and Dr. Charles Best's discovery of insulin, it is critical that we ensure that the appropriate insulins are accessible to optimize outcomes and quality of life for all Canadians with diabetes. JDRF would be pleased to work with the government on which insulins and diabetes medications should be included on a national formulary to achieve this aim.

ABOUT JDRF CANADA

Founded by parents of children with type 1 diabetes (T1D), JDRF is the leading global charity focused on research that would cure, prevent & treat the disease. JDRF has 250,000 Canadian supporters and is active in over 75 communities coast to coast. For more info visit **jdrf.ca.**