Canada's Urgent Need for an Equitable National Oral Health Program that is Designed to Meet The Needs Of Canadians With Disabilities

Submission to:

The Honourable Jean-Yves Duclos, P.C., M.P., Minister of Health, and
Dr. Stephen Lucas, Deputy Minister of Health Canada
Federal Ministry of Health
Brooke Claxton Building, 70 Colombine Driveway
Tunney's Pasture, Ottawa, Ontario
K1A 0K9

Respectfully Submitted by:

Dr. Olaf Plotzke, B.Sc., DDS, D.Ped., FPFA(H), FICD(H), FACD(H),
President,

On behalf of the Board of Directors of the Canadian Society for Disability and Oral Health

389 Hyde Park Road, London, Ontario, N6G 3R8
c/o president@csdh.ca

The Canadian Society for Disability and Oral Health (CSDH) is not a dental lobby. The CSDH is a not-for-profit society that is entirely run by committed volunteers from across Canada who advocate for equitable access to oral health care for Canadians with disabilities. The Board and Members of the CSDH include dentists, dental specialists, dental hygienists, dental academics, oral health advocates, self-advocates, and family members of persons with disabilities.

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DEFINITIONS

The CSDH supports and adopts the World Health Organization International Classification of Functioning, Disability and Health (ICF), which is an Internationally recognized tool for measuring health to define disability.

The ICF is a framework for organising and documenting information on functioning and disability. It conceptualizes functioning as a 'dynamic interaction between a person's health condition, environmental factors and personal factors.' By shifting the focus from a health condition, such as autism, dementia, Down syndrome, or cerebral palsy, to functioning, the ICF places all health conditions on an equal footing, allowing them to be compared, in terms of their related functioning, via a common framework. The health and health-related states associated with any health condition can be described using ICF.

In this submission:
"Canadians with disabilities" and "persons with disabilities" includes Canadians and other persons legally residing in Canada who live with a disability as defined by the ICF framework.

"Oral healthcare providers" includes dentists, dental specialists, dental hygienists, and all other professionals who provide oral health care services in Canada.

I – INTRODUCTION

"Oral health is central to the health and well-being of people with disabilities. Investing in oral health should not only be calculated in monetary terms, but also considered an investment in empowering individuals through increased self-esteem, nutrition, supporting communication, and improving quality of life." [1]

Oral health is vital to general health and well-being[2]. However, under Canada's current dental care system, adults with disabilities are often unable to access even urgently needed dental care.[3] The inability for persons with disabilities to access oral health care in traditional settings due to physical or cognitive barriers limits the availability and appropriateness of care.[4] People with special needs "are particularly prone to dental caries and periodontitis that can have a catastrophic impact on their survival and ability to thrive".[5] Canada's primarily private oral health care system fails to meet Canadian standards for ethical, equitable access to medically necessary health care and does not meet the needs of Canadians with disabilities.[6] Our current dental care system does not meet Canada's legal and ethical *obligations* towards Canadians with disabilities.

Canada has ratified and is legally bound by the United Nations Convention on the Rights of Persons with Disabilities.[7] The Convention states that every human being, irrespective of any difference of development, functioning or health condition, is equal in dignity and rights and is entitled to fully participate in society. "[D]isability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others"[8.] Failure to provide Canadians with disabilities timely access to medically necessary oral health treatment is a breach of Canada's obligations under Article 25 of the Convention to ensure equal access to the highest attainment of health care. The lack of access to preventive and restorative dental treatment also violates the Section 15 rights of Canadians with disabilities under the Canadian Charter of Rights and Freedoms[9] to protection against disability-based discrimination.

As Canada embarks on a plan to create a federal dental program for persons with disabilities, the Ministry of Health must ignore the myth that Canada's current dental system serves most Canadians well. This myth is frequently cited by financial stakeholders,[10] because they benefit by retaining the current system. Canada's dental system serves affluent Canadians but fails to serve Canadians who are Indigenous, elderly, low- and middle-income earners, people living in rural and remote locations and, especially, persons who live with a disability.[11] To meet its legal and ethical obligations,

Canada must implement a fair and equitable oral health care program that removes existing barriers and enables Canadians with disabilities to access the highest quality of oral health care.

Canada's current dental care system is regulated by provinces and territories solely for competence of practitioners. There is no oversight in the Canadian dental care system to ensure access to treatment for Canadians with disabilities, even for the most severe oral health problems. A new federal dental plan for Canadians with disabilities must incorporate modern governance measures to ensure necessary oversight and patient protections.

We submit that a new Canadian National Oral Health Program must ensure that Canadians with disabilities have equitable access to regular preventive care to avoid preventable tooth decay, and prompt access to medically necessary oral health treatment. Canada must modernize dental care provision for Canadians with disabilities to incorporate best practices for oral health preservation, protection, and restoration. Canada must create a national oral health care program that will meet the oral health care needs of Canadians with disabilities to ensure that these individuals can finally enjoy the benefits of good oral health.

II - EXECUTIVE SUMMARY

CSDH strongly supports the action by the Ministry of Health to create a Canadian National Oral Health Program for Canadians with disabilities that will equitably serve their oral health care needs [the "Program"].

The Program must:

- meet current legal and medical ethics for access to care and enable treatment based on each patient's diagnosed oral health care needs, emphasizing oral health protection and preventive treatment to ensure that Canadians with disabilities do not suffer unnecessary dental decay.
- blend seamlessly with Canada's medical health care system and be harmonized with provincial/territorial health delivery to ensure pan-Canadian prompt access to medically necessary oral health treatment including treatment under general anaesthesia, if necessary.
- be designed to eliminate existing barriers to care, including the cost of treatment and the lack of suitable treatment facilities.
- ensure training of dentists and all other oral health care professionals in special care dentistry to ensure efficient and effective delivery of care.
- include persons with disabilities into existing and expanded comprehensive data collection and research that continually recognizes the rapid pace of technological change in dentistry and the newest science in public health dentistry and incorporate these into the Program.
- Institute measures to document treatment outcomes to confirm progress in improving oral health status and establish ongoing goals and priorities for improved oral health for patients with disabilities.
- include robust governance that includes public and patient oversight.

III - ISSUES

1. Integrating oral health care with medical health care for Canadians with disabilities.

Canada recognizes that oral health is integral to overall health.[12] Therefore, the Program must seamlessly integrate essential oral health care necessary to protect, restore, and preserve healthy teeth and jaws into our medical health care system. The Program must be integrated into Canada's medical health care system to ensure that Canada meets its legal and ethical obligations to protect the oral health care of Canadians with disabilities.

Oral health care practitioners must be able to assess functional oral health, diagnose necessary treatment, and provide or refer for prompt treatment to achieve and maintain a patient's optimal oral health.

The Program must be pan-Canadian and must focus on preventive care both for individual patients, and through public health measures to the general population, to avoid dental decay arising. While we support public health measures such as efforts to reduce sugar consumption,[13] Canada's public health measures must be undertaken in conjunction with a proactive program focused on rapidly improving the oral health status of Canadians with disabilities.

The Program must be patient-centred and evidence-informed to meet the oral health needs of individual patients of every ability. All patients should have a primary oral health care provider to ensure continuity of diagnostic and preventive care, and oversight of specialized treatment.

The Program must enable patients to access a full spectrum of care, including desensitization programs and safe provision of all levels of sedation, including general anaesthesia where necessary, to meet the individual patient's needs.

2. Ensuring prompt, equitable access to oral health treatment for Canadians with disabilities

The Canada Health Act states that "the primary objective of Canadian health care policy is to protect, promote and restore the physical and mental well-being of residents of Canada and to facilitate reasonable access to health services without financial or other barriers."[14] The objective that underpins the Canada Health Act in respect of medical health services must apply equally to oral health treatment. Canada must ensure prompt equitable access to medically necessary oral health treatment for Canadians with disabilities. This same objective of protection, promotion and restoration of health must be incorporated into the Program, as follows:

a. The Program must emphasize access to preventive treatment to enable Canadians with disabilities to avoid suffering from preventable dental decay. Canadian with disabilities currently have limited access to preventive dental care because of unsuitable treatment settings or lack of provider expertise. Some provincial public dental plans do not cover standard preventive dental treatments, such as fluoride varnish.[15] Canadians with disabilities must be able to equitably access preventive oral health treatment across Canada that is evidence informed and beneficial for their well-being.

b. The Program must ensure timely access to therapeutically necessary oral health treatment regardless of ability to pay. Canadians with disabilities are frequently referred for treatment to hospitals because routine care is unavailable in their community. Hospitals place Canadians with disabilities on lengthy waitlists to access routine therapeutic treatment required to maintain their oral health and teeth. They are frequently referred to oral surgeons for tooth extractions rather than to dentists for dental treatment to restore and retain their teeth, in part because few dentists are trained in special care dentistry, and in part because Canadian Medicare[16] typically pays for dental extractions.

c. The complex care needs of a patient must not act as a barrier to treatment. Canadians with disabilities who require treatment under general anaesthesia should be entitled to access oral health treatment under the Medicare system, to ensure prompt access to care. Access to treatment must be equally, and equitably, available to every Canadian regardless of ability or disability. Currently, Canadians with disabilities have minimal to no prompt access to medically necessary and essential oral health treatment under general anaesthesia. The Program must reverse that paradigm.

d. Canadians with disabilities in remote and rural locations are often unable to reach a licensed dentist or other oral health care provider. Every part of our health care system, including all medical and oral health professionals, describe oral health as essential to overall health. Therefore, Canada must ensure that Canadians in rural locations can access treatment. However, most Canadian dentists work in urban settings. Canadians with disabilities who live in remote or rural locations are particularly burdened by the lack of access to oral health care. This reality is especially severe for Indigenous Canadians who report a disability rate of 30% within their communities compared to the Canadian average of 22% of the population, and who are more likely to live in rural and remote locations. Canada must work in conjunction with the provincial, territorial and First Nations governments to develop oral health initiatives under the Program that will meet

the needs of Canadians with disabilities among Canada's rural population. These programs are in place for medical care in Canada and must be emulated for oral health delivery to rural and remote Canadians, especially as they report a higher level of disabilities.

3. Creating a comprehensive, equitable, and pan-Canadian oral health Program

Recent research indicates that almost 40% of Canadians have no dental insurance and confirms that many Canadians who do have dental insurance cannot afford typical co-pays for dental treatments and consequently avoid medically necessary care.[17] Lower income Canadians with dental insurance avoid even preventive care such as hygiene treatments because of the high cost of dental insurance co-pays. The Canadian Dental Association acknowledged in a 2013 article [18] a full ten years ago in that many middle-income Canadians cannot afford typical dental treatments.

However, despite acknowledging the high and growing number of Canadians unable to access essential oral health care for financial reasons, and the especially dire plight of Canadians with disabilities insured under archaic and low paying provincial public dental plans, the financial stakeholders of the current dental system offer no recommendations to improve this dismal reality and instead recommend that the federal and provincial governments retain the status quo. The Program must forego reliance on the antiquated and disharmonious provincial public dental plans, and must instead offer a single, comprehensive, pan-Canadian dental plan.

The Program must address the serious financial challenge facing most Canadians with disabilities to afford preventive and essential restorative oral health care. Accordingly, the Program should not include co-pays for patients with disabilities.

4. Proper remuneration for oral healthcare professionals

Canadians with disabilities are widely recognized to have worse oral health than most Canadians.[19] The current fee model for treatment contributes to this problem because it doesn't recognize the greater time that may be needed to meet the treatment needs of a patient with a disability. We submit that the Program must incorporate time-based remuneration to oral health care providers to enable practitioners to treat patients with differing functional needs and abilities. We also recommend that Program administrators and healthcare professionals negotiate treatment fees.

Negotiating fees with dentists can address the potential additional cost of care incurred by oral health practitioners when treating Canadians with disabilities. However, we also recommend negotiating dental fees as an essential step to harnessing the increasing

cost of oral health care in Canada that acts as a serious barrier to the ability of Canadians with disabilities to access essential oral health treatments.

Canadian dentists set their own dental fees. Most Canadian organizations are restricted by competition law from adopting fee guides with their competitors. Dentistry escapes that prohibition because it is considered a regulated profession. However, dentistry, including the related oral health professions, is a monopoly in Canada. Canadians must see a licensed oral health professional for all dental treatment in Canada. Canadians are therefore hostage to the fee decisions of Canadian dentists who are subject to no oversight for the fees they set for their services. Where medical fees are negotiated by Canadian governments with medical associations, Canadian governments do not negotiate reasonable dental fees with the dental associations, apart from the few dental services included in the Canada Health Act. There is no government oversight of dental fees in the private dental care system, which represents 95% of all dentistry in Canada.

For two decades Canadian dental fees have increased at a rate higher than the general rate of inflation.[20] Between 2013 and 2017, while general consumer prices increased by 6.6%, the Canadian dental care index rose by 11.1%.[21] A macroeconomic review of dentistry in 2014 concluded that the increase in licensed dentists and higher per capita dental costs were not associated with greater effectiveness in improving access to care.[22] In recent years, Canadian dental associations typically have increased dental fees well above the cost of inflation. In the first months of 2023, the provincial dental associations recommended dental fee increases in Quebec of 9.8%, in British Columbia of 8.77%, and in Ontario of 8.5%, in all cases exceeding the cost of inflation.[23]

In addition, Canadian dentists are entitled to independently set their fees without regulatory oversight and are not required to adhere to the recommended annual provincial fee guides. Many dentists charge above the recommended dental association fee guides for specific treatments, leaving patients facing exceptionally high co-payments for treatment. As noted above, not only low-income Canadians, but middle-income earners are increasingly unable to afford the cost of necessary treatment.

High dental costs especially harm Canadians with disabilities who are more likely than any Canadian group to suffer from poverty and are least able to pay the balance charged above the provincial public dental plans.

By comparison with the ever-increasing association fee guides, Canadian provincial public dental plan fees typically have not increased for decades. For example, dental fees for adults covered by the BC Provincial Persons with Disability Dental Plan have not increased since 2004 and are now less than half of provincial dental association recommended fees while the plan covers far fewer treatments. Ontario public coverage for persons with disabilities is even lower than the BC fee percentage when compared to the Ontario provincial dental association fee guide.

Given the huge disparity in private versus public plan fees, many dentists are unwilling to treat Canadians with disabilities. Since dentistry is "private", dentists have the right to refuse treatment to patients who are unable to pay. In a 2009 study, more than a third of Canadian dentists reported making a business decision to refuse to treat persons with disabilities because of the low pay.[24]

Canadian general physicians and medical specialists negotiate with governments for fees that provide suitable remuneration to treat every Canadian, including persons with disabilities. We recommend that Canadian governments adopt the same approach with Canadian dentistry, while recognizing the additional costs required to ensure the highest quality of care for Canadians with disabilities owing to the potentially longer treatment time.

5. Educating oral health professionals as competent special care treatment providers

Canadian faculties of dentistry do not offer special care dentistry as a mandatory part of the undergraduate or graduate dental curriculum for any program apart from pediatric dentistry.[25] None of the ten Canadian dental faculties of dentistry require dental undergraduate students to complete any mandatory training in special care dentistry or treating Canadians with disabilities. Unlike the United Kingdom, Ireland, and New Zealand, Canada has not created a specialty in special care dentistry and does not mandate education in special care dentistry. However, the most common reason offered by Canadian dentists for failing to treat patients with disabilities is their lack of education and training to treat patients with special treatment needs.

The faculties of dentistry are accredited to grant degrees by the Commission on Dental Accreditation for Canada (CDAC). The CDAC, which was incorporated by the Canadian Dental Association in 1988, does not require Canadian dental programs to train general dentists to treat persons with disabilities as a mandatory part of accreditation. Similarly, there is no mandatory training to treat geriatric patients in long term care who have acquired mobility or cognitive disabilities. Dental faculty explain that treating these patients is slow and costly and therefore this training is excluded from the curriculum.

Provincial dental regulators (the Colleges or Councils of Provincial and Territorial Dental Surgeons) rely on dental faculty accreditation to grant dental graduates a licence to practice dentistry. The Regulators do not require dental graduates to be competent to treat persons with disabilities as a condition for licensure. Consequently, Canadian dental regulators who rely on CDAC accreditation as an element for licensing graduates from Canadian dental faculties continue to license new graduates who may have received little to no training in special care dentistry and therefore are untrained to treat every Canadian. (The CDAC and the Canadian Dental Colleges have not agreed on

the competencies that dental students should learn, so the dental curriculum differs across Canada.)

Canada must require the ten faculties of dentistry, which receive significant public funding, to train undergraduate and graduate students to treat persons with disabilities of every age group.

The Canadian Deans of dentistry explain that they lack funds to create or to access the infrastructure necessary to train students in special care dentistry, including access to clinics capable of providing general anaesthesia. If Canada embeds dental care under the Program into the Canadian medical health care system, then dental faculties should be provided with access to appropriate facilities proximate to existing faculties of dentistry to fully train dental students in special care dentistry. Arrangements could be made to access nearby hospitals for patients with complex co-morbidities. Community dental anaesthesia clinics that meet regulatory specifications for patient safety and professional training could be contracted to provide training in treating patients with disabilities who are not medically complex but require oral health treatment under general anaesthesia.

The Board of Directors of the Canadian Dental Regulatory Authorities Federation (CDRAF), which is comprised of all the provincial and territorial dental regulators in Canada, decided in February 2023 to approve Dental Anaesthesia as a Canadian dental specialty. Recent research confirms that general anaesthesia provided by a trained dental anesthesiologist is extremely safe.[26] Canada could benefit from training and utilizing more dental anesthesiologists to provide greater access to treatment and to provide more opportunities for dental training in special care dentistry.

We agree on the benefits of interprofessional and transdisciplinary education, as described in a recent Discussion Paper of the US National Academy of Medicine.[27] However, we recommend that Canadian faculties of dentistry first take steps to incorporate pan-Canadian mandatory special care dentistry training into both undergraduate and graduate level dental classes.

The Program must work with the faculties of dentistry to ensure that Canada's oral health professionals are suitably trained to treat every Canadian, including persons with disabilities.

6. Ensuring comprehensive data collection and essential research

Canada has little to no data on the oral health status of Canadians with disabilities.[28] This is particularly troubling since the Canadian Health Measures Survey (CHMS) carries out surveillance of oral disease but does not collect data on persons living with disabilities. This omission is compounded by the non-collection of oral health data in the

Canadian Disability Survey. The Program must include continuous research and data collection on the health status, the treatment outcomes, and the recommended oral health practices for Canadians with disabilities. Without this data, Canada won't be able to determine if the Program meets the goal of improving the oral health of Canadians with disabilities.

Health Canada has recommended connecting the Provincial and Territorial production of medical data on patient treatment and outcomes to receipt of increased funding under the *Canada Health Transfer*. We recommend that Canadian oral health researchers and practitioners adopt similar data collection methods to establish the current oral health status of Canadians with disabilities.

A significant barrier to effective oral health research is a lack of useful and reliable information on oral health status, treatments, and outcomes, for all Canadians but especially for Canadians with disabilities. The new Canadian Institutes of Health Research Institute of Musculoskeletal Health and Arthritis (CIHR/IMHA) focus on oral health research can be a catalyst for the Canada-wide adoption of best practices in data collection of oral health information, consistent with the medical health information practices that are being developed. Comprehensive data on the oral health status and needs of Canadians with disabilities will be consistent with the CIHR/IMHA obligations under the Accessible Canada Act [29] to carry out inclusive research concerning all Canadians, regardless of ability or disability.

Canada must ensure that Program administrators can rely on current research, information on the health status of patients with disabilities, and comprehensive reporting on treatment outcomes to ensure the Program relies on the best available oral health evidence to meet its objectives.

7. Incorporating robust governance and oversight

Canada must incorporate a governance model for the Program that includes public and patient oversight, including a process for arriving at pan-Canadian decisions affecting access to treatment for Canadians with disabilities.

There is no pan-Canadian governance over Canadian dentistry. The CDRAF is a forum for discussion among provincial dental regulators who are primarily concerned with issues that affect Canadian dentists. The CDRAF Board meets with various dental bodies, including representative dental organizations and the federal dental lobby, but the Board includes no public or patient representatives. The CDRAF is not subject to legislative oversight and has no mandatory reporting obligations. In particular, the CDRAF as a group, and the provincial and territorial dental regulators individually, have no responsibility for ensuring access to treatment for Canadians.

The governance body should have ongoing responsibility to ensure that the Program achieves the purpose of ensuring access to the highest quality of oral health care for Canadians with disabilities. This oversight responsibility may include establishing pan-Canadian programs or policies affecting care delivery and related matters concerning access to treatment.

We understand that a third-party Life and Health Insurer may administer the Program. In that event, Federal Health should create an independent governance body to oversee plan administration and provide ongoing oversight that the Program goals are being met. The governance body could also provide an appeal mechanism from decisions to deny insurance coverage for dental treatment.

Governance best practices encourage participation by both members of the public, including patient representatives, and professional members. For example, the General Dental Council for the United Kingdom is comprised of 12 members, 6 of whom are members of the public and 6 of whom are dental professionals. We recommend that a governance body established as part of the Program include representative professional, public, and patient member participation as a governance best practice.

IV – CONCLUSIONS

For the past several decades, Canada has made good progress in recognizing disability-based discrimination and taking legislative steps to eliminate it. Canada's failure to ensure equitable access to medically necessary oral health care for Canadians with disabilities is inconsistent with Canadian law and ethics. Canada is legally and ethically obligated to take steps to remove the barriers facing Canadians with disabilities to access medically necessary and essential oral health care.

Canadian dental professionals are primarily private entrepreneurs with no legal obligation to meet the presumed "social contract" to ensure equitable access to treatment for all Canadians. The Canadian dental lobby annually asks Canada to help fund dentists' business operations, arguing that they operate as "mini-hospitals". However, while Canadian taxpayers provide tax support for dental clinic equipment purchases, Canadian dentists fail to provide access to care for all Canadians. The dental lobby even asks that Canada help them to train and hire new dental assistants, forgetting dentists' commitment to free enterprise.[30] Many Canadian dentists choose to provide lucrative aesthetic and cosmetic treatments rather than act as health care providers with an obligation to accept patients with disabilities. Canada should not rely on a dental profession that operates as a free enterprise business model to be a proactive part of the Canadian health care system. Recent evidence confirms that many dental providers will offer treatment to persons with disabilities in clinics and hospitals if provider remuneration is sufficient to recognize the necessary time and expertise.[31]

Canada spends significant funds to train and support its dental profession. It is time for Canada to demand a return on this investment. We submit that the first step that Canada must take is to create an oral health Program for Canadians with disabilities that meets the needs of these Canadians and ensure that Canada's dental and related oral health care professionals are an integral part of the Program. We will be pleased to help with this work.

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