

# Diabetes Report



The Serious Face of Diabetes in Canada

Know who to turn to



## News Release

### **CATASTROPHIC DRUG PLAN NEEDED TO SUPPORT CANADIANS WITH DIABETES – CANADIAN DIABETES ASSOCIATION**

#### ***Diabetes Report 2005 reveals where you live in Canada still determines level of diabetes care and support***

**Toronto, Ontario (December 7, 2005)** – The Canadian Diabetes Association today called for a national catastrophic drug plan\* to be established to support Canadians with diabetes to help manage their disease and relieve the overwhelming personal out-of-pocket costs for medications, supplies and devices.

The Association's proposal is contained in *Diabetes Report 2005, The Serious Face of Diabetes in Canada*. Released today, *Diabetes Report 2005* demonstrates conclusively that the greatest challenge for Canadians living with diabetes remains affordability and access to the diabetes medications, devices and supplies they need to manage the disease and reduce the risk of costly health complications.

Diabetes is an epidemic in Canada, affecting over two million Canadians; this number is expected to grow to over three million by 2010.

“It is time for Canadians to get serious about diabetes and commit to establishing a national catastrophic drug plan,” said Dr. Karen Philp, National Director of Public Policy and Government Relations, Canadian Diabetes Association. “A national plan means that Canadians with diabetes – regardless of where they live – can afford the life-sustaining therapies they need to live healthier lives.”

An analysis of federal, provincial and territorial programs in *Diabetes Report 2005* reveals startling variations in drug plan coverage and financial support levels for people with diabetes and significant inconsistencies in coverage for diabetes medications, supplies and devices.

To illustrate these regional disparities, *Diabetes Report 2005* calculated the annual out-of-pocket expenses for two composite case studies. Janet is a 22-year-old woman with type 1 diabetes who earns \$15,000 a year and has no private healthcare insurance. Peter is a 52-year-old living with type 2 diabetes. Self-employed with no private healthcare insurance, he and his wife live on a combined income of \$55,000 a year. The following chart illustrates a wide discrepancy in what these individuals might pay in out-of-pocket diabetes expenses, depending on where they live in Canada.

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ASSOCIATION

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CANADIENNE  
DU DIABÈTE



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### CATASTROPHIC DRUG PLAN NEEDED – 2

Jurisdiction	Janet's annual cost	Janet's % of annual income	Peter's annual cost	Peter's % of annual income
Newfoundland/Labrador	\$3,639.33	25.1%	\$3,894.68	13.0%
Nova Scotia	\$3,585.71	24.7%	\$3,674.03	12.3%
New Brunswick	\$3,355.42	23.1%	\$3,441.83	11.5%
Prince Edward Island	\$3,116.19	21.5%	\$3,225.36	10.8%
Alberta	\$2,359.34	16.3%	\$1,733.61	5.8%
Saskatchewan	\$1,451.04	10.0%	\$2,225.70	7.4%
Quebec	\$962.85	6.6%	\$1,460.49	4.9%
Ontario	\$948.27	6.5%	\$2,046.49	6.8%
Northwest Territories	\$550.00	3.8%	\$40.15	0.1%
British Columbia	\$395.85	2.7%	\$1,897.49	6.3%
Manitoba	\$336.40	2.3%	\$2,224.15	7.4%
Yukon	\$250.00	1.7%	\$290.15	1.0%
Nunavut	0	0%	\$40.15	0.1%
Non-Insured Health Benefits (federal)	0	0%	\$40.15	0.1%

The creation of a catastrophic drug plan would benefit all Canadians by reducing the significant healthcare pressures and costs of treating long-term diabetes-related complications (including heart and kidney disease, blindness and limb amputation). Diabetes currently costs Canada's healthcare system an estimated \$13.2 billion annually.

The Canadian Diabetes Association proposes a catastrophic drug plan that would have Canadians with diabetes spending no more than three per cent of their adjusted family income for medications, supplies and devices. The plan would apply to other chronic diseases and cover products approved by Health Canada and the Patented Medicine Prices Review Board.

“Creating a national catastrophic drug plan – one that provides fair and equitable coverage to all Canadians with diabetes, no matter where they live – is a priority,” Dr. Philp said. “The costs of such a plan are well worth the long term benefits: reduced waiting lists; lower costs to treat long-term diabetes-related health complications; as well as improved quality of life for people with diabetes.”

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### CATASTROPHIC DRUG PLAN NEEDED – 3

A June 2005 online survey of Canadian Diabetes Association and Diabète Québec members revealed:

- Over one in two Association members with diabetes (52%) reported that they pay personally for diabetes medications and supplies.
- Almost one in two (46%) of Association members reported paying out-of-pocket expenses between \$50 and \$200 per month; one in four (28%) paid more than \$200.
- Among Diabète Québec members, 47 per cent said they paid more than \$50 a month but less than \$200, while 36 per cent paid less than \$50 a month.
- Almost one in four (24%) of Association members reported there were prescribed diabetes drugs, supplies or devices that their doctor recommended, but that they could not afford to purchase and could not access through their insurance plan. One in 10 Diabète Québec members reported that there were prescribed drugs, supplies or devices they could not afford.
- Those under age 40 with type 1 diabetes were more likely to be unable to afford medications and supplies recommended by their doctors.
- 25 per cent of Association and 5 per cent of Diabète Québec members are unaware of any federal, provincial or territorial financial assistance programs to help them manage their diabetes.

*Diabetes Report 2005* also urges:

- Increased government efforts to ensure more Canadians – those living with diabetes and those at risk – are aware of existing government programs and services for Canadians living with diabetes.
- Implementing fully the Canadian Diabetes Association *2003 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada*, a comprehensive set of research-based recommendations to prevent and manage diabetes. Canadians with diabetes need more education programs and better access to medications, supplies and devices.

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### CATASTROPHIC DRUG PLAN NEEDED – 4

*Diabetes Report 2005* also urges (*cont'd*):

- Accelerating the implementation of the federal government's Canadian Diabetes Strategy and the Aboriginal Diabetes Initiative. Community-based diabetes education projects are needed across Canada to slow, stop or reverse the staggering growth of diabetes. The Aboriginal Diabetes Initiative is a high priority due to the diabetes epidemic in Aboriginal communities.

More than two million Canadians have diabetes and this number is expected to increase dramatically as the population ages. Risk factors for type 2 diabetes include being age 40 and over, being related to a person with diabetes, being of Aboriginal, Hispanic, South Asian, Asian or African descent, or being overweight or obese.

#### *About the Canadian Diabetes Association*

The Canadian Diabetes Association works to prevent diabetes and improve the quality of life for those affected, through research, education, service and advocacy. With a presence in more than 150 communities, the Canadian Diabetes Association's strong network of assistance includes volunteers, employees, healthcare professionals and partners. The Canadian Diabetes Association – Know who to turn to.

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\*By 'national catastrophic drug plan', the Canadian Diabetes Association means that all Canadians including those with diabetes or other chronic diseases, would spend no more than three per cent of their adjusted family income for medications, supplies and devices.

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