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Pre-Budget Submission

Written Submission to the Standing Committee on Finance

Fall 2025

List of Strategic Actions

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

1. **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.
3. **Expand chiropractic care coverage and remove administrative barriers** preventing Canadian Armed Forces members from accessing care.
4. **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.
5. **Ensure equitable paramedical benefits** for chiropractic care under the Public Service Health Care Plan by aligning annual maximums with those of comparable services such as physiotherapy.

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 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—a number 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]

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.

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1. 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.[iv] 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.[v] 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.

2. 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. 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.[vi] A critical and urgent area for review is access to non-pharmaceutical treatment options for musculoskeletal (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.[vii]
- 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.[viii]
- Chiropractic care provides safe, effective, and culturally appropriate treatment options.

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.

3. Expand chiropractic care coverage and remove administrative barriers preventing Canadian Armed Forces members from accessing care.

MSK conditions, such as back and neck pain, are twice as prevalent among active military personnel compared to the general population. MSK injuries account for 42% of medical releases, making them the leading cause of service-related medical discharges.[ix]

Chiropractic care can help Canadian Armed Forces (CAF) members recover from injuries, improve function, and reduce injury. However, access is limited by two key barriers: the requirement for a physician referral and a cap of 10 annual visits. These restrictions delay care, increase administrative burdens, and lead many members to pay out of pocket.

To strengthen operational readiness and support CAF member health, we recommend:

- Removing the physician referral requirement to allow CAF members to access care earlier by removing this significant barrier
- Increasing the annual visit cap to 25 visits, based on clinical need.

The Standing Committee on National Defence study of *Military Health Systems and Provision of Health and Transition Services under the Canadian Forces Health Services Group* recommended the elimination of the referral requirement and increasing access to chiropractic care.[x] In addition, the Canadian Life and Health Insurance Association, representing 99% of life and health insurers, has confirmed that it is industry standard not to require a physician referral for accessing paramedical services such as chiropractic care.[xi] Chiropractors are trained and experienced in completing the necessary documentation to ensure accurate and appropriate information transfer. They are committed to working collaboratively with CAF to ensure relevant information is shared with base physicians as needed.

In addition, increasing the number of chiropractic visits covered for CAF members beyond the current limit of 10 per year would make a meaningful difference to readiness of CAF members. This cap is insufficient, particularly for those managing musculoskeletal conditions. Aligning coverage with clinical need—not arbitrary limits—will improve recovery, reduce long-term disability, and support CAF members in maintaining their operational readiness.

Removing these barriers would streamline access to conservative care, reduce reliance on physicians for referrals, and support earlier intervention—leading to better health outcomes and reduced long-term healthcare costs.

4. 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."[xii] 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—a regulatory gap that creates unnecessary barriers and bottlenecks.

This oversight:

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

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.[xiii] 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.

5. **Ensure equitable paramedical benefits for chiropractic care under the Public Service Health Care Plan by aligning annual maximums with those of comparable services such as physiotherapy**

   The recent Public Service Health Care Plan (PSHCP) update failed to modernize coverage for chiropractic care, maintaining a 2006-era cap of $500 per year—an amount that hasn't kept pace with inflation, clinic costs, or the evolving needs of the public service workforce.

   By contrast, the updated plan increased physiotherapy coverage to $1,500, creating an imbalance that unfairly disadvantages Canadians who rely on chiropractic care.

   Equitable coverage matters. Evidence shows that early intervention for MSK conditions:

   - Reduces sick leave and lost productivity by over 50% and prevents long-term disability and job loss.[xiv]
   - Encourages preventative care, reducing system-wide costs.

   The government should update PSHCP coverage for chiropractic services to match physiotherapy benefits—ensuring fairness for employees and greater efficiency across the federal workforce.

Closing Remarks

Canada cannot afford to overlook the growing burden of MSK conditions on its economy, healthcare system, and citizens. With evidence-based, cost-effective solutions at hand, these five policy changes will improve access, equity, and outcomes—particularly for rural, Indigenous, and disabled populations.

By modernizing programs to include and empower chiropractors, the Government of Canada will be investing in a more resilient, inclusive, and productive future for all Canadians.

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