

Association
chiropratique
canadienne



Canadian
Chiropractic
Association

A Written Submission for the Pre-Budget Consultations for Budget 2024 of the Standing Committee on Finance



Submitted by:
The Canadian Chiropractic Association

August 2023



T (416) 585-7902 TF 1(877) 222-9303
184 Front St. East, Suite 200 Toronto, ON M5A 4N3
Info@chiropractic.ca

CHIROPRACTIC.CA • CHIROPRACTIQUE.CA



List of Recommendations:

The Canadian Chiropractic Association recommends the government take the following immediate steps:

- **Recommendation 1:** That the government improve access to healthcare in rural communities by implementing its commitment to expand the Canada Student Loan Forgiveness Program by including regulated healthcare professions, including Doctors of Chiropractic.
- **Recommendation 2:** For the government to increase paramedical coverage to ensure adequate and equal coverage is provided to public service employees.
- **Recommendation 3:** For the government to undertake a comparative review of the Non-Insured Health Benefits (NIHB) program to understand areas that can improve Indigenous peoples' access to care, including reinstating coverage for chiropractic care.
- **Recommendation 4:** For the government to remove the referral requirement and the cap on the number of treatment visits for Canadian Armed Forces members.



Background

The Canadian Chiropractic Association (CCA) is the national association representing more than 9,000 licensed Doctors of Chiropractic across Canada. The CCA advocates on issues that impact the musculoskeletal health of Canadians.

Chiropractors are one of Canada's largest primary contact healthcare professions and experts in the assessment, diagnosis, and treatment of musculoskeletal (MSK) conditions, such as back pain, headaches, arm or neck strain and diseases of the muscle and joints, as well as the management of pain caused by these conditions.

Each year, **more than 11 million Canadians** suffer from musculoskeletal conditions and by 2031 this number is projected to **grow to an alarming 15 million**.¹ Musculoskeletal conditions are having a devastating impact on the health, quality of life, and workforce participation of Canadians, as well as on Canada's economy.

According to Health Canada, the total direct (healthcare) and indirect (lost production) cost of chronic pain in 2019 was \$38.2 - \$40.3 billion. Over the next decade the total cost is expected to increase by 36.2 per cent and reach \$55 billion.²



RECOMMENDATION 1: Improve access to healthcare in rural communities by implementing its commitment to expand the Canada Student Loan Forgiveness Program by including allied healthcare professions, such as chiropractors.

The shortage of healthcare professionals in rural and remote communities is a serious barrier to care, forcing many people to travel hours, even for emergencies. Twenty per cent of Canadians live in rural communities but are served by only eight per cent of the physicians practicing in Canada.³ This crisis is currently deepening and can't be solved by one profession alone.

Rural communities face serious challenges in recruiting and retaining healthcare professionals. The Canada Student Loan Forgiveness Program aims at addressing some of these challenges by incentivizing primary healthcare professionals to practice in rural communities. In its current form the program is limited to family doctors, registered nurses, registered psychiatric nurses, registered practical nurses, licenced practical nurses, and nurse practitioners.

The narrow scope of the program substantially impedes its potential to improve access to care in rural communities. The government recently identified this shortcoming and committed to expanding the current list of eligible healthcare professionals who can access the program.⁴ The program should reflect the interdisciplinary nature of the healthcare teams Canadians rely on. Ensuring that regulated, allied health professionals, such as chiropractors, are included in the expansion of the program, will reflect that reality, and improve access to primary care in rural communities.

Improving access to non-pharmacological pain management treatments may help reduce the heavy reliance on opioids in treating pain. Canadians suffering from back pain and neck pain are often prescribed opioids as the first line of treatment. In fact, low back pain is one of the primary causes for over-use of prescribed opioids.⁵ As licensed primary health care providers, who are muscle and nervous system experts, Canada's chiropractors can play a bigger role in reducing over-reliance of opioids by managing musculoskeletal conditions and pain through conservative non-pharmacological treatments instead of pharmacotherapy.

Expanding the Canada Student Loan Forgiveness Program by including regulated allied health professionals, such as chiropractors, will reflect the interdisciplinary nature of the healthcare teams Canadians rely on and improve access to primary care in rural communities.



RECOMMENDATION 2: For the government to increase paramedical coverage to ensure adequate and equal coverage is provided to public service employees

The Public Service Alliance of Canada (PSAC) recently negotiated a new Public Service Health Care Plan (PSHCP) with the federal government. Prior to the recent agreement, the PSHCP had not been reviewed or changed since 2006. Since 2006, chiropractic coverage has been set at \$500 per year and the new agreement kept the same level of coverage for chiropractic care that was established in 2006. The new PSHCP agreement increased paramedical service coverage for services like massage therapy, naturopath, osteopath, and others to the same level of coverage for chiropractic.

This coverage level does not reflect the increase in clinic costs or inflation since 2006. Additionally, the new PSHCP agreement increased physiotherapy coverage maximum to \$1,500, representing an unfair preference between peer professionals. **We request the federal government increase all paramedical coverage to match the coverage level provided to physiotherapy.**

It is important to understand the role of investing in adequate coverage for paramedical services. Low benefit maximums for paramedical services can be a barrier for employees and may discourage obtaining treatment. Employees may feel the need to avoid early treatment, fearing they will not have coverage when they need it most. Adequate coverage is necessary to ensure employees can treat their conditions without worrying about cost. Ensuring adequate coverage for paramedical services is an important step towards removing financial barriers for employees accessing the care they need.

Evidence demonstrates the benefit of early intervention of MSK conditions, with a direct impact on lost time, absenteeism, and productivity. For example, a study looking at early intervention found that preventative treatment for MSK conditions could reduce sick leave and lost work productivity among workers with MSK by more than 50% and reduce the risk of permanent work disability and job loss by up to 50%.⁶

To diminish the impact expense of MSK conditions among its workforce, the federal government must ensure that there is adequate coverage for paramedical services, like chiropractic care, within the PSHCP.

Paramedical service coverage levels need to have adequate coverage levels that match the needs of patients but also reflect the economic realities of today not the economic realities that were established close to twenty years ago.



RECOMMENDATION 3: For the government to initiate a comparative review of the Non-Insured Health Benefits (NIHB) program, to identify areas to improve Indigenous peoples' access to care, including reinstating coverage for chiropractic care.

The government has committed to co-develop a distinctions-based Indigenous health legislation with First Nations, Inuit, and the Métis Nations so that Indigenous communities have greater control over the design and delivery of healthcare. The legislation aims to ensure that Indigenous populations have access to culturally relevant care.

As recommended in the Report of the Standing Committee on Indigenous and Northern Affairs, (recommendation nine), published December 2022, the government should undertake a comparative review of the NIHB program to understand deficiencies and ensure that it provides medical benefits that meet the health needs of Indigenous peoples. One area to review is the accessibility and coverage of allied healthcare providers and their services. Ensuring access to allied healthcare professionals would allow Indigenous peoples' access to non-pharmaceutical care options to treat MSK conditions or manage pain.

Indigenous and non-Indigenous people living in northern and remote communities face challenges in accessing musculoskeletal care. The CCA and Health Canada are supporting a research project dedicated to addressing this issue at the community of Pimicikamak (Cross Lake First Nation), Manitoba. The project will implement a model of care that would enable primary care practitioners in underserved communities to triage people with MSK conditions by using the Global Spine Care Initiative (GSCI) classification. This would improve patients access to timely care and alleviate the pressure on the healthcare system. The initiative is part of the GSCI, which aims to work with underserved communities around the world.

The Canadian Pain Task Force's (CPTF) final report, *An Action Plan for Pain in Canada*, found that the lack of access to non-opioid options to treat pain is one of the factors contributing to the opioid crisis.⁷ This combined with the fact that First Nations people are disproportionately affected by chronic conditions and overdose deaths, highlights the urgent need to support Indigenous peoples in addressing chronic pain through non-pharmacological options. A June 2021 report from the Government of Alberta, found that rates of apparent accidental opioid drug poisoning deaths of First Nations people were **seven times higher** compared to Non-First Nations people.⁸

The re-inclusion of chiropractic care may help decrease the reliance on opioids in the treatment of pain.



RECOMMENDATION 4: For the government to remove the referral requirement and the cap on the number of treatment visits for Canadian Armed Forces members.

Due to the physical demands put on active military personnel, MSK conditions like back and neck pain for active military personnel are double that of the general Canadian population. MSK injury is a major occupational risk of a military career and is responsible for 42 per cent of medical releases, which is the leading medical condition cause of ending a military career.⁹

We feel that the brave members of our armed forces deserve the very best in healthcare. The prevalence of MSK conditions among active service members means chiropractic can play a role in improving health outcomes and quality of life, however there are substantial barriers in CAF members ability to access chiropractic care. The requirement of a physician's referral to access chiropractic care delays access to timely care and placing an additional burden on members seeking treatment for a work-related injury. The result is that many CAF members by-pass the system and prefer to pay for treatment out of pocket.

CAF members are also capped at 10 visits which is insufficient, especially for those experiencing chronic conditions. They can have access to additional visits but would need to repeat the same process to get approval.

Achieving overall alignment of benefits afforded to CAF members and veterans would improve access to care, and most importantly facilitate continuity of care. Addressing musculoskeletal injuries in the early stage minimizes the risk of developing chronic pain conditions and the costs associated with it. Treating acute cases when they are active service members will impact how they treat chronic conditions when they become Veterans.

Removing the physician referral requirement and the cap on the number of treatment visits for CAF members would prevent delays, free up physicians for where they are needed, and help address the leading cause of medical discharges.



References:

- ¹ Canadian Orthopaedic Care Strategy Group. (2010). Backgrounder Report: Building a Collective Policy, Agenda for Musculoskeletal Health and Mobility.
- ² Canadian Pain Task Force, An Action Plan for Canada, Health Canada, May 2021.
<https://www.canada.ca/en/health-canada/corporate/about-health-canada/public-engagement/external-advisory-bodies/canadian-pain-task-force/report-2021.html>
- ³ Canadian Institute for Health Information. Supply, Distribution and Migration of Physicians in Canada 2015 – Data Tables. Ottawa, ON: Canadian Institute for Health Information; 2016.
- ⁴ Office of the Prime Minister, Mandate letter to the Minister of Employment, Workforce Development and Disability Inclusion, December 16, 2021. <https://pm.gc.ca/en/mandate-letters/2021/12/16/minister-employment-workforce-development-and-disability-inclusion>
- ⁵ Bhamb B, Brown D, Hariharan J, Anderson J, Balousek S, Fleming MF. Survey of select practice behaviors by primary care physicians on the use of opioids for chronic pain. Current medical research and opinion. 2006;22(9):1859-1865.
- ⁶ Stephen Bevan, “Back to Work: Exploring the Benefits of Early Interventions which help people with Chronic Illness Remain in Work,” Fit for Work Europe, April 29, 2015.
- ⁷ Health Canada, Canadian Pain Task Force Report: March 2021 - An action plan for pain in Canada, <https://www.canada.ca/en/health-canada/corporate/about-health-canada/public-engagement/external-advisory-bodies/canadian-pain-task-force/report-2021.html>.
- ⁸ Alberta Government, Opioid Response Surveillance Report: First Nations People in Alberta, June 2021 <https://open.alberta.ca/dataset/ef2d3579-499d-4fac-8cc5-94da088e3b73/resource/1d3c4477-7a5b-40a8-90f0-a802dbfd7748/download/health-alberta-opioid-response-surveillance-report-first-nations-people-2021-06.pdf>
- ⁹ Canadian Forces Health Services Group, “Surgeon General’s Report 2014: Consolidation Innovation Readiness,” National Defence, 2014.

Contact

Madison Ciponi (She/Her)

Manager of Government Relations

MCiponi@Chiropractic.ca
184 Front St. East, Suite 200
Toronto, ON M5A 4N3

[CHIROPRACTIC.CA](https://www.chiropractic.ca) | [CHIROPATIQUE.CA](https://www.chiropatique.ca)