# Day on the Hill 2025
# Q&A's | Meeting Tips

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## MS Research

**Q. The Government of Canada invests millions in MS research through the Canadian Institutes of Health Research each year. Why does MS Canada need an additional $15 million?**
**A:** While CIHR provides valuable open funding for MS research (i.e. investigator-initiated research funding programs, which support research projects proposed and conducted by individual researchers), it does not guarantee strategic investment in prevention, repair, and regeneration—areas critical to transforming outcomes for Canadians with MS. The additional $15 million requested by MS Canada is a targeted, high-impact investment that will:

- Fill a growing international research gap.
- Leverage Canada's unique strengths.
- Deliver health, economic, and innovation benefits for the country.

The first global landscape analysis of MS research funding showed that less than ten per cent of our global research funding is invested in MS prevention, a significant gap. With Epstein-Barr virus (EBV) identified as a key trigger for MS, Canada has a unique opportunity to lead global prevention efforts. With 118 active research studies totalling over $36 million, and a proven ability to coordinate the research infrastructure, MS Canada has the leadership and partnerships needed to maximize the impact of targeted federal investment and accelerate progress toward a cure. Additionally, Canada has a network of world-class researchers with the expertise to propel this research forward.

MS imposes a significant economic burden in this country—over $3.4 billion annually, including $1.33 billion in productivity losses. The per-person cost of MS is $42,880, far exceeding that of other chronic diseases. Investing in prevention and repair research could reduce long-term healthcare costs, boost productivity, and improve quality of life.

**Q: The Government of Canada is cutting spending and focusing on austerity measures. Why is this the time to invest in MS research?**
**A:** Despite fiscal restraint, now is a strategic and urgent moment for Canada to invest in MS research. Canada has one of the highest rates of MS in the world, giving our researchers unparalleled access to patient populations, clinical and research expertise, and longitudinal data. These assets position Canada to lead globally in MS research and innovation.

Recent cuts to health research funding in the United States — including the elimination of the MS Research Program by the Department of Defense — have created a gap in North American research leadership. Canada can seize this opportunity to maintain momentum and become the primary driver of MS research advances. A robust, stable Canadian funding model will ensure research is guided by our priorities and delivers both domestic health and economic benefits.

MS is also a costly disease for Canada. The annual cost per person is estimated at $42,880, significantly higher than other chronic conditions. In 2019, the total cost of MS to Canada was over $3.4 billion, with $1.31 billion in health system costs and $1.33 billion in productivity losses due to reduced employment, absenteeism, and informal care.

Investing in MS research is not just a health imperative — it's an economic one. By supporting Canadian-led research, we can reduce long-term healthcare costs, improve quality of life, and strengthen Canada's leadership in science and innovation.

**Q: How can we convince the government that the $15 million that we are asking needs to be considered an investment instead of an expense?**
**A:** The $15 million request should be viewed as a strategic investment in Canada's future — not a cost. This funding will accelerate MS research, reduce long-term healthcare costs, and strengthen Canada's leadership in science and innovation. But more importantly, it aligns with a growing global recognition that brain health is economic infrastructure, not just a health issue.

According to the Canada Brain Economy Declaration, brain health disorders cost the global economy USD $3.5 trillion annually, and that figure is rising. MS alone costs Canada over $3.4 billion per year, with $1.33 billion in productivity losses due to absenteeism, presenteeism, and premature mortality. Investing in MS research directly targets these costs by advancing prevention, repair, and regeneration — improving outcomes and reducing economic strain.

This investment also supports the broader brain economy. Investing in MS research is an investment in Canada's **brain capital** — the cognitive, emotional, and social assets that drive innovation, resilience, and productivity. Countries that treat brain health as essential infrastructure will lead the next era of inclusive, sustainable growth. The return on investment is clear — healthier brains mean a stronger economy.

**Q. How will the $15 million for MS research be spent? Is the $15 million over 1 year or multiple years?**
**A:** To drive MS prevention, MS Canada will leverage the global MS community's resources, expertise, and capacity to establish and co-lead a global MS Prevention initiative targeting risk factors, understanding preclinical MS, and developing and testing interventions to prevent MS. This initiative will take place over multiple years and include convening an advisory group of scientific experts and people affected by MS to define key priorities for investment, engaging partner organizations and establishing a partnership model, and launching a global funding opportunity in prevention to build capacity in this area. A scientific roadmap will be communicated in a scientific publication later this year, which will be used to guide the research community and MS patient advisory groups in driving momentum in MS prevention.

**Q: This is the same ask as the last several years; why didn't you get the $15 million?**
**A:** Advocacy is a powerful tool for influencing decision makers to change policies, practices, attitudes, or behaviors. However, achieving a successful outcome through advocacy can be a time-consuming process. Advocacy success often hinges on seizing windows of opportunity. We need to persistently engage, continue to provide evidence, and build a compelling case.

## Income Security

**Q: What is the Disability Tax Credit (DTC)?**
**A:** The DTC is a non-refundable tax credit (tax cannot be reduced below $0 to get a refund). The DTC can apply to the individual tax filer and/or those of a supporting person (i.e., family members). Claiming the DTC reduces tax liability by a “percentage of the base amount” for federal and provincial taxes of that year.

To claim the DTC, a person must complete forms with their health care provider and apply through the Canada Revenue Agency (CRA). A DTC certificate provides other benefits beyond tax reduction. It provides eligibility to other federal and provincial/territorial income supports and benefits.

**Q: Who is eligible for the DTC?**
**A:** To be eligible for the DTC, individuals who have “severe and prolonged impairment” that results in “marked restriction” in one ore more of the following categories, or “significant restriction” in two or more categories:

- Walking
- Mental functions
- Dressing
- Feeding
- Eliminating
- Hearing
- Speaking
- Vision

An impairment is severe because it results in “marked restriction”. It is prolonged if it has lasted or is expected to last at least 12 months. By the DTC definition, someone has a “marked restriction” if they are unable to or take an inordinate amount of time in one impairment category all or substantially all of the time, even with appropriate therapy, devices, and medication. If there are “significant” restrictions in more than one category, people may still be eligible.

**Q: How will changes to the DTC help Canadians living with MS?**
**A:** The DTC is a cornerstone of federal disability support, yet many people with MS are excluded because of outdated criteria. This limits access to other benefits like the Registered Disability Savings Plan (RDSP) and the new Canada Disability Benefit (CDB).

MS Canada has surveyed our community about their challenges with the DTC. More than 1,000 people affected by MS responded to the survey and reported that they struggled to understand the eligibility criteria, which fails to reflect the episodic and degenerative nature of MS. Respondents described the criteria as overly strict, often requiring near-total disability to qualify, despite significant daily challenges. Barriers to access include difficulty obtaining medical documentation, high application costs and repeated, emotionally taxing interactions with healthcare providers. The renewal process was also widely viewed as burdensome and unfair.

Removing the DTC’s requirement of having a “marked restriction” 90% of the time will make the DTC more inclusive for Canadians with MS. During the 2025 election, both the Liberal Party of Canada and the Conservative Party of Canada included platform pledges to reform the DTC. The Liberals promised to “review and reform the process to apply for the DTC” and “consider expanding the eligibility criteria to include additional impairments.”

**Q: What DTC changes are you asking for?**
**A:** We are asking the Government of Canada to make the DTC work for Canadians with MS.

- Revise the DTC's eligibility criteria to recognize the fluctuating nature of episodic disabilities like MS, which have a multitude of severe and prolonged symptoms that significantly impact daily life.
- Simplify the DTC application process through the creation of a more straightforward application with clear instructions, plain language, and fewer repetitive questions.
- Coordinate the DTC with other provincial and federal disability benefits to provide a comprehensive support system for persons with disabilities.

**Q: If the criteria to access the DTC is amended, won't more people apply and then subsequently apply to receive the Canada Disability Benefit?**
**A:** The Canada Disability Benefit brought hope to many in the MS and broader disability community of being lifted out of poverty. Canadians with disabilities are twice as likely to live in poverty as those without disabilities. Accessing financial support and managing the high costs of MS is a challenge. People living with MS often require expensive medication, rehabilitation treatments, and transportation, as well as feeding, mobility, and bathing aids.

The definition of disability in the Canada Disability Benefit legislation is the same as in the Accessible Canada Act, which includes people with episodic disabilities. Broadening the DTC eligibility will bring it in line with other disability legislation. The Canada Disability Benefit does have income thresholds, so even if the DTC is amended and is inclusive of all people with disabilities, the Canada Disability Benefit will only increase for those who meet the income thresholds.

Currently, the Canada Disability Benefit is not reaching all Canadians with disabilities. According to the government's own data, it will lift 25,000 people out of poverty, when we know that there are 1.6 million Canadians living with disabilities in poverty. This benefit is being underutilized by those entitled to it.

Income security is fundamental to all Canadians, including people living with MS and their families. Modernizing the DTC and making the CDB more accessible will build a more inclusive and equitable support system.

**Q: Does MS Canada have any other issues with the Canada Disability Benefit, aside from the DTC?**
**A:** MS Canada has urged the Canada Revenue Agency and Finance Canada to coordinate with provinces and territories to cut red tape, including automatic enrolment for people already receiving disability benefits who have been vetted through medical forms.

We also pressed for action on the $243 million over six years allocated in Budget 2024 to offset the cost of DTC medical forms – funds that have yet to roll out. Many Canadians with disabilities still report paying $50 to $300 for DTC certification, a prohibitive cost for people living in poverty.

Finally, we continue to call for the outstanding technical amendment to the Income Tax Act to ensure the CDB is fully income-exempt. And across all conversations, we highlight the biggest issue: the benefit amount remains inadequate and falls short of its legislated goal to improve financial security.

**Other**

**Q: What is MS Canada's position on national pharmacare?**
**A:** MS Canada posits that national pharmacare should ensure access to all disease-modifying therapies (DMTs) approved by Health Canada. We believe a national pharmacare program should be designed for the future and accommodate the inclusion of new and emerging therapies that can vastly improve health outcomes – or even cure diseases. A population health perspective may not reflect the needs of individuals, especially as it relates to a unique disease like MS. Canadians living with MS require assurance that their specific circumstances will be accommodated by a national pharmacare program. In addition to a comprehensive formulary, a national pharmacare program should ensure that Canadians can access publicly funded medicines that are not on the formulary through separately adjudicated access programs.

Of great importance in the development of a national pharmacare program is the principle that no one in Canada should lose access to medicines upon implementation of a national pharmacare program, including the majority of Canadians who rely on private insurance programs for coverage.

**Q: Why is it important that ALL MS DMTs be included in a national formulary?**
**A:** Canadians living with multiple sclerosis (MS) have a right to access all Health Canada approved DMTs. Their voice is central to the goal to eliminate or reduce symptoms, slow, prevent and ultimately cure the disease. This requires timely, equitable, affordable, and consistent access to the full array of approved treatments, ranging from longstanding compounds to more recently approved innovative agents, because no two-people have the same disease course or respond in the same way to the same medication.

## Meeting Tips

**Control the flow of the meeting:**
Sometimes a meeting can veer off topic. Here are a few quick tricks to help you bring it back to your key messages.

- **Blocking:** A technique that lets you acknowledge a question that you cannot answer. You may not know the answer, or you may not be the right person to answer.
    - "I am not the best person to speak to that…"
    - "While there are a lot of exciting things on the horizon, I'm not able to get into that…"
    - Don't explain why not. In this case, less is more.
- **Bridging**: A technique that allows you to avoid a question you do not want to answer but lets you use the opportunity to steer the meeting towards your key messages instead.
    - "I don't know about that, but what I do know is…"
    - "I suppose that is one way to look at it. Another way would be…"
- **Flagging:** Here you're telling the audience what to take away from this meeting.
    - "I think the important thing to remember is…"
    - "What really stands out to me…"