

Introductory Remarks

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ASSOCIATION DENTAIRE CANADIENNE

The House of Commons' Standing Committee on Finance

*Subject Matter of Bill C-19, An Act to implement certain provisions of the budget
tabled in Parliament on April 7, 2022 and other measures*

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Thank you, Mr. Chair.

Bon matin à tous les membres du comité.

I am speaking to you from Toronto on the traditional territory of the Huron-Wendat, Haudenosaunee (*ho-den-oh-show-nee*); and Anishinabek (*ah-nish-nah-bek*) Nations, and the Mississaugas of the Credit First Nation.

I appreciate opportunity to discuss Budget 2022 and its proposed investment of \$5.3 billion dollars towards access to dental care. I would also like thank Mr. Adam Chambers, Mr. Heath Macdonald, and Mr. Daniel Blaikie for meeting with the Canadian Dental Association on this topic over the past few weeks.

At CDA we know that oral health is an essential component of overall health, and we believe that Canadians have a right to good oral health. That is why we fully support efforts by all levels of government to improve Canadians' oral health and to increase their access to dental care. We applaud this historic federal financial commitment.

Poor oral health strains other parts of the healthcare system, whether through hospital visits for dental emergencies, or managing the long-term impacts of poor oral health on systemic disease. For example: cardiovascular disease or diabetes. While Canada compares favourably to many other countries, too many people still do not receive the dental care they need. More than six million Canadians each year avoid visiting the dentist because of the cost; this is especially true for low-income families.

Today, I would like to comment briefly on how the federal government can best ensure this funding will quickly and efficiently benefit those Canadians who need it most: namely, **by collaborating with provinces and territories to stabilize and enhance existing provincial and territorial dental care programs.**

Yes, many of these programs have flaws. Some only cover limited services; only target a narrow segment of the population – for example, only children or only low-income families; many reimburse dentists at rates far below the cost of providing treatment. However, this only underscores why it is vital for the federal government to work with its provincial and territorial partners to stabilize their programs and use their existing infrastructure to deliver enhanced, federally funded coverage. **It makes no sense to construct a new, standalone, federal dental care program on top of strained provincial foundations.** A one-size-fits-all, Ottawa-knows-best-approach – has many drawbacks.

Difficulties in setting up a new federal program could jeopardize access to dental care for millions of Canadians, including the two-thirds who already have dental coverage. Fully 68% percent of Canadian households earn less than the proposed \$90,000 dollar threshold. It would also risk the defunding or elimination by the provinces or territories of their existing programs. This would divert hundreds of millions of public dollars away from dental care and towards other priorities.

At a time when the federal government has difficulty providing passports to Canadians – a function it has undertaken for over a century – it is fair to ask whether it could quickly and successfully set up a program that directly provides healthcare to the general public, an area where they have little relevant expertise. The spectre of a lengthy federal procurement process and the contracting out of the delivery of billions of dollars in healthcare spending to a private, for-profit insurance company is also unsettling. **Pursuing either of these routes would be a mistake.**

Furthermore, there are massive jurisdictional issues at play. Broad-based healthcare programs are the exclusive jurisdiction of the provinces. Efforts by the federal government to sidestep Premiers could lead to squabbles and court challenges. This would impede rather than improve access to care for the very Canadians such a program would be designed to help. There have also been questions about whether the federal government would have the constitutional or legislative authority to deliver such an initiative directly.

Finally, Premiers such as John Horgan and François Legault have already called for these funds to be transferred to their governments to support provincial delivery of dental care. Liberal governments in Newfoundland and Labrador and the Yukon, as well as the Progressive Conservatives in PEI, have also recently made huge strides on access to dental care. **In this environment, the federal government cannot and should not go it alone.**

In late March, Health Minister Jean-Yves Duclos outlined three principles for intergovernmental collaboration on healthcare: sharing responsibility, respecting jurisdiction, and focusing on results. Since then, we have appreciated the hard work done by him, his team, and his officials, on this file as well as how much they have consulted with CDA and other oral health stakeholders. Dr. Burry and I had an excellent meeting with him just a couple weeks ago. I encourage the Minister to continue this collaborative approach by working on this file with his provincial and territorial colleagues in the weeks and months ahead.

Likewise, the day after the Budget, CDA was happy to hear both Prime Minister Trudeau and Deputy Prime Minister Freeland state that they looked forward to intergovernmental collaboration on dental care, as had recently taken place with childcare. The approach on the latter was an excellent example of successful federal-provincial-territorial cooperation, and we sincerely hope that the federal government will take the same path moving forward on dental care.

We have a historic opportunity to make a big difference for the oral health of millions of Canadians. Let's get this right!

Thank you once again for the opportunity to participate in today's meeting. Dr. Burry and I would be happy to answer any questions you may have.