



2023 Budget Submission

Submitted to
The Honourable Donna Harpauer
Deputy Premier and Minister of Finance
Government of Saskatchewan

February 7, 2023

Diabetes Canada
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Introduction

Diabetes Canada is pleased to submit its recommendations to help inform Saskatchewan’s Budget 2023. It’s our intent to provide input to the government on investment decisions that ensure the province’s prosperity and at the same time improve health outcomes for people at risk of or living with diabetes.

Since our founding in 1953 Diabetes Canada leads the fight against diabetes by helping those affected by diabetes to live healthy lives and by preventing the onset and consequences of diabetes while we work to find a cure.

Diabetes Canada is the driving force to build awareness of the disease and its implications, which are often misunderstood. We are the national voice for 11.9 million Canadians living with diabetes or prediabetes.

1 in 3 people in Canada live with diabetes or prediabetes, and several populations are at higher risk of developing type 2 diabetes such as those of Indigenous, African, Arab, Asian, Hispanic, or South Asian descent, older Saskatchewanians, those who have a lower level of income or education, experience food insecurity, are physically inactive, or living with overweight or obesity.

The tabling in the House of Commons of the **Diabetes Framework for Canada** this past October 5, 2022 (<https://www.canada.ca/en/public-health/services/publications/diseases-conditions/framework-diabetes-canada.html>) presents an opportunity to Saskatchewan and all jurisdictions to reverse the rising prevalence and cost of diabetes. This framework was adopted and supported by parliamentarians of all political parties who, in working with Diabetes Canada, prioritized the interests of people affected by diabetes in a non-partisan manner. This collaborative spirit led to this remarkable accomplishment in health policy.

Saskatchewan Landscape

To *End Diabetes* and its serious health impacts is our rallying cry. We estimate that in 2023 diabetes and its complications will cost the Saskatchewan health system \$114 million with 80 per cent of this cost attributed to treating diabetes-related complications in acute care settings.

Diabetes is the leading cause of preventable blindness, kidney failure, and non-traumatic lower limb amputation. Compared to those without diabetes, people with diabetes are over three times more likely to be hospitalized with cardiovascular disease, 12 times more likely to be hospitalized with end-stage renal disease, and almost 20 times more likely to be hospitalized for a non-traumatic lower limb amputation compared to the general population.ⁱⁱⁱ¹

In 2023, 27 per cent of Saskatchewan’s population, or nearly 340,000, live with diabetes (type 1 or type 2) or prediabetes. Over the next decade, Saskatchewan is facing a 28 per cent increase in diabetes prevalence.

Prevalence	2023	2033
Diabetes (type 1 + type 2 diagnosed + type 2 undiagnosed)	166,000 / 13%	212,000 / 15%
Diabetes (type 1 and type 2 diagnosed)	116,000 / 9%	149,000 / 11%
Diabetes (type 1)	5-10% of diabetes prevalence	

Diabetes (type 1 + type 2 diagnosed + type 2 undiagnosed) and prediabetes (includes undiagnosed)	340,000 / 27%	407,000 / 29%
Increase in diabetes (type 1 and type 2 diagnosed), 2023-2033	28%	
Direct cost to the health care system	\$114 million	\$143 million
Out-of-pocket costs per year		
Type 1 diabetes costs, % of family income	\$623-\$7,790 / 2%-5%	
Type 2 diabetes costs, % of family income	\$414-\$6,055 / 1%-8%	

Added to the risk of complications, people with diabetes are at greater risk of the consequences of COVID-19 and have been nearly twice as likely to require hospitalization and intensive care as those without and nearly three times as likely to die of COVID-19. For some people, surviving COVID-19 has led to lasting medical concerns. The already growing burden of diabetes was heightened through the pandemic.

Diabetes Canada is pleased with the Saskatchewan’s efforts in recent years to improve the lives of its citizens living with diabetes. In May 2020, the Ministry of Education released the Policy Statement: *Supporting Students with Potentially Life-Threatening Medical Conditions (e.g., allergies, asthma, diabetes, epilepsy) in Saskatchewan Schools*. In June 2021, the government eliminated the age restriction from the provincial insulin pump program for eligible individuals with type 1 diabetes and, at the same time, introduced coverage of continuous glucose monitoring devices (isCGM & rtCGM) for eligible children and youth under age 18. However, despite these commendable actions, the prevalence and cost of diabetes continue to escalate.

As Saskatchewan considers the allocation of provincial dollars, specifically within the area of healthcare, Diabetes Canada believes that allocating appropriate funds to develop and implement a **provincial diabetes strategy**, while at the same time enhancing access to diabetes medications, supplies, and devices for individuals living with diabetes, is in the best interest of patients, families, the health system, and provincial taxpayers.

Given that diabetes is one of the most empirically measurable chronic diseases, implementation of a comprehensive strategy to prevent, diagnose, and treat diabetes based on data on patient health outcomes can serve as a useful test case for managing other chronic diseases. Also, implementing a comprehensive diabetes strategy will help reduce the burden of not only diabetes but of all chronic disease in the province. From supporting healthy living to providing timely, multi-disciplinary patient-centric care, a comprehensive strategy will reduce the incidence of heart disease, stroke, obesity, some cancers, and many other conditions.

Recommendations | Saskatchewan Budget 2023

To alleviate the burden of diabetes in Saskatchewan, Diabetes Canada recommends the government commit to the following priority actions and apply to them ample resources in Budget 2023:

1. **Fund the development and implementation of a comprehensive diabetes strategy** to improve diabetes prevention, screening, treatment, and health outcomes for Saskatchewanians.
2. **Expand equitable access to necessary diabetes medications, devices and supplies** to enable Saskatchewanians with diabetes to effectively manage their disease and reduce the risk of complications.

Recommendation Summaries

1. Implement a Comprehensive Diabetes Strategy

The growing cost of diabetes and its complications on Saskatchewan's health system cannot be sustained. Saskatchewan requires a thoughtful, comprehensive diabetes strategy with measurable targets to improve diabetes prevention, screening, treatment, and health outcomes.

With an aging population and exploding growth rates amongst higher-risk populations, including Indigenous Peoples and South Asians, the prevalence and cost of diabetes in Saskatchewan will continue to rise over the next decade. Treating diabetes and its complications will cost Saskatchewan's healthcare system \$114 million this year and is expected to reach \$143 million by 2033, unless a comprehensive plan is designed, implemented, and adequately funded.

Saskatchewan's strategy development can expand on the work being done now in the province to address diabetes prevention, screening, and treatment. It can expand its initiatives within the context of a thoughtful strategy designed with targets that are measurable and outcome-focused, so that improved health outcomes are achieved, and healthcare costs are reduced.

Diabetes Canada recommends the Government of Saskatchewan align its work on diabetes with the Framework for Diabetes in Canada and fund the development and implementation of a comprehensive provincial diabetes strategy to improve prevention, screening, treatment and health outcomes in the province.

2. Expand Access: Put patients at the centre of policy decisions

- a. **Eliminate barriers, including age discrimination, to access evidence-based, personalized diabetes treatments, including diabetes medications, devices, and supplies:**

This means supporting people throughout their lifetime, as diabetes does not discriminate based on age. Saskatchewanians living with diabetes not only live with difficult health issues every day, but also bear a significant financial burden. In Saskatchewan, individuals with type 1 diabetes pay out-of-pocket up to \$7,745² annually, and those managing type 2 diabetes pay up to \$6,055³. We know that added costs adversely affect the ability of some to manage their disease optimally, which impacts quality of life and risks their short- and long-term health.

We hear directly from individuals who are unable to pay the costs associated with managing their diabetes. In some cases, they are forced to make difficult choices between paying for needed diabetes medication, devices, and supplies, or paying for necessities like rent or food. We know too that private plans do not routinely cover diabetes devices and/or include caps on annual expenses. This may result in the unintended consequences of increasing medical interventions in the public health system.

Diabetes Canada recommends the Government of Saskatchewan place people at the centre of policy decisions to ensure equitable access to evidence-based treatments, including diabetes medications, devices, and supplies. Imposing barriers to access that cause undue financial and emotional hardship is problematic at best and unethical at worst.

- b. **Provide equitable access to continuous glucose monitoring systems (isCGM/rtCGM)**

Many Saskatchewanians with diabetes are unable to access the glucose monitoring systems they need to optimally manage their diabetes.

Self-management is a cornerstone of diabetes care so that individuals can work to prevent or delay the serious complications of the disease. Diabetes self-management includes balancing medications with eating and physical activity. Monitoring blood glucose is necessary to know whether blood glucose is being maintained within an individual's target range. Elevated blood glucose levels can, over time, lead to serious complications. Low blood glucose can result in a life-threatening situation.

Glucose self-monitoring is necessary for all people with type 1 diabetes and in pregnancy and is recommended for many people with type 2 diabetes. People living with diabetes should work with their healthcare team to determine the type of device that best suits their needs.

There are three different glucose self-monitoring modalities, including:

- i. Capillary blood glucose monitoring
- ii. Intermittently-scanned continuous glucose monitoring (isCGM): Saskatchewan funds isCGM for ages 18 and under.
- iii. Real-time continuous glucose monitoring (rtCGM): Saskatchewan funds rtCGM for ages 18 and under.

According to Diabetes Canada's [Policy Statement](#), isCGM and rtCGM can provide many benefits, such as:

- Support healthy behaviours and behaviour change, as well as guide diabetes management strategies by providing immediate data on the impact of food choices and exercise on blood glucose levels.
- Inform treatment decisions, including medication choice and dose adjustment.
- Promote safety from acute complications, such as diabetic ketoacidosis (DKA) and hypoglycemia, by allowing for identification of patterns and trajectories of blood sugar, as well as protection from long-term complications of diabetes by providing overall blood glucose averages and proportion and time in range.
- Enhance virtual care by allowing healthcare providers to access uploaded data about daily blood glucose trends, average daytime and nighttime glycemia, time in range and the glycemic response to specific interventions.
- Empower people living with diabetes by providing knowledge of current and trending blood glucose to inform self-management decisions.

The positive impact isCGM and rtCGM devices have on disease management and quality of life attest to their value. Cost savings to the healthcare system may be realized in both the short- and long-terms, such as:

- Fewer calls to EMS and fewer visits to ER for treatment of severe low or high blood sugars.
- Fewer hospitalizations for emergencies related to extreme blood sugars (DKA).
- Fewer visits to clinicians due to more stable blood sugars.
- Fewer complications due to better blood sugar management.
- Fewer amputations, reducing months of hospital and clinical care.
- Fewer people with kidney disease, reducing dialysis treatments.
- Less demand for medications, treatments, and surgeries to deal with nerve damage and vision loss.

Diabetes Canada recommends the Government of Saskatchewan remove the age barrier to access and fund glucose monitoring devices (isCGM and rtCGM) per Diabetes Canada's [reimbursement recommendations](#).

Conclusion

The recommendations contained in Diabetes Canada’s pre-budget submission represent our priorities for government investments. By adopting these recommendations, the government will meaningfully improve the lives of Saskatchewanians living with diabetes, reduce the healthcare costs associated with diabetes, and increase productivity of the workforce.

Diabetes Canada looks forward to continuing to work closely with the government and other stakeholders towards achieving optimal health outcomes for people with diabetes and those at risk of diabetes.

We thank the government for the opportunity to provide these recommendations and look forward to working together in 2023.

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¹ Diabetes in Canada: facts and figures from a public health perspective. Ottawa Ont: Public Health Agency of Canada; 2011. 112 p.

² Diabetes and Diabetes-Related Out-of-Pocket Costs: 2022 UPDATE, Diabetes Canada

³ Diabetes and Diabetes-Related Out-of-Pocket Costs: 2022 UPDATE, Diabetes Canada