

REPORT OF THE STANDING COMMITTEE ON FINANCE

Pre-Budget Consultation

December 2004

Note: the full report can be found on-line at:

www.parl.gc.ca/infocomdoc/Documents/38/1/parlbus/commbus/house/reports/finarp03/08-toc-e.htm

CHAPTER 4:

MAXIMIZING HUMAN POTENTIAL AND OPPORTUNITIES

HEALTH CARE

B. What the Witnesses Said

Witnesses who appeared before the Committee to speak about health issues shared their views about elements of the recently signed Ten-Year Plan to Strengthen Health Care and about what future actions should be taken now that a ten-year plan has been reached. Some concerns were voiced about the specific targets and reporting mechanisms that will let Canadians know that progress is being made with respect to their health care. Others felt that more details are needed on how funds will be allocated to and among various components of the Ten-Year Plan.

Several witnesses spoke about specific aspects of the *Canada Health Act*. While witnesses generally support the principles contained in the Act, there was concern that some of the principles are not being respected and that information provided to Parliament is not accurately indicating the degree to which privatization initiatives are underway in several provinces. In particular, it was recommended that the ministers of Finance, and Health fully enforce the accountability mechanism in the *Canada Health Act* and that provinces/territories be required to provide information on the mode of delivery of health care services, in particular for-profit and investor-owned versus public and not-for-profit. [Emphasis added] Comments were also made about provincial/territorial protection of privacy as it relates to health information.

Some witnesses identified key elements that they believe are missing from the recently signed Ten-Year Plan, including funding for chronic long-term care, investments in the determinants of health, a health human-resources strategy that addresses the issue of culturally sensitive health services, the integration of disease prevention and health promotion as part of a health care strategy, the exemption of public health care from international trade agreements and regimes, greater support for publicly funded basic medical research, measures to close the gap between the health status of Aboriginal peoples and the Canadian public, measures to recognize and address the interprovincial mobility of health workers, subsidized tuition costs for health care workers, dental care and vision rehabilitation services.

Witnesses also recommended that, in order to align tax policy with health policy and the sustainability of the health care system, the federal government increase the GST rebate for publicly funded health care institutions and clinics to 100% and zero-rate GST on publicly funded health services provided by independent health care providers. They also spoke about the need for increased funding for the Canadian Strategy on HIV/AIDS. In their view, an increase to \$100 million is needed.

Other witnesses commented on dental care, urging the federal government to continue tax incentives in this area of health care and to create a social safety net to provide oral care services to those Canadians who are socio-economically disadvantaged. These witnesses also recommended investigation of financial options that would encourage access to dental care, including — for example — the establishment of a medical savings plan, and urged consideration of oral health funding or delivery models that respect such principles as: the freedom of patients to attend the dentist of their choice; the ability of dentists and patients to make treatment decisions free from third-party interference based on coverage; and recognition that dentists are the only health care providers able to diagnose and develop full oral health plans for patients. As well, greater federal support for dental schools was advocated, with a link made to the provision of affordable dental care to low-income individuals and families.

Finally, the Committee also heard recommendations about vision care. In the view of witnesses, vision loss is common and often preventable, and can be rehabilitated; appropriate and timely vision rehabilitation services are needed in order to reduce the negative effects and costs of severe vision loss.

C. What the Committee Believes

The Committee believes that an effective and efficient health care system is an essential contributor to both Canadians' quality of life and their standard of living. We also feel that everyone in society benefits when citizens are healthy; certainly, the individuals themselves and their families benefit, but so too does the rest of society, including the businesses that employ them. As a single-payer system that provides coverage to all Canadians — regardless of their income or wealth — we are of the view that the Canadian health care system is, in part, an expression of what it means to be Canadian.

Recognizing the recently concluded Ten-Year Plan to Strengthen Health Care, the Committee — like many of our witnesses — believes that the important requirement now is ensuring that all partners to the Ten-year Plan respect their obligations under the Plan. Everyone must be vigilant — and ensure that responsibilities are met — in order that, as we move forward, Canadians can benefit from the health care they both expect and deserve. [Emphasis added]

With the signing of the Ten-Year Plan, the Committee feels that the focus should now shift somewhat. It is generally thought that prevention is better than a cure, and perhaps this adage is particularly true with respect to health. Like some of our witnesses, we believe that the focus should be directed to preventative measures in such areas as nutrition, sport and physical activity. As a society, we should not limit our focus to helping people once they are sick; we should also focus on helping them avoid sickness, including chronic disease. As a society, we need to take action now — to promote better nutrition and to encourage a more active lifestyle — in order to halt if possible and, if not halt then better manage, obesity, diabetes and similar health conditions within our nation. It is for this reason that the Committee recommends that:

-- RECOMMENDATION 30 --

The federal government — working with provincial/territorial governments, the Canadian Institutes of Health Research and health agencies — develop a public awareness program designed to educate Canadians about preventative measures, including those related to disease prevention and health promotion, to improve their health outcomes.