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House of Commons Standing Committee on Indigenous and Northern Affairs
Ottawa, ON.

Re: Abbott Diabetes Care Brief to the House of Commons Standing Committee on Indigenous And Northern Affairs regarding the administration and accessibility of Indigenous Peoples to the Non-Insured Health Benefits (NIHB) program

Abbott Diabetes Care, a division of Abbott Labs Co., appreciates the opportunity to submit our brief to the House of Commons Standing Committee on Indigenous And Northern Affairs regarding the administration and accessibility of Indigenous Peoples to the Non-Insured Health benefits (NIHB) program.

Prevalence & Impact of Diabetes

Our perspective for this brief is in context of managing diabetes, one the most significant and devastating chronic diseases impacting Indigenous peoples across Canada.

The prevalence of diabetes and related complications are a significant challenge for Indigenous peoples across Canada. Indigenous peoples are diagnosed with diabetes at a younger age, have more severe symptoms when diagnosed, face higher rates of complications, and experience poorer treatment outcomes.¹

The age-standardized prevalence rates for diabetes are 17.2% among First Nations individuals living on-reserve and 12.7% among First Nations individuals living off-reserve. In addition, the rates are 4.7% among Inuit people, and 9.9% among Métis people, compared to 5.0% in the general population.²

In addition, the complications due to diabetes are significant and include reducing lifespan by 5 to 15 years; contributing to 30% of strokes; is the leading cause of vision loss (retinopathy); contributes to 40% of heart attacks; contributes to 50% of kidney failure requiring dialysis and contributes to 70% of all non-traumatic leg and foot amputations (foot ulceration affects an estimated 15%– 25% of people with diabetes in their lifetime)³

Commitment to Closing the Gaps and Improving Health Outcomes

We note with interest as stated in the 2020-21 NIHB Annual Report, that in line with Canada's commitments under the United Nations Declaration of the Rights of Indigenous

¹ Indigenous communities and diabetes - Diabetes Canada
² Indigenous communities and diabetes - Diabetes Canada
³ 2022_Backgrounder_Canada_English_1.pdf (diabetes.ca)

Peoples and the Truth and Reconciliation Commission's Calls to Action, Indigenous Services Canada (ISC) works with Indigenous organizations including the Assembly of First Nations and the Inuit Tapiriit Kanatami, to advance shared priorities focused on improving and closing the gaps in health outcomes for Indigenous Peoples.⁴

To meet this commitment there is an urgent need to address inequities in access to care, especially compared to the level of access to innovative diabetes management technologies that is available to other Canadians. One of the challenges of the NIHB Program is that it serves as a payer of last resort and only provides coverage for a range of health benefits that may not be covered or eligible through other social programs, private insurance plans or provincial or territorial health insurance. This has exacerbated the inequities in access to care for Indigenous peoples relative to other Canadians.

In addition, the NIHB client population is growing at approximately two times the Canadian population growth rate. Subsequently, the needs and demands for timely health care services is also increasing. While we understand the need for the NIHB Program to manage the budget, identify cost-savings solutions and limit the growth of expenditures/investments especially for pharmacy services (5 yr. annualized growth rate at 4.5%)⁵, the impact and cost of diabetes outpaces NIHB efforts to invest in technologies to help manage diabetes in Indigenous populations.

For example, a key element of effective diabetes management is being able to understand, control and monitor glucose levels. Effectively monitoring glucose levels allows the person with diabetes to make short and long-term decisions to properly manage their condition (through nutrition, exercise and treatment.) Innovative technologies have significantly evolved from the current NIHB access to painful, inconvenient finger-pricking tools such as blood glucose monitoring and glucose test strips. Today, advanced sensor-based glucose monitoring systems are currently reimbursed by the NIHB on a limited basis, either through case-by-case or for a very narrow NIHB patient population. However, these systems, such as FreeStyle Libre family of Flash Glucose Monitoring systems, are more widely available through provincial public drug plans including the Ontario Drug Benefit Program.⁶

Access to advanced glucose monitors in various provinces, enables better patient self-management, fewer hypoglycemic episodes, significantly improved quality of life and subsequent health systems savings.⁷⁻²⁰ In short, new technology is life-changing for many Canadians living with diabetes and should be equitably available to support Indigenous people as well.

⁴ Non-Insured Health Benefits program: First Nations and Inuit Health Branch: Annual report 2020 to 2021 (sac-isc.gc.ca)

⁵ Non-Insured Health Benefits program: First Nations and Inuit Health Branch: Annual report 2020 to 2021 (sac-isc.gc.ca)

⁶ Ontario Providing Access to Innovative Technology for Diabetes Care | Ontario Newsroom

⁷ Yaron M et al. "Effect of Flash Glucose Monitoring Technology on Glycemic Control and Treatment Satisfaction in Patients With Type 2 Diabetes." *Diabetes Care* 2019;42(7):1178–84. doi.org/10.2337/dc18-0166; 8. Bolinder J et al. "Novel glucose-sensing technology and hypoglycaemia in type 1 diabetes: a multicentre, non-masked, randomised controlled trial." *Lancet* 2016;388(10057):2254–63. doi.org/10.1016/S0140-6736(16)31535-5; 9. Haak T et al. "Flash Glucose-Sensing Technology as a Replacement for Blood Glucose Monitoring for the Management of Insulin-Treated Type 2 Diabetes: a Multicenter, Open-Label Randomized Controlled Trial." *Diabetes Ther* 2017;8(1):55–73. doi: 10.1007/s13300-016-0223-6; 10. Kröger J et al. "Three European Retrospective Real-World Chart Review Studies to Determine the Effectiveness of Flash Glucose Monitoring on HbA1c in Adults with Type 2 Diabetes." *Diabetes Ther* 2020;11(1):279–91. doi: 10.1007/s13300-019-00741-9; 11. Evans M et al. "The Impact of Flash Glucose Monitoring on Glycaemic Control as Measured by HbA1c: A Meta-analysis of Clinical Trials and Real-World Observational Studies." *Diabetes Ther* 2020;11(1):83–95. doi:10.1007/s13300-019-00720-0; 12. Tyndall V et al. "Marked improvement in HbA1c following commencement of flash glucose monitoring in people with type 1 diabetes." *Diabetologia* 2019;62(8):1349–56. doi: 10.1007/s00125-019-4894-1; 13. Fokkert M et al. "Improved well-being and decreased disease burden after 1-year use of flash glucose monitoring (FLARE-NL4)." *BMJ Open Diabetes Res Care* 2019;7(1). doi: 10.1136/bmjdr-2019-000809; 14. Deshmukh H et al. "Effect of Flash Glucose Monitoring on Glycemic Control, Hypoglycemia, Diabetes-Related Distress, and Resource Utilization in the Association of British Clinical Diabetologists (ABCD) Nationwide Audit." *Diabetes Care* 2020. doi: 10.2337/dc20-0738; 15. Dunn TC et al. "Real-world flash glucose monitoring patterns and associations between self-monitoring frequency and glycaemic measures: A European analysis of over 60 million glucose tests." *Diabetes Res Clin Pract* 2018;137:37–46. doi: 10.1016/j.diabres.2017.12.015; 16. Charleer S et al. "Quality of Life and Glucose Control After 1 Year of Nationwide Reimbursement of Intermittently Scanned Continuous Glucose Monitoring in Adults Living With Type 1 Diabetes (FUTURE): A Prospective Observational Real-World Cohort Study." *Diabetes Care* 2020;43(2):389–97. doi: 10.2337/dc19-1610; 17. Bergenstal RM et al. "FreeStyle Libre® System Use Is Associated with Reduction in Inpatient and Outpatient Emergency Acute Diabetes Events and All-Cause Hospitalizations in Patients with Type 2 Diabetes." Presented at: Presented at 80th Scientific Sessions of the American Diabetes Association; June 12-16, 2020; Virtual (69-OR); 18. Roussel R. "Dramatic Drop in Ketoacidosis Rate after FreeStyle Libre System Initiation in Type 1 and Type 2 Diabetes in France, Especially in People with Low Self-Monitoring of Blood Glucose (SMBG): A Nationwide Study." Presented at: Presented at 80th Scientific Sessions of the American Diabetes Association; June 12-16, 2020; Virtual (68-OR); 19. Al Hayek AA et al. "Acceptability of the Wright E et al. " Use of Flash Glucose Monitoring Is Associated With A1C Reduction in People with Type 2 Diabetes Treated With Basal Insulin or Noninsulin Therapy." *Diabetes Ther* 2021. doi: 10.2337/ds20-0069; 20. Bergenstal R et al. "Flash CGM Is Associated with Reduced Diabetes Events and Hospitalizations in Insulin-Treated Type 2 Diabetes." Open Access article Feb 2021. doi:0.1210/jendso/bvbs013/6126709.

Call to Action

We respectfully recommend that the NIHB Program be funded appropriately to a) equitably align with the publicly-funded services that many Canadians are already receiving through their provincial programs, but are not available to Indigenous peoples, and b) address the most significant and costly chronic conditions such as diabetes that are disproportionately impacting Indigenous peoples across Canada through access to appropriate and innovative technologies for all ages.

We welcome any comments or questions from the Committee and we look forward to supporting recommendations that will improve the NIHB Program to meet the critical and growing health care needs of Indigenous peoples across Canada.

Thank you/Meegwetch.

Sincerely,
DocuSigned by:



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Cc:

The Hon. Minister Patty Hajdu
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