



Presented by: **Dr. Aaron Burry**CDA Chief Executive Officer

### Canada 10 Million square KMs

- 40 41 million people
- Canada's regional geography affects its politics
- Health care varies & depends on where you live
- Huge variation in average incomes & demography



Ontario



Alberta



Newfoundland and Labrador



Yukon

## Government spend on dental care <a href="Pre CDCP">Pre CDCP</a>



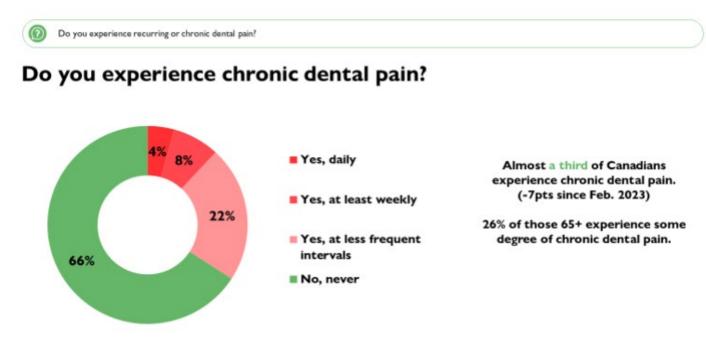
#### Total Government (Fed / PT) Spend Dental Care: \$1 Billion

- not part of "Medical Care System" specifically not part of Canada Health Act.
- 16 billion paid by Canadians: it's a private system!!
- Federal: coverage for First Nations and Inuit (indigenous) / military veterans
- PT Governments: 13 variations on the theme
  - Minimal to none
  - Children's programs only public health focus
  - Social welfare programs tied to public income assistance
  - Persons with disabilities
  - Seniors

#### Oral Health Status in Canada



- Household income & coverage directly linked to oral health status
- Approximately 35% do not have coverage.
- Barriers to Oral Health Care = medical care crisis & emergency hospital visits ≠ treatment



CDA has been advocating for federal investment in Public Dental Care for decades

# Federal Government Investment in Oral Health Care: 2022

- Federal government with limited experience announces coverage for family income of less than 90K with no other coverage
- NOT part of the health care system
- Estimate 9 million out of 40 million to be eligible (22.5%)

















## Three-Pronged Investment



#### **CDCP**

- \$13 billion to Health Canada over 5 years starting 2022-2023
- \$4.4 billion ongoing up from 2.1 at original announcement

#### Oral Health Access Fund (OHAF)

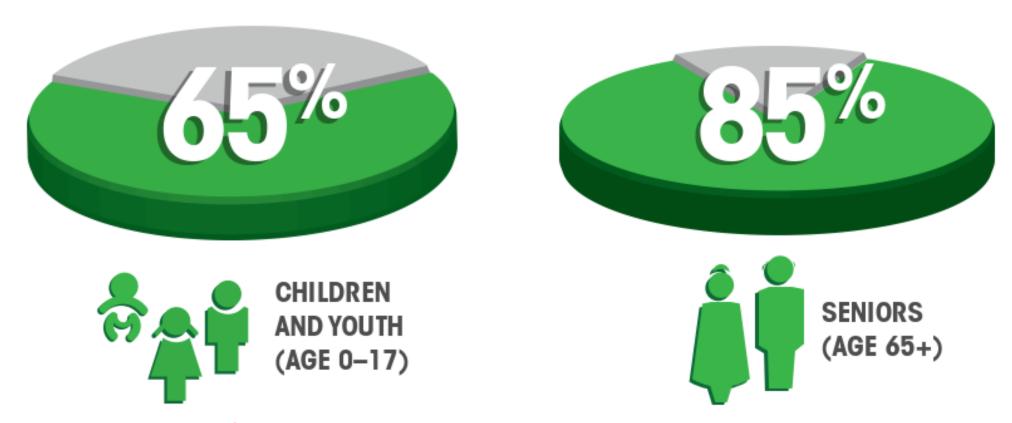
- \$250 million over 3 years as of April 2025
- \$75 million ongoing

#### Statistics Canada Investment

- \$23.1 million over two years for data collection on oral health & access to dental care
- Supports rollout of CDCP

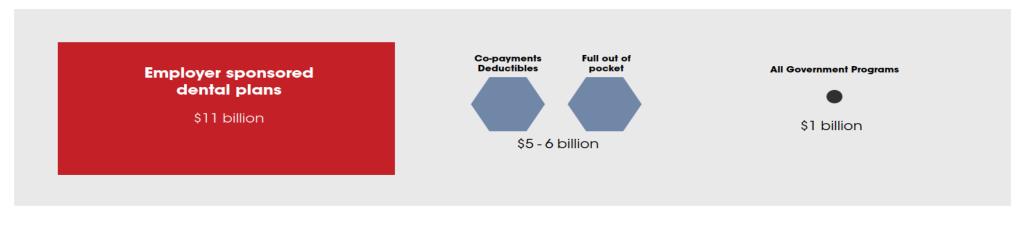
#### **CDCP ELIGIBILITY FOR CHILDREN AND SENIORS**

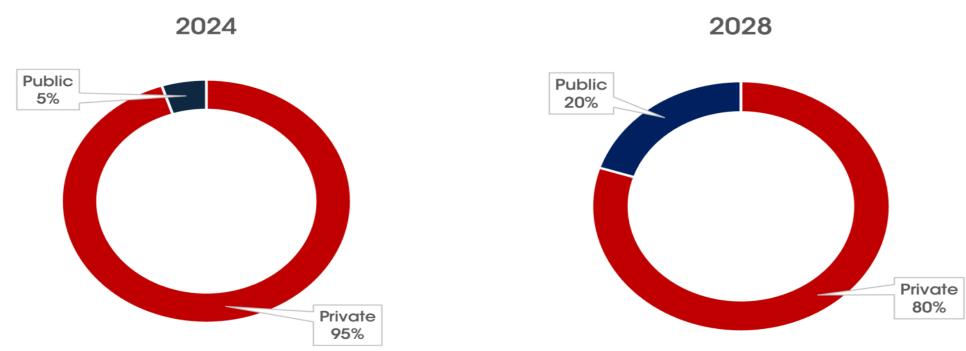
- HOUSEHOLD ANNUAL INCOME: UNDER 70K
- HAVE NO EMPLOYER SPONSORED BENEFITS



*\$75K Average Family Income: stagnant increase 2022* 

## Oral Health Care Financing Changes

















# Procedure based coverage not an oral health program – assistance with cost of dental care

Limited schedule supplemented by preauthorization and exception processes (in progress) For limited schedule without pre-authorization, there are annual procedure frequency limits that required submission for exception.

# What this means for practically

Healthy patients are far less likely to exceed frequency limitations

Seniors and other population groups with higher caries indexes, health conditions associated with poorer oral health less likely to meet their needs.

#### **Key Issues and Areas of Concern with CDCP**



- De-insurance = loss of employer provided dental insurance
- Staffing shortages and workforce capacity issues, wait times
- Insistence of direct pay of dentists / contracts
- Participation rate of dentists?

- Destabilizing the blended dental delivery system
- Increasing public sector influence on dental care and on dental practices
- Lower fees & more administrative burden a problem for dental offices
- Tensions between PT and Federal governments

Election Uncertainty – 2025

- The CDCP product of minority Government Liberal & NDP Popularity
- If Conservative government would elements of the CDCP be rolled back?
- Raises uncertainty for the industry



