



2023 Pre-Budget Submission

**Submitted to
The Honourable Allan MacMaster
Minister of Finance
Government of Nova Scotia**

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Diabetes Canada

Introduction

Diabetes Canada is pleased to submit its Budget 2023 consultation submission and hope our contribution can help government ensure the province continues to thrive, prosper, and improve health outcomes for Nova Scotians.

Since our founding in 1953, we have, and continue to, lead 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 11.7 million people in Canada living with diabetes and prediabetes.

One in three 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 Nova Scotians, 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 Nova Scotia with an opportunity to build on this policy roadmap and turn the tide of Canada's diabetes epidemic.

This framework was adopted and supported by federal parliamentarians of all political parties who, working with Diabetes Canada, prioritized the interests of people affected by diabetes in a non-partisan manner. This collaborative spirit led to a remarkable accomplishment in health policy.

Much more work to address diabetes remains, as Canada's grim trajectories for increasing diabetes prevalence and cost, as well as the consequent challenges on Canada's diabetes community will only be reversed with a thoughtful, comprehensive, and funded effort at all levels of government.

Nova Scotia 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 Nova Scotia healthcare system \$116 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, Nova Scotians living with diabetes are two to four times more likely to be hospitalized for cardiovascular or kidney disease, and over 14 times more likely to suffer lower limb amputations. Adults with diabetes spend over 2.5 times the number of days in hospital each year than people without diabetes; and children and adolescents spend over seven times the number of days in hospital than those without diabetes.¹

In 2023, 34 per cent of Nova Scotians live with diabetes (type 1 or type 2) or prediabetes. The risk of developing type 2 diabetes increases with age, which is of great concern, since 19.9 per cent of Nova Scotians are over the age of 65². There are 51,495 Indigenous people in Nova Scotia, who face significantly higher rates of diabetes and adverse health consequences than the overall population. Over the next ten years, Nova Scotia is facing a 16 per cent increase in diabetes prevalence³.

Estimated Prevalence and Cost of Diabetes – Nova Scotia

Prevalence (1)	2023	2033
Diabetes (type 1 + type 2 diagnosed + type 2 undiagnosed)	177,000 / 17%	204,000 / 21%
Diabetes (type 1 and type 2 diagnosed)	124,000 / 12%	143,000 / 14%
Diabetes (type 1)	5-10% of diabetes prevalence	
Diabetes (type 1 + type 2 diagnosed + type 2 undiagnosed) and prediabetes (includes undiagnosed)	339,000 / 34%	368,000 / 37%
Increase in diabetes (type 1 and type 2 diagnosed), 2023-2033	16%	
Direct cost to the health care system	\$116 Million	\$131 Million
Out-of-pocket cost per year (2)		
Type 1 diabetes costs, % of family income	\$223-\$14,052 / 1%-9%	
Type 2 diabetes costs, % of family income	\$232-\$5,010 / 1%-7%	

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 Nova Scotia government’s recent commitment to improving the lives of those living with diabetes. In 2019, Pharmacare revised the Special Authorization form to help remove some barriers to accessing diabetes medications. And, in August 2022, the government released its [Managing Diabetes in School Policy](#) that includes school staff to be trained to administer insulin and nasal glucagon, setting an important example for the rest of the country.

As Nova Scotia considers the allocation of provincial dollars, specifically within the area of healthcare, we believe that (compared to downstream costs associated with not addressing diabetes), allocating appropriate funds to a provincial diabetes strategy is in the best interest of both patients and taxpayers living in Nova Scotia.

Recommendations | Nova Scotia 2023

With the determination to alleviate the burden of diabetes in Nova Scotia, Diabetes Canada recommends the government commit to the following priority actions and apply 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 Nova Scotians.
2. Expand access to necessary diabetes medications, devices and supplies to enable Nova Scotians with diabetes to effectively manage their disease and reduce the risk of complications.

Recommendation Summaries

1. Implement a Comprehensive Diabetes Strategy

Nova Scotia cannot sustain the growing burden of diabetes on its citizens and on the healthcare system. Nova Scotia requires a comprehensive diabetes strategy to improve diabetes prevention, screening, treatment, and health outcomes for the province.

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 Nova Scotia will continue to rise over the next decade. Treating diabetes and its complications will cost Nova Scotia's healthcare system \$116 million this year and is expected to reach \$131 million by 2033, unless a comprehensive plan is designed, implemented, and funded.

The number of Nova Scotians on the [Need a Family Practice Registry](#) continues to trend upward, with more than 129,000 people on the list as of January 1, 2023⁴ (up from 68,000 a year ago). Finding doctors to care for patients in rural areas has been an ongoing challenge in the province. The struggle has since spread to urban areas, where we see increasing numbers of at-risk groups, including South Asian and Indigenous people. We know that with consistent, in-person and/or virtual healthcare, as well as access to the right technology and medication, blood glucose levels can be managed, and expensive downstream complications can be prevented. But without access to primary healthcare, Nova Scotians have no choice but to go to emergency rooms across the province, putting added strain on the healthcare system.

Nova Scotia'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 achievable 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 Nova Scotia fund the immediate mobilization of a diabetes working group to inform the development and prompt implementation of a comprehensive diabetes strategy.

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. Nova Scotians living with diabetes not only live with difficult health issues every day, but also bear a significant financial burden. In Nova Scotia, individuals with type 1 diabetes pay out-of-pocket up to \$14,007⁵ annually (among the highest in the country) and those managing type 2 diabetes pay up to \$5,010. 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 from Nova Scotians who are unable to pay the out-of-pocket costs associated with managing their diabetes. This effectively compromises their ability to manage their disease. In some cases, it may force them to make difficult choices between paying for needed diabetes drugs, devices, and supplies, or paying for necessities like rent or food. We also know that private plans do not routinely cover diabetes devices, or their plans are capped at an annual maximum for diabetes medications, devices, and supplies, which exacerbates the cost burden. This may result in the unintended consequences of increasing medical interventions in the public health system. Some Nova Scotians may choose to move to another province to gain access to full coverage elsewhere.

Diabetes Canada recommends the Government of Nova Scotia 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 Nova Scotians 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 levels 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)
- iii. Real-time continuous glucose monitoring (rtCGM)

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 Nova Scotia broaden and increase access to the supplies and devices needed to monitor blood sugar and prevent or delay serious complications, as per Diabetes Canada's [reimbursement recommendations](#).

Conclusion

The recommendations contained in Diabetes Canada's pre-budget submission represent our priorities for government investment in 2023. By adopting these recommendations, the government will meaningfully improve the lives of Nova Scotians 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 you for the opportunity to provide these recommendations and look forward to working together in 2023.

¹ Johnson, J.A., Rabi, D.M., Edwards, A.L. ... & Balko, S.U. (2009). Diabetes and health care utilization in Alberta. Alberta Diabetes Atlas 2009. Accessed from https://www.researchgate.net/profile/Doreen_Rabi/publication/265099105_Chapter_4_Diabetes_and_Health_Care_Utilization_in_Alberta/links/5458f3190cf2bccc4912afca.pdf

² Diabetes Canada Clinical Practice Guidelines Expert Committee. Diabetes Canada 2018 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada. Can J Diabetes. 2018;42(Suppl 1):S1:S325.

³ Canadian Diabetes Association. (2013). Canadian Diabetes Cost Model

⁴ Wait list for family doctors nears 130,000 in Nova Scotia, January 1, 2023, <https://www.cbc.ca/news/canada/nova-scotia/family-doctor-wait-list-grows-nova-scotia-1.6709021>

⁵ Diabetes and Diabetes-Related Out-of-Pocket Costs: 2022 UPDATE, November 2022