

**Submission on Bill 8
Commitment to the Future of Medicare Act**

Presented to the
Standing Committee on Justice and Social Policy

Submitted by
Ontario Public Service Employees Union (OPSEU) Community health Professionals

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It is an honour and privilege to appear before you, I am so happy to be asked for my opinion. It's been 8 long years since anyone listened to front line professionals (except doctors of course) so I hope you'll forgive my giddy excitement.

I am a physiotherapist with the Community Care Access Centre in Renfrew County where I have been for the past 12 years. I am part of the "brain gain" that no one talks about. I chose to come to Canada from Britain 18 years ago because you had the best health system in the world. The body of that is still there, if a tad anorexic. With some therapy it will soon return to its past magnificence.

As well as working as a community physiotherapist I am the president of OPSEU local 481, the professional staff at the CCAC and I am a member of the Canadian Health Professionals Secretariat which links health professionals across Canada. I am appearing today with my colleague Nancy Surkes, an Occupational Therapist at the Ottawa Carleton CCAC.

After eight years of uncertainty and instability in health care we looked forward to the promised restoration of stability and respect for health care workers. Bill 8 does not provide any reassurance to us that this will be the case. I share Mr. Klees' concerns that we are asked to comment on a bill that is being rewritten as we speak. I can only comment on the information available to me last week, but recognize that minister Smitherman provided some clarification on Monday.

Community Care Access Centres, not Action as the Minister believes, are the daughters of the old home care programs. To highlight some of the gaps in Bill 8, it might help to explain what has happened in my world.

Initially most home care programs were part of health units, sharing space and administration costs. Then came the CCACs and leased space and administration doubled. All direct service staff was then "divested" the euphemism for privatized. Nurses went to three or more agencies, therapy staff to one or two and equipment and supplies to others. These separate entities cost much more to operate than when the staff was in house. To privatize the therapy service cost double, from \$2 million to \$4 million

a year for the same staff doing the same jobs with the same patients. It is easy to see why; as well as the overhead and administration costs, profit margins had to be built in. When local CCAC boards began to cry foul, that this wasn't cost effective at all, and balked at wasting money this way, along came bill 130. All CCAC boards were fired and new ones inserted. The fact that every single member of our board was a member of the local Canadian Alliance and Conservative Riding Association was just a coincidence! The result has been a dramatic reduction in service at the client level as money was being redirected to run all these other organizations.

Personal support at home, surely the most effective segment of our health system, has been all but eliminated. For a few dollars a day, the frail elderly and chronically sick were provided with assistance to grow old and die in their own homes. This was what the clients wanted and it kept these people out of hospital and nursing home beds. These services no longer exist.

Over 100,000 people are no longer receiving care at home and home care case -loads have been cut by more than a third. Front line staff have been laid off whilst the little fiefdoms are growing in profits and administrators. Just yesterday we heard that 3 more professionals, a social worker, dietitian and case manager were to be laid off on Friday. In the past three years our professional staff have been reduced by 14.5 whilst administration and support has increased by 8.5. In- home nursing has been cut 50% and home support by 60%. We have been through 6 years of turmoil and change and we are change fatigued.

So that brings us to Bill 8 and the absence of democratic governance, the absence of ending privatization, and the absence of a commitment to honour the Long Term Care Act. In fact there is very little in Bill 8 that applies to the community care sector. The preamble sounds so wonderful and the statement that "*preservation (of our publicly funded health care services) is essential for the health of Ontarians now and in the future*" made me think

"They've got it".

Further examination proves me wrong!

In section 9(2) Opting out/ Extra billing it extends the prohibition against extra billing by eliminating the right of physicians and other designated practitioners to opt out of the *Health Insurance Act* and receive direct payments from patients for insured services up to the OHIP maximum.

This seems to strengthen the prohibition on extra billing and opting out, but reading further, Section 9(4) contains language that may well open up the possibility of the Government itself, through regulation, allowing extra billing and opting out.

Block fees are a further example of this and I can tell you from my rural community these are viewed as extortion. When there are few doctors and you are lucky enough to have one and a bill comes through the door for \$400 most patients feel compelled to pay. They fear being struck off if they do not.

There is no alternative to change doctors because of the shortage of doctors accepting new patients. For many of my elderly case - load this is a huge amount of money. The fee for service model actively encourages this and the sooner we have physicians on salary,

the sooner we can have an integrated system with accountability for the money being spent. It is our view that block fees should be banned. Block fees are but another mechanism to erode the publicly funded health care system and should not be allowed in regulations or anywhere else.

We support a ban on extra billing in any form and opting out and the Act should specify this.

The super power being given to the Minister of Health in Bill 8 is very troublesome. Sections 26, 27 and 28 enable interference in workers' rights to decide where to work and the terms of their employment. This violates the principles of free collective bargaining and a worker's right to choose. It is true that the government has lost considerable control over health dollars through contracting out to the private sector. Individual contracts are shrouded in secrecy and the results have not been published so we can make true comparisons with the public system. Fixing problems becomes an expensive proposition, as disputes must be solved in the courts resulting in lengthy legal wrangling and court costs. Wording that mandate all agencies being funded with public money to account and report publicly for their expenditures will go a long way to facilitate meaningful dialogue. We have a right to know how and where our money is being spent. This would be an admirable role for the Health Quality Council and would enable the public to read a report card on different aspects of the system.

Given the Canada Health Act principles enshrined in the preamble to this Bill, it is surprising that the Health Quality Council outlined in Part I does not ensure reporting on the way Ontario is doing at meeting those principles. Further, it is not required to report on issues relating to two-tiered medicine, extra billing and user fees.

No person who has a financial interest in for-profit health care corporations should be allowed to sit on the Council. It would be a clear conflict of interest. As we read in yesterday's papers, there is a clear example of this in the way drug companies failed to report unfavourable results of their drug trials. Suppressing information that impacts on your business might be a good business practise but it doesn't pass my "tax payer accountability test"!

The appointment of the Council by the government is inappropriate for a body that is supposed to increase accountability and objective reporting. Rather than an appointed body, this Council should be comprised of a democratically selected group - appointed by all parties - who represent patients, advocates and people like me who work in the system as well as so-called experts. The Council should include representatives from diverse groups, as well as geographically remote areas, and equality-seeking groups.

The Council should be required to investigate how the health system conforms to the principles of comprehensiveness and universality as well as accessibility. It should be required to report on two-tier access, user fees and service charges, and extra billing. Further, this democratic and representative Council should have the power to make recommendations regarding these issues and should be required to conduct its operations in a completely transparent manner.

Part iii of the bill needs significant rewriting. In the post Bill 26 era there is zero trust in vague language with no explanations. The sweeping powers that the minister is proposing

to grant himself are unprecedented. If this act is passed, no one will be allowed to take legal action against the Minister or the Crown under the provisions of this Bill upon its passage. At the same time, the Government is free to prosecute anyone not complying with an order by the Minister. It is time to bring on the Kryptonite and diminish those powers.

Before closing I would also like to say that our local is an active member of the Ontario Health Coalition and supports their brief to you. We are also active on the Renfrew and District Labour Council and support the position of the Ontario Federation of Labour.

Politicians have tremendous power and what guides you should not be the interests of large corporations like Extencicare or even me. What guides you should be the lady at home in Renfrew dying of a brain tumour or the little boy in Espanola with muscular dystrophy who needs physiotherapy, occupational therapy and expensive equipment to reach his maximum potential.

This legislation is too significant to blow it. There is a huge chunk of money in the system that could be used more effectively. The best service at the best price is with a publicly funded, publicly administered health system. I know this from the results in Britain. All the evidence at home supports this; Bill 8 needs to as well.

Thank you for your time and I'll be happy to answer any questions.