



210-1750 Courtwood Crescent  
Ottawa, Ontario  
K2C 2B5

**Submission for the Pre-Budget Consultations in  
Advance of the 2026 Ontario Budget**

The Canadian Cancer Survivor Network (CCSN) is a national organization of patients, caregivers, survivors, and community partners. Our mission is to work together by taking action to promote optimal cancer care, support, follow-up, and quality of life for anyone affected by cancer.

### **The Ask**

CCSN urges the government of Ontario to fund take-home cancer treatments. This would ensure that any cancer patient can access necessary oral and self-administered cancer drugs at no cost. By integrating take-home cancer drugs into public funding, Ontario will eliminate out-of-pocket costs for patients and achieve equitable access.

### **Supporting Data**

Ontario's current coverage model for take-home cancer drugs is a complicated patchwork, leading to access gaps. The Ontario Drug Benefit (ODB) program covers medications for seniors, social assistance recipients, and youth under 25 without private insurance ([Del Paggio et al., 2024](#)). Patients not qualifying for ODB must navigate private insurance, charity programs, or pay out-of-pocket ([Jenei et al., 2021](#)). Many working-age and middle-income cancer patients face delays and/or financial hardship in obtaining oral treatments. A study found that about 20 per cent fewer uninsured Ontario patients received take-home cancer treatments compared to those with public coverage ([Del Paggio et al., 2024](#)). This means that approximately one in five cancer patients lacks comprehensive coverage and may be forgoing or postponing at-home treatments, a clear indication of inequitable access. In western provinces and territories, all cancer drugs are currently funded by the government for patients of any age and income ([MacPhail & Snow., 2022](#)). The lack of coverage in Ontario creates a two-tier system based on how drugs are administered, which is both unjust and inefficient for our healthcare system.

Currently, some patients opt for in-hospital IV treatments not because it is clinically preferred, but because it is the only option covered ([Del Paggio et al., 2024](#)).

Without public funding, the financial toxicity of cancer falls on patients and families. PDCI's modelling for the Canadian Cancer Society estimates that there are roughly 18-45 million dollars in take-home cancer drug costs each year, which are not covered ([Lamb-Palmer et al., 2021](#)).

Closing this gap is affordable. The cost to the government of funding take-home cancer treatments as a first payer through the ODB is unlikely to exceed 45 million annually. Funding take-home cancer medications will ensure that no patient has to choose between financial security and effective cancer treatment.

## **Benefits**

Removing cost barriers enables patients to begin treatment without delay and remain consistent with their prescribed therapies. Timely and uninterrupted adherence are critical to treatment effectiveness, especially as oral therapies become the standard of care in many tumour types.

Take-home medications are associated with reduced ER visits and avoid potential complications, supporting better clinical outcomes ([Ahmed & Loiselle, 2023](#)). Oral therapies shift care out of overburdened hospitals, freeing resources and staff for patients requiring in-hospital services ([Garg et al., 2025](#)). The result is a more efficient, equitable, and sustainable health care system for all Ontarians.