

2017 Key Priorities for Canada's Asthma Community

Asthma Canada is the only national organization solely committed to enhancing the quality of life of the more than 2.4 million Canadian adults and 600,000 childrenⁱ living with asthma.

At this time, asthma has no cure. To live symptom free, people with asthma need clean unpolluted air and access to medicines. We are asking the Government of Canada to work together with our community on these key policy priorities.

Priority 1: A Sustainable Clean Air Energy Mix

Asthma Canada applauds the Government of Canada's plan to establish a Pan-Canadian Carbon Pricing model by 2018. We support the initiative to accelerate the transition from coal power to clean energy by 2030. We also support the provision listed in the most recent federal budget that will phase out tax deduction to energy companies doing new explorations in oil and natural gas.

Sustainable, clean energy is necessary for the health, wellbeing and prosperity of all Canadians. There is no credible path to climate stabilization without a substantial role for clean renewable energies such as nuclear, hydro solar, wind, and geothermal. On behalf of people living with asthma, we support initiatives which promote clean energy and reduce greenhouse gas emissions.

The asthma community is calling on the Government of Canada to continue measures which improve air quality through investment in clean, sustainable energy sources and green technologies.

Why this is important to all Canadians:

- In 2012, the World Health Organization (WHO) found that 7 million premature deaths were caused by air pollution.ⁱⁱ
- A study done by the Canadian Medical Association (CMA) found that, in 2008, the costs of air pollution to the Canadian economy topped \$8 billion. This included premature deaths, hospital admissions and emergency visits. This cost is expected to increase to over \$250 billion by the year 2031.ⁱⁱⁱ
- A phase-out of coal power from now until 2030 will save the Canadian economy nearly \$3 billion dollars in health outcomes.^{iv}
- Switching from coal based powers to more renewable options has reduced the total number of *Smog Days* from 53 in 2005 to zero in 2015.^v

Significance to the Asthma Community:

- Air pollution causes exacerbations and hospitalizations for those living with asthma. An asthma exacerbation renders an individual unable to breathe normally and unable to work, go to school or function normally.

- In 2014, emissions from coal power led to 20,871 asthma episodes and cost the Canadian economy \$816 million in health outcomes.^{vi}
- It is estimated that coal-based electricity will lead to 120,000 asthma episodes in the years 2015 to 2035. 104,000 of those incidents are projected to occur in the Prairies.
- In contrast, it is estimated that an accelerated phase-out of coal power between now and 2030 will result in the avoidance of approximately 80,000 asthma episodes and two million days of breathing difficulty and reduced activity.^{vii}

Priority 2: Comprehensive Drug Coverage that Addresses Gaps in the Canadian Healthcare System

Currently, Canada is the only OECD country which has a national healthcare plan that does not include a national drug program for prescription medication^{viii}. Every year, Canadian prescription drug costs increase faster than that of all other OECD countries^{ix}.

Asthma Canada applauds the Government's commitment to reduce costs and improve access to necessary prescription medications, as outlined in the Prime Minister's mandate letter to the Minister of Health.

We believe that all Canadians living with asthma should have equitable and timely access to prescription medications based on the best possible health outcomes rather than ability to pay.

The asthma community is calling on the Government of Canada to eliminate all gaps in drug coverage and ensure a wide range of treatment options are available based on best health outcomes. This will ensure that every Canadian has access to the medicines they need to lead the best quality of life possible.

Why this is important to all Canadians:

- Prescription drugs can manage conditions, cure disease, improve quality of life, shorten or prevent time spent in hospitals, and reduce demand for healthcare services. This can lead to positive health outcomes for individuals and decreased costs for the healthcare system.^{xi}
- Two-thirds of Canadian households have out-of-pocket expenses for prescription drugs^{xii}
- Approximately one half of all Canadians have no coverage for prescription medication. This includes one third of Canadians employed full time, and three quarters of part time workers.^{xiii}
- One in four Canadians without insurance coverage has difficulty paying for medications.
- One in ten Canadians with insurance have difficulty paying for medications.^{xiv}

Significance to the Asthma Community:

- Asthma cannot be cured. However, asthma can be managed by using appropriate medications.

- Using prescribed medications reduces exacerbations, prevents hospital admissions and deaths. It allows people to work, attend school and live productive, symptom-free lives.
- Many insurance carriers do not provide complete coverage to asthma patients. In a study conducted by Asthma Canada, most respondents (74.4%) had been denied coverage for recommended treatment options by insurance programs.^{xv}
- In the same study, it was found that many respondents (33.7%) had, at some point, skipped filling a prescribed medication because they could not afford it.^{xvi}
- 21.1% of respondents indicated they missed a dosage because they could not afford it.^{xvii}
- Due to recent scientific breakthroughs, biologics are now available to treat Canadians affected by Severe Asthma. The annual cost of these new treatments can be in the tens of thousands of dollars. This is a significant barrier to access.^{xviii}

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References

ⁱ Canadian Community Health Survey (2014), Asthma, Statistics Canada

ⁱⁱ Clean Air Ontario: Recognizing Nuclear's Role in Supporting Coal Phase-Out to Achieve Long-term Climate Change Goals, Asthma Society of Canada & Bruce Power, October 2016, http://14083-presscdn-0-0.pagely.netdna-cdn.com/wp-content/uploads/2016/12/140411_CleanAirOntario_R003.pdf

ⁱⁱⁱ 7 million premature deaths annually linked to air pollution, World Health Organization (WHO), March 25 2014, <https://www.who.int/mediacentre/news/releases/2014/air-pollution/en/>

^{iv} CMA: No breathing room: National illness costs of air pollution, Canadian Medical Association (CMA), 2008, http://www.cma.ca/multimedia/CMA/Content/Images/Inside_cma/Office_Public_Health/ICAP/CMA_ICAP_sum_e.pdf

^v Out with the coal, in with the new: National benefits of an accelerated phase-out of coal-fired power, Pembina Institute, November 2016, <http://www.pembina.org/pub/out-with-coal>

^{vi} Clean Air Ontario: Recognizing Nuclear's Role in Supporting Coal Phase-Out to Achieve Long-term Climate Change Goals, Asthma Society of Canada & Bruce Power, October 2016, http://14083-presscdn-0-0.pagely.netdna-cdn.com/wp-content/uploads/2016/12/140411_CleanAirOntario_R003.pdf

^{vii} Out with the coal, in with the new: National benefits of an accelerated phase-out of coal-fired power, Pembina Institute, November 2016, pg. 32.

^{viii} Ibid.,

^{ix} CMA Submission: National Pharmacare in Canada: Getting There from Here, Submission to the House of Commons Standing Committee on Health, Canadian Medical Association (CMA), June 1 2016, pg.3.

^x "Pharmacare in Canada." Pharmacare | Pharmacare | Issues. Canadian Doctors for Medicare, August 8 201, <http://www.canadiandoctorsformedicare.ca/Pharmacare/pharmacare.html?Itemid=172>

^{xi} Morgan, S. G., J. R. Daw, and M. R. Law. 2014. Are Income-Based Public Drug Benefit Programs Fit for an Aging Population? IRPP Study 50. Montreal: Institute for Research on Public Policy

^{xii} Stuart B, Doshi JA, and Terza, JV. (2009). "Assessing the Impact of Drug Use on Hospital Costs" Health Services Research, 44(1):128-144.

^{xii} Health Council of Canada. (December 2011). “Fact Sheet: How Do Sicker Canadians with Chronic Disease Rate the Health Care System?” http://www.healthcouncilcanada.ca/rpt_det.php?id=312

^{xiii} Wellesley Institute. (2015). “Access to prescription drugs”. <http://www.wellesleyinstitute.com/wp-content/uploads/2015/10/PrescriptionDrugsHEIA-UPDATE>

^{xiv} Ibid.,

^{xv} Severe Asthma – The Canadian Patient Journey: A study of the personal, social, medical and economic burden of Severe Asthma in Canada, Asthma Society of Canada, 2014, pg.9

^{xvii} Executive Summary: Severe Asthma – The Canadian Patient Journey: A study of the personal, social, medical and economic burden of Severe Asthma in Canada, Asthma Society of Canada, 2014, pg.3

^{xviii} Ibid.,