



Lung Health Foundation

Government of Ontario

Pre-Budget Submission

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Investing in Lung Health to Build a Resilient Healthcare System

For more information, please contact:

Jessica Moffatt

Vice President- Program, Public Affairs and Research

Email: jmoffat@lunghealth.ca

Phone: (416) 864-9911 ext. 220

Executive

Summary

Chronic Obstructive Pulmonary Disease (COPD) is one of Ontario's most prevalent, costly, and preventable chronic disease, yet it remains significantly underdiagnosed and undertreated. Nearly **950,000 Ontarians** live with COPD, and the disease accounts for a disproportionate share of emergency department (ED) visits, hospital admissions, long-term care placements, and homecare use. Late diagnosis and limited access to community-based supports lead to recurrent exacerbations, high-cost hospitalizations, and declining quality of life. With one in four Canadians expected to develop COPD in their lifetime, the burden on Ontario's health system will continue to grow without targeted action.

At the same time, COPD represents a clear opportunity for high value, cost saving investment. Early diagnosis enables timely treatment that slows disease progression and prevents avoidable hospital use, particularly through improved access to spirometry in primary care. Community based interventions such as pulmonary rehabilitation, exercise maintenance programs, smoking cessation support, and proactive immunization are low-cost, high impact strategies proven to reduce exacerbations, ED visits, and hospital admissions. Strengthening COPD care also advances Ontario's priorities in women's health, health equity, and cancer prevention by addressing longstanding gaps in diagnosis and access.

To unlock these benefits, the Lung Health Foundation recommends that the Government of Ontario include the following targeted, evidence-based investments in the 2026 Budget:

Recommendation 1: We recommend that the Government of Ontario improve access to spirometry and early COPD diagnosis by providing targeted **capital and operational funding through Ontario Health** for spirometry equipment and training; **revise OHIP fee codes** to incentivize screening and the utilization of COPD action plans; **fund Certified Respiratory Educators** in primary care; **expand OHIP vaccine eligibility** for adults with COPD (i.e., include RSV); and direct Ontario Health to integrate COPD case finding- into the Ontario Lung Cancer Screening Program to align immunization and lung cancer screening programs with COPD diagnosis.

Recommendation 2: We recommend that the Government of Ontario invest in pulmonary rehabilitation and community-based exercise and cessation supports by provide **program expansion funding through Ontario Health** to scale pulmonary rehabilitation; fund **community based- and virtual maintenance programs**; and expand **Ministry of Health (“MOH”) funded- cessation supports**, including counselling and nicotine replacement therapy to help people with COPD sustain health gains and reduce exacerbations.

Recommendation 3: We recommend that the Government of Ontario address sex and gender inequities in COPD care by funding **research and quality improvement- initiatives** through Ontario Health and MOH research programs; support **public and provider awareness campaigns** through MOH and Public Health Ontario; and embed **sex and -gender based- indicators** into Ontario Health’s COPD Quality Standards to ensure women receive timely diagnosis and treatment.

Recommendation 4: We recommend that the Government of Ontario protect people living with COPD from infectious respiratory disease by designating COPD as a **priority population in provincial immunization strategies**; **expand OHIP vaccine eligibility** (i.e., to include RSV); provide **operational funding** for proactive vaccine delivery in primary care, pharmacies, and pulmonary rehab programs; and integrate **COPD specific immunization prompts** into EMRs through Ontario Health Digital Services.

Expected Outcomes

Targeted investment in COPD will deliver measurable, system-wide benefits:

- **Cost savings** through avoided hospitalizations, with each prevented COPD admission saving approximately **\$10,000** in direct healthcare costs.
- **Reduced ED and inpatient pressures**, as early diagnosis and community-based care prevent exacerbations and keep people healthy at home.
- **Improved health equity**, particularly for women, low-income populations, rural and northern communities, and Indigenous peoples who face disproportionate COPD burden and barriers to care.
- **Better long-term outcomes**, including earlier lung cancer detection, improved quality of life, and sustained independence for nearly one million Ontarians.

Who we are

Lung Health Foundation (LHF) is a non-profit organization dedicated to ending gaps in the prevention, diagnosis, and care of lung disease in Canada. One in five Canadians is affected by lung disease, underscoring the critical importance of LHF's work in influencing health policy, advocating for patients, increasing awareness, and raising funds for patient programs and support. It invests in the future by driving groundbreaking research and gives individuals with living experience, and their families, the essential programs and support they need today. Building on the legacy of the Ontario Lung Association (OLA), which for over a century served as the recognized leader, voice, and primary resource in lung health, LHF has expanded its efforts nationally.

Investing in Chronic Obstructive Pulmonary Disease (COPD)

Chronic Obstructive Pulmonary Disease (COPD) is one of Ontario's most prevalent, costly, and preventable chronic diseases. An estimated one in four Canadians will develop COPD over their lifetime,¹ making it a major and growing driver of health system demand. COPD is a chronic, progressive lung disease characterized by persistent breathing difficulty, cough, sputum production, and wheezing.² While there is no cure, early diagnosis and appropriate management can significantly slow disease progression, allowing people to remain active in the workforce, maintain quality of life,^{3,4} and avoid costly health system utilization.^{5,6}

COPD is one of Ontario's most common and costly chronic diseases and a major driver of emergency department (ED) use, hospitalizations, and long-term care placements.⁷ As of 2023, approximately 950,000 Ontarians were living with COPD,⁸ and the disease remains significantly under-diagnosed, with an estimated one in three people unaware they have COPD.⁹

Ontarians living with COPD account for a disproportionate share of publicly funded healthcare use, including roughly one quarter of all ED visits and hospital admissions, more than one-fifth of ambulatory care visits, and over one-third of long-term care beds and home care services.^{11,12,13} Between March 2020 and March 2021 alone, people living with COPD accounted for approximately 155,000 primary care visits, 98,000 specialist visits, 21,000 ED visits, and 6,500 hospitalizations.¹⁴

Strengthening Value for Money: Preventing High-Cost Care Through Early Investment

COPD is a major driver of avoidable healthcare costs in Ontario, with expenditures rising sharply as disease severity increases. Late-stage diagnosis often results in recurrent ED

visits, hospital admissions, and long-term care placement—outcomes that are both costly to the system and detrimental to patient quality of life. In contrast, early diagnosis and proactive management in primary care are proven to delay disease progression, reduce exacerbations, and keep people well in the community.

The cost differential is stark. While the average monthly cost for an individual with stable COPD is approximately \$693, costs escalate to \$2,655 per month for those experiencing severe exacerbations, and a single hospitalization can exceed \$10,000.¹⁰

By comparison, the annual cost of community-based interventions—such as spirometry testing, pulmonary rehabilitation, smoking cessation support, and patient education—is modest and delivers sustained benefits over time. Investments that prevent even a small proportion of COPD-related hospitalizations can therefore generate significant savings, while simultaneously improve outcomes and reducing pressure on hospitals, emergency departments, and long-term care.

Targeted investment in early diagnosis and community-based COPD care represents a high-value, cost-avoidance strategy that aligns with Ontario’s goals of system sustainability, hospital capacity relief, and keeping people healthy at home.

Return on Investment: COPD Care		
• High-cost care avoided, as each avoided COPD hospitalization saves approximately	• Low-cost, high-impact interventions such as investments in early spirometry and pulmonary rehab cost a fraction of inpatient care.	• System-wide benefits such as fewer ED visits and hospital admissions, and less strain on long-term care and home

\$10,000 in direct healthcare costs.		care systems can be expected.
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Return on Investment: COPD Care

High-cost care avoided

- Each avoided COPD hospitalization saves approximately \$10,000 in direct healthcare costs.
- Preventing recurrent exacerbations reduces downstream costs related to long-term care and home care services.

Low-cost, high-impact interventions

- Early spirometry and primary care management cost a fraction of inpatient care.
- Virtual and community-based pulmonary rehabilitation programs deliver outcomes comparable to in-clinic programs at significantly lower cost.
- Proactive immunization and cessation support reduce infection-driven exacerbations and emergency visits.

System-wide benefits

- Fewer ED visits and hospital admissions
- Reduced strain on long-term care and home care systems
- Improved productivity and quality of life for people living with COPD

Investing in COPD as a Smart, Integrated Health Strategy

Advancing Women's Health and Health Equity

COPD is often mischaracterized as a disease of older men or smokers, yet this framing obscures important and growing inequities. Women are physiologically more susceptible to the harmful effects of cigarette smoke, experience a faster decline in lung function,

and are more likely to develop COPD than men, while being less likely to receive spirometry testing.^{17,18,19} Over the past two decades, hospital admissions for COPD have increased substantially among both older and younger women, while declining among older men—highlighting an under-recognized women’s health issue.^{12,17}

COPD prevalence and outcomes are also strongly shaped by social determinants of health. People with low income, those living in rural and northern communities, Indigenous peoples, and individuals facing barriers to primary care experience disproportionate disease burden and poorer outcomes.^{20,21,22,23,24} Investments in community-based COPD diagnosis, rehabilitation, and cessation supports are therefore not only clinically effective, but also equity-driven interventions that reduce avoidable healthcare spending.^{25,26}

COPD and Lung Cancer: A Missed Opportunity for Prevention and Early Detection

COPD and lung cancer frequently coexist and share common risk factors. Approximately half of people diagnosed with lung cancer also live with COPD, with many COPD cases remaining undiagnosed at the time of cancer diagnosis.²⁷ COPD increases lung cancer risk, and disease progression can limit treatment options and worsen outcomes.^{28,29}

Evidence from Ontario and other jurisdictions shows that individuals with a prior COPD diagnosis are more likely to have lung cancer detected at an earlier stage, when treatment is less invasive, survival is higher, and costs are lower.^{27,30} When COPD remains undiagnosed, however, opportunities to refer high-risk patients into organized lung cancer screening programs are missed—undermining the impact of existing screening investments.³¹

- By improving COPD detection and management in primary care, Ontario can simultaneously:
- Reduce COPD-related exacerbations, ED visits, and hospitalizations.³²

- Strengthen lung cancer screening programs by identifying high-risk patients earlier.²⁷
- Improve long-term outcomes for people living with both COPD and lung cancer.³³

Ontario Health's COPD Quality Standards: Progress and Persistent Gaps

Ontario Health's COPD Quality Standards identify spirometry-confirmed diagnosis, pulmonary rehabilitation, smoking cessation support, and coordinated primary care management as essential elements of high-quality COPD care.²⁵ Despite this guidance, in 2022 only 40 percent of Ontarians with COPD received spirometry testing, and access to pulmonary rehabilitation remains extremely limited, with historically fewer than one percent of patients able to access a program.²⁵

These gaps result in late or inaccurate diagnoses, reactive care in emergency and inpatient settings, and missed opportunities to stabilize disease, maintain employment, and preserve independence.^{25,32} Virtual and hybrid pulmonary rehabilitation models introduced during and after the COVID-19 pandemic have demonstrated effectiveness comparable to in-clinic programs and offer a scalable solution to extend access for rural, remote, and mobility-limited populations.^{34,35}

Protecting People with COPD from Infectious Respiratory Disease

People living with COPD face heightened vulnerability to respiratory infections such as influenza, COVID-19, pneumonia, and Respiratory Syncytial Virus (RSV). These infections frequently trigger severe exacerbations, hospitalizations, and long-term declines in lung function.^{36,37} Vaccination is therefore a core component of COPD management and a cost-effective strategy to prevent avoidable emergency visits and admissions in this high-risk population.^{36,38}

Ensuring timely and equitable access to recommended vaccines—through expanded public coverage, proactive offers in primary care, pulmonary rehabilitation programs, pharmacies, and long-term care, supported by clear public messaging—will reduce system pressures, protect those at greatest risk of severe outcomes, and align Ontario with best practices in chronic respiratory disease management.^{36,37,39,40,41}

RECOMMENDATIONS

LHF urges the Government of Ontario to make targeted, evidence-based investments in COPD diagnosis and community-based care as part of the 2026 Budget. The following recommendations integrate the Foundation's prebudget priorities with models of care and economic evidence highlighted in COPD primary care and lung cancer research.

1. Improve access to spirometry and early COPD diagnosis.

- Support the purchase and supplied for spirometers for family health teams, community health centres, other primary care models and pulmonary function labs.
- Fund training for primary care providers and allied health professionals in performing spirometry.
- Incentivise spirometry and early COPD screening by reviewing spirometry fee codes, creating a fee code for COPD action plans and integrating simple COPD risk assessment tools into routine primary care visits for adults with respiratory symptoms or risk factors.
- Embed respiratory expertise in primary care by ensuring that allied health professionals who are Certified Respiratory Educators (CREs) are funded and integrated into interprofessional primary care teams where they can conduct spirometry and provide patient education (including inhaler technique and COPD action plans).

- Identify Ontarians living with COPD as a priority group for immunization strategies for infectious respiratory diseases. Expand OHIP eligibility criteria for the RSV vaccine to include Ontarians who have been diagnosed with COPD.
- Leverage improved COPD diagnosis to strengthen the Ontario Lung Cancer Screening Program by promoting lung cancer screening to COPD patients who qualify.

2. Invest in Pulmonary Rehabilitation and Community-based Exercise and Cessation Supports

- Support community-based exercise and maintenance programs for people with COPD and other chronic respiratory diseases, including virtual offerings, to help maintain gains from pulmonary rehabilitation and reduce recurrent exacerbations.
- Strengthen access to counselling and nicotine replacement therapy for people living with COPD, recognizing that many COPD patients have made multiple attempts to quit and require specialized support.

3. Address Sex and Gender Inequities in COPD Care

- Fund research and quality improvement initiatives to understand and address why women are less likely to receive spirometry and more likely to be hospitalized for COPD.
- Support targeted public and provider awareness campaigns about COPD in women, including recognition of symptoms, risk factors, and the importance of early testing and treatment.

4. Protect People Living with COPD from Infectious Respiratory Disease

- Identify Ontarians living with COPD as a priority group in provincial immunization strategies for respiratory infections, including influenza, COVID19, and Respiratory Syncytial Virus (RSV).

- Expand OHIP eligibility criteria for RSV vaccination to include adults with a confirmed diagnosis of COPD living in the community, acknowledging their heightened risk of severe infection, seasonal exacerbations, and hospitalizations.

Building a Resilient, Efficient, and Equitable Health System

COPD represents both a growing challenge and a clear opportunity for Ontario's health system. Without action, COPD will continue to drive avoidable emergency department visits, hospital admissions, and long-term care placement—placing increasing pressure on an already strained system. With targeted, evidence-based investment, however, Ontario can fundamentally change the trajectory of this disease.

Strategic investments in early diagnosis, community-based care, pulmonary rehabilitation, and immunization will deliver measurable returns by shifting care out of hospitals and into primary and community settings where it is more effective, less costly, and better aligned with patient needs. These investments support Ontario's broader health system objectives: reducing hallway healthcare, improving access to care close to home, advancing health equity, and ensuring sustainability for taxpayers.

Recommendation	Policy Lever	Expected Impact
Spirometry access	• Ontario Health ("OH") targeted capital and operational funding • revised OHIP fee codes • funding for CREs within interprofessional teams • integration of COPD case-findings into Ontario Lung Cancer Screening Program	Earlier diagnosis, fewer ED visits
Pulmonary rehab	• OH program expansion funding • Funding virtual and community-based maintenance programs	Reduced exacerbations

	• Expanding MOH-funded cessation supports (counselling, nicotine replacement therapy, and more).	
Women's COPD	• OH and MOH research and quality-improvement funding for research programs • MOH and Public Health public and provider awareness campaign funding • Embedding sex- and gender- based indicators into OH's COPD Quality Standards and performance frameworks	Equity, earlier care
Immunization	• Designating COPD as a priority population in provincial immunization strategies • OHIP vaccine eligibility expansion to include adults with COPD (especially for RSV vaccination) • operational funding to primary care, pharmacies, and pulmonary rehab programs for proactive vaccine delivery • integration of COPD specific immunization prompts into EMRs through OH Digital Services	Fewer hospitalizations

COPD is a highly prevalent condition with well-established interventions that work. Ontario has the clinical guidance, data, and infrastructure needed to act—what is required now is targeted funding and policy alignment to scale proven solutions. By prioritizing COPD in the 2026 Budget, the Government of Ontario can reduce avoidable health system costs, improve outcomes for nearly one million Ontarians, and strengthen the resilience of the healthcare system for years to come.

The Lung Health Foundation stands ready to work with the Ministry of Health, Ontario Health, and system partners to support implementation and ensure these investments deliver maximum impact.

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