



Health Care

What's in the budget?

- \$400 million to Canada Health Infoway.
- Up to \$612 million for patient wait time guarantees.ⁱ
- \$30 million for patient wait times guarantee pilot projects.
- \$300 million funding for the HPV vaccine to prevent cancer of the cervix.
- \$2 million for free MedicAlert bracelets for children.
- \$20 million for the next two years and \$15 million per year thereafter for a new Canadian Mental Health Commission.
- \$22 million more per year for the Canadian Institute for Health Information.
- \$140 million over two years to establish a registered disability savings plan.

What does it mean for Canadians?

Once again, the federal government is doling out health care dollars with no ties to public non-profit delivery. New money for wait times is welcome, but not if the “care guarantee” continues to be a ruse for privatization. This budget delivers nothing on pharmacare, continuing care, and a host of other critical health care issues.

What won't this budget deliver?

An end to privatization of Medicare. The federal government should monitor and enforce the *Canada Health Act* to ensure that public funds do not subsidize private for-profit health care. Federal transfers should be used only for non-profit delivery.ⁱⁱ

Strengthened single-payer health and social services for people with disabilities. New funding is needed, and it should flow through public programs and not individual grants and tax measures.ⁱⁱⁱ

A wait time strategy that guarantees public sector improvements and not outsourcing to for-profit clinics.^{iv} The strategy should:

- combine lists and apply queuing theory;
- create public surgical clinics and fully utilize hospital operating rooms;
- expand team work and case management;
- expand primary care and continuing care;
- invest in more training, better working conditions and wage parity for health care workers to address retention and recruitment problems; and
- direct all government wait time dollars to non-profit insurance and delivery.

A health information system that is guaranteed to serve the public and not corporate interests. We need better health information systems, not least to improve wait list management. Funding, however, must be securely tied to non-profit administration, delivery, and ownership.

A national pharmacare program. A public single-payer pharmacare system would deliver safe and effective drugs while keeping rising costs in check. The program should include first-dollar coverage for essential drugs on a national formulary, bulk purchasing, more rigorous safety standards, evidence-based prescribing, and stricter controls on drug company marketing.^v

A national infrastructure fund to build and redevelop hospitals and long term care facilities. All health care infrastructure funding must be tied to public non-profit ownership, control, management, and operation of the facilities, equipment and services.^{vi}

A national strategy to combat health care acquired infections. The federal government should establish a federal-provincial task force to:

- establish mandatory public reporting of health care acquired infections;
- create stringent infection control, cleaning, sterilization, and disinfection standards;
- establish improved health care housekeeping and nursing staffing levels;
- establish maximum occupancy levels in hospitals; and
- create a ban on contracting-out of cleaning services in health care.

A national health human resources strategy which promotes better working conditions, workplace training, and wage parity across the sector. Recruitment of migrant workers must not undermine workers in Canada or abroad.

A national home and community care program. Targeted funding and national standards are required to strengthen home care, palliative care and residential long-term care across the country.

For more information, visit www.cupe.ca/budget

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ⁱ \$10 million will go to each province that sets guaranteed wait times for at least one of five priority procedures; \$4 million to each territory. Another \$500 million will be divided among those same provinces on a per capita basis.

ⁱⁱ Canadian Union of Public Employees. *Inside the Chaoulli fuling: Assessing the international evidence*. August 2005. <http://www.cupe.ca/chaoulli/a430f4c632464f>

ⁱⁱⁱ See recommendation 5.1 of Disability Tax Fairness: Report of the Technical Advisory Committee on Tax measures for Persons with Disabilities, p. 113, December 2004. <http://www.disabilitytax.ca/English.pdf>

^{iv} Canadian Union of Public Employees. *Backgrounder: Solutions to Healthcare Waiting Lists*. February 2007. http://www.cupe.ca/waitinglists/Backgrounder_Solutio

^v Canadian Health Coalition. *More For Less: A National Pharmaceutical Strategy*. May 2006. <http://www.healthcoalition.ca/moreforless.pdf>

^{vi} Hugh MacKenzie. *Financing Canada's Hospitals: Public Alternatives to P3s*. October 2004. <http://www.healthcoalition.ca/3p.pdf>