

Submission to the Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities (HUMA)

Briefing from the Multiple Sclerosis (MS) Society of Canada on the Review of the Employment Insurance Program

April 9, 2020



The Multiple Sclerosis (MS) Society of Canada is pleased to provide this submission to the Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities (HUMA)'s review of the Employment Insurance Program.

Today's uncertain and difficult times resemble what it's like to live with multiple sclerosis (MS) – every single day. Every day, people with MS wake up to adversity and do everything in their power to persevere...

- The woman with progressive MS who struggles to button her shirt in the morning yet is determined to dance at her granddaughter's wedding.
- The high school athlete who ignores the tingling and numbness in his legs to rally his team to victory.
- The lawyer with blurred vision and foggy thoughts. The father struggling to say his child's name. The avid cyclist feeling her balance go.

The COVID-19 pandemic has compounded the challenges faced by the thousands of Canadians living with MS as well as their families, their friends, their communities, and all Canadians touched by this disease. And just as COVID has had a more pronounced impact on women, so too does MS – 75 per cent of Canadians living with MS are women. This gender dimension intersects with the multiple challenges Canadians affected by MS face every day.

It's time for the federal government to join our collective effort towards our mission of connecting and empowering the MS community to create positive change that helps realize our vision of a world free of MS. We are committed to ensuring Canadians living with MS, and their families, can participate fully in all aspects of life. This submission is focused on a gap COVID-19 has highlighted – a gap that has been there all along but can no longer be ignored - the inadequacy of Employment Insurance Sickness Benefits as highlighted in this <u>2019 Multi-Stakeholder Policy Roundtable Report on Employment Insurance (EI) Sickness Benefits</u>.

Expand Benefit Period

People with MS want to work, but it is challenging for many to do so. The episodic nature of their disease means their symptoms can relapse and sometimes render them incapable of working in a traditional fulltime role. Current science doesn't allow us to predict when these relapses will occur, nor how long they will last. As a result, some people living with MS rely on the El Sickness Benefit program to ensure that they are able to remain active participants in the labour market even as their disease progresses. Unfortunately, when the El Sickness Benefit period falls short of the recovery time needed for their relapse, the fact that they can recover means that they won't qualify for Long-Term Disability. With more than 60% of people living with MS eventually reaching unemployment it's clear that more flexibility is needed.

Unfortunately, the El Sickness Benefit designed to address this very issue has been virtually unchanged since the 1970s. To put this into context, it was set up at a time when smoking on planes was legal, bell-bottoms were king, and universal Medicare was just getting on its feet. The program provides insured employees up to 15 weeks of financial assistance if they can't work for medical reasons, provided they've qualified with over 600 hours already worked. While it is an important safety net, it also has outdated design flaws, most notably a rigid "on or off" switch that doesn't work for those who need a gradual workforce reintegration or for those living with episodic disabilities.



For the 13 million Canadians identified as not having short-term disability insurance in a 2015 report from the Institute for Research on Public Policy, *Leaving Some Behind: What Happens When Workers Get Sick*, this means that at the end of 15 weeks, they can either be recovered, or receive nothing. The <u>2019 El</u> <u>Roundtable Report</u> noted that three of the four major parties recognized in their 2018 platforms that it's time to extend the benefit from 15 to at least 26 weeks.

Key Actions for the federal government:

- Expand Employment Insurance (EI) Sickness Benefits from 15 weeks to at least 26 weeks
- Take steps to ensure that an increase from 15 to 26 weeks does not result in a decrease of real coverage from 30 to 26 weeks as a result of private insurers removing or reducing their own benefits

The <u>2019 HUMA Committee Report on Episodic Disabilities</u> stated explicitly that Employment and Social Development Canada (ESDC) should take these important steps to better support people with episodic disabilities. There is ample evidence to support moving ahead with these changes including the following;

- That the economic cost of disability through foregone productivity or replacement labour cost is upward of \$13 billion annually;
- Anxiety over the expiry of benefits often inhibits recovery or adds a mental health complexity to what is otherwise a physical recovery;
- Canada's current El Sickness Benefit period is woefully inadequate compared with OECD countries and, in fact, would only be 1/3 of what is offered in Germany and Sweden after being increased to 26 weeks; and
- Extending the benefit to 26 weeks would allow for symmetry with the Compassionate Care Benefit which also provides an example of how warnings about the cost of expanding the program, as with the expansion of the CCB, ring hollow.

Equity and El Sickness Benefits

With the implementation of the *Accessible Canada Act* in 2019 the Government of Canada committed to a country free of barriers for people living with an episodic disability. Unfortunately for those living with MS, the El Sickness Benefits program makes no accommodations for people who are generally able to work but affected by intermittent periods of acute symptoms nor for those who range from full ability to work to short periods of inability. Instead, the program works with a binary on/off switch that divorces El Sickness Benefits from the reality of living with an episodic disability, such as MS, thus creating a barrier to accessing the program. With more than 55% of El Sickness Benefit recipients in 2017 being women, and women three times more likely to be diagnosed with MS than men, this is an issue that disproportionately impacts women. It's time to change that.





Key Actions for the federal government:

- Conduct a review of EI Sickness Benefits using an equity lens in order to propose access remedies to the current barriers preventing full use of the program by those living with an episodic disability
- Address further equity concerns by examining how the 600-hour qualification threshold disproportionately impacts women and people living with a disability who are already more likely to be struggling as a result of the COVID-19 pandemic

Meeting the obligations under the Accessible Canada Act for a barrier free country requires the Government of Canada to take proactive steps to address systemic barriers to access that exist in federal programs. The binary on/off switch is just one of those barriers inherent in the current El Sickness Benefits framework that needs to be addressed by a thorough review of the program using an equity lens.

Enhance Coordination

For many Canadians living with a disability the EI Sickness Benefits program is just one part of a larger benefits framework that allows them to continue living their lives to the fullest. However, the current structure is not nimble enough to accommodate shorter term acuteness of symptoms leaving Canadians without programs to support them when EI Sickness Benefits are exhausted. In combination with the insufficient benefit period for chronic episodic conditions this lack of coordination between public benefit programs as well as between public and private insurers results in serious gaps in coverage that significantly impact people living with MS. It's time to change that.

Key Actions for the federal government:

- Create a single window approach to sickness and disability benefits that delivers an accessible, flexible and portable income and employment supports framework using a client centred case management approach
- Enhance coordination between government, insurers and businesses to find mutually beneficial solutions to the following issues
 - Decrease in uptake of the Premium Reduction Program (PRP) specifically among small and medium sized businesses
 - Lack of awareness of the PRP and EI Sickness Benefits generally among the self-employed
 - Complexity of PRP administration to the point that it discourages employers from using the program at all

The HUMA Report on Episodic Disabilities specifically called for an improvement to coordination of benefits and the use of a single window approach. Insurers and business groups are calling on government to play a lead role in coordination and development of short and long-term goals for an integrated EI sickness benefit and long-term disability framework. We add our voice to these calls to support people living with MS who have fallen through the cracks created by the federal government's current benefits framework.



Further **evidence** for the necessity and benefits of improving the EI Sickness Benefits program is found in the following:

- <u>Multi-Stakeholder Policy Roundtable Report on Employment Insurance (EI) Sickness Benefit Policy</u> (2019)
- Report of the Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities (HUMA) (2019) <u>Taking Action: Improving the Lives of Canadians</u> with Episodic Disabilities
- Disabled Women's Network of Canada (DAWN Canada) (2019) <u>More Than A Footnote: A Research</u> <u>Report on Women and Girls with Disabilities in Canada.</u>
- Conference Board of Canada (2018) report: <u>MS in the Workplace: Making the Case for Enhancing</u> <u>Employment and Income Supports</u>
- Public Policy Forum (2017) report: <u>Condition Chronic</u>
- Conference Board of Canada (2016) report: <u>Multiple Sclerosis in the Workplace: Supporting</u> <u>Successful Employment Experiences</u>
- Institute for Research on Public Policy (2015) report: <u>Leaving Some Behind: What Happens When</u> <u>Workers Get Sick</u>.

Conclusion

Canada's El Sickness Benefit has remained virtually unchanged since the 1970s. Over the past year Canadians have seen, through the very worst of circumstances, what people who live with MS have known for years; El Sickness Benefits in Canada are not an ideal solution for far too many Canadians. It's time to change that.

Recommendation 1 – Expand Benefit Period

• That the government expand the EI Sickness Benefit period from 15 to at least 26 weeks while taking steps to ensure that private coverage is neither reduced nor cancelled as a result.

Recommendation 2 – Equity and El Sickness Benefit

• That the government use an equity lens to conduct a thorough review of how episodic disabilities interact with Employment & Social Development Canada (ESDC) programs

Recommendation 3 – Enhance Coordination

• That the government enhance coordination between public benefits programs and between public and private insurers by adopting a claimant-centred client approach.

The 2019 El Roundtable Report noted that three of the four major parties recognized in their 2019 platforms that it's time to extend the benefit from 15 to at least 26 weeks. Now, in 2021 with the impacts of the pandemic ravaging our economy and the livelihoods of Canadians, the time for action has come. The MS Society of Canada, on behalf of the Canadians who live with MS and the tens of thousands more who are part of the MS community, ask this committee to consider the recommendation to extend the length of the Employment Insurance Sickness benefit while also taking action to address the additional recommendations we raise in this submission.



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About multiple sclerosis and the MS Society of Canada

Canada has one of the highest rates of multiple sclerosis in the world. On average, 12 Canadians are diagnosed every day. MS is a chronic autoimmune disease of the central nervous system (brain, spinal cord). It is considered an episodic disability meaning that the severity and duration of illness and disability can vary and are often followed by periods of wellness. It can also be progressive. Most people are diagnosed with MS between the ages of 20 and 49 and the unpredictable effects of the disease will last for the rest of their lives. The MS Society provides information, support and advocacy to people affected by MS, and funds research to find the cause and cure for the disease, bringing us closer to a world free of MS.