

PUT HEALTH CARE ON THE BALLOT

Medicare Needs Federal Leadership

Access to public health care is the number one issue of concern for Canadians. Let's make sure candidates in the next federal election discuss what's really important.

— The Canadian Health Coalition

IN 2007 MARILYN BIRMINGHAM OF ONTARIO WAS DIAGNOSED WITH acute leukemia. Over age 60, she was not an ideal candidate for a bone marrow transplant -- a procedure that could save her life. But after tests, doctors determined that she had a chance, a chance that they were willing to take.






Marilyn's eyes fill with tears when she describes how grateful she is for "the team of more than 50 doctors and nurses" that cared for her during her chemotherapy, bone marrow transplant and recovery. Born in the United States, having emigrated to Canada 46 years ago, Marilyn, a retired nurse, says, "I know first hand that it would have been very difficult, if not impossible, for me to get the medical care I needed in the American private health system." Nor could she afford to pay tens of thousands of dollars beyond medical insurance coverage for the care she needed to recover.



Marilyn Birmingham says Medicare saved her life.

Marilyn attributes her survival to Canada's public health care system. Now healthy and active at age 66, Marilyn is committed to seeing public health care on the ballot in the upcoming federal election.

CHECKLIST FOR PUBLIC HEALTH CARE

-  Enforce the *Canada Health Act* so Canadians don't face user fees, illegal bills and queue-jumping.
-  Create a universal public drug plan – Pharmacare – so all Canadians have access to safe, appropriate and affordable medicines.
-  Establish National standards for an integrated, seamless system of care that includes long-term care, home care and palliative care.
-  Commit to the renewal of the Health Accord in 2014 with adequate federal funding, national standards and accountability for how the money is spent.
-  Ensure national standards and accountability through federal leadership.

Canadian Medicare faces growing threats across the country. Many patients using private, for-profit clinics find themselves paying out of pocket for services covered by Medicare. Murial Schoof was required to pay more than \$6,000 for sinus surgery at B.C.'s for-profit False Creek Surgery Centre. Court documents state that her physician also billed the public health system for the procedure. For five years, Murial tried to get the private clinic to reimburse her and the government to take action against the clinic without success.

The Federal *Canadian Health Act* is the legal basis for our universal health system, but the Harper government is NOT enforcing Canada's public health care law. Far from it. The Harper
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The Harper government has failed patients by allowing illegal charges for medical procedures.

Medicare is ^{NOT} safe with Harper

MEDICARE IS SUSTAINABLE

“Opponents of Medicare claim that public health care is ‘Fiscally Unsustainable’ and that the only viable solution is a shift to more private coverage. Bluntly, this is a lie.”

— Robert G. Evans, O.C., Ph.D.
(Economics) Harvard



THE MYTH: Our aging population will make health care unaffordable.

THE FACTS: Private health care services, not an aging population, are driving health care spending.

Population aging is a very small factor in increasing health care costs. At 0.8% per year, it has less of an impact than population growth (1%) and inflation (2.5%). The key cost drivers in health care services are the private, for-profit parts – pharmaceuticals, dental, diagnostic tests and other non-insured services. If one is concerned about rising costs, an aging population is not a reason to privatize the delivery of services.

THE MYTH: Privatization of health services will control health care costs.

THE FACTS: Public health care is the best way to control health care spending. Privatization is not sustainable.

Sustainability is often a code word for privatization and for-profit health care. Saying that public health care is unsustainable opens the door to privatization. Shifting from public to private spending shifts the cost burden from the wealthy to the sick.

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conservatives are giving provinces the green light to go ahead and experiment with private, for-profit health care. Several provinces are taking him up on that by introducing for-profit hospitals and clinics. The result is patients faced with thousands of dollars in extra fees charged by doctors and surgeons for procedures that should be covered under the public health system.

The most outrageous example of illegal billing and suspected health care fraud has been documented at the Cambie surgical clinic in British Columbia. Cambie is the largest for-profit clinic in Canada. The B.C. government has taken the clinic to court for charging patients illegal fees for medically-necessary procedures and double-billing the public health insurance plan. If that’s not bad enough, Brian Day, the clinic’s owner, also required patients to sign a consent form which falsely informed patients that the services for which they were being charged were not covered under Medicare.

Canada’s national health plan was set up to ensure that patients could access medically necessary services based on need not wealth. The *Canada Health Act* is based on principles of fairness and equity. Provinces that allow private clinics to charge patients for needed care are supposed to face financial penalties. But the Harper government has done nothing to protect patients by not enforcing the *Canada Health Act*. In fact, Stephen Harper was the head of an organization opposed to Medicare and the *Canada Health Act* prior to his election.

Harper’s finance minister has spoken openly about cutting federal funding to the provinces for health care when the next set of federal-provincial-territorial negotiations come up in 2014. The future of Public Medicare in Canada depends on the federal government maintaining their part of the funding arrangements for health care and Harper’s plan would put this at serious risk.

And steps towards a national public drug plan that would ensure affordable access to medications for Canadians across the country have been abandoned under the Harper government.

The Harper government is trying hard not to talk about Canadians number one concern. This election Canadians need to join Marilyn Birmingham and put health care on the ballot.

“Some are sowing anxiety about the costs of an aging population. I think these costs will be manageable. The real fiscal menace is the cost of prescription drugs. We desperately need federal leadership to bring in a universal drug plan. This would in fact save a lot of money.”



— Sandy Carricato,
National Pensioners and
Senior Citizens Federation



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PATIENTS HIT WITH ILLEGAL BILLS AND FRAUD IN FOR-PROFIT CLINICS

The vast majority of for-profit clinics spring-up across Canada are charging patients illegal fees for medical care. For example, documents filed in the BC Supreme Court paint a disturbing picture of the Cambie Surgery Centre and Specialist Referral Clinic in Vancouver based on complaints of approximately 30 patients:

Illegal user fees and extra-billing

Patients were charged out-of-pocket fees for services that should have been free/covered under public health care. Charges ranged from \$400 to see a doctor to \$17,000 for an ankle replacement.

Double-billing and fraud

Doctors were double-dipping: billing the patients thousands of dollars and charging the public health plan -- for the same procedures.

Patients were forced to sign waivers

Clinic operators forced patients to give up their rights under the law to publicly-funded medically-necessary services. Dr. Brian Day, owner of the Cambie Surgical Centre, publicly admitted to charging patients for these services.

Provincial audit inspectors were refused entry to the clinic

CORNERED



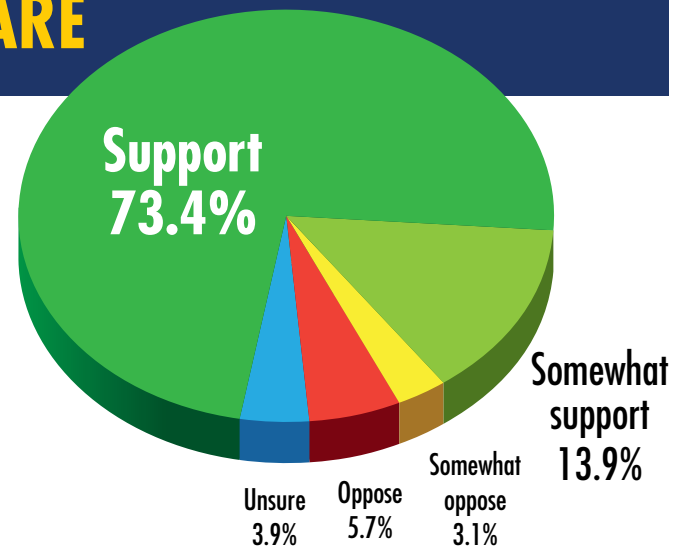
"I started to think outside the box. Then I started to think outside the law."

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87% OF CANADIANS SUPPORT IMPROVING MEDICARE

QUESTION: Thinking about the future of Canada's public healthcare, would you support, somewhat support, somewhat oppose or oppose public solutions to make our public healthcare stronger?

(Source: Nanos Research, May 2010)



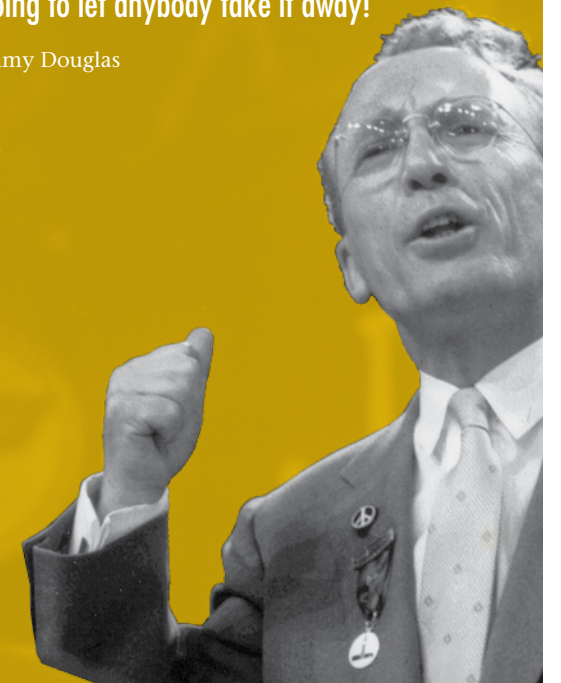
LONG-TERM, HOME AND PALLIATIVE CARE

For-profit nursing homes provide less nursing care and personal support than not-for-profit or public homes. Profit-seeking diverts funds and focus from clinical care.

Canadians expect federal leadership to expand residential long-term care, home and community care services to meet the needs of Canadian seniors, as part of a comprehensive and integrated system.

"We're going to make the governments in this country sit up and listen. And we're going to tell them that our parents and our grandparents worked and fought and suffered to get us Medicare. And we're not going to let anybody take it away!"

– Tommy Douglas



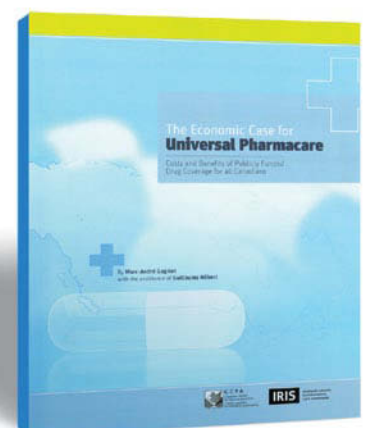
A UNIVERSAL PHARMACARE PLAN THAT SAVES BILLIONS

Imagine a public Pharmacare plan that provided all Canadians with prescription drug coverage and saved \$10.7 billion annually with bulk-purchasing and other measures.

READ THE NEW REPORT:

"The Economic Case for Universal Pharmacare".

Find the report at: PharmacareNow.ca



THE HARPER GOVERNMENT'S RECORD ON MEDICARE

- Refuses to enforce the *Canada Health Act* which protects Canadians from extra-billing, user fees and queue-jumping.
- Talks about ending federal cash support for Medicare and transferring tax points to the provinces, ending Medicare as a national program with national standards.
- Makes repeated statements that health care is a provincial-territorial responsibility, implying no role for the federal government.
- Walked away from a signed agreement with provinces and territories on a National Pharmaceutical Strategy.

- Stephen Harper once worked for an organization founded explicitly to oppose public health care in Canada.

“Harper will never, never say he’s against the Canadian health care system, but the results are all around you.”

– Shirley Douglas, OC

PATIENTS FORCED TO BRIBE DOCTORS FOR CARE

A patient undergoing a medically-necessary surgical operation in Montreal was told not to forget to slip \$100 under the pillow – for the anesthesiologist. She had already paid



her surgeon \$900 for “administration fees” and the surgeon simultaneously billed the province.

One high-ranking physician who works at several Montreal hospitals said obstetricians often accept cash offered by expectant mothers to ensure their doctor attends the delivery. From \$2000 to \$10,000 is being charged to ensure that a woman’s doctor will be there for the birth of her child.

Source: Montreal Gazette, ‘Want fast care? Slip an MD some cash’ (November 27, 2010)

QUESTIONS FOR FEDERAL CANDIDATES: FEDERAL ELECTION 2011

1. Federal Leadership

- Q.** Do you believe in a strong leadership role for the federal government as the guardian of national standards in health care? If yes, elaborate. If no, why not?

2. Canada Health Act

- Q.** Do you support enforcement of the Canada Health Act and the ban on extra-billing, user fees and queue-jumping?

3. Universal Pharmacare

- Q.** Do you support a national Pharmacare plan based on:
- i) universal public insurance;
 - ii) a national formulary of essential drugs;
 - iii) independent evidence-based drug evaluation, and
 - iv) bulk-purchasing?

4. Continuing Care

- Q.** Do you support federal funding and national standards for the establishment of a continuum of care including residential long-term care, home care and palliative care?

5. Renewal of Health Accord

- Q.** Do you support federal leadership in negotiating a renewal of the Health Accord in 2014 based on predictable, adequate federal funding, national standards and accountability for how the money is spent?



Canadian Health Coalition

www.HealthCoalition.ca