



Pre-Budget Consultations in Advance of the 2026 Budget

May 20, 2026

Save Your Skin Foundation, on behalf of patient organizations signatory to this submission, is pleased to provide a response to this consultation with recommendations relating to healthcare.

General Comments

We recognize that Canada is living in very uncertain and difficult times, significantly affecting our economy. We recognize the need for austerity measures as well as the reallocation of funds to invest in areas that will strengthen Canada's economy and build for the future. One important aspect of this work is within the healthcare system through reallocation of funds in some areas and investment in others.

Cancer care is an important aspect of this system, from research to prevention to treatments, that will improve survivorship and a return to the workforce, as well as provide support to those in the workforce and in the education system.

With 42% of the population expected to be diagnosed in their lifetime, and about 1 in 4 expected to die of a cancer, it is clear that supporting work in this area will have a profoundly positive impact on the economy.¹

The healthcare sector, including spending on innovative medicines, must be seen as an economic investment in human capital, and capital is one of the factors of economic production. It is no surprise that good health is associated with higher productivity, as productivity is lost due to illness and premature death.

In his book "Building Better Pharma Policy in Canada," Dr. Brett Skinner did an analysis of provincial drug spending and found that provinces with more new drugs on formulary spent less on healthcare overall.²

Research in cancer and support for clinical trials, as well as the removal of redundancies and unnecessary red tape, encourages including the pharmaceutical industry to make investments and do business in Canada. For example, Statistics Canada has reported that in 2021, total R&D expenditures by the innovative pharmaceutical industry in Canada is estimated to have been between CAD\$2.3 billion and \$3.0 billion.³ In fact, the pharmaceutical industry is a

¹ Canadian Cancer Statistics Dashboard – <https://cancerstats.ca/> (Accessed April 18, 2026)

² Skinner, B. J. (2025). *Building Better Pharma Policy in Canada*. FriesenPress.

³ Statistics Canada (2021). *The Canadian Research and Development Pharmaceutical Sector*. <https://www150.statcan.gc.ca/n1/pub/11-621-m/11-621-m2024006-eng.htm>

significant funder of R&D in Canada.⁴ Statistics Canada says that the industry also employed 102,717 full time equivalent jobs in 2021.³

General Recommendations

1. Create a national Ethics Review Board for clinical trials and disband the myriad of siloed ethics boards across the country, thereby gaining efficiencies in review of new applications and saving the cost of managing all of these boards.
2. Continue to implement a comprehensive review of all federal government departments, agencies and government-related organizations to remove redundancies and red tape. Canada spends presently over \$110 million per year on several agencies engaged in price regulation including the Patented Medicine Prices Review Board, Canada's Drug Agency, the pan-Canadian Pharmaceutical Alliance and centralized vaccine procurement through the Public Health Agency of Canada.⁵ With streamlined review processes in these agencies, this review will include a determination of whether staffing is aligned with their needs.
3. Mandate that Health Canada, Canada's Drug Agency (CDA-AMC) and the pan-Canadian Pharmaceutical Alliance (pCPA) conduct their reviews simultaneously and in a coordinated manner so that the inefficiency and waste of resources of consecutive reviews are eliminated.
4. Mandate the pan-Canadian Pharmaceutical Alliance (pCPA) to implement managed entry agreements, also known as outcome-based agreements, to ensure efficiencies in its negotiation process and risk-sharing with industry in the cost of pharmaceuticals that do not ultimately prove to be effective or safe over time on the market.
5. Implement the *Canada Strong* plan including the comprehensive measures to build and protect our healthcare system. Adding new doctors, building hospitals, clinics and long-term care homes, and investing in women's health and reproductive health, will all lead to a healthier society.
6. Continue to implement the *Canada Strong* plan to improve mental health care and support to address the overdose crisis through the Emergency Treatment Fund and extend the fund past 3 years.
7. Implement the *Canada Strong* plan to modernize Canada's healthcare system including cutting wait times for life-saving medications, launching a Task Force for Public Health Care Innovation, implementing a national licence for physicians and nurses, reducing the administrative burden on doctors and securing access by people living in Canada to their own health data. This work will be coordinated with work done by the Provinces/Territories and other interested parties, including the Canadian Medical Association (CMA).

⁴ IMC (2024). New data shows the innovative pharmaceutical industry contributes significantly to Canada's R&D and economy. <https://innovativemedicines.ca/newsroom/all-news/new-data-shows-the-innovative-pharmaceutical-industry-contributes-significantly-to-canadas-rd-and-economy/>

⁵ Skinner, B. J. (2024). *Evidence contradicts Ottawa's cost control rationale for single-payer pharmacare*. Canadian Health Policy Journal. <https://canadianhealthpolicy.com/opinions/evidence-contradicts-ottawas-cost-control-rationale-for-single-payer-pharmacare/>

8. Continue to support the excellent work of the Canadian Institutes for Health Information (CIHI) and Canada Health Infoway to develop and implement a pan-Canadian interoperable healthcare system. The legislation requiring interoperability and preventing data blocking that was introduced in the House of Commons should be passed in this session of Parliament.
9. Work with the Provinces/Territories to remove the interprovincial barriers to the implementation of the 5 Principles of the *Canada Health Act*, including the commitment for “Universality: All residents must be covered equally.”
10. Continue to implement Canada’s Housing Plan to support the reduction of homelessness.
11. Augment supports to eliminate child poverty based on the advice of experts, including people with lived experience.
12. Continue to support virtual care, considering the needs of diverse populations.
13. Continue to support the *Pharmacare Act* and the Canadian Dental Care Plan.
14. Ensure that all programmes by the federal government are viewed through an equity lens.
15. Implement a tax credit for caregivers, as it relieves pressure from the already overburdened healthcare systems.

Cancer-Specific Recommendations

1. Continue to support the work of the Canadian Partnership Against Cancer (CPAC).
2. Support the implementation of the Cancer Data Management Strategy developed by CPAC and the Canadian Cancer Society as a foundation for a comprehensive oncology data strategy.
3. Reallocate funds to ensure commitment to the Key Principles of the *Canada Health Act*, and the *Canada Strong* commitment, specifically to enhancing cancer care across the continuum from prevention to treatment to survivorship.
4. Work with Provinces/Territories to fulfil the commitment made at the Council of the Federation meeting in July 2025 to accelerate access to urgently needed treatments. In the case of cancer, this includes access to innovative therapies, testing, and addressing the financial toxicity faced by people living with cancer in order to obtain treatment. While some work has been done by the Provinces/Territories to achieving this goal, much more is required.
5. Continue to support the work of the Canadian Taskforce on Prevention Healthcare by making it a permanent body that is arm’s length, *i.e.*, an independent agency, with a mandate to modernize methods for guideline development through embracing innovation, best practices from other jurisdictions and the inclusion of people with lived experience and their representatives.
6. Ensure robust research funding for ISED, to promote interest by pharmaceutical companies to do business in Canada.
7. Continue to Support Genome Canada's Canadian Precision Health Initiative (CPHI) to drive precision health and economic growth and ensure that a small proportion of the funding be

dedicated to improving accessibility to genomics technologies, such as comprehensive genomic profiling (CGP) for metastatic cancer patients in Canada. Additionally, collaborate with patient organizations to promote awareness and education of genomic testing to help inform future policy direction.

8. Accelerate equitable HPV prevention across Canada through:
 - Supporting rapid pan-Canadian adoption and scale-up of cervical self-sampling.
 - Enabling expanded access to publicly funded HPV vaccination for immunocompromised adults up to age 45 through targeted federal funding envelopes, guidance, and collaboration with provinces and territories.
 - Supporting broader community-based HPV vaccination delivery models, including pharmacy-based vaccination, through pan-Canadian coordination, implementation research, and knowledge-sharing to improve access and uptake.
9. Ensure that the budget includes funding resources for the implementation and validation of treatment-associated tests, companion diagnostics and comprehensive genomic profiling (CGP), to ultimately determine and ensure the appropriate treatment is received by the patients who will benefit from it, in a timely fashion. This will ultimately save drug budget resources in subsets of the patient populations who would otherwise not respond to ineffective and toxic treatments, thereby improving patient outcomes.
10. Ensure funding for drugs and laboratory tests together, including treatment-associated tests, companion diagnostics, and CGP.
11. Ensure funding for oncology laboratory tests is equitable across the country to reduce cancer test backlogs that are delaying the diagnosis and treatment of patients.
12. Establish a National Adolescent and Young Adult (AYA) Cancer Strategy to address the unique medical and psychosocial needs of Canadians aged 15–39, focusing on improving long-term survivorship, mental health outcomes, and return-to-work/education productivity.

Signatories

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