

Canadian Dental Association
Appearance Before the Standing Committee on Immigration

Speaking Notes, Dr. Randall Croutze

President of the Canadian Dental Association

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Speaking Notes (7 minutes)

Thank you Mr. Chair and members of the Committee,

My name is Dr. Randall Croutze and I am the President of the Canadian Dental Association. Here with me today is Mr. Kevin Desjardins, Director of Public Affairs at the Association.

I want to thank you for inviting the CDA to appear before you on behalf of the dental profession, to speak to you today on this important issue. We had the chance to meet with some of you earlier this month, and we appreciate the opportunity to further the discussion.

The CDA is the national voice for dentistry dedicated to the promotion of optimal oral health, an essential component of general health. We represent the provincial dental associations, who represent over 18,000 practising dentists.

We are here today to speak on the issue of dental care within the Interim Federal Health Program for the Syrian refugees. With Canada welcoming 25,000 Syrian refugees in recent months, and 10,000 more to come, there is greater focus on the state of our refugee health care system.

As you may be aware, refugees who arrive in Canada are covered for a year under the IFHP, which covers the basic health needs. For dental, this is limited to emergency or urgent care.

This program currently covers:

- Emergency examinations,
- Some diagnostic radiography,
- Pre-approved restorations for severely affected teeth,
- Extractions, with more complicated extractions requiring approval
- Emergency prescriptions, and
- Anesthetics.

To be clear, these are the most basic levels of care.

The recent significant influx of refugees has pressure-tested the Interim Federal Health Program, and we have heard from dentists across the country that the program has been unable to hold up to the test. Our members, the provincial associations, have been vocal about these concerns.

The limited manner in which oral health is covered under the IFHP creates challenges for the patients, and for health care providers. We have heard from dental offices who have been strained by the added effort that is required to work with the program. Moreover, the strict limitations of the program are not in line with accepted best practices of care.

Among the issues identified to us are:

- The requirement to receive pre-authorization for fillings. No other dental benefits program requires this. Moreover, the criteria for having such a request approved are unknown and unavailable, which adds unnecessary administrative burden.
- That even after having a procedure pre-authorized, there is a requirement to call to reconfirm eligibility for the program when the patient returns to the office.

Beyond the fact that there should be no eligibility issues with this cohort of refugees, as they have been pre-screened and declared permanent residents, the time it takes to verify what should be evident can be as long as an hour on the day of the appointment.

- That the coverage does not always align with the generally accepted standards of care. For instance, large fillings are covered, but stainless steel crowns – which are roughly the same cost – are not. Stainless steel crowns are the standard of

care for restoring two surface baby teeth with cavities in high risk children.

- With regard to x-rays, there is no coverage for bitewing films, unless they are part of a full mouth series of films, which may not be necessary. Whereas bitewings are necessary for diagnosis of cavities and should be covered as a standalone code.
- That there is no post-operative pre-authorization for surgical extractions of teeth. It is impossible to tell before you begin an extraction if it will be a simple extraction or a more complex surgical extraction.

I would note that in recent weeks, and in the time since we visited with some of you on the Hill, the Department of Immigration, Refugees and Citizenship has issued a bulletin which updates the list of services that can be offered, along with criteria and limitations. We have reviewed this bulletin, and we note that there are improvements to the program, and for that, we are appreciative.

Moreover, we still believe it is necessary to consult with the dental profession as any changes are made to the policy to ensure that they align with accepted practices of care.

Administration of the program should not drive patient care. Refugees – especially children who have been lacking consistent dental treatment, preventative care or fluoridated

water – have a host of problems that may require further treatment beyond what the IFHP affords.

Access to provincial social service programs is in most cases not immediate, and delays in treatment can exacerbate these health issues. Moreover, local public health and volunteer initiatives have been strained beyond limits in their attempts to deal with these issues.

Before I conclude, I would be remiss if I didn't take a moment to recognize the dentists from across the country have stepped forward to help these new refugees. This includes providing free screenings, and providing pro bono care.

However, relying exclusively on pro bono work is not sufficient to address the oral health needs of this cohort of new arrivals.

As health care professionals, Canadian dentists are concerned with patient quality of life and optimal oral health for all refugees.

We urge the government to further examine the dental policies of the Interim Federal Health Program so that it can be assessed and improved to ensure that refugees can have immediate access to basic dental care.

I thank the Committee for their time and attention, and I look forward to any questions.