

Eroding federal funding puts Canadian health research at risk

(HEALTH RESEARCH NOT FOUND)

- **ERR: Poorer patient outcomes**
- **ERR: Higher costs**
- **ERR: Less innovation**
- **ERR: Fewer findings commercialized**
- **ERR: Deteriorating health**



For examples of how health research impacts you,
beyond your health, visit:

<https://www.healthcarecan.ca/our-work/advocacy/research/federal-health-research-funding-needed/>



The federal government is failing Canadian health research

Canada risks losing out by inadequately investing in health researchers working to unlock new discoveries.

Paul-Émile Cloutier

Opinion



As the world embraces and pursues a far-reaching revolution in the life sciences, will Canada be there as a serious player?

With artificial intelligence and other new tools, Canada has the potential to cure long-standing diseases, address future pandemics, improve medical diagnostics, and develop innovations to ease pressure on the health system. The contributions of our health researchers in the global fight against COVID-19 showed we could make important science breakthroughs and achieve commercial success from these discoveries.

Yet by failing to invest in health researchers working to unlock new discoveries, Canada risks losing out. Rather than supporting and encouraging talent, governments are squeezing researchers financially, implicitly telling them there may be no careers in science in Canada, and that they are better off leaving for other countries where their talent is treated far better. Researchers who have often looked to Canada as a great place to pursue their careers may decide they can no longer afford to come here. Canada will be the loser.

Most graduate and postdoctoral researchers are funded through the federal grants received by their supervisors from the three federal research agencies: the Canadian Institutes of Health Research, the Natural Sciences and Engineering Research Council of Canada, and the Social Sciences and Humanities Research Council of Canada. This funding has also stagnated and been hit hard by inflation. That is why, along with strengthening graduate scholarship and post-doctoral fellowship programs, it is imperative that the federal government also increase investments in the federal granting agencies. Both the Advisory Panel on the Federal Research Support System convened by the government and the House of Commons Standing Committee on Science and Research recommended last year that the federal government do so by at least 10 per cent a year for the next five years.

Ensuring Canada has the talent pipeline needed for a thriving, globally competitive knowledge-based economy goes beyond investing in researchers when they are training. Governments must ensure people see a future for themselves in Canada if they want to keep the talent we have invested in and supported, so they go on to work in hospitals, health authorities, health research institutes, government, and the private sector for the benefit of Canadians. This is another reason why the federal government must urgently increase investments

in research through the three federal agencies.

In addition to the danger of losing our best and brightest research minds, the failure of the federal government to adequately invest in health research also undermines our ability as a nation to efficiently and effectively apply new research findings to improve access to care and outcomes. Building a better health system requires applying best practices.

It would be a tragedy if Canada opted out of the life sciences revolution and the opportunities it brings to improve human health, and enhance Canada's success as an innovation nation.

There is investor interest in the life sciences. Some \$10-billion has been invested by venture capital groups in Canadian life science startups over the past decade. Investors in recent years have been putting more than \$1-billion annually into initial public offerings by life science companies on the Toronto Stock Exchange.

That is why HealthCareCAN recommends the federal government immediately invest \$3.8-billion to double current funding to the three federal granting agencies and commit to an annual increase that keeps pace with inflation and global benchmarks to ensure

competitive and sustainable research funding.

HealthCareCAN also calls on the government to increase federal funding available through the three agencies for graduate scholarships and postdoctoral fellowships to a minimum of \$25,000 and \$35,000, respectively, tying funding levels to increases in inflation, and increase the overall number of scholarships and fellowships available by 50 per cent, adjusting annually to reflect the level of enrolment in graduate and postdoctoral programs.

Budget 2024 is a critical test of the federal government's commitment to the future and whether it wants to build on past success in life sciences, or let the global life sciences revolution pass Canada by.

Paul-Émile Cloutier is the president and CEO of HealthCareCAN, the national voice of hospitals, health authorities, health research, and health-care organizations.
The Hill Times



The Canadian Dental Care Program: Dentists' Recommendations and What Patients Should Know Now

CDCP must not impact the oral health care system by eroding the excellent care two-thirds of Canadians receive.

Dentists across the country want the CDCP to be a success. Although the federal government has consulted with CDA since the announcement, the program has not incorporated several of CDA's key policy recommendations, such as: ensuring that administrative procedures do not impact or delay the provision of care to patients; and ensuring the cost of treatment provided to patients is fully covered. CDA's complete policy recommendations are outlined in our 2023 policy paper *Bridging the Financial Gap in Dental Care*.

The first six months of the program will be limited in its coverage. Many routine treatments will not be available to seniors who need this care the most. Health Canada needs to be clear with patients and providers regarding which services will be covered to avoid confusion.

Canadians should be aware the CDCP does not provide free dental care. Currently, the costs for oral health care under the CDCP for patients are unclear; however, the government has set a fee schedule less than usual and customary provincial and territorial fee guides. Canadians will not be 100% covered for their treatments and in many cases, will be required to pay out-of-pocket for a portion of their treatment.

Canadians should be able to choose their preferred oral health care provider. Unlike traditional benefit plans, providers must sign up to the CDCP to treat patients. This is unique to the CDCP and is not a requirement for nearly all public or private plans in Canada. CDCP patients deserve a simple program that will not create unnecessary barriers to access. When surveyed, nearly

half of dentists (excluding Quebec) said they needed more details to make an informed decision about whether to participate in the program. It is anticipated very few dentists will want to commit to any program that does not provide clear terms and conditions. What are CDCP patients supposed to do if their preferred provider does not participate? CDCP patients deserve the same options as Canadians with private insurance, who have access to any dentist who is accepting new patients. As CDA president and a practicing dentist, I know it's critical that the CDCP respects existing dentist-patient relationship and fosters development of new patient-dentist relationships with underserved Canadians. It is vital that participation in the CDCP is simple for providers and patients.

My recommendation for patients is to become fully informed about the CDCP and to ask their dental office if they are planning to participate. Patients are also encouraged to carefully consider the impact of dropping their current dental insurance. Dropping existing coverage will render them ineligible for CDCP.

The CDCP represents a once in a lifetime opportunity to make significant improvement to the oral health outcomes for millions of Canadians. Given such a complex and challenging program to implement, we acknowledge Minister Holland's commitment to continue to improve the plan right up to and after launch. However, the federal government must get it right by empowering dentists to focus on what they do best — caring for their patient's oral health.

The Government of Canada announced the roll-out of the 13-billion-dollar Canadian Dental Care Program (CDCP).

The Canadian Dental Association (CDA) has long advocated for targeted investments to improve oral health care in Canada for individuals facing barriers to access to care. The federal government's funding commitment through CDCP has the potential to dramatically improve oral health access for Canadians, particularly for vulnerable populations.

On January 31st, Health Minister Mark Holland reiterated his commitment that the CDCP would be fair to dentists, saying "I feel very confident that we will have something there that is fair to both patients and dentists." The federal government has work to do for that pledge to come true.

Over the past two years, CDA has been representing patients and the dental profession in conversations with Health Canada. CDA and the Provincial and Territorial Dental Associations' (PTDAs) provided information on what is needed to ensure optimal oral health care for all Canadians. We have shared critical recommendations that will improve CDCP and enhance provider participation. The CDA has been clear that CDCP will only be successful if dentists provide care for eligible patients. The dentists I know want to treat patients who need access to care, but the

Dr. Heather Carr
President
Canadian Dental Association



CANADIAN
DENTAL
ASSOCIATION