December 6, 2023

BRIEF TO: Standing Committee on Government Operations and Estimates (OGGO)

BRIEF FROM: Employees with Disabilities of the Public Service of Canada

RE: Q1 of the Examination of the Public Service Health Care Plan—Does the plan meet the needs of Employees: Overwhelmingly, the answer is no.

Dear Members of the Standing Committee on Government Operations and Estimates (OGGO);

We would like to make you aware of the adverse impact of the fundamental changes to the Public Service Health Care Plan (PSHCP) on employees with disabilities (irrespective of the new administrator, Canada Life). These changes have resulted in disproportionate financial, administrative, and often severe health burdens for persons with disabilities and chronic illness, who are an already marginalized group. The quality of life of employees has also been affected. (Note: These changes represent fundamental gaps, in the plan to the exclusion of persons with disabilities from the Public Service, which is contrary to the Government's policies to reduce barriers and discrimination. These changes were made entirely without the participation or even consultation of persons with disabilities who are most impacted.)

Overview of Issue and Sample Challenges.

Although the plan was improved in very minor ways, in a few categories, the overall changes are overwhelmingly detrimental to public servants with disabilities and chronic illnesses.

There are major deficits in the plan and in the way that the plan has been administered by Canada Life which are outlined in specific categories below. Further the plan is still not keeping up with current fees of various services. The cutbacks to physiotherapy and medications, the extensive justifications and proof required that coverage does not exist anywhere else, creates financial stress, long wait times for reimbursement, and heavy administrative burdens. These burdens fall on those who are least able to cope with them: public servants with disabilities, retired public servants, and Senators, who are older and have a higher incidence of disabilities. The heavy emotional toll - given that if not rectified, employees with disabilities will have to make difficult choices in terms of less medical intervention and possibly having to leave the workforce as a result.

Having highly qualified and talented individuals with disabilities leave the workforce, makes neither good social or business sense forcing individuals on disability, social assistance, early entry into retirement homes, and increased consumption of medical resources – all of which can be prevented with a proactive health care plan.

The reductions in physiotherapy coverage from unlimited coverage (at 80%) to a cap of $1,500 dollars a year creates a disproportionate harm to individuals with chronic/complex issues and permanent disabilities. Although improvements such as the addition of additional coverage for paramedical services such as osteopathy, chiropractor and acupuncture are somewhat helpful, they will have a minimal impact since they only fund a limited amount of paramedical treatment (e.g., an additional session or two per year depending on individual therapists fees which vary) these small gains in paramedical service do not make up for the huge losses in physio coverage. Furthermore, physiotherapy was the only service that was reduced while other services such as laser vision and mental health increased (e.g. mental health coverage increased to $5,000 annually). Standing back from of the important issue of the best allocation of benefits dollars, the principle of funding increases in certain areas "on the (bad) backs" of the most vulnerable is short sighted. Furthermore, contrary to what TBS has said, the lack of publicly funded physiotherapy coverage for working aged, non-outpatient individuals in most or all jurisdictions means that there are no other options for employees with disabilities – there is no service to wait for. Even private insurance is not an option, since many plans refuse to provide coverage to individuals with pre-existing conditions and coverage levels are quite small even if they were obtained (and are combined with other coverages that are not necessarily needed).

<u>It is not impossible to increase physiotherapy at this point in time. We note that during SunLife's tenure, psychology benefits were increased at least twice from $1000 to $2000 and then to $3000</u>.

Process Issues

Not only are the outcomes of these changes challenging, but the process also to make these changes is equally problematic. These changes were made without any consultation for persons with disabilities, despite having well-entrenched networks of persons with disabilities across various departments. Furthermore, not only did public sector unions fail to consult members with disabilities, emails and phone calls to unions were unanswered and ignored.

The lack of significant representation of persons with disabilities on the National Joint Committee, preferably representation with veto power, is a serious oversight, which could have prevented a lot of these problems. This situation provides a key structural barrier for persons with disabilities who deserve representation along with other vulnerable groups such as pensioners.

When seeking fiscal savings, it is disingenuous to do so at the financial and health expense of the most vulnerable members of the community, resulting in increased barriers to employees with disabilities under the terms of the new PSHCP. The only justification that the Employer has given for removing unlimited physiotherapy and capping it at a low amount is to "prevent fraud". (e.g., massage being billed as physiotherapy). Surely, the vulnerable population should not be penalized because either the employer or the Plan Administrator did not adequately address some alleged fraud. The stewardship of the PSCHP therefore needs to be reviewed. This is the responsibility of the provider to do their due diligence; the entire group of persons with severe disabilities should not be penalized. There are ways to manage fraud since physiotherapists and other allied professionals such as massage therapists are licenced professionals, who are part of regulated health colleges that prohibit such behaviour. Thus, there are several levers to mitigate fraud management by both insurance companies and the Government of Canada alike. Removing the service from those who really need it because the administrators can't manage fraud is an unjustified reason.

We would point out that this government made a commitment to "Nothing Without Us" in its accessibility strategy for the Public Service of Canada as a means of reducing barriers and ultimately ending discrimination against persons with disabilities, including through the *Accessible Canada Act*, the *Canadian Charter of Rights and Freedoms*, the *Canadian Human Rights Act* and other human rights legislation. Ending discrimination and eliminating barriers makes very good financial sense as it both reduces the cost of the social safety net AND results in a more equitable society with fewer public servants homeless and living in poverty. Further, there are legal obligations to accommodate employees with disabilities, as upheld by the Supreme Court in the Meiorin case. Employees with disabilities are to be accommodated up to the point of undue hardship to the employer, and the test for undue hardship that the courts apply is very strict and would not be met by the cost of making the PSHCP accessible.

Negative Impacts on Persons with Disabilities and Employment Challenges

The changes to the PSHCP will very likely result in more public servants with disabilities becoming unable to continue to work, more public servants with disabilities going on long term disability – entirely unnecessarily and in the long run, costing more. We note that these changes alter the conditions of work for some groups of persons with disabilities, who joined the Public Service and were able to function productively *precisely because of the coverage in the Public Service Health Care Plan* which has now been significantly downgraded*.* This could potentially result in legal challenges.

Thus, not only does the new PSHCP create massive hardships for persons with disabilities and their dependants, destroying careers and lives, but it is also shooting governments in the foot, with more highly qualified public servants with disabilities possibly falling into poverty and needing social assistance, instead of being contributing members of society and taxpayers. Of particular concern, is the Government of Canada's stated policy objective of hiring 5,000 new employees with disabilities when changes to the PSHCP will likely lead to employees with disabilities leaving the workforce. Is this the example the GoC wants to be – because this is in stark contradiction to the Prime Minister's express statements that diversity is our strength in Canada.

Statistics show additional employment challenges for individuals with disabilities even "against the backdrop of strong employment and a tight labour market". Notably, individuals with disabilities are more likely to be employed by the public sector which brings advantages such as improved health benefits, more means and infrastructure for disability accommodations, access to part-time work, and unionization protections. If individuals with disabilities cannot sustain employment with the largest employer in Canada with a stated policies and a social mandate to employ persons with disabilities, where do they go? What hope is there for individuals with a disability? Even in the most inhuman, capitalistic framework governments are needed to address market failures. **Losing highly educated and talented employees to long term disability because of a poor health plan just doesn't make good fiscal sense.**

Here are some points we should make re: the impact of disabilities on workforce based on a 2022 Statistics Canada workforce survey of individuals aged 16 to 64*.

- The *employment r*ate for persons with disabilities was 15% lower than individuals without a disability (65.1% vs. 80.1%, respectively).
- The *unemployment* rate for persons with disabilities is nearly twice as high as individuals without a disability (6.9% vs. 3.8% respectfully.)
- Employment rates decrease for individuals with moderate disabilities with only a quarter of individuals with a moderate disability being employed (26.8%), vs one half for those with severe disabilities (50.4%) and just over three quarters (76.6%) for those with mild disabilities.
- Persons with disabilities are more likely to work in the public sector (24.2% vs. 21.0%).
- Persons with disabilities are more likely to be self-employed (13.0% vs. 11.4%).

- Individuals with disabilities are more likely to work part-time (20.3% vs. 16.2%).

The burdens of disability on employment are not proportional with more profound, negative effects on certain groups of older workers and females, notably:

- Older individuals with a disability (aged 55 to 64) are 17% less likely to be employed than peers without a disability (51.1% vs. 68.1%), with this group having lower labour force participants.
- This group was more 16% likely to leave their jobs due to illness or disability than peers (18.0% vs. 2.3%).
- Women with disabilities aged 25 to 64 were less likely to be employed than their male counterparts (65.7% vs. 68.6%)

When it comes to employment, changes to the PSCHP is the metaphorical equivalent of tearing down ramps and removing staircases.

*Stats Can, Aug 8 2023:

Lack of Commitment to Canada's Disability Inclusion Plan

Despite the government's stated intent to eliminate barriers through "Nothing without us" , instead we are experiencing increasing barriers. The PSHCP has never been disability friendly. It has never addressed the needs of persons with disabilities. However, instead of reducing barriers to employment and increasing accommodation for persons with disabilities, the revised Public Service Health Care Plan has further increased the barriers to productivity, health, wellness, and employment of persons with disabilities in the Public Service. While we welcome that the government signed the Optional Protocol at the U.N. to allow persons with disabilities to appeal to the U.N. for justice, the federal government should not be increasing barriers, and thus creating a need for persons with disabilities to go to the UN for justice.

There are only two possible conclusions that one can draw from the new PSHCP. Either:

1. The government's policies, legislation and stated intent to end discrimination and reduce barriers to employees with disabilities is simply for political gain, with no intent to actually implement real change; or
2. The TB negotiators did not consider the government's policies, legislation and intent to reduce barriers to disabled public servants in order to achieve a bit of financial restraint.

Negative Impacts on Access to Medical Care and on Canada's Public Health System

Further, the extensive justifications required by Canada Life are contributing to the additional strain on an already failing health care system. One in five Ontarians lacks a family doctor and the problem is very similar or worse in Quebec. As a result, many public servants ***simply cannot comply*** with the demands to take time off work to visit a physician and have them complete detailed forms at their own expense, and

thus are left without the needed medicine or services, with impact on health, productivity and sometimes employment. Further, it appears that the cost of completing the new justification forms has not been taken into consideration, and it is simply expected that the member or their physician will absorb that (frequently high) cost.

Some family doctors are reportedly dropping patients who require extensive documentation because they do not have the time for it. If physicians did have extra time and energy, they would likely be inclined to take on more patients to provide health care to those without a family doctor, rather than performing tedious and unproductive clerical functions on their evenings and weekends. The PSCHP is only one of the many demands the federal government puts on disabled employees and their physicians to add further stress on a health care system that is already in crisis.

The new PSHCP requirements for onerous documentation effectively overburden the medical system by requiring constant justifications for persons with disabilities to satisfy. If necessary and life-saving prescriptions or services are denied because a member is unable to obtain the required justifications, due to lacking an M.D. or nurse practitioner, the resulting health care 'gap' will have the potential to destroy public servants' health, careers, and productivity, and may cause untold damage resulting from inadequate medical care. If the government intends to require such onerous documentation, it should work with the provinces to import or train more doctors to assure that employees (*and citizens)* have adequate access to family doctors and pay for the cost of every form or medical certificate it demands, at the cost the physician charges. Fees of $100 to $500 per form are not uncommon in the medical profession and are a huge burden on a person with a disability, many of whom may need to supply 2 to 15 forms per year to satisfy various government requirements.

Process Issues

Not only are the outcomes of these changes challenging, but the process also to make these changes is equally problematic. These changes were made without any consultation for persons with disabilities, despite having well-entrenched networks of persons with disabilities across various departments. Furthermore, not only did public sector unions and Treasury Board fail to consult members with disabilities, emails and phone calls to unions were unanswered and ignored.

The lack of significant representation of persons with disabilities on the National Joint Committee, preferably representation with veto power, is a serious oversight, which could have prevented a lot of these problems. This situation provides a key structural barrier for persons with disabilities who have rights under Human Rights legislation and require representation along with other vulnerable groups such as pensioners.

Specifics and Recommendations of Increased Barriers:

Physiotherapy –The plan provides 80% of $1500; this gives 6 weeks of treatment at $100 per appointment at 2x week or only 3 weeks of treatment for permanent conditions requiring specialized physio at $200 per hour – or even less if it needs to be provided at home. This amount might be sufficient to cover a short-term minor injury but does not meet the needs of public servants with more severe injuries and is completely lacking for long term disabilities. Furthermore, in the case of complications it creates the risk of escalation into a longer-term issue. It also ignores a broad range of physiotherapy needs that are not time limited (e.g., recovery from stoke, traumatic brain injury, neuro-muscular conditions stemming from pre-term birth). Treatment is further reduced in the case of more complex, specialized physiotherapy such as neuromuscular, scoliosis and treatment from providers with specialized modalities who are in demand and charge more than market rates (e.g., active release therapy, intramuscular stimulation (IMS). For individuals with severe mobility and other issues, physio may be provided at home which is quite costly.

Public servants with chronic conditions and long-term disabilities may need to use physiotherapy to manage pain and to maintain strength and capacity. Changes to the physiotherapy coverage were mis-represented, or even a downright falsified. New limits to physio significantly increase personal costs for those with chronic conditions, and without the ability to pay, many public servants with long term disabilities are regressing or relapsing, and losing their ability to maintain independence, autonomy, and productivity. When employees cannot manage their pain or their disability, many will end up on Long Term Disability; this is neither productive nor cost-effective to the Public Service. The risk of additional problems such as mental health increases, particularly as the brain pathways to pain and depression are the same.

Please note that the reasonable and customary fees for physiotherapy of $100 has not changed in almost a decade. Furthermore, in the post-covid era, fees are increasing due to the public health requirements of cleaning and masking. This is not keeping up with “improving” and “updating” the Plan in order to reflect the current health care environment.

The new maximum for physical therapy is negatively impacting the pain management, independence, and autonomy for persons with disabilities as the Plan is designed to treat acute injury but does not allow for relief and management of permanent conditions. The cutbacks are short-sighted, and, in many cases, will result in employees being unable to manage their pain and long-term conditions. This approach is not consistent with the supporting the needs of employees with disabilities or the culture of care, as described in the *Accessible Canada Act*. Further the Act requires the review of anything which may be a barrier for the public or public sector, to remove those barriers, and to consult persons with disabilities in the design and implementation of new services, such as the new PSHCP. This regrettably was not done when developing or consulting on the new PSHCP.

We have been made aware that the Canadian Physiotherapy Association has provided all the medical, health, physiological, psycho-social, and socio-economic evidence of the needs and benefits of physiotherapy. Key stakeholders such as physical medicine and rehabilitation specialists such as physiatrists were not consulted. The Honorable Yves Duclos, former Minister of Health, has publicly asserted his support for the benefits of physiotherapy in the Canadian health care system. Despite what Treasury Board Secretariat may have been told, there is no provincial plan that provides for physiotherapy for working adults apart from post-operative therapy, which is not sufficient for public servants with chronic conditions. The National Joint Committee (with representatives from TBS and unions) have indicated that they have met the needs of “most.” Meeting the needs of “most" is **not sufficient!** In a government that purports to “leave no one behind” and which is legally subject to human rights legislation that protects persons with disabilities from such discrimination it is possible to meet the needs of “most” AND ALSO meet the needs of the disability community who have a legitimate need for the physiotherapy benefit to manage the functions of daily living and function at work. This group of public servants currently have no choice but to pay thousands of dollars per year out of pocket.

Such employees cannot buy additional private sector insurance due to having “pre-existing” conditions. We, the employees with disabilities, **implore** you to reverse the cap on physiotherapy for employees with chronic conditions and long-term disabilities. There are alternative approaches which could work much better which are outlined in the annex.

Drugs: The requirement for a Canada Life administrator to demand justification from doctors when a patient does not tolerate a generic drug and needs a brand name; or needs a bio-identical and is made ill by a bio-similar, or does not tolerate either brand name or generic drugs, and instead needs a compounded drug, is damaging to the health and productivity of employees with disabilities, and, as outlined above, contributes greatly to the further degradation of the health care system. There are concerns regarding chemotherapy, immunotherapy, ADHD and psychiatric medication, diabetic drugs and supplies, thyroid medications, enteral feeding and formula and other life sustaining medications, compounded drugs, and biologics. In some cases, the use of generic brands of ADHD and psychiatric medications can result in treatment failure and withdrawal. It should be the decision of the physician as to what is safer and more productive for the patient, with no added administrative burden on the member or their physician beyond indicating “no substitutions.” Many members who have found a drug that is allowing them to function in life and at work should not be forced to sacrifice their health and productivity for a forced change in medication to save money. In many cases, the drug that works best is the generic, and doctors are already prescribing this when this is the situation. But in other cases, the generic does not work for that patient, and the new PSHCP administrators are choosing to further to impose onerous administrative burdens which may harm or destroy the patient’s health, even when the physician has already carefully considered the patient’s needs and accordingly specified “no substitutions.”

As an example, forcing patients who are currently using bioidentical medications for autoimmune disease, or specific cancer drugs, etc. g to try new medications may end existing remission, which cannot necessarily be recovered by returning to the original bioidentical or cancer drug or other medication, with downstream consequences of employees not being able to manage their conditions, eventually potentially forcing them off work or onto long term disability. The able-bodied negotiators are flippantly playing God with disabled patients’ lives assuming it will result in some minor cost savings, but may actually result in much higher downstream costs, as well as loss of health and lives.

There is no coverage for Ozempic and other medications for weight loss. Public servants with arthritis, pain and mobility impairments need to take medications for pain management that also produce a lot of weight gain as a side effect. Ozempic is the strongest medication available to counter the weight gain of pain reducing medications. It is important to this group of public servants especially, because they have difficulty exercising, and increased weight gain brings reduced mobility. It can become a vicious circle.

The reasonable and customary costs for drugs is even lower than the lowest cost generic available; public servants are still having to pay for their prescriptions even with the lowest-cost generic available.

Requirement to dispense three months at a time may result in wastage of drugs, particularly if side effects vary between brands, and patient needs to switch to another brand or a different class of medication.

Requiring special approvals for prescription renewal or refusing to honour documentation that was accepted before 1 July 2023 is costly, unreasonable and a further massive hit to a failing health care system, and virtually impossible to navigate for those without a doctor.

Massage Therapy: The plan provides 80% of $500/year, which is enough for 3-4 treatments per year at $125/hour. Massage is not a luxury – it is used for pain relief for long-term disabilities. Several appointments per month are often needed for public servants with certain conditions.

Chiropractic: 80% of $500/year provides 8 treatments per year at $60 per treatment. Chiropractic is used as pain relief for some long-term disabilities. Successful treatment may require several appointments per month.

Osteopathy: 80% of $500/year provides for 3-4 treatments per year at $90-137 per appointment, which is entirely inadequate.

Vision: 80% of $400 every 2 years. This benefit is still extremely underfunded and unrealistic given the realities of current fees and costs associated with corrective lenses. Glasses can cost $1300 for severe myopia, with a co-requirement for computer glasses. Contact lenses cost $520/year. Coverage for cataract surgery is well below actual costs.

Hearing Aids: 80% of $1500 per pair is not sufficient. The actual cost is $4000 to $5000 per pair. The province pays $1000 while the Plan pays 80% of $1500 ($1200) with a cap on reasonable and customary fees. The amounts reimbursed are reportedly as low as 25% of the actual cost.

Occupational Therapy: 80% of $300 is not sufficient. $250 does not even cover initial evaluation, let alone weekly appointments.

Speech Therapy: 80% of $750. Speech therapy is not sufficient for minors. Children under age 18 should have 5K a year. Adults should get 5K with a prescription.

Psychology: There are caps on psycho-educational assessments that are not documented in the manual. The cap is $800/treatment or testing per day. There is confusion regarding billing of the testing. The standard procedure is to bill at the end of testing when a report is provided. Canada Life requires providers to break up the billing by treatment and testing days and is refusing to cover the report-writing time. This is resulting in members and their families not being properly reimbursed.

Please consider adding coverage of nurse practitioners who can perform psycho-educational assessments for $1500, while the cost for psychologists is $3-5K and the wait lists are more than 2 years or more.

Supplements and Herbs: These are not covered, but should be, as these are essential for the health and productivity of some persons with disabilities. Nutrients from food may be sufficient for the able-bodied, but some public servants are not able for genetic reasons to sufficiently absorb certain nutrients. There are also conditions or medications that prevent absorption or drain the body of specific nutrients. Prescriptions from a medical doctor for needed supplements should be added to the plan, as the health and productivity of employees with disabilities are often dependent upon supplements.

Dental: In most cases of restorative work, the plan says that 80% will be reimbursed, but the actual amount reimbursed is 80% or 50% of a much lower cap. These caps need to be reviewed to account for actual costs charged currently, not those of 20 or 30 years ago.

Dispensing Fee: The dispensing fee cap of $8 is inequitable across the country, particularly for employees and their families in rural or remote areas, including military families on bases where there is no access to large urban areas, with pharmacies such as Costco or Walmart. There are often no pharmacies that have lower dispensing fees (i.e. that meet the $8 cap) within 1 hour of travelling time. Most pharmacies across the country do not have a dispensing fee that is lower than $11 to $13.00.

Equipment: There is insufficient coverage for continuous blood glucose monitors (80% of $700). The coverage is limited only to Type 1 diabetics, which is highly problematic. There are inconsistencies in coverage for CPAP machines and supplies from person to person. There are also inconsistencies in coverage for enteral feeding supplies/formula from person to person.

Ambulance: It has been reported by members that "treat and release" is not covered. Members find themselves out of pocket for a significant amount, just for calling an ambulance, being treated at home or at the scene, and then released without going to hospital. The result is that employees are now afraid to call an ambulance when needed, in case they get stuck with a large bill at the end. The federal government, as good stewards of universal health care, should endorse "treat and release", because admitting a patient to hospital costs much more than treating a patient at home.

Reasonable and Customary charges/ fees: There is a lack of transparency regarding the reasonable and customary fees and charges. There is no way to easily determine what are "reasonable and customary" charges. The formularies for any fees are not published anywhere. Most users are finding that what is reasonable and customary falls far below what the employee has paid out. "Reasonable and customary" amounts are applied across the board irrespective of actual costs in the member's province. The evidence of how the reasonable and customary cost was determined should be made available for transparency.

Employees are afraid to buy necessary drugs, health care services, and medical devices because they fear it may not be covered, even though the guide says it will.

Explanation of benefits: Explanations of benefits are often vague or without adequate context information. There is a distinct lack of transparency regarding the method used to calculate reimbursement when approving less than 80% of the submitted claim.

Documentation:

Medical information is personal, private and protected. What is important is that the doctor describes the barrier (e.g., medical condition, impairment, and functional limitation) and how to remove the barrier (e.g., treatment.) as per process administrated by Government of Government for persons with disabilities in the work place

Members have reported that there are hidden justifications and fee caps for benefits for psychologists, occupational therapists and speech language pathologist assessments.

The new requirement for specific diagnostic information beyond the prescription and a "no substitutions" notation by the physician is unreasonable. Some have noted that The Public Service

Health Care Plan Member Booklet needs indicates “no other information” or “prescription”, when in fact Canada Life requires more information – pre-authorizations, justifications, verifications, etc. Some public servants were even asked to provide a copy of the provider’s diploma. This is deceiving.

The documentation required for some prescriptions is extensive and burdensome, and not clearly explained or identified as required in the Public Service Health Care Plan Member Booklet. For public servants with disabilities, all of the additional documentation that is now required is extremely burdensome, contributing to increased stress and anxiety, loss of health and well-being, potentially leading to severe disability and short- or long-term sick leave or possibly medical retirement. elsewhere is unreasonable. Requiring that individual PSHCP members undertake research on why a provincial plan and other funding bodies (e.g., special grants by a manufacturer) don’t cover their specific health care needs is not rational as we don’t have this expertise. This is an unwarranted and demanding request negatively impacting public servant and disproportionately adding to the stress and burden already faced by public servants with disabilities.

Process/Procedural:

Where is all the documentation given to Sun Life over the last several years? Employees are frustrated at having to set things up and supply documentation all over again. The transition to Canada Life is as cumbersome and inefficient as that of the Phoenix debacle.

There are still insufficient supports and employees at Canada Life to get things resolved.

Coordination of benefits is still a problem. Even if the website says that the coordination of benefits has been added, no information on the payouts, pre-determinations, or pending details are provided for the employee’s coordinated benefits on the Canada Life website, even when Canada Life is also the other insurer.

Lack of training among Canada Life representatives on the phone: There have been many complaints that the representatives provide different answers each time a member calls.

Processing time is still an issue. Some public servants are out of pocket hundreds or thousands of dollars for weeks or months at a time before their claim is processed by Canada Life. This contributes to an unfair financial burden, stress and anxiety, which may eventually lead to disability and time off work, sick leave, long-term disability, or medical retirement.

The Urgent Care Team is not working effectively – public servants are still waiting weeks for life-saving drugs like cancer chemotherapy, baby formula, or enteral feeding equipment. Public servants are carrying thousands in debt for medications and treatments while they wait for Canada Life to process their claims. This is unconscionable.

Canada Life phone lines should be available on evenings and weekends for employees who cannot call during standard business hours.

An option is to give each employee and their family members a “spending account”, where they can put money from unused benefits toward benefits, they need extra budget for.

RECOMMEDATIONS:

Recommendation #1: ***To further consult persons experiencing chronic conditions/illnesses and with disabilities in order to identify and remove barriers in the new PSHCP.***

Recommendation #2 ***To remove/raise the cap on physiotherapy and pharmaceutical costs for public service employees with chronic conditions and/or long-term disabilities. This is not impossible to do. We note that during the SunLife tenure, psychology benefits were increased at least twice from $1000 to $2000 and then $3000.***

Recommendation #3 ***To immediately remove this requirement from the PSHCP – i.e., requiring public servants to provide specialized information and analysis about other health care plans.***

Recommendation #4 For Canada Life to better align with Government of Canada's approach to identify (e.g., functional limitation) and remove barriers (i.e., treatment) for persons with disabilities.

Next Steps

Members of the Government of Canada Disability community would like to request two actions from this committee:

- **Extending the committee for one to two more meetings to give us time to prepare our briefs and submissions (see letter submitted); and**
- **Reissuing a call for witnesses to provide us with the opportunity to express our concerns and show the real-life impacts on our lived experience with such changes.**
- **Requiring the Government to revisit existing caps to physiotherapy to bring them in line with previous coverages and distinguishing between short and long term needs accordingly.**

We hope that you will hear us and hear our fear, angst and distress. We hope that you will spend the time to give this letter due consideration in the examination of the Public Service Health Care Plan, particularly Question 1- Does the plan meet the needs of the employees of the public service.

Respectfully submitted,

The Employees with Disabilities Community of the Public Service of Canada

ANNEXES:

- BETTER APPROACHES THAN CAPPING PHYSIOTHERAPY: OPTIONS
- LIVED EXPERIENCE OF NEEDING PHYSIO FOR PERMANENT DISABILITIES
    - 1 letter and,
    - 2 lived experiences of employees with disabilities

ANNEX

BETTER APPROACHES THAN CAPPING PHYSIOTHERAPY:

- Option 1: Reversing back to the status quo under the 2004 plan (i.e. coverage for the first $500 and any amounts over $1000),
    - If the Government of Canada chooses not to maintain the old plan going forward, at a minimum there could at least be a one-time grandfathering for existing employees (just as changes to pensionable age were grandfathered for employees joining the public service before 2013).

- Option 2: Adopt a flexible health care spending account, that employees can use to apply the benefit dollars to their choice of benefits
    - This approach would allow members to used unspent money from other paramedical services (e.g. mental health @ $5000/year) to applied to other health services such as physiotherapy, osteopathy, acupuncture, massage etc.
    - This process could remain cost neutral and have the advantage of supporting employee's health by allowing them to allocate their benefits to the services that would most personally benefit each employee.
    - It also would make other new benefits such as osteopathy more meaningful since the current coverage would likely only cover 1-3 treatments which would not allow for an effective treatment plan.
    - Should the GOC not endorse this change for all employees, at a minimum, it could offer a flexible spending account to individuals with documented physical disability needs.

- Option 3: Allow plan members to purchase different tiers of coverage, just as the PSHCP allows for different three optional levels of hospital coverage.
    - For instance, the basic default plan would be $1,500 of coverage, with the option to purchase higher levels of coverage (e.g. $5,000 less a deductible, unlimited coverage etc.)
    - In the case of documented disabilities, the Government of Canada could pay subsided premiums to health care plan insurers to account for the higher tier of physio coverage that insurers might be risk adverse to adopt.

April 6, 2023

To whom it may concern:

I am writing to you to inform you of the very negative impact that recent changes to the Public Service Health Care Plan (PSHCP) will have on a subset of already marginalized public servants living with disabilities and to propose some potential solutions.

As you know, coverage for physiotherapy benefits will be capped at $1500/year as of July 1, 2023 when the PSCHP will be administered by Canada Life rather than SunLife. As recently announced, for the initial transition year, the $1500 cap will apply for January to December 2023. Beginning in January 2024, the cap will apply for the full 12 mos. https://www.acep-cape.ca/en/news/increase-physiotherapy-coverage-2023.

While I can appreciate that this change was likely made as a cost-savings measure to allow for additional increases in other areas, including mental health, it is problematic to address the needs of one equity deserving population by taking away from another. It is even more problematic that this was done without consulting those that would be affected most – despite testimonials to the contrary by Treasury Board and as echoed by my MP. I have been a public servant for over 25 years and was certainly not consulted, as has been flagged to CAPE (see attached).

Why the new physio cap is short-sighted:

This cap is problematic for a host of reasons including but not limited to:

- The cap does not distinguish between those with short-term physio needs (e.g., following a surgery or an injury) and those with permanent, life-long conditions, requiring ongoing physio (documented by physicians and specialists) to manage pain, maintain mobility and continue contributing productively to society, thereby augmenting quality of life.
- The cap does not include a built-in exception for the latter group with higher needs. At the very least, a much higher cap should be included for those with special long-term needs.
- The cap does not allow for grand-fathering in the coverage previously available under SunLife for existing long-term public servants while applying the lesser cap to new hires – as was done when the pensionable age/years of service was raised several years ago.
- The cap does not recognize the variability in rates charged between regular physiotherapists and specialists.
- The cap does not recognize the variability in rates charged for physio received in a clinic vs that received in the clients' home.
- The cap does not recognize that the cost of physiotherapy will continue to rise as specialized physiotherapists tend to raise their rates annually.
- The cap does not recognize that persons with certain physical disabilities are excluded from eligibility for private physio-coverage due to having a pre-existing medical condition.
- The cap does not recognize that persons suffering from permanent physical disabilities often suffer with related mental health difficulties (e.g., depression). By taking away the supports that

this subset of the population requires, the latter is likely to be exacerbated, leading in turn, to additional intervention costs.
- The financial burden that these changes places on a small subset of public servants further compounds the inequalities experienced given that many PwD already have high out of pocket expenses for home and life-style accommodations, home and vehicle retrofitting, medical devices and treatments as well as other work arounds not faced by the "able-bodied" community.

Implications

- By taking away the physio lifeline that allows a small, marginalized subset of the population to work productively full time, the employer is creating a situation that potentially forces otherwise experienced and talented employees to take short to long-term disability and early medical retirement much sooner.
- By taking away the physio lifeline, the employer is changing the conditions of work for those of us with longstanding public service careers who have always had the more generous coverage provided under SunLife, forcing some of us to make the impossible choice between health and career/livelihood.
- Whereas the acceptance of telework fuelled by Covid has had the benefit of levelling the playing field for many PwD, the Government is limiting its capacity to recruit, retain and promote the best and brightest talent by removing the supports that some of us rely on not just to survive but to thrive!
- Lumping short and long-term physio needs together under a single cap, creates **undue hardship** on persons with certain physical disabilities who are already battling systemic discrimination both within the public service and within society as a whole.
- The imposed insurance plan reductions fly in the face of the support for Diversity and Inclusion and support for PwD that the Government supposedly encourages and is expected to play a leadership role in advancing.
- Moreover, by removing the need for a doctor's prescription to cover physio costs, the Government is potentially opening itself up to fraudulent claims by those not truly requiring physio care.

Potential Solutions

- As noted above, one solution would be to grandfather in the existing coverage under SunLife for current public servants with medically substantiated long term needs.
- Another option is to include a much higher cap for those with long term needs and re-instate the need for a doctor's prescription to medically substantiate this need.
    - This cap should be increased annually commensurate with reasonable rate increases by physio professionals.
    - This cap should also distinguish between physio costs incurred for at home treatment vs onsite.
- Another option is to provide an increased flat fee (e.g. 5K for mental health) and allow members to decide whether to use it to support mental or physical needs, in accordance with their unique situations

  - The PSCHP could be modelled for physio after the unlimited coverage provided by Canada Post – with additional medical substantial required beyond a certain threshold
  - Recognizing that these changes could take time to implement, the Government should agree to cover at least a portion of the outstanding physio costs incurred until a resolution is agreed upon.
  - Failing that, current members should be able to access additional coverage under Canada Life under compassionate grounds – so that current members can remain in the workforce and not face set backs while discussions/negotiations/data collection are ongoing.
  - Based on their unique situations, employees should work with Labour Relations to ensure that the difference in cost is offset by the employer under Duty to Accommodate. Under the *Accessible Canada Act*, the employer has a responsibility to equip every employee with tools and support measures so they can contribute to their full potential; requests for reasonable accommodation cannot be denied.
  - To the extent that physiotherapy literally enables a small subset of public servants with disabilities to contribute to their full potential, the related costs should be covered; especially where there is a longstanding track record to demonstrate the benefits of such support.

My Story

- I am a married, mother of 3 children.
- I am highly educated with a Masters degree and am fluently bilingual (ECC).
- I am a talented public servant who has worked full time for nearly 28 years.
- I was born with a permanent neuro-muscular disorder, significantly impacting my mobility.
- I have been able to remain in the workforce in large part due physiotherapy interventions and a stellar support system of family and friends.
- Despite the ever-evolving challenges that my diagnosis presents, my resilience has absolutely contributed to my success.

My unique needs

- In order to maintain the ability to walk and manage chronic pain, I have received specialized neuro-physio throughout my GoC career on a weekly basis.
- As a result of ageing and other unknown causes, the need for physio has at times, increased to 6x per month and is provided jointly by 2 long-time specialists (focussing on muscles and joints respectively).
- Physio is most often received at home, depending on which therapist is providing the treatment.
- The estimated cost for physio is estimated currently at $600 - $800/mos.
- This total is only expected to increase over time as paramedical professionals tend to raise their hourly rates annually.
- Under the existing cap and given the current rates being charged, the $1500 cap will provide me with less than one physio session per month – far short of the 4-6 sessions required for me to maintain the limited mobility I have.
- While my condition is deemed non-degenerative, my mobility has declined significantly in the last 5 years. The cause is unknown, leaving the future uncertain.

- The reduction in physio coverage is happening just when I need it most, which is very distressing.
- Telework has enabled me to keep working and has levelled the playing field – folks are not aware of what I don't tell them; in turn, pre-conceived negative impressions are reduced and my work finally speaks for itself.
- Prolonged sitting continues to exacerbate symptoms which is something I have always been able to manage through various work arounds and consistent physio treatment.
- What is clear is that this will no longer be the case if I am forced to reduce treatment given the unexpected financial burden the loss of coverage creates.
- It is a guarantee that without weekly physio, my productivity and my overall quality of life will suffer greatly.
- It is unacceptable for me to have to chose between my health and my livelihood.
- This is not a choice that I would have to make if it were not for the sudden and unexpected reduction to physio coverage.
- As is, I may be forced to consider disability and/or early medical retirement.
- This too adds to the financial hardship and emotional turmoil because with a reduced income, there is even less ability to cover required physio costs.
- This is not a choice that I want to make. I want to continue working and contributing to my full potential.

Undue Hardship posed by this change to working conditions

- Contrary to the spirit of "nothing about us without us," the Government's recent changes to the PSCHP are forcing me into a no-win situation, most definitely creating undue hardship (financial, emotional and professional).
- As noted in my telework agreement under Duty to Accommodate: steps are to be taken, as applicable, to ensure the employee is accommodated up to the point of undue hardship, taking into account health, safety and cost.
- It is in this spirit that I am asking that if no other recourse is immediately available, my annual physio costs (or a significant portion thereof) be covered under DTA so that I may continue to work and contribute to my full potential.
- The estimated annual total (approx. $7K) in uncovered physio costs does not amount to undue hardship on the federal purse.

Thank you for your time and consideration to this delicate matter.

LIVED EXPERIENCE OF EMPLOYEE 1:
Employee with early onset osteoarthritis, with multiple joint replacements (hips/knee) and degenerative spinal stenosis (L3-4) and degenerative disc disease with herniated disc at L4-5, carpel tunnel on both wrists.

- Highly educated female with a specialized Master of Science degree occupying a niche scientific regulator position in the GoC
- Family with spouse, 2 children, 2 dogs.
- At the age of 45 began experiencing difficulty walking, with excruciating pain.
- Imaging and examination determined that the patient required a hip replacement.
- Total hip replacement completed in 2016, with 2 subsequent dislocations 9 months later.
- Employee was taken off work for three months to focus on strengthening the hip. Employee was compliant with physiotherapy which was 2X per week in specialized physiotherapy clinic in the underwater treadmill and on land, plus manual therapy.
- Employee's pain did not improve. Further imaging determined a spinal stenosis at L3-4 and a herniated disc at L4-5. Surgery was an option, but surgeon recommended conservative therapy – continue hydrotherapy exercise with treatment. Epidural injection relieved some of the employee's pain. The disease has reduced the employee's ability to participate in activities of life such as walking, cooking, housework, etc. There is severe pain and weakness.
- Employee works part time with continued income replacement from long term disability.
- Additional pain medications (some of which are brand name) make employee drowsy, and reduce cognition, requiring accommodations at work. Side effects also include weight gain.
- Employee instructed to continue physiotherapy at least twice per week with exercise and manual therapy to manage pain and maintain strength.
- Employee second hip deteriorates quickly and is replaced in 2023.
- Employee also requires a knee replacement, but surgeon recommends weight loss first. There are steroid injections in the knee every 3 months. It is too late for lubricant injections; the knee is too far degenerated. Employee is placed on Ozempic, the strongest drug to counter the weight gaining effect of pain medications.
- Employee begins nerve ablations for increased pain control and better mobility. Various drugs are used and the cost each $50, and 5 treatments per two months are needed.
- Employee spends $5-8 K in physiotherapy per year, as much massage, osteopathy, and chiropractic as the plan with allow and then more. Simply cannot afford this treatment.
- Employee drops physiotherapy to once a week in October – keeping only the treatment portion. The strength training at home is not going well, and strength has decreased significantly, and pain in the knee and back has resumed to a significant degree. Treatment come January 2024 once per week will only last 3 months, and the employee will be without any physiotherapy for the remainder of the year from April to December.
- Employee needs Ozempic for weight loss—this is no longer covered by the plan, and the cost is prohibitive. Employee discontinues Ozempic, and weight gain resumes.
- Employee's anaesthesiologist is currently carefully titrating the nerve ablation treatments in the spine. Canada Life rejects claim and has requested a letter and three different forms for this treatment: Pre-authorization for exception, Brand Name (don't meet the criteria) and Verification (to justify why the procedures are not taking place in a hospital on an in-patient basis – to justify why the cost is not paid by the province for in-patient procedures). Of note—these treatments are taking place in a specialized pain center with all the equipment of a hospital, and it is the only pain treatment center in the entire eastern Ontario region with these specializations and services. The workload to coordinate and justify these treatments has been

immense. However, it allows the employee to tolerate some limited walking, and functions of daily living and therefore is necessary.

- Employee received a letter that the drugs used for pain management will be changed to generic. The pharmacist indicates that sometimes generics for these drugs in particular end in treatment failure. Because the employee's condition is so complex, and because other treatments are being titrated, moving to a generic at this time is a very poor course of action, as it may interfere with the titration of other treatments.
- Continued process complications with CanadaLife is extremely exhausting on the employee's energy, fixing dependant claims, resubmitted claims multiple times, calling multiple times for various reasons. Tens of hours have been spent on this. The employer is going to have to permit this to be done during work hours.
- With the current plan restrictions, the employee's pain, mobility, and quality of life has already started to decline significantly. The employee's likely course will be to return to long term disability full time. What a shame because the employee is talented, and all of this can be prevented.

LIVED EXPERIENCE OF EMPLOYEE 2 – PSHCP physio benefits - Employee with Complex Musculoskeletal Challenges

Note: This information is shared only for the express purposes of advocating to reverse changes in physiotherapy coverage for the Public Service Health Care Plan. This is highly sensitive private health and personal information and it should not be used for any other purpose, nor should this deidentified information be combined with any other information in a manner that could be use to identify the individual.

Overview

- Employee has complex musculoskeletal dysfunction for nearly two decades. Includes periods of severe, rapid muscle loss following flares/injury which leads to extreme disability within a very short period of time.
- These limitations have impacted the employee's ability to work such as being forced into part-time self-employment without benefits.
- Employee joined recently joined public service. Allowed employee to sustain working in a permanent job with benefits for the first time since becoming disabled nearly two decades ago.
- The employee participates in an extensive daily, at home rehabilitation program which, when combined with professional physiotherapy, requires a dedicated time commitment of ~ 20 to 25 hours/week.
- Having access to physiotherapy benefits under PSHCP has been life changing to employee with positive impacts on their ability to work, their quality of life, and prevention of further deterioration of their condition. For example:
    - Benefits support a year-long physical rehabilitation program to recover from a recent bout of muscle loss that limited the ability to rise from chairs/toilets among other things.
    - Access to benefits also provided the opportunity to try a new scoliosis physiotherapy that has improved pain and the ability to sleep beyond a 4 hours a night.
    - Regular physio has also increased computer tolerance and ability to better manage pain and dysfunction that result from increased work demands that require periods of more intensive computer use.
- Employee attended over 150 physio appointments in 2022 at a cost of approximately $1000/month (over $12,000 annually).
- The employee was treated by multiple, specialized providers who provide unique physiotherapy services (e.g., spinal adjustment, active release therapy, intramuscular stimulation, scoliosis physiotherapy, neuromuscular physiotherapy etc.) that collectively have improved the employee's health and allowed them to work.

Impact of loss of benefits

- Physio costs are incurred on top of other, out-of-pocket medical costs for advanced treatments that are not covered by either OHIP or health benefits (e.g., alternative treatments at cost of $400/treatment 4 to 6 times/year that have been quite helpful)
- Decreased physiotherapy is likely to increase functional limitations and could lead to negative effects such as decreased productivity/ concentration at work due to increased pain and diminished sleep.
- There is also the risk that the employee would have to reduce his/her/their working hours further (beyond their existing reduced work schedule) in order to manage repetitive strain and

other physical issues. A further loss of income, coupled with the need to spend more money on treatments, would further add to lifetime financial burden of disability for this employee.

- Over time, the employee might once again be faced with having to leave the workforce due to further exacerbation of functional limitations and his/her/their disabilities. Furthermore, even if this employee can make it to retirement age, he/she/they will have a small pension due to years of not being able to work due to disability and the negative impact of reduced salary due to reduced hours.
- On the personal front, less physio could create additional challenges with maintaining functional independence/mobility, performing activities of daily living etc. – all of which may be exacerbated with normal aging. This change has led to stress/concerns about one’s future health.
- Private insurance companies are reluctant to insure individuals with complex, pre-existing chronic conditions, so group insurance is the only option to spread out the risk.