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2020 Ontario Pre-Budget Consultation

Submission to the The Honourable Rod Phillips, Minister of
Finance

October 2020

The Canadian Cancer Society (CCS) is the only national charity supporting Canadians with all cancers in communities across the country. In 2018, we funded groundbreaking research, invested \$52.6 million in trusted information and compassionate and practical support to people with cancer and their families, and helped shape health policies to prevent cancer and support those living with the disease. With almost 1 in 2 Ontarians expected to develop cancer in their lifetime, it is vital we work together to strengthen our efforts to reduce the cancer burden in Ontario.

Those with cancer are among the most vulnerable in our communities right now and may be at greater risk of more serious outcomes from COVID-19. While the immediate impact is easy to understand, the long-term effects will be equally devastating. As Ontario begins to resume services, there will be a significant backlog to our healthcare system with cancer patients who have gone untreated, hopeful their cancer hasn't spread. The COVID-19 pandemic highlights the importance of continuing our efforts to improve treatments, early detection, prevention, and increase access to critical support programs. Now, more than ever, the Ontario government must commit to the cancer cause.

CCS recommends the following items in the 2020 budget:

1. Invest an additional \$1.7 M to help re-launch the Wheels of Hope (WOH) transportation program

- WOH provides door to door transportation for cancer patients (mainly seniors) and their caregivers to cancer appointments. Last year, WOH helped 8,380 cancer patients take over 50,000 rides to treatment, driving over 8,200,000 km – the equivalent of over 19 one-way trips to the moon.

2. Add coverage of the prostate-specific antigen (PSA) test to the Ontario Health Insurance Plan, when ordered by a physician

- A PSA test can help find prostate cancer early, before it grows large or spreads outside of the prostate. When prostate cancer is detected early, close to 100% of men will survive 5 years or more compared to just 29% when detected at a later stage.

3. Invest in a system of fully funded take-home cancer drugs (THCD)

- THCD are not universally covered through the Ontario Health Insurance Plan leaving many patients navigating a patchwork of regulatory and administrative coverage, facing financial hardship, and forced to seek in-hospital treatments when take-home options are available.

4. Implement an annual cost recovery fee on the tobacco industry and an e-cigarette tax

- Tobacco companies can pay a fee to recoup the \$44 M spent annually through the Smoke-Free Ontario Strategy and ensure long-term funding for tobacco control.
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- Youth vaping has doubled in a 2-year period and tripled in a 4-year period. Taxes are a proven way to reduce consumption of similar products among highly price sensitive youth.

Investing in transportation to appointments, expanding access to early detection and treatments, and ensuring long-term investments in tobacco control will benefit Ontarians now and in the years ahead, long after the COVID-19 pandemic is behind us.

Contact Information

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Appendix A: Investing an additional \$1.7 M to help re-launch the Wheels of Hope (WoH) transportation program

Transportation to and from cancer care is a key challenge for access to equitable cancer services.¹ Across Ontario, the Canadian Cancer Society's (CCS) Wheels of Hope program has worked for 60 years to reduce the burden of transportation for patients and the cancer care system. Last year, the Wheels of Hope 1,400 strong volunteer workforce helped 8,380 cancer patients take over 150,000 rides to treatment, all over Ontario. Our volunteers drove over 8,200,000 km – the equivalent of over 19 one-way trips to the moon. The program cost approximately \$3.7M to deliver in 2019. This includes a critical contribution of \$800,000 annually from the Ontario government that we have received for over 20 years, typically covering approximately 20% of the program costs.

To diversify funding in order to meet the growing need and rising costs of the program, CCS implemented an annual registration fee of \$100 in 2013. We continue to offer a compassionate program for those unable to pay the full registration fee and make every attempt to ensure no patient is denied a ride due to their inability to pay. In 2020, we also entered a partnership with the Honda Canada Foundation to provide seven vans for Ontario volunteers to use in lieu of their personal vehicle. The Honda vans allow us to transport several patients at a time, reduce the wear-and-tear on volunteer vehicles, and better manage vehicle sanitation between rides.

Request

At the outset of the pandemic, CCS suspended the Wheels of Hope program to protect our volunteer drivers and clients until steps could be taken to mitigate the risks of the virus. In the interim, we provided direct funding to patients to procure their own transportation. With the support of the Ontario government, we also pioneered a short-term partnership with Uber to support driving patients to appointments in limited areas of the province. The Uber partnership ended in July and direct funding of patient transportation is costly, and transports clients only a fraction of kilometers when compared to our volunteer driver program.

We hope to re-launch the Wheels of Hope program in Ontario as soon as possible to ensure people can get to their appointments as the province works through the backlog of postponed cancer treatments. With the re-launch of the program, we will look to continue offering limited direct funding to low-income patients travelling beyond what volunteer drivers can accommodate.

"If this program was not available, I would not have been guaranteed to have someone drive me. Taxis are far too expensive, bus transportation is awkward, with transfers and distance to the cancer centre, and the likelihood of having a family member available is never guaranteed to say the least. I really value this program as do many others." – WoH survey respondent



The annual \$800,000 investment from the Ontario government to the Wheels of Hope program continues to be crucial to its success but given the remainder of the program budget relies on charitable donations, it simply is not sufficient to make up for our historic loss in revenue and financial hardship brought on by the COVID-19 pandemic. While Ontarians need our programs and services now more than ever, CCS anticipates a \$100 M loss in revenue this year—losing \$20.3 M in April alone, due to cancelled or postponed long-standing fundraising events such as Daffodil Month, Relay for Life and Run for the Cure.

We request that the Ontario government immediately increase its total funding contribution to \$2.5 M (\$1.7 M increase from current levels) to help us meet the challenges brought on by COVID-19 and continue to help people get to their cancer appointments.

What does the evidence say?

In a 2018 survey of Wheels of Hope clients conducted by CCS, 61% indicated that they are somewhat or very likely to miss cancer-specific medical appointments if the program was unavailable. Reoccurring themes in the literature from Canada and other jurisdictions note that about 13-20% of patients report experiencing transportation barriers, and these were more common amongst patients that were experiencing pain as well as those that had no primary social support or non-spousal support.² Further, the 2018 Canadian Partnership Against Cancer *Living with Cancer* report found that difficulty travelling to treatments disrupts family lives and everyday routines, resulting in further strain on families coping with the cancer diagnosis of a loved one.³

"I can't say enough about your service – it literally saved my life. Without you guys, I wouldn't have been able to get to Juravinski and to Sunnybrook for my treatments and there's no way my husband would have been able to drive me every day and still work to provide for our family..." – WoH survey respondent

Helping those facing the greatest challenges

Transportation barriers are shown to predominantly affect the elderly, those living in rural or remote areas, First Nations, Inuit and Metis populations, racial and ethnic minorities, and patients with lower annual household income.⁴

Rural populations

Rural Ontarians living with cancer are at a disadvantage as they often face the financial burden of travelling to receive cancer treatment and are more likely to view the associated costs as an important consideration when making treatment decisions. In Ontario, nearly all 14-regional cancer centres are located in urban settings or regional hubs while servicing the surrounding rural areas. With an average one-way trip of 50 km, the Wheels of Hope program mitigates barriers for rural patients accessing their regional cancer centre by providing door to door transportation to treatment.

Seniors

Almost 60% of all new cancer diagnoses and 75% of all cancer deaths occur in seniors (age 65+). Transportation for medical services and care is one of the most serious mobility problems faced by seniors, particularly among those in rural settings. The WOH program is





largely delivered by seniors for seniors, with seniors accounting for 75% of people accessing the service and 80% of the volunteer drivers.

Low SES populations

Low-income Canadians are 10 times more likely than other Canadians to report unmet health care needs due to transportation cost.⁵ Costs related to medical travel consume a larger share of disposable income than in high-income groups. These disparities are magnified for rural residents who, compared to their urban counterparts, earn lower incomes, are less likely to have private health insurance and have poorer health status and more chronic conditions. In 2019, 164 WOH clients (2.5%) registered had 3rd party billing status, meaning that they received income support, largely through the Ontario Disability Support Program (ODSP) and Ontario Works. With an average of approximately 23 one-way trips per client, the Wheels of Hope program is a vital support to people living on low or fixed incomes in Ontario.

Wheels of Hope Re-launch

Our plan to relaunch the program¹ is based on the following principles:

- All volunteer drivers will need to complete a re-training which incorporates new protocols and procedures for infection control and hygiene
- Volunteer drivers will be available in communities across Ontario to drive patients to appointments within 125-200 km of their homes (exact mileage to be determined prior to re-launch)
- Cancer patients residing outside this catchment will be eligible for a Financial Travel Subsidy program that provides yearly travel grants to those on low incomes
- Volunteer drivers will be compensated 20 cents/km driven as part of their volunteer role.

Budget

CCS is seeking total government funding of \$2.5 M (\$1.7 M increase from current levels) to support the Wheels of Hope program. This investment will help clients across Ontario to reach their cancer treatment appointments. CCS will continue to look for program efficiencies and fund the remainder of the program to deliver on the re-launch principles described above.

Breakdown of requested government investment in Wheels of Hope

Expense Area	Cost
Staffing	\$869,000
Infrastructure	\$91,000
Mileage	\$1,500,000
Direct Travel to Treatment Funding	\$40,000
Total	\$2,500,000

¹ The program will be re-assessed in the event of a drastic increase in COVID-19 cases throughout the province and in accordance with provincial and local public health directives. In the event that the volunteer driver program is suspended for patient and driver safety, funding will be provided directly to patients to offset transportation costs.



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Appendix B: Adding coverage of the prostate-specific antigen (PSA) test to the Ontario Health Insurance Plan, when ordered by a physician

Prostate cancer is the most commonly diagnosed cancer among Canadian men with 1 in 9 Canadian men expected to be diagnosed with prostate cancer in their lifetime, yet it is also one of the least preventable cancers. Due to the difficulty in preventing prostate cancer, early detection of the disease is critically important. When prostate cancer is detected early, close to 100% of men will survive 5 years or more.

The PSA test is a commonly used blood test that looks for high levels of PSA, a protein made by prostate cells. A small amount of PSA in the blood is normal, but if PSA levels are elevated, a person will typically be sent for further testing to determine if they have prostate cancer or a health concern impacting prostate.

A PSA test can help find prostate cancer early, before it grows large or spreads outside of the prostate. Finding cancer early means that treatments are more likely to be successful. When prostate cancer is found and treated early, the chances of successful treatment are better.

Currently, the Ontario Health Insurance Plan does not cover this important test for asymptomatic individuals who are worried about their health. The cost of PSA test is currently paid out-of-pocket by asymptomatic individuals in Ontario and British Columbia who would like to take the test after having a conversation with their doctor about the benefits and limitations. All other 8 provinces and 3 territories cover the cost of the test by referral without requiring signs and symptoms. CCS believes Canadians should have equitable access to PSA test for early detection of prostate cancer without having to pay out-of-pocket when they have a physician referral, regardless of where they live in Canada. Lack of coverage may act as a barrier for those who would like testing.

This request would fulfill the commitment made by the government through the motion supporting funding for physician-ordered PSA tests, which passed in the legislature unopposed in September 2020.





Appendix C: Investing in a system of fully funded take-home cancer drugs (THCD)

A cancer diagnosis is devastating - but treatment can also be physically, emotionally, and financially draining on people living with cancer and their families. The challenges have been exacerbated by the COVID-19 pandemic. People with cancer are at higher risk for more serious outcomes of COVID-19. Moreover, due to challenges related to hospital capacity and the availability of PPE, many “elective” or non-urgent surgeries were postponed, forcing care teams to either delay care or make other decisions regarding treatment in the interim. Increasing treatment options for people living with cancer and their families by making take-home cancer drugs more accessible will relieve some of these challenges while freeing up hospital space and helping to end hallway medicine in Ontario.

IV cancer medications delivered in hospital continue to be 100% funded for all cancer patients, regardless of age and income-status. These cost on average \$11,660 per patient over a 28-day period, not including the travel costs for patients to get to a hospital or the cost for the hospital to administer. However, more than half of newly approved cancer medications are oral or injectable formulations and could be filled at a pharmacy for patients to take at home. These cost on average \$6,875 per patient over a 28-day period.²

However, THCDs are not covered universally by the government. Through OHIP+, the Trillium Drug Benefit, programs for seniors 65 and older or people on social assistance, or other smaller specialty programs, THCDs are covered with little or no copay or deductible. Unfortunately, for the remaining 40% of the population in Ontario who do not qualify for these programs, they either pay out-of-pocket or are covered by group/private insurance, with a typical copayment of 20%, or an average cost of \$1375 per 28 days per medication for people with cancer. As people face the economic fallout of the COVID-19 pandemic, it is even more difficult to pay out-of-pocket to access these medications.

This gap in coverage can have a significant effect on treatment plans for people living with cancer. Studies show financial struggles can impact the decisions people with cancer: they may not follow through with their treatment plan, such as rationing their required medication to reduce their costs, or they in partnership with their doctors may pursue alternative treatments whose costs are covered. In a universal system, patients and their doctors should be making treatment decisions based on what is best medically rather than based on the gaps in the patchwork THCD coverage currently in place.

Public coverage for THCDs keeps more Ontarians out of hospital, improves outcomes for people with cancer, and helps advance the Government of Ontario’s goal of ending hallway medicine at a time when additional capacity is more important than ever. This would align Ontario with many other provinces and territories (BC, AB, SK, MB, QC, NWT, YK and NT) and the public on this issue: in a 2019 Ipsos Reid poll, 96% of Ontarians supported fully funding THCDs, and 82% of Ontarians supported fully funding THCDs even if it meant paying more in taxes.³

² Gavura, Scott. “The Growing Cost of Oncology Drugs: Is it Sustainable?” Lecture, CADTH Symposium 2018. <https://www.cadth.ca/sites/default/files/symp-2018/presentations/april16-2018/Concurrent-Session-C1-Scott-Gavura.pdf>.

³ On behalf of the Canadian Cancer Society, Ipsos polled 1,501 Canadians over the age of 18 between August 23 and August 26 of 2019.



We suggest the Ontario government consider one of the following options to improve access to THCDs:

Option #1: First Dollar Coverage

The former Cancer Care Ontario estimates private insurance covers \$200 million in costs for THCDs. However, the Ontario government as first payer, as demonstrated through OHIP+ budget impact modeling, would not assume the full costs paid for THCDs by private drug plans because:

- i. private drug plans include more drugs, for more types of patients, with fewer restrictions, than public plans;
- ii. approximately 50% of private insurance claim costs might not be eligible for public coverage;
- iii. public drug plans negotiate significantly discounted prices not available to private plans;
- iv. public drug plans have rigid generic substitution requirements (private plans pay for more “brand” name drugs).

Given these considerations, some estimates suggest the cost of expanding public coverage of THCDs through this model would be \$142 million annually.⁴

Option #2: Close the Gap

If Ontario was to ‘close the gap’ and act as a second payer for THCDs, similar to the adjustments made to OHIP+, the current patient out-of-pocket expenses for THCDs are estimated to be \$50M. Essentially, this option would extend the Trillium Drug Benefit to all cancer patient out-of-pocket costs for THCDs, as is the case currently for IV drugs. Deducting the costs already committed for OHIP+, the estimated cost of eliminating the patient-borne costs of THCDs for all Ontarians under this model is \$42.5M.⁵

Implementing generating THCD prescriptions through Computerized Prescriber Order Entry (CPOE) and distributing THCDs through cancer clinic or affiliated pharmacy models, along with additional training for health care providers, may further reduce the cost of THCDs for all patients and for the health care system overall.⁶

⁴ “2020 Ontario Budget & Take-Home Cancer Drugs.” 2020 Ontario Budget & Take-Home Cancer Drugs. The CanCertainty Coalition, January 17, 2020. https://d3n8a8pro7vhmx.cloudfront.net/cancertainty/pages/34/attachments/original/1579274211/20200117_CanCertainty_Budget_Submission.pdf?1579274211.

⁵ “2020 Ontario Budget & Take-Home Cancer Drugs.” 2020 Ontario Budget & Take-Home Cancer Drugs. The CanCertainty Coalition, January 17, 2020. https://d3n8a8pro7vhmx.cloudfront.net/cancertainty/pages/34/attachments/original/1579274211/20200117_CanCertainty_Budget_Submission.pdf?1579274211.

⁶ Pardhan, Aliya, Kathy Vu, Daniela Gallo-Hershberg, Leta Forbes, Scott Gavura, and Vishal Kukreti. Enhancing the Delivery of Take-Home Cancer Drugs in Ontario, Enhancing the Delivery of Take-Home Cancer Drugs in Ontario § (2019). https://www.cancer-careontario.ca/sites/ccocancercare/files/guidelines/full/1_CCO_THCD_Report_25Apr2019.pdf.



Appendix D: Implement an annual cost recovery fee on the tobacco industry and an e-cigarette tax

i. Cost recovery fee on the tobacco industry

The Government of Ontario should fund the Smoke-Free Ontario Strategy through a cost recovery fee on the tobacco industry. This approach is like the U.S. Food and Drug Administration tobacco strategy fee (in place since 2009) and the Canadian federal cannabis annual regulatory fee. Manitoba, Quebec, and New Brunswick each have a provincial cost recovery mechanism in place for cannabis. According to a 2019 Ipsos poll, 92% of Ontarians support making the tobacco industry pay for programs to reduce smoking.⁷

Over a five-and-a-half-year period, 2014 to 2019 inclusive, the tobacco industry increased prices by \$17.40 per carton, net of taxes, now generating \$2 billion in incremental revenue per year that should be going to governments. The fee would generate approximately \$44 million in annual revenue for the Ontario government. Tobacco companies would pay a fee based on their market share.

ii. E-cigarette tax

E-Cigarette use among young people has increased dramatically. Data from the *Canadian Student Tobacco, Alcohol, and Drugs Survey* indicates that youth vaping has doubled over a two year period and tripled over a four year period (2014-2019).⁸ This rapid increase in youth vaping is creating a new generation of youth addicted to nicotine and is threatening the progress achieved over the years to reduce smoking. We can take the lessons learned from over 50 years of action against tobacco and act now to reduce youth vaping.

We continue to support the steps Ontario took this year to reduce e-cigarette use among young people, including banning the sale of most e-cigarette flavours as well as high nicotine e-cigarettes (over 20 mg/ml of nicotine) at convenience stores and gas stations, and limiting retail sales of these products to adult-only specialty stores. However, other provinces are taking further regulatory, legislative, and budgetary steps to address e-cigarette use. British Columbia, Alberta, Nova Scotia and Newfoundland have announced taxes on vaping products. As well, at least 20 U.S. states have implemented taxes on e-cigarette products. However, other provinces are taking further regulatory, legislative, and budgetary steps to address e-cigarette use. British Columbia, Alberta, Nova Scotia and Newfoundland have announced taxes on vaping products. As well, at least 20 U.S. states have implemented taxes on e-cigarette products. Of those, 10 states tax a percentage of the wholesale price, including Minnesota (95%), District of Columbia (96%) and Vermont (92%).

Just as tobacco taxes are a highly effective means of preventing and reducing tobacco use among youth, the same is true for e-cigarettes. Youth have less disposable income and are

⁷ On behalf of the Canadian Cancer Society, Ipsos polled 1,501 Canadians over the age of 18 between August 23 and August 26 of 2019.

⁸ Canada Gazette, Part I, Volume 153, Number 51: Vaping Products Promotion Regulations.



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more price-sensitive consumers. The Canadian Cancer Society urges the Government of Ontario to address the dramatic increase in youth e-cigarette use by implementing a tax on e-cigarettes. In addition, a tax can serve as a revenue tool to fund programs to increase youth knowledge regarding the risks of vaping and as well as other initiatives to reduce youth use of e-cigarettes.

