# A prescription for healthier health care

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GPC 2015 platform background paper

*Universal health care is fundamental to Canadian citizenship — it's an expression of the values that draw us together. Despite this fact, health care has become less a national program and more an uneven patchwork of services, with unacceptable variations in quality and availability. National leadership is absent just when the demand for health care and the confusion over the delivery of private care are growing. Stephen Harper has designed a series of time bombs tied to the future of health care. Federal dollars will shrink. Funding will be tied to the Gross Domestic Product (GDP) of provinces, with poorer provinces receiving less than their more affluent counterparts.* ***The Green Party believes that Ottawa must provide adequate funding and firm national leadership to guide the effective collaboration needed to strengthen our health care system and to develop national standards for more equitable coverage, to implement a federally-led Pharmacare program, and to bring practical improvements and innovative reforms to a public service we all depend upon.***

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Canadians have uneven health care coverage because we have no standards for the minimum quality and range of essential health care services that should be available

across the country. These standards are implicit in the *Canada Health Act*. We need them to be explicit. The provinces have been steadily expanding their health care systems since the 1980s, revealing many grey areas in the national legislation which is meant to guide them. The *Canada Health Act* has five general principles – public administration, comprehensiveness, universality, portability, and accessibility, but the federal government has not been applying them to support greater national consistency, apart from imposing an occasional penalty on individual provinces and territories for extra billing.

The federal government's decision to change the federal funding formula for health care to a yearly lump sum equal-*per-capita* cash transfer to provinces was much more than a simple financial adjustment. By turning health care into a mere accounting entry in the national budget, the federal government made it clear that Ottawa will no longer engage with the provinces in reforming and improving our health care system as it has done in the past. Even worse, health care funding is now tied to economic success in the provinces, so that poorer provinces will actually receive lower transfers. Yet a strong national health care system must be underwritten not just with federal cash, but also with a substantial dose of federal government leadership.

In 2011 the Conservative government announced that the annual growth rate of the Canada Health Transfer would be maintained at 6% until 2016/17, and then would be reduced to the nominal GDP growth rate or 3%, whichever is higher. Ultimately this will take tens of billions of dollars away from the provinces over the next 10 years without solving any of the fundamental issues plaguing our health care system. By 2024, 13 cents of the health care dollar will be provided by the federal government, compared to 50 cents at Medicare's inception.

Provincial premiers have not been able to collaborate well enough on their own to maintain health care equity across the country. The Premiers are first and foremost responsible for provincial interests which are not necessarily compatible. Their primary focus, for obvious reasons, is to ensure their respective provinces do well economically

and socially. It is not their mandate to consider the well-being of Canada as a whole. So, not surprisingly, their response to the federal decision to retire from any substantive role in health care policy was to establish a working group on health care innovation with a vague mandate to look at everything from how many doctors and nurses should graduate each year, to adopting the best clinical and surgical practices across Canada.

Similarly, in 2010 the Premiers announced plans to set up a national agency that would be responsible for the bulk-buying of prescription drugs in order to reduce costs and help relieve the enormous strains on health care budgets. Five years later this initiative is still languishing. Unfortunately, as Roy Romanow notes succinctly, "provincial governments are constantly being played by the pharmaceutical lobby." Meanwhile, according to the Canadian Medical Association, Canada is the second highest *per capita* spender on prescription drugs in the world after the United States. Distressingly, not only do we have the poorest cost control of medications in the world, but between 2000 and 2010, we also experienced the highest growth rate in drug spending in the world.

- **We need federal leadership to ensure universal health care. We need to innovate with a federally-led Pharmacare program in order to provide consistent national coverage for prescription drugs and effective price control across the country.**
- To facilitate this leadership, we need an intergovernmental body that is clearly and permanently mandated to facilitate compromise and consensus, and to advise both federal and provincial governments on national standards for health care services, including regulation of the mix of private and public care. To this end, the Health Council of Canada could be given more powers, or a Council of Canadian Governments**[Governments can get along and get things done]**could create a standing council on health care, as has been done in Australia.

- **The Green Party believes that these areas — and more — require urgent consideration and national action**:
- **providing a clearinghouse for sharing health information about best medical practices, as well as medical errors, across provinces;**
- **shifting the focus from hospital-based care to community-based primary care delivered by teams,**not necessarily by individual practitioners;
- **integrating extensive mental-health services including expanded psychotherapy and clinical counselling into the health care system as recommended by the Mental Health Commission of Canada.** The MHCC estimates that mental illness costs the Canadian economy well over $50 billion a year;
- **implementing a National Dementia Strategy;**
- **ensuring that every Canadian has an electronic health record and access to a central coordination point for their care, whether preventive, acute, or chronic;**
- **expanding the public investment at the primary healthcare level to include home care and long-term care in the community, out patient rehabilitation services, dental and vision care, and services needed to address Autism Spectrum Disorder;**
- **implementing a federally-led Pharmacare program**to ensure that all Canadians have access to a universal prescription drug plan by expanding and coordinating the patchwork of public and private schemes that already provide drug insurance to some twenty-two million Canadians. National Pharmacare would also ensure screening of all drugs for safety and effectiveness by requiring that all provinces participate in the Common Drug Review to address drug safety (based on the approach of the University of British Columbia's Therapeutics Initiative). The Canadian Medical Association's 2015 proposal notes that a pan-Canadian plan would save Canadians $7.3 billion a year in costs, yet it would only cost the public sector an additional $1 billion a year;

- **enlarging the role of pharmacists to allow them to prescribe certain medicines;**
- **increasing the role of nurse practitioners in providing medical care,** including in specially-designed "Low Level Emergency" clinics for initial triaging of patients who may not need hospital treatment;
- **removing barriers to portability of health coverage and to the mobility of medical professionals across provincial boundaries.**

**The Green Party supports increasing investment in prevention measures, especially for lower-income and disadvantaged Canadians**. More than half of all annual health care spending in Canada is for the treatment of chronic diseases where the main risk factors are related to poverty through such associated behaviours as unhealthy eating, physical inactivity, smoking or the harmful use of alcohol. The Green Party's proposed national Guaranteed Liveable Income (GLI) would be a key factor in helping to control rising health costs related to poverty **[Fair taxation and a liveable income].**

**The Green Party supports the proposal of the Coalition for Healthy School Food for a $1 billion investment, phased in over 5 years, to create a Universal Healthy School Food Program**. School food programs are increasingly seen as vital contributors to students' physical and mental health. "Canada remains one of the few industrialized countries without a national school food program. Canada's current patchwork of school food programming reaches only a small percentage of our over 5 million students. Only federal government policy can ensure universal coverage of the population."

Probably the most sensitive issue in health care today is the mix of private and public delivery and payment. **The Green Party is firmly opposed to two-tier and privatized for-profit health care.** We acknowledge, of course, that already some 30% of the over $192 billion spent annually on health care in Canada is derived from private sources. Private providers do most delivery of health care: not-for-profit

providers, for-profit businesses, and independent contractors. While Canada's hospitals and doctors are 100% publicly funded, all other services – from drugs to home care, long-term care, and dental care – are paid for with 50% to 100% private funding. The minority of Canadians who are fortunate to have extended workplace benefits clearly have better coverage than those who are not so fortunate. **The Green Party welcomes a serious and long-overdue debate about how better to protect the core elements of single-payer health care and ensure more fairness and efficiency throughout the health care system.**

Finally, public safety must be of paramount importance. The SARS epidemic of 2004 highlighted shortcomings in our emergency preparedness for pandemics. It was generally agreed that the Canadian Medical Officer of Health (CMO) had insufficient authority to deal adequately with a national pandemic, or to relocate essential services and products as required. The Public Health Agency of Canada was then created, headed by the Health Minister, with the CMO as deputy head of the agency. It was considered important that the CMO not simply focus on the medical aspect of a virus like Ebola or a pandemic. The CMO needed authority over the agency and its staff to better direct the resources of the agency in responding to emergency as well as routine health care issues so that bureaucratic priorities did not trump public health priorities.

Much to the surprise and concern of most public health experts, the Harper government moved to diminish the Canadian Medical Officer's mandate in the fall 2014 omnibus budget bill. The legislation stripped the CMO of control of the Public Health Agency of Canada's budget and staff, leaving him or her to report only to the deputy Minister of Health, no longer to the Minister. As a result, the CMO's responsibilities are now limited to a vague mandate to communicate and engage in public health issues. These changes in the CMO's role must be repealed at the earliest opportunity.

**We must restore and strengthen the mandate and authority of the Canadian Medical Officer of Health to deal with national pandemics and other public**

**health emergencies. We must also create a federally managed stockpile of crucial medications to be distributed when shortages occur.**

**Additionally, we need a more proactive national strategy to eliminate toxins from our environment. This will involve providing greater support to expand the federal Chemicals Management Program (CMP) which will, in turn, accelerate the assessment of chemicals of concern. It will also allow the CMP to deal expeditiously with the many more toxins still to be identified, from pesticides to consumer goods, to industrial processes.** (According to the Council of Canadian Academies, of some 23,000 chemicals of concern in daily use, information on the toxicity of nearly 9 out 10 is simply missing.)

Although there has been progress toward removing BPA from plastic bottles and baby toys, it has been slow. University of British Columbia law professor and author Joel Bakan argues persuasively that we cannot really trust either government or the industry watchdogs that are supposedly protecting us because they operate on the basis of a "presumption of innocence for industrial chemicals and pollutants." Many industrial chemicals are known carcinogens, neurotoxins, and hormone disruptors. According to Bakan, we need to move from a model of absolute proof to a precautionary one, requiring manufacturers and importers to demonstrate that a particular chemical can be used safely or is the safest alternative available.

**Finally, the federal government must also take steps to ensure national standards and adequate regulation of assisted human reproduction.** The Conservatives' 2012 budget simply eliminated the Assisted Human Reproduction Canada agency and any associated regulations after the Supreme Court of Canada determined that the provinces have overlapping regulatory authority with the federal government when it comes to assisted reproduction. However, this decision should not be an excuse to abandon the entire field of assisted reproduction to the provinces. Not all provincial and territorial health regulators are able to assure adequate standards of

care for Canadians who use assisted reproduction technologies and fertility clinics, making national standards crucial. At the very least, Ottawa should require fertility clinics to publish transparent success rates, develop a common policy regarding multiple embryo transplants, support a national donor registry, and compile information for people born from donated eggs or sperm. National action is also required to clear up several confusing provisions of the criminal law, such as the fact that it is still illegal to pay for donor eggs or sperm, or to pay a surrogate mother for her services, while it is legal to buy sperm from American donors and import it, and it is legal to reimburse donors for their expenses.