



**Submission to the Standing Committee on Human Resources, Skills and
Social Development and the Status of Persons with Disabilities:
*Bill C-22 – Canada Disability Benefit Act***

November 15, 2022

Casey House appreciates the opportunity to comment on *Bill C-22, An Act to reduce poverty and to support the financial security of persons with disabilities by establishing the Canada disability benefit and making a consequential amendment to the Income Tax Act*, for consideration by the House of Commons Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities (HUMA).

As a specialty hospital that provides care for people living with and at risk of HIV, Casey House serves clients with disabilities, particularly those with illnesses or conditions that are “episodically disabling”¹. Most clients are HIV+ and contend with multiple chronic conditions – many of which are exacerbated by the overdose crisis, housing crisis, and rising cost of living. Our hospital is committed to understanding our clients’ health concerns in the broader context of their lives² – including their income and financial situation, which is an area of high need.

Bill C-22 seeks to establish the Canada Disability Benefit (CDB) to reduce poverty and support the financial security of working-age persons with disabilities; it authorizes that the benefit be designed and administered through regulations, and in partnership with provinces and territories. With the rising cost of living and risk of a recession, the need for the CDB is urgent. Casey House calls for the swift passage of Bill C-22 so that this disability benefit can be *designed and delivered* as quickly as possible to:

1. Support people with *episodic* disabilities living in poverty
2. Reach people with disabilities living in poverty who face barriers to filing income tax returns
3. Ensure that people with disabilities living in poverty continue to have *uninterrupted* access to health benefits through provincial disability support programs

¹ Canada, Parliament, House of Commons. Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities. (2019). *Taking Action: Improving the Lives of Canadians Living with Episodic Disabilities*. 42nd Parl., 1st sess. Rept. 15. Retrieved from Parliament of Canada website:

<https://www.ourcommons.ca/DocumentViewer/en/42-1/HUMA/report-15/>

² Casey House’s Multipurpose Resilience and Assessment Tool (MRAT) captures socio-demographics and data about clients’ health needs as related to eleven domains based on the social and structural determinants of health: <https://caseyhouse.ca/our-insights/research/multipurpose-resilience-assessment-tool/>

“[Disability] means any impairment, including a physical, mental, intellectual, cognitive, learning, communication or sensory impairment—or a functional limitation—whether permanent, temporary or episodic in nature, or evident or not, that, in interaction with a barrier, hinders a person’s full and equal participation in society.”

– Accessible Canada Act, 2019³

1. Support people with *episodic* disabilities living in poverty

As defined in the *Accessible Canada Act*⁴, “disability” includes – but is not limited to – impairments or functional limitations that are *episodic* in nature. As reported by HUMA in 2019, episodic disabilities include chronic conditions and diseases such as HIV, mental illness, and substance use disorder⁵. In addition, systemic barriers to health and well-being have a profound effect on people’s lives, and those living at the intersection of episodic disabilities and income insecurity require health and social supports that enable them to meet their basic needs. For instance:

Despite advancements in medication over the last 30 years, HIV remains a chronic and debilitating medical condition. There is no vaccine or cure, new infections are acquired each year⁶, and the number of Canadians living with HIV continues to increase⁷. As Casey House knows first-hand, even when people have access to HIV treatment they are more likely to develop other health conditions such as diabetes, heart disease and cancer, all of which have a significant impact on income. As the *Public Health Agency of Canada* reported, “Not only is living with HIV costly, but income for many PHA [people living with HIV/AIDS] is reduced as the associated health problems mean that they either leave paid employment or reduce their working hours.”⁸ The negative economic impact can be particularly pronounced for Black,

³ Accessible Canada Act (2019, c. C-10). Retrieved from the Justice Laws Website: <https://laws-lois.justice.gc.ca/eng/acts/a-0.6/FullText.html>

⁴ Ibid.

⁵ Canada, Parliament, House of Commons. Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities. (2019). *Taking Action: Improving the Lives of Canadians Living with Episodic Disabilities*. 42nd Parl., 1st sess. Rept. 15. Retrieved from Parliament of Canada website:

<https://www.ourcommons.ca/DocumentViewer/en/42-1/HUMA/report-15/>

⁶ Estimates of HIV incidence, prevalence and Canada’s progress on meeting the 90-90-90 HIV targets: <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/summary-estimates-hiv-incidence-prevalence-canadas-progress-90-90-90.html>

⁷ Ibid.

⁸ Chapter 4: Population-Specific HIV/AIDS Status Report: People living with HIV/AIDS - Current Evidence on Social Determinants of Health: <https://www.canada.ca/en/public-health/services/hiv-aids/publications/population-specific-hiv-aids-status-reports/people->

Indigenous, and racialized communities⁹, and almost half of new HIV infections in 2019¹⁰ were among these communities.

In addition to most Casey House clients being HIV+, **mental health and emotional well-being is an area of high need, which significantly impacts their ability to function and cope with daily life.** The impacts can be especially disruptive for people dealing with serious and persistent challenges such as schizophrenia, bipolar disorder and/or substance-induced psychosis. In addition to impacting day-to-day life, mental health intersects with other holistic health needs that relate to matters of income. For instance, when clients are in high need for mental health care, they also tend to be in high need for housing and food – the lack of which have been associated with a wide range of health concerns including chronic conditions and infectious diseases¹¹.

People living with episodic disabilities face unique barriers to financial security. **The faster Bill C-22 is passed, the faster this disability benefit can be designed and delivered to reach all people with disabilities living in poverty to meet their basic needs.**

2. Reach people with disabilities living in poverty who face barriers to filing income tax returns

“The whole system isn’t set up to help people on the streets...it assumes a lot is in place.” – Social Worker, Casey House

People living in deep poverty, where income is inadequate and homelessness is chronic, face obstacles to obtaining required documentation to apply for vital benefits such as income support programs. Casey House’s team of social workers see these roadblocks far too often: *“getting ID is a nightmare for people”* because of the limited services available, and *“it can be difficult for people without housing to get their taxes done regularly”*.

Like many community organizations that step up and join forces to help fill gaps in service, Casey House opened a weekly tax clinic as part of our outpatient services. In just six months, we supported 30 clients to file their tax returns, which enabled them

[living-hiv-aids/chapter-4-current-evidence-social-determinants-health-affecting-people-living-hiv-aids.html](#)

⁹ Haddad N, Weeks A, Robert A, Totten S. HIV in Canada—surveillance report, 2019. Can Commun Dis Rep 2021;47(1):77–86. <https://doi.org/10.14745/ccdr.v47i01a11>

¹⁰ Ibid.

¹¹ What are the implications of food insecurity for health and health care?

<https://proof.utoronto.ca/food-insecurity/what-are-the-implications-of-food-insecurity-for-health-and-health-care/>; Public Health Agency of Canada. Key Health Inequalities in Canada: A National Portrait. Ottawa: Public Health Agency of Canada; 2018: <https://www.canada.ca/en/public-health/services/publications/science-research-data/inequalities-housing-below-standards-infographic.html>

to: access housing supports; have their community housing rent reduced; and/or apply for income support benefits.

Despite these positive results, the need for tax filing services for people living in poverty is far greater than the capacity of any one community organization. If barriers to tax filing are not addressed, we risk the CDB not reaching those who need it most.

The faster Bill C-22 is passed, the faster this disability benefit can be designed and delivered in a way that reaches people with disabilities living in poverty who face barriers to filing income tax returns.

3. Ensure that people with disabilities living in poverty continue to have *uninterrupted* access to health benefits through provincial disability support programs

At Casey House, most clients receive support from the Ontario Disability Support Program (ODSP) to help meet their basic needs. In addition to receiving income supports, ODSP enables them to access life-saving medications through the Ontario Drug Benefit (ODB) program. By providing coverage for recipients of ODSP, the ODB helps cover the cost of vital medications, including those related to their disabilities for which *consistent access and adherence is critical*. This is especially important for people whose chaotic life circumstances make it difficult to adhere to a daily routine. For example:

For people living with HIV, ODSP enables them to access antiretroviral treatment (ART) which reduces an individual's viral load and reduces transmission in the community. This includes access to Cabenuva – a new, long-acting injectable (LAI) medication that is administered every one or two months, and that poses significant advantages as a treatment option (compared to oral medications that have to be taken daily). At Casey House, we are starting to see the potential of Cabenuva for clients living in deep poverty, such as those experiencing homelessness.

For people with serious and persistent mental health challenges, such as schizophrenia, bipolar disorder and/or substance-induced psychosis, ODSP enables them to access long-acting injectable (LAI) anti-psychotic depot medications that are administered every three to four weeks. These medications have been shown to improve effectiveness¹² and were developed, in part, to improve people's ability to adhere to their medication. At Casey House, we are starting to see that when clients are part of our depot clinic, the rate of medication adherence is high. When a client's

¹² Park SC, Choi MY, Choi J, Park E, Tchoe HJ, Suh JK, Kim YH, Won SH, Chung YC, Bae KY, Lee SK, Park CM, Lee SH. Comparative Efficacy and Safety of Long-acting Injectable and Oral Second-generation Antipsychotics for the Treatment of Schizophrenia: A Systematic Review and Meta-analysis. *Clin Psychopharmacol Neurosci*. 2018 Nov 30;16(4):361-375. doi: 10.9758/cpn.2018.16.4.361. PMID: 30466208; PMCID: PMC6245299.

psychosis can be stabilized, it provides an opportunity to work towards addressing additional health and wellness goals.

Implementing the CDB will require Federal-Provincial-Territorial (FPT) coordination to ensure it *supplements* existing programs in terms of income and health benefits. **The faster Bill C-22 is passed, the faster this disability benefit can be designed and delivered in a way that ensures people have continued, *uninterrupted* access to provincial health benefits to meet their health care needs.**

The time is now

At Casey House, income and finances continues to be an area of high need for our clients; extremely low income creates barriers to safe and healthy living. For those who access support from ODSP, the maximum monthly rate of \$1,228 for a single person is not nearly enough to cover basic needs and shelter. Even in stronger economic times, this rate is far below the poverty line¹³, let alone during this period of high inflation when even higher income earners are struggling to make ends meet.

People with disabilities living in poverty require a Canada Disability Benefit that *supplements* existing programs and considers both their health and economic conditions – and they need it now. **The faster Bill C-22 is passed, the faster the Canada Disability Benefit can be *designed and delivered* to reach all people with disabilities living in poverty, to improve their financial security and health and well-being.**

About Casey House

Casey House is unlike any other hospital. We are a specialty hospital in Toronto providing ground-breaking care to people living with and at risk of HIV. We offer a growing mix of inpatient, outpatient and community-based services that meet clients where they are in their individual journeys of health and well-being. Our roots stretch back to the AIDS pandemic, when pervasive stigma and discrimination left people to die without access to care. Building on a legacy of advocacy and social justice, we actively dismantle barriers to care and safe living. We provide a community and sense of belonging that connects people to care. The humanity of each client is at the heart of everything we do.

¹³ Tabbara, Mohy-Dean. “Who is receiving social assistance?” Policy Options (August 30, 2022): <https://policyoptions.irpp.org/magazines/august-2022/social-assistance-singles/>