



**Diabetes Canada**  
**2018 Pre-Budget Consultation Submission**  
**Standing Committee on Finance and Economic Affairs**  
**Government of Ontario**  
**January 17, 2018**



## **Executive Summary**

Today, about 4.4 million Ontarians, or 29 per cent of the provincial population, are living with diabetes or prediabetes. Over the next decade, diabetes prevalence in Ontario is projected to increase by 30 per cent. Diabetes puts people at higher risk of serious and costly complications, including heart attack, stroke, vision loss, kidney disease and amputation.

Some populations carry a much heavier burden of diabetes, including those of Asian, South Asian, African, and Hispanic descent and Indigenous Peoples. In addition to far higher prevalence of diabetes and diagnoses at younger ages, Indigenous Peoples face multiple barriers to effectively prevent and manage diabetes, such as food insecurity, limited access to programs and services, and a lack of proper infrastructure. Poverty, including inadequate housing, and lower levels of education are also contributing factors. Collectively, these challenges lead to higher rates of diabetes complications among Indigenous Peoples in Ontario.

Financial constraints and high out-of-pocket costs limit people's ability to effectively manage their diabetes. A considerable proportion of Ontarians with diabetes have great difficulty paying for prescribed medications and supplies. Public coverage for diabetes medications, devices, supplies and services is available to some people but not everybody, and to varying degrees. The expenses associated with disease management can be a huge burden for people living with diabetes to carry.

For the 2018 Ontario Budget, Diabetes Canada urges the Government of Ontario to:

1. Introduce a renewed provincial Diabetes Strategy that sets aggressive targets to stem the tide of the diabetes epidemic and to improve outcomes for people with diabetes.
2. Address gaps in access to medications, devices and supplies required for effective diabetes management by: reducing deductibles associated with publicly funded programs (e.g. Trillium Drug Program); and ensuring adequate coverage for supplies such as pen needles and syringes.
3. Publicly fund continuous glucose monitors for people with type 1 diabetes who suffer from severe hypoglycemia and/or have hypoglycemia unawareness, as recommended in Health Quality Ontario's draft report.



## 1. The Call for a Renewed Diabetes Strategy

**Issue: Diabetes Canada is urging the Government of Ontario to introduce a renewed provincial Diabetes Strategy that sets aggressive targets to stem the tide of the diabetes epidemic and to improve outcomes for people with diabetes.**

### **In Ontario, almost 1 in 3 people have diabetes or prediabetes.**

- In 2018, about 4.4 million Ontarians are living with diabetes or prediabetes. Over the next 10 years, diabetes rates in Ontario are projected to increase by 30%.
- The direct cost of diabetes to the provincial health care system is approximately \$1.5 billion annually.
- By 2028, direct costs are estimated to be as high as \$1.9 billion a year, an unsustainable amount.
- Uncontrolled diabetes can lead to heart disease, kidney disease, eye disease, and lower-limb amputation. Depression is also more common among people with diabetes than in the general population.
- Given the size of the diabetes epidemic, its rapid rate of growth, and the toll it takes on individuals and families, the Government must create a renewed Diabetes Strategy that sets aggressive, measurable targets to address prevention, screening and awareness, glucose control and secondary prevention of complications.

### **Over 50% of type 2 diabetes cases can be prevented or delayed. In cases that cannot be prevented, outcomes for people can be improved.**

- Type 1 diabetes is a disease in which the pancreas does not produce insulin. Its cause remains unknown and it cannot be prevented. However, people with type 1 diabetes can lead long and healthy lives with proper daily management that keeps their blood glucose levels within a healthy target range.
- Type 2 diabetes is a disease in which the pancreas does not produce enough insulin or the body does not properly use the insulin it makes. Type 2 diabetes is caused by a combination of genetic, environmental and lifestyle factors. In many cases, the development of type 2 diabetes can be prevented or delayed.
- In both cases, intensive multifactorial interventions can significantly reduce diabetes-related complications (e.g. heart attacks) and mortality by nearly 60%.<sup>1</sup>

### **Ontario introduced its first Diabetes Strategy in 2008, and its second in 2012.**

- In 2008, the Government of Ontario introduced its first four-year Ontario Diabetes Strategy, whose purpose was to reduce diabetes risk and prevalence in the province, provide disease management support to patients, and improve access and quality of services and care to



those living with diabetes.<sup>2</sup>

- An updated strategy followed in 2012 that outlined the direction for diabetes care and focused on enhanced prevention and management approaches.
- In 2016, the Ministry of Health announced \$10 million for diabetes prevention and management within the First Nations Health Action Plan.

**However, the Ontario Diabetes Strategy was not renewed.**

- Rather than renew a strategy dedicated to diabetes, diabetes prevention and care was incorporated into the larger provincial chronic disease strategy.
- While people may live with one or more chronic disease, each one has particular manifestations and implications for health and lifestyle. A patient-centred, diabetes-specific strategy is required to address the needs that are unique to this condition.
- Its current and projected prevalence and cost make the diabetes epidemic impossible to ignore. It should not be subsumed under a larger chronic disease strategy.

**A renewed Diabetes Strategy could make Ontario a leader in diabetes prevention and management.**

- When developing measurable targets and outcomes, Ontario can learn from the experience of The Joint United Nations Programme on HIV/AIDS (UNAIDS) establishing a 90-90-90 target to end the HIV/AIDS epidemic.
- Adopted in 2014, the UNAIDS 90-90-90 target set out that, by 2020, 90 per cent of all people living with HIV will know their HIV status, 90 per cent of those will receive sustained antiretroviral therapy and 90 per cent of those will have viral suppression.
- The 90-90-90 target was seen to be so effective that the same target was embraced in December 2014 for tuberculosis.
- A provincial Diabetes Strategy that incorporates a 90-90-90 target for diabetes is urgent and imperative. The target could mean:
  - more people who are at risk of developing diabetes would be aware of their status and take preventative measures, thereby avoiding developing the disease.
  - more people who have diabetes would become aware of their status sooner, minimizing complications and maximizing opportunities to reverse or slow the pace of the disease.
  - more people living with diabetes would be receiving specialized counselling and care, and thereby experiencing fewer complications and adverse health outcomes.
  - fewer people with diabetes would develop serious complications like heart disease, kidney disease or amputations, which in turn would reduce significant costs to the health care system.



## 2. Access to Medications, Devices and Supplies

**Issue: Diabetes Canada urges the Government of Ontario to address gaps in access to medications, devices and supplies required for effective diabetes management by: reducing deductibles associated with publicly funded programs (e.g. Trillium Drug Program); and ensuring adequate coverage for supplies such as pen needles and syringes.**

### **The Province has committed to introducing a redesigned public drug program by 2019.**

- The 2016 Ontario Budget stated that “the new program will improve long-term sustainability while ensuring access to drugs for people who need them.”<sup>3</sup>
- The 2017 Ontario Budget made a bold move forward by announcing the OHIP+: Children and Youth Pharmacare Program. Effective January 1, 2018, the program will provide drug coverage for children and youth with OHIP under the age of 25, regardless of income.
- For children and youth with diabetes, this new program means that their families will receive funding for insulin, other glucose lowering medications and blood glucose test strips.

### **However, diabetes does not end when people turn 25.**

- People with diabetes need timely and affordable access to prescribed medications, devices and supplies to optimally manage their disease and avoid serious and costly complications.
  - To keep blood glucose under control and prevent or manage complications, many people with diabetes take multiple medications: 32% of Canadians reported taking three to four medications, 40% reported taking five to nine, and 12% reported taking 10 medications or more.<sup>4</sup>
- Ontario has taken important steps to improve access to needed medications, devices and supplies, such as expanding coverage for insulin pumps and supplies to all eligible residents with type 1 diabetes in 2008. In spite of this, many people still struggle with the high out-of-pocket costs of managing their disease.
- Coverage for support programs depends on income, and Ontarians under 65 with diabetes can experience severe financial constraints from high deductibles. For example, for most people who qualify, the deductible for the Trillium Drug Program equals about 3 to 4% of household income after taxes.<sup>5</sup> People then pay up to \$2 for each drug, per person, that is filled or refilled.

### **Drug therapy must be accessible to ensure proper diabetes management.**

- In Ontario, public coverage for drug therapy to treat diabetes varies based on a person's income level and prescribed therapy—the level of coverage impacts out-of-pocket costs.



- For people with type 1 diabetes who meet medical criteria for insulin pump therapy and choose to use an insulin pump, some, but not all, of their expenses would be covered under Ontario's insulin pump program. They may still need to pay \$500–\$1,700 a year of their own money.
- People with type 2 diabetes living in Ontario have very limited assistance from the provincial government.
  - A 55-year old individual with type 2 diabetes earning \$40,000 to \$80,000 annually may need to pay the full cost for prescribed treatment at an estimated \$1,900 per year. At a lower income (e.g. \$20,000), Ontarians with type 2 diabetes may still need to pay over 80 per cent of their expenses.
- When people with type 2 diabetes reach 65 years of age, many expenses are covered by the Ontario Drug Benefit program (ODB), however not all needed medications are insured by ODB and some are overly restricted.
  - The annual deductible for ODB is \$100 for single seniors with an annual income of approximately \$19,300 or senior couple with an annual income of approximately \$32,300. The co-payments are currently \$6.11 per drug.
- Diabetes is a costly condition, even when people are eligible for various provincial support programs. That is why Diabetes Canada urges the Government of Ontario to reduce deductibles associated with publicly funded programs to make medications, devices and supplies less expensive and more accessible.

### **Pen Needles and Syringes: Public coverage does not adequately cover annual costs**

- Eligible individuals may receive up to \$170 annually in public coverage for pen needles and syringes to administer insulin through the Government of Ontario's Assistive Devices Program, Ontario Works and the Ontario Disability Support Program.
- However, for people who test four times daily, the annual cost for pen needles and syringes is closer to \$500 to \$600 -- if they use a needle or syringe once only, as is recommended by medical professionals.
  - The cost to the individual may be higher or lower depending on the treatment regimen, the type of needles or syringes used, where they are purchased and whether they have public or private coverage.
- Diabetes Canada urges the Government of Ontario to raise the coverage for pen needles and syringes to cover the annual costs for people with diabetes.



### 3. Continuous Glucose Monitoring Systems

**Issue: Diabetes Canada recommends that the Government of Ontario publicly fund continuous glucose monitors for people with type 1 diabetes who suffer from severe hypoglycemia and/or have hypoglycemia unawareness, as recommended in Health Quality Ontario's draft report.**

#### **Hypoglycemia can be a life-threatening complication of diabetes.**

- Low blood sugar (hypoglycemia) occurs when there is too much insulin relative to the amount of sugar in the bloodstream. It is often characterized by symptoms such as trembling, anxiety, difficulty concentrating and dizziness.
- When a person experiences and can correctly identify symptoms of hypoglycemia, he/she can treat him/herself to bring blood sugar back to a healthy, safe level. In some severe cases, however, a person may lose consciousness and require assistance with treatment from someone else.
- Hypoglycemia can cause confusion, seizure and/or coma. It can lead to accidents that may cause serious harm. Hypoglycemia is particularly dangerous when individuals are asleep, unable to recognize the symptoms of hypoglycemia and therefore have no warning or opportunity to treat it.

#### **Monitoring blood sugar levels is essential to preventing hypoglycemia.**

- Diabetes Canada's *2013 Clinical Practice Guidelines* recommend that people with diabetes test to ensure their blood sugar levels remain within the target range, which helps to prevent cases of severe low or high blood sugar.
- However, there may not always be an obvious cause for severe blood sugar lows, despite optimal use of insulin therapy and conventional blood glucose monitoring with test strips.
- Symptoms do not always accompany hypoglycemia in all people. Some, like young children for example, may not be able to recognize or communicate the symptoms of hypoglycemia, or it may occur during sleep. Hypoglycemia unawareness can continue into adulthood.
- In specific instances, continuous glucose monitoring (CGM) systems may help people with diabetes stay within their target blood sugar range and prevent low blood sugar episodes. If used consistently, CGM has the potential to prevent life-threatening emergencies.
- With CGM, a small sensor is inserted under the skin to measure a person's blood sugar levels every few minutes. The readings are then relayed to a device, which can be read by the person, caregiver or health care provider, even remotely.



- These data help people with diabetes recognize when their blood sugar is low so they can treat it. They also help them to identify when their blood sugar is trending down, which allows for appropriate, timely action to be taken to avoid hypoglycemia.
- Currently, public funding for CGM systems is only available for people who have access to the Ontario Disability Support Program. All others must pay the entire cost out-of-pocket.
  - CGM systems typically range in price from \$3,000 to \$6,000 a year. Many people cannot afford this cost.
  - The cost can vary between manufacturers and is based on the components of the system and the frequency with which equipment needs to be replaced.

**A Health Quality Ontario draft report provides some recommendations to the government.**

- In its draft report released in October 2017, the Ontario Health Technology Advisory Committee (OHTAC) recommends publicly funding continuous glucose monitoring in patients with type 1 diabetes who are willing to use continuous glucose monitoring for the vast majority of the time and who meet one or more of the following criteria:
  - severe hypoglycemia without an obvious precipitant, despite optimized use of insulin therapy and conventional blood glucose monitoring.
  - inability to recognize, or communicate about, symptoms of hypoglycemia.
- OHTAC estimates the cost to the province to support those who are currently using this technology could be as low as \$8.5 million over five years. To make the technology available for people who are often unaware they are having a low blood sugar episode, the cost could rise to \$82.5 million over five years.
- The call for public input closed on November 1, 2017, and Health Quality Ontario is currently reviewing the feedback.

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<sup>1</sup> Diabetes Canada. *Diabetes: Canada at the Tipping Point. Charting a New Path*. 2013. Available from: <https://www.diabetes.ca/CDA/media/documents/publications-and-newsletters/advocacy-reports/canada-at-the-tipping-point-english.pdf>

<sup>2</sup> Ministry of Health and Long-Term Care. (2016). *Ministry Plans: 2016-17 Published Plans and 2015-16 Annual Reports*. Toronto, Ont: Ministry of Health and Long-Term Care. Retrieved from <http://www.health.gov.on.ca/en/common/ministry/publications/plans/ppar16/>.

<sup>3</sup> 2016 Ontario Budget, 118.

<sup>4</sup> Statistics Canada. 2011 Survey on Living with Chronic Disease in Canada. Custom data request.

<sup>5</sup> Government of Ontario. *Get Help with Prescription Drug Costs*. <https://www.ontario.ca/page/get-help-high-prescription-drug-costs#section-4>