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Canadian
Chiropractic
Association



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Pre-Budget Submission

House of Commons Standing
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List of Strategic Actions

The Canadian Chiropractic Association urges the Government of Canada to take the following immediate and strategic actions:

1. **Amend the Income Tax Act** to allow chiropractors to assess patients for the Disability Tax Credit, easing administrative burdens and expanding access for Canadians living with pain and disability.
2. **Expand the Canada Student Loan Forgiveness Program** to include Doctors of Chiropractic to improve access to essential musculoskeletal healthcare in rural and underserved communities.
2. **Undertake a comprehensive review of the Non-Insured Health Benefits program**, with specific consideration of reinstating chiropractic care to improve access to culturally relevant, non-pharmacological treatment options for Indigenous peoples.

About the Canadian Chiropractic Association

The CCA is the national voice for more than 8,000 licensed chiropractors across Canada. Chiropractors are primary contact healthcare professionals with expertise in diagnosing, managing, and treating musculoskeletal (MSK) conditions such as back pain, neck pain, arthritis, and joint dysfunctions using non-invasive, evidence-based approaches.

Each year, over 11 million Canadians experience MSK conditions. This is projected to rise to 15 million by 2031.ⁱ In 2019 alone, Health Canada estimated the total direct and indirect cost of chronic pain in Canada at up to \$40.3 billion, with an anticipated 36% increase by 2030.ⁱⁱ The Canadian Institute for Health Information estimates the economic cost of MSK conditions is \$22 billion annually and account for 1/3 of all lost time at work.ⁱⁱⁱ

Taken together, these figures underscore that MSK conditions are not only a health issue, but a significant economic and productivity challenge requiring targeted federal policy intervention.

Given the profound impact MSK conditions have on quality of life, productivity, and workforce participation, expanding access to chiropractic care represents a critical, cost-effective solution for government.

Patient-Centred Care: The Foundation for Policy

Every recommendation in this submission is rooted in a foundational principle: Canadians deserve access to the right care, from the right provider, at the right time. Patient-centred care

must serve as the lens through which government evaluates health policy; not institutional tradition or administrative inertia. When policy fails to recognize the full scope of qualified, regulated healthcare professionals, it is patients who bear the consequences through delayed access, added administrative burden, and inequitable outcomes.

Despite chiropractors' standing as licensed, primary contact healthcare professionals trusted by millions of Canadians, federal programs have not consistently reflected this reality. Patients who rely on chiropractors as their primary MSK provider face barriers that patients of other regulated health professionals do not. They are unable to access the Disability Tax Credit through their regular provider, their chiropractor is ineligible for the loan incentives that attract other clinicians to rural and underserved communities, and Indigenous patients have lost access to chiropractic care under the NIHB program entirely. These are not administrative oversights; they are policy gaps with direct human consequences. That the same profession is excluded across three distinct federal programs (loan forgiveness, disability assessment, and Indigenous health benefits) points to a pattern that demands deliberate correction. Addressing these gaps represents a low-cost, high-impact opportunity to modernize federal health policy. The Government of Canada's commitment to patient-centred care must be reflected in the programs and frameworks it funds and administers.

1. Amend the Income Tax Act to allow chiropractors to assess patients for the Disability Tax Credit

As the Prime Minister stated: “Canada is a dynamic country that celebrates our diversity, cares for the most vulnerable among us, and strives for a better future for all.”^{iv} The government’s commitment to develop a Disability Inclusion Action Plan to improve the lives of Canadians living with disabilities is a bold and just vision. However, the plan could be strengthened by expanding access such as allowing chiropractors to assess patients for the Disability Tax Credit (DTC).

Despite being trusted providers for millions of Canadians with MSK disabilities, chiropractors are not authorized to assess patients for the DTC. This is a regulatory gap that creates unnecessary barriers and bottlenecks and limits the federal government’s ability to deliver timely supports to eligible Canadians.

This oversight:

- Prevents patients with chronic pain and mobility challenges from receiving benefits.
- Overburdens family physicians with additional assessments and administrative work.
- Contradicts the government’s stated goal of improving access and inclusion for Canadians with disabilities.

The administrative burden on the healthcare system is already significant. According to the Canadian Medical Association, 280,070 DTC applications were submitted to the federal government in 2023. Doctors could have seen more than 600,000 patients in the time it took to complete those forms. At a time when provincial governments are working to reduce paperwork and improve access to care, this represents a step backward.^v With the launch of the Canada Disability Benefit program, demand is expected to grow further. It is estimated that 110,000 new DTC applications will be submitted in 2025–26 alone. Completing these applications will require health providers across the country to spend approximately 82,500 hours filling out paperwork – time during which they could otherwise see 247,500 patients.^{vi}

Chiropractic patients face an unfair obstacle in accessing the DTC they are entitled to because the chiropractors they regularly rely on are not authorized by the federal government to assess patients for this important benefit. This creates inequitable access pathways based solely on provider type, rather than patient need. In addition, chiropractors can help elevate the administrative burden on doctors and the healthcare system. This fix is simple and widely supported. In 2018, the House of Commons Standing Committee on Finance recommended amending the Income Tax Act to allow chiropractors to complete DTC assessments.^{vii} Organizations like the Canadian Nurses Association, Council of Canadians with Disabilities, and Arthritis Society support this change.

Amending section 118.4(2) of the Income Tax Act to include chiropractors to assess patients

would:

- Streamline access to the DTC program.
- Reduce administrative delays.
- Improve quality of life for thousands of Canadians with chronic conditions.

2. Expand the Canada Student Loan Forgiveness Program to Include Chiropractors

As outlined by the Prime Minister’s mandate letter, Canada’s persistent “weak productivity is straining government finances, making life less affordable for Canadian families, and threatening to undermine the sustainability of vital social programs.” A key barrier to improving productivity, particularly in rural and remote communities, is limited access to care for MSK conditions, which are a leading cause of pain, disability, and lost work time.

Access to MSK care is an essential driver of productivity—particularly in rural, remote, and resource-based communities where physical labour dominates. MSK injuries have a higher rate in rural areas due to factors like hazardous work, longer travel distances, and environment.^{viii} These communities experience a higher incidence of MSK injuries, yet face major shortages of healthcare providers.

Currently, only 8% of physicians serve the 20% of Canadians living in rural areas.^{ix} Chiropractors are MSK experts and are well-positioned to address this care gap, but high educational debt often deters new graduates from relocating to these regions.

Expanding the Canada Student Loan Forgiveness Program to include chiropractors would:

- Attract and retain MSK experts in underserved areas.
- Reduce chronic pain, disability, and opioid reliance through non-pharmacological care.
- Improve local economic outcomes by keeping workers healthy and productive.

The Canada Student Loan forgiveness program has proven effective in helping attract healthcare providers to rural areas by offering financial incentives. Expanding the program to include chiropractors would not only improve access to MSK care in underserved regions but also support economic productivity and help strengthen the healthcare system in rural and remote areas without requiring the creation of new programs or administrative structures.

3. Undertake a comprehensive review of the Non-Insured Health Benefits program

Canada has committed to advancing reconciliation and supporting culturally relevant, community-led healthcare for Indigenous Peoples. The Prime Minister reaffirmed this commitment in his mandate letter. In addition, Budget 2025 announces the government’s intention to undertake a comprehensive assessment of health care and health infrastructure

needs in the North, to identify innovative ways to increase access to health care in northern communities and reduce medical travel costs through engagement with Northern and Arctic Indigenous Peoples. Yet, MSK care remains out of reach because coverage for chiropractic care was removed from the Non-Insured Health Benefits (NIHB) program.

The 2022 report from the Standing Committee on Indigenous and Northern Affairs recommended a comparative review of the NIHB program to identify coverage gaps.^x A critical and urgent area for review is access to non-pharmaceutical treatment options for MSK conditions—specifically, allied health services such as chiropractic care, which can provide effective alternatives to opioid use.

Consider:

- First Nations people are four times more likely to die from opioid-related causes.^{xi}
- The Canadian Pain Task Force found the lack of access to non-pharmacological pain management as one of the factors contributing to the opioid crisis.^{xii}
- Chiropractic care provides safe, effective, and culturally appropriate treatment options.

The Chiefs of Ontario, who advocate on behalf of 133 First Nations across Ontario, have formally endorsed the resolution titled *“Reinstatement of Chiropractic Care under the Non-Insured Health Benefits (NIHB) Program: Access to Non-Pharmaceutical and Non-Surgical Musculoskeletal (MSK) Care for First Nations in Ontario.”* This resolution aligns closely with Ontario’s First Nations Health Transformation agenda and reflects a shared commitment to advancing health sovereignty, culturally safe care, and equitable access to evidence-based services.

The Assembly of First Nations has also passed a similar resolution, demonstrating national-level consensus among First Nations leadership that the exclusion of chiropractic care from NIHB represents a critical gap in access to non-pharmaceutical and non-surgical musculoskeletal care. Together, the Chiefs of Ontario and the Assembly of First Nations represent a strong and unified voice of First Nations leadership calling for meaningful reform to the NIHB program.

Reinstating chiropractic coverage under NIHB aligns with the federal commitment to reduce opioid harm, empower Indigenous communities, and promote equitable health outcomes. This would continue the vital work your government has committed to advance reconciliation with Indigenous Peoples.

Closing Remarks

Canada cannot afford to overlook the growing burden of MSK conditions on its economy, healthcare system, and citizens. At its core, this is about patients. Millions of Canadians who rely on chiropractors for evidence-based, primary MSK care, but whose access is constrained by

federal programs that have not kept pace with how Canadians actually seek and receive healthcare. These three policy changes will improve access, equity, and outcomes particularly for rural, Indigenous, and disabled populations.

By aligning federal programs with the realities of patient-centred care, and recognizing chiropractors as the regulated MSK providers millions of Canadians already depend on, the Government of Canada will be investing in a more resilient, inclusive, and productive future for all Canadians.

ⁱ Canadian Orthopaedic Care Strategy Group. (2019). Backgrounder Report: Building a Collective Policy, Agenda for Musculoskeletal Health and Mobility.

ⁱⁱ 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>

ⁱⁱⁱ Canadian Institute for Health Information. National Health Expenditure Trends, 1975 to 2013. 2013. Accessed August 7, 2014

^{iv} Rt. Hon. Mark Carney, Mandate Letter, May 21, 2025.

^v Canadian Medical Association, COMMENTARY: Federal disability benefit welcome, but its red tape will tax health system, May 22, 2025. <https://www.cma.ca/about-us/what-we-do/press-room/commentary-federal-disability-benefit-welcome-its-red-tape-will-tax-health-system>

^{vi} Canadian Medical Association, COMMENTARY: Federal disability benefit welcome, but its red tape will tax health system, May 22, 2025. <https://www.cma.ca/about-us/what-we-do/press-room/commentary-federal-disability-benefit-welcome-its-red-tape-will-tax-health-system>

^{vii} Canada. 42-nd Parliament. 1-st Session. House of Commons. Standing Committee on Finance, Cultivating Competitiveness: Helping Canadians Succeed, Recommendation Number 23, December 2018.

^{viii} Felix Bang, Steven McFaull, McAuthor, James Cheesman, et. al., The rural-urban gap: differences in injury characteristics, Health Promotion and Chronic Disease Prevention in Canada, Vol 39, No 12, December 2019.

^{ix} Canadian Institute for Health Information. Supply, Distribution and Migration of Physicians in Canada 2015 – Data Tables. Ottawa, ON: Canadian Institute for Health Information; 2016.

^x Hon. Marc Garneau, “Moving towards improving the health of Indigenous people in Canada: accessibility and administration of the non-insured health benefits program,” Standing Committee on Indigenous and Northern Affairs, 2022.

^{xi} Chiefs of Ontario and Ontario Drug Policy Research Network. Opioid Use, Related Harms, and Access to Treatment Among First Nations in Ontario, 2013-2019. Toronto, ON: Chiefs of Ontario; 2021. <https://odprn.ca/wp-content/uploads/2021/11/First-Nations-Opioid-Use-Harms-and-Treatment-Infographic.pdf>.

^{xii} 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>.