

PARLIAMENTARIANS' BRIEFING NOTE 2023

From the desk of Pauline Worsfold, RN

March 28, 2023

Dear Parliamentarian,

Thank you for meeting with members of the Canadian Health Coalition. We appreciate the work you do on behalf of your constituents and everyone in Canada and urge you to consider these policy proposals carefully.

Founded in 1979, our organization's members work to defend and improve our public health care system. We comprise citizens, frontline health care workers' unions, community groups, and public health experts.

Access to health care is a principle of the *Canada Health Act*. Medicare is a cherished national program that has kept this promise for generations. Today, it is in critical need of protection and strengthening so we may continue this legacy for future generations.

Please join us in our efforts to promote health and hope in Canada.



Pauline Worsfold, RN
Chairperson



INVEST IN MEDICARE: STOP PRIVATIZATION

THE ISSUE:

Health care emergency: Patients are struggling to receive timely access to care. Frontline health care workers are stressed and hospital wait times are getting longer, but some provinces are failing to sufficiently invest in public health care.

Weak accountability: The federal government has committed \$198 billion over 10 years in provincial health transfers with few strings attached (Macdonald, 2023).

Privatization: Some provinces are outsourcing medical services to private for-profit clinics that will draw even more health care workers away from public hospitals, and put patients at risk of extra-billing or high-pressure upselling of non-insured services.

THE SOLUTION:

Strings attached: It is important federal funding comes with strings attached to ensure the dollars are spent by the provinces on ways that improve patient outcomes.

Protect patients: The Health Minister must continue to vigorously enforce the principles and conditions of the *Canada Health Act*, and beef-up investigation and monitoring for prohibited practices such as user fees and extra billing.

Public care: Public dollars, including federal transfers, should support our cost-effective public, non-profit health care system, and not be squandered on profits to investors in private for-profit clinics.

“ [Data] shows that knee replacement surgery in a public hospital, paid by the province, costs about \$10,000. The same surgery in a private clinic can reportedly cost patients up to \$28,000.”

— Cuttler, M. & Birak, C. (2023). *Do private, for-profit clinics save taxpayers money and reduce wait times? The data says no.* Retrieved from CBC.ca website:
<https://www.cbc.ca/news/health/private-health-care-taxpayer-money-1.6777470>

IMPLEMENT PUBLIC UNIVERSAL PHARMACARE

THE ISSUE:

The patient pays: Our public Medicare system does not cover the cost of prescription medicines, leaving many patients on the hook to pay for necessary drugs unless they're in a hospital.

No coverage: One-in-five people report they do not have private drug insurance – from low-paid workers to self-employed entrepreneurs (Cortes & Smith, 2022). It's an issue of affordability for families. Immigrants and racialized people are hit especially hard.

People don't heal: This situation leaves people struggling to pay for essential medicine, or they might skip taking their meds for their physical or mental health altogether. Their condition worsens, and they may end up in the hospital's Emergency Department.

THE SOLUTION:

Hoskins Report: In 2019 after extensive consultations, the federal government's Advisory Council on the Implementation of National Pharmacare, led by Dr. Eric Hoskins, recommended: "the federal government work with provincial and territorial governments and stakeholders to establish universal, single-payer, public pharmacare in Canada" (Health Canada, 2019).

Universal coverage: The Hoskins plan will expand Medicare to provide universal publicly-funded and publicly-delivered drug coverage to everyone in Canada, based on their medical need and not their ability to pay.

Save lives and money: Not only will pharmacare save lives, many families would save hundreds, and potentially thousands of dollars each year, too. Employers will save money on private health coverage costs, while provinces and territories will reap billions of dollars in savings through bulk purchasing of pharmaceuticals.



Eight in ten Canadians support the federal government taking primary responsibility for funding Pharmacare in order to make sure all provinces and territories implement equitable and universal drug coverage as quickly as possible.”

— Environics Research. (2023). *Attitudes towards pharmacare 2023*. [Slide presentation]. Retrieved from Canadian Federation of Nurses Unions.

Cortes, K. & Smith, L. (2022). *Pharmaceutical access and use during the pandemic*. Retrieved from Statistics Canada website <https://www150.statcan.gc.ca/n1/en/pub/75-006-x/2022001/article/00011-eng.pdf?st=RNjlpqev>

Health Canada. (2019). *A prescription for Canada: Achieving pharmacare for all - final report of the advisory council on the implementation of national pharmacare*. Retrieved from <https://www.canada.ca/en/health-canada/corporate/about-health-canada/public-engagement/external-advisory-bodies/implementation-national-pharmacare/final-report.html>

CREATE SAFE LONG-TERM CARE: PHASE OUT FOR-PROFIT INVESTORS

THE ISSUE:

Not enough care: Too few staff mean too many residents do not receive safe and appropriate long-term care. Governments have failed to address the needs of our aging population despite years of warnings, leaving too many people without necessary care and too many staff facing precarious, stressful working conditions.

Failed regulation: Detailed regulations that primarily target staff means they spend more time documenting rather than caring. Combined with weak standards in some areas and poor enforcement, residents' and staff lives are put at risk.

Deadly profit: The pandemic unleashed a nightmare for residents and families, especially in for-profit long-term care homes which had nearly twice as many residents infected during its first year and 78 percent more resident deaths compared with non-profit and municipal homes (Science Briefs of the Ontario COVID19 Science Advisory Table. 2021).

THE SOLUTION:

National standards: Federal leadership is needed in program funding for long-term care, and so is legislation mandating enforceable national standards.

Staffing hours of care: Standards should include a requirement for a minimum of 4.1 hours of daily direct care for residents, with an appropriate number and skill mix of the workforce (Health Standards Organization, 2023).

Removing profit: For-profit long-term care homes and commercial delivery of care services should be phased out in favour of public, and non-profit management and operation where care will not come second to profits and shareholder dividends.



In response to the treatment of LTC home residents during the COVID-19 pandemic, many survey respondents felt that abolishing for-profit long-term care was the most important issue to address within LTC.”

— Health Standards Organization. (2022). *What We Heard Report #1 - Findings from HSO's Inaugural National Survey on Long-Term Care*. Retrieved from <https://longtermcarestandards.ca/engage>



IMPLEMENT PUBLIC DENTAL CARE

THE ISSUE:

Missing piece: Proper dental care is an essential part of everyone's health, but it has been excluded from our public Medicare system.

Gaps in coverage: It is estimated that 32% of Canadians have no dental insurance. That's 12 million people (Office of the Parliamentary Budget Office, 2021). Even people who have dental coverage, regions with lower income and Indigenous communities have challenges accessing dental care providers, and many still struggle with co-pays and yearly limits.

Worse outcomes: Poor dental care leads to other diseases that increase the amount of care required by the patients.

THE SOLUTION:

Public dental care: As the Prime Minister has promised, the federal government should launch a new public dental care program for low-income Canadians, covering under-18-year-olds, seniors and persons living with a disability in 2023, with full implementation by 2025.

Under Medicare: Dental care should be included within the public universal health care system as a medically necessary service (Sheikh, H., and Doucet, 2022).



Participants were asked to name the best and worst things about the Canadian health care system. The best things mentioned always included the concept of universality.”

— Health Canada. (2022). *Canadians' Priorities for Primary Health Care - Final Report*. Retrieved from: https://publications.gc.ca/collections/collection_2022/sc-hc/H14-395-2022-eng.pdf

Sheikh, H., & Doucet, B. (2021). *Honour Tommy Douglas and stand up for public denticare*. Retrieved from Policy Options website: <https://policyoptions.irpp.org/magazines/june-2022/stand-up-for-public-denticare/>

Office of the Parliamentary Budget Office. (2021). *Cost estimate of a federal dental care program for uninsured Canadians*. Retrieved from <https://www.pbo-dpb.ca/en/publications/RP-2021-028-M--cost-estimate-federal-dental-care-program-uninsured-canadians--estimation-couts-lies-un-regime-soins-dentaires-federal-destines-tous-canadiens-non-assures>



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**We comprise frontline health care workers' unions,
community groups, and public health experts.**

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