

# **TALKING POINTS**

## **WHAT DO YOU WANT?**

We want the federal government to take five concrete actions to stop the privatization of our health care system. They are:

1. Stop funding private, for-profit health care.
2. Stop doctors “double dipping” – providing services publicly and for-profit.
3. Establish minimum standards for universal access to all necessary services.
4. Stop buying services from private, for-profit providers.
5. Establish a new federal transfer for public hospital financing.

The first four points can be implemented immediately under the existing *Canada Health Act* and regulations. We just need the political will.

## **WHY NOW?**

The Liberal government has not taken any meaningful steps to stop the privatization of our public health care system. It is under unprecedented attack, and their inaction is jeopardizing the very foundations of Canada's most important social program.

The solutions are clear if the Americanization of our health care system is to be stopped. We are proposing five concrete actions that the federal government can take today to demonstrate a true commitment to protecting public health care in this country.

## **WHY ARE YOU FOCUSING ON HEALTH CARE? WHAT DO YOU HOPE TO ACHIEVE?**

Canadians want progressive outcomes from this Parliament, especially concrete steps on protecting public health care. We elected a minority government, and that’s often when progressive things happen. Medicare was born with a minority government, so strengthening medicare against privatization should be possible with a minority government too. The Liberals must do more, and they can.

## **WHY STOP FUNDING FOR-PROFIT HEALTH CARE?**

Purchasing and delivering for-profit health care services creates barriers to universal access, which is a right of all citizens. The size of your wallet should not decide the quality of care you receive.

Private payments for health care services make access even more uneven. It also costs more and requires a maze of regulation. Some doctors are charging block fees or selling “enhanced” services to patients seeking medicare services. Québec and Alberta are considering private insurance for medically necessary services in the wake of the Chaoulli Supreme Court decision. The federal government must act now to stop the expansion of this multi-payer system. (For more on this see “Inside the Chaoulli Supreme Court Decision” at [cupe.ca/www/insidechaoulli](http://cupe.ca/www/insidechaoulli)).

### **HOW WOULD THE FEDERAL GOVERNMENT ENSURE MONEY IS NOT GOING TO FOR-PROFIT HEALTH CARE?**

The federal government needs to live up to its obligations under the *Canada Health Act*. Health Canada must withhold funding to any province or territory that uses public funds to either directly or indirectly support the privatization of health care. Providing notices under section 14 of the *Act* is the first step and can be done immediately.

For this purpose, physicians would not be defined as "for-profit" providers and existing basic diagnostic services would be grand-parented, but funding for other private clinics and public-private partnership facilities, for example, would be prohibited. Private payment includes direct billing to patients and private insurance.

### **WHAT'S WRONG WITH DOCTORS COLLECTING BOTH PUBLIC AND PRIVATE PAY?**

Doctors who receive public funding must not be permitted to bill patients or private insurers for other health care services. Practices such as charging block fees, or fees for enhanced or so-called "unnecessary" services are creating significant barriers to universal access.

Taking trained doctors, nurses, technicians and other staff out of the public system just further bottlenecks it. It takes six years and \$1 million to train a family doctor; nine years and \$2.2 million to train a specialist. Health care professionals are already in short supply; privatization draws providers away from the public system and gives people with money preferential access. Allowing doctors to top-up their public fees with private payments also gives them an incentive to offer fee-paying patients faster service. This already happens in provinces where doctors have dual practices.

### **WHY DO WE NEED UNIVERSAL STANDARDS?**

Minimum standards must be established to ensure universal access to all necessary health care services. Many provinces are reducing the availability of publicly funded health care services by either de-listing services or by moving them out of public hospitals. Canadians want de-listing and downloading to stop, and they want equal standards across provinces and territories.

### **WHAT ABOUT THE FEDERAL GOVERNMENT BUYING PRIVATE SERVICES?**

The federal government must lead by example. It must immediately halt its widespread practice of purchasing health care services from for-profit providers for members of the armed forces, the RCMP, and others for whom it has direct responsibility. This is a modest step that it can take to demonstrate its resolve.

### **WHY WOULD THE FEDERAL GOVERNMENT FUND NEW HOSPITALS?**

It's done it before. The National Health Grants program was created in 1948 by the Prime Minister's father when Paul Martin Sr. was health minister. This program is credited with building 90% of Canada's hospitals and funded hospital construction until 1971.

Today, communities are crying out for new and improved hospital facilities but are being forced into "partnerships" with corporations. These so-called public private partnerships (P3s) are being sold as solutions to cash-strapped governments but they end up costing taxpayers more because it's more expensive for the private sector to borrow money than it is for governments.

This is why we need a federal infrastructure transfer to build and redevelop hospitals and long term care facilities, modeled on the Canada Health Grants system that built our existing hospitals. We should tie all health care infrastructure funding to public, non-profit ownership, control, management, and operation of the facilities, equipment and services.

### **WHAT SHOULD THE FEDERAL GOVERNMENT DO TO SOLVE WAIT LIST PRESSURES, IF PRIVATIZATION IS NOT THE ANSWER?**

The federal government should develop, with provincial governments, a comprehensive wait list strategy rather than focusing on "benchmarks". There are many solutions at hand, and all of them have been tested and proven to work in the public sector. Governments should: coordinate lists (giving patients the choice to move to a shorter list); centralize booking; use more case managers to organize care; have specialists work with family doctors to reduce unnecessary referrals; invest in public sector infrastructure and staffing to clear backlogs; allocate operating room time more fairly; use nurses and

other health care providers to their full potential; expand continuing care; and improve primary care (community health centres, care for chronic diseases).