

January 29, 2018: Statement on Disability Tax Credit

We, the undersigned groups, are writing to share our collective concern that a number of families of children with autism spectrum disorder (ASD) and related developmental disabilities have had their Disability Tax Credit (DTC) applications rejected by the Canada Revenue Agency (CRA). These include applications specifically for children diagnosed with Level 3 ASD, a level that indicates a child who requires very substantial support. We are frequently noting that the CRA is concluding that the impairments in children with autism are a reflection of their younger age (and cannot be adequately assessed). Autism is a lifelong neurodevelopmental disorder based on exhibited impairment.

Rejections to families place an undue burden on them in ensuring support for services and resources given the needs of children with ASD, along with an economic cost on unrealized potential. It detracts from the original purpose of the DTC. It also impacts the ability of physicians to deliver care at the same time as needing to fill out additional paperwork that is often redundant. More specifically, physicians are spending hours per week filling out the original applications, filling out requests for further information, and writing letters of support for families who are appealing the rejection. There is a lack of clarity in what is expected from the CRA in terms of information required, and many physicians continue to re-iterate the evidence already provided in the original application. The process is resource-intensive for physicians and highly stressful for families, and negatively affects the mental and emotional well-being of families, ultimately leading to more spending on healthcare.

There is an urgent need to making the application more explicit in what the CRA is looking for with regards to eligibility criteria and providing feedback to physicians about what the CRA is not currently approving based on the current categories. This lack of transparency in the decision-making process is contributing to inefficient use of physician resources and a lack of ability to advise families on eligibility for the DTC. We would be very willing to discuss our experience in more detail, and can be reached at m.s.zubairi@gmail.com.

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