Position Statement

A Pathway to Full Coverage of Essential Catheters and Specialized Wheelchairs in Canada

Ensuring Every Canadian Has a Pathway to Full Coverage for Essential Disability-Related Needs

Our Position

Every person in Canada who requires essential disability-related medical supplies or assistive devices must have access to a clear, reliable and sustainable pathway to full coverage, regardless of their province or territory, income, employment status, insurance status or postal code.

For people living with spinal cord injury (SCI), intermittent catheters and specialized wheelchairs are not optional products or conveniences. They are essential supports for health, mobility, independence, participation and quality of life.

We call on every provincial and territorial government to establish a coordinated Pathway to Full Coverage for Essential Needs that brings together provincial assistive device and medical supply programs, health and home care systems, private and workplace insurance providers, and other available funding mechanisms.

The objective must be straightforward:

No Canadian who has a demonstrated need for an essential catheter, specialized wheelchair or related disability support should be left without access because one individual program does not provide complete coverage.

The Problem: A Fragmented System

Canada does not currently provide equitable access to essential disability-related equipment and medical supplies across the country.

Coverage varies significantly between provinces and territories and may depend on an individual's age, income, employment, insurance coverage, diagnosis, location or eligibility for a particular government program.

This fragmentation can leave people with spinal cord injury and other disabilities responsible for substantial out-of-pocket expenses for products that are fundamental to their health and independence.

A catheter required to safely manage bladder function is an essential health need.

A specialized wheelchair required for mobility, positioning, pressure management and participation in the community is an essential mobility and health need.

People should not be forced to choose between essential medical supplies, mobility equipment and other necessities of daily life.

A Pathway to Full Coverage

We are calling for the creation of a Pathway to Full Coverage in every Canadian province and territory.

Rather than relying on a single program to carry the entire responsibility, provincial and territorial authorities should establish formal partnerships and coordination mechanisms between:

- Provincial and territorial health ministries;
- Assistive device and medical equipment programs;
- Home and community care organizations;
- Public drug and medical supply programs;
- Workplace and employer benefit plans;
- Private insurance providers;
- Disability and income-support programs;
- Veterans and other specialized public benefit programs, where applicable;
- Manufacturers, suppliers and service providers; and
- People with lived experience and organizations representing people with spinal cord injury and other disabilities.

These partners should collectively establish a coordinated funding pathway that ensures eligible individuals can reach 100% coverage of the reasonable cost of medically necessary products and equipment.

Government Must Be the Guarantor of the Pathway

Provincial and territorial governments must ultimately be responsible for ensuring that the pathway works.

Individuals and families should not be expected to navigate multiple disconnected systems, repeatedly prove their disability or personally negotiate between government programs and insurers.

Each province and territory should establish a coordinated mechanism that identifies all available sources of coverage and determines how they can work together.

Where private insurance, workplace benefits, home care or another funding program provides partial coverage, those resources can contribute toward the cost.

Where gaps remain after available benefits have been applied, the provincial or territorial pathway should ensure that the remaining eligible cost is covered.

The existence of multiple payers should never result in the individual becoming the payer of last resort for an essential disability-related need.

Government must ensure that the pathway reaches full coverage.

Catheters: Essential Health Care

For many people living with spinal cord injury, intermittent catheterization is a fundamental component of daily health management.

Access to the appropriate catheter should therefore be based on clinical need and individual circumstances, rather than simply on the lowest-cost product or an arbitrary limit on the number of catheters funded.

The Pathway to Full Coverage should ensure access to the type and quantity of catheters clinically required by the individual, without financial barriers that encourage unsafe reuse, reduced catheterization frequency or other compromises in care.

Full access to appropriate catheter supplies should be understood as an investment in prevention, health and community living.

Specialized Wheelchairs: Essential Mobility

A specialized wheelchair is much more than transportation.

For a person with significant mobility impairment, particularly someone living with spinal cord injury, the wheelchair can be fundamental to mobility, positioning, pressure management, independence, employment, education, family life and participation in the community.

Coverage must therefore reflect the complete functional and clinical needs of the individual.

A Pathway to Full Coverage should include medically and functionally necessary components of specialized manual and power wheelchairs, including appropriate seating, positioning, pressure-management systems, controls and other prescribed components.

Coverage should also recognize the importance of timely assessment, fitting, maintenance, repair and replacement.

A person should not receive an inadequate wheelchair simply because the equipment that properly meets their assessed needs exceeds the funding ceiling of one particular program.

A National Principle Delivered Provincially

Health care, home care, assistive device programs and insurance environments differ across Canada. For this reason, implementation will necessarily require province-by-province and territory-by-territory solutions.

However, different administrative systems should not produce fundamentally different rights to essential supports.

Canada should establish a shared national principle:

Every Canadian with a demonstrated disability-related need should have access to a coordinated pathway that provides full coverage for essential medical supplies and specialized mobility equipment.

The federal government should work collaboratively with provinces and territories to advance this principle, encourage comparable standards, identify coverage gaps, share best practices and measure progress toward equitable access across Canada.

Partnership, Not Duplication

A full-coverage model does not necessarily require governments to replace every existing source of funding.

Instead, governments should coordinate existing resources more effectively.

Private insurance should contribute where coverage exists. Home and community care programs should contribute where their mandates permit. Existing provincial assistive device programs should remain central partners. Federal or specialized programs should contribute where individuals are eligible.

The objective is to connect these systems into a continuum of coverage rather than forcing individuals to navigate them independently.

The principle should be:

Coordinate existing coverage. Close remaining gaps. Guarantee the essential need.

No Wrong Door

The pathway should operate according to a No Wrong Door principle.

When a person with a disability enters the system through a hospital, rehabilitation centre, primary care provider, home care organization, assistive device program or another recognized access point, that individual should be connected to the appropriate coverage pathway.

People should not be handed a list of programs and expected to determine eligibility themselves.

A coordinated system should help identify applicable benefits, facilitate applications, coordinate funding sources and ensure that outstanding eligible costs are addressed.

Nothing About Us Without Us

People living with spinal cord injury and other disabilities must be directly involved in designing, implementing and evaluating these pathways.

Governments and insurers should work with people with lived experience, clinicians, disability organizations, researchers, suppliers and other stakeholders to determine appropriate eligibility standards and service expectations.

Policies concerning essential disability supports must be built around the actual experiences of the people who rely on them.

Principles for Provincial and Territorial Pathways

Every provincial and territorial Pathway to Full Coverage should be built around the following principles:

Universality — Every eligible person should have access to the pathway regardless of income, employment or insurance status.

Full Coverage — A combination of available public and private funding mechanisms should reach 100% of the eligible cost of medically necessary equipment and supplies.

Clinical and Functional Need — Coverage decisions should be based primarily on assessed individual need.

Choice and Appropriateness — Individuals and their clinical teams should have meaningful ability to select products appropriate to their circumstances.

No Wrong Door — People should be connected to the pathway regardless of where they initially enter the health or disability-support system.

Coordination — Government, home care, insurance and other funding systems should coordinate benefits rather than operate as isolated programs.

Equity Across Canada — Provincial flexibility should be maintained while working toward comparable outcomes for Canadians regardless of where they live.

Timeliness — Essential equipment, supplies, repairs and replacements should be provided within reasonable service standards.

Accountability — Governments should publicly report on access, coverage gaps, wait times and outcomes.

Lived Experience Leadership — People who rely on these products must participate meaningfully in policy design and evaluation.

Call to Action

We call upon every provincial and territorial government in Canada to establish a Pathway to Full Coverage for Essential Disability-Related Needs, beginning with high-priority necessities including intermittent catheters and specialized wheelchairs.

We further call upon governments to convene home and community care organizations, insurers, assistive device programs, clinicians, disability organizations and people with lived experience to determine how existing funding can be coordinated and where governments must close remaining gaps.

The federal government should support this work by promoting national principles, facilitating intergovernmental collaboration, supporting data collection and encouraging comparable standards across jurisdictions.

The measure of success should not be how much any single government program pays.

The measure of success should be whether the person receives the essential product or equipment they need without facing an unaffordable financial barrier.

Our Vision

We envision a Canada where a person living with spinal cord injury does not have to ask whether they can afford the catheter they need tomorrow or the specialized wheelchair they need to participate in their community.

We envision a system where governments, home care providers, insurers and other partners share responsibility rather than transferring that responsibility to individuals and families.

We envision a country where geography does not determine whether someone can obtain an essential medical supply or mobility device.

And we envision a Canadian standard founded on a simple commitment:

If an essential disability-related product or device is medically and functionally necessary, there must be a pathway to full coverage.

Essential needs should be determined by need — not by postal code, income or insurance status.

That is the pathway toward equitable access, greater independence, improved health outcomes and full participation for Canadians living with spinal cord injury and other disabilities.