We would like to thank the Minister of Finance Joe Ceci and Minister of Health and Deputy Premier Sarah Hoffman for the chance to discuss Budget 2018. We are including ideas that we hope will inform decision making around health spending.

Minimum Funding Growth to Keep Promises & Meet Population Growth and Inflation

With Alberta’s economic outlook improving, growth in 2018 is to be expected. Alberta’s population has continued to grow during the downturn. We all know that people who move to Alberta do not bring hospitals and nurses with them.

The Alberta NDP have maintained that “even a hold-the-line budget in a growing province is bad news for Alberta families.”

There have also been important campaign promises and commitments to improve health services in Alberta that should continue to be funded on top of necessary spending growth. This includes:

- Building 2,000 new public long-term care beds by 2019
- Increased funding for homecare, midwifery, and mental health
- Building a new public lab, reversing privatization of continuing care in Hinton and Medicine Hat laundry
- Province wide infrastructure commitments for repairs and new facilities
- An important platform promise to “End the PCs costly experiments in privatization, and redirect the funds to publicly delivered services.”

Our conversations with patients and front line staff have told us that Alberta’s health system is valued, and able to get results for patients, but also remains stretched for resources. We can not afford to fall behind.

We would hope to see a bare minimum in funding growth to cover population growth and inflation on top of existing commitments to improve the system.

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1 http://ipolitics.ca/2013/03/06/redford-says-new-spending-in-alberta-budget-wont-match-population-growth/
Bending the Privatization Curve

There is considerable political pressure on the Alberta government to find ways to reduce costs in health care. At the same time, Alberta’s public sector spending relative to GDP in 2017-2018 was the lowest in Canada. Our net debt to GDP ratio is also the lowest in the country\(^3\). The calls to reduce or restrain spending on needed services are purely political, and not economically justified. They should be resisted.

Savings can be realized by better managing our home and facility based continuing care system. Many continuing care patients end up in hospital beds while waiting for care, when cost estimates show facility based continuing care and especially home care are much more affordable.

This should be done through public delivery. We believe that there are costs associated with privatization in continuing care and other areas that should be disclosed and examined as areas to reduce costs while improving services.

Instead of allowing public funding of home and facility care to go to profit margins and executive bonuses, Alberta should tie strings to funding so that we receive better value for our dollar in providing care, and 100% of funds intended for care make their way to the patient.

Alberta should also get serious about the suspected violations of the Canada Health Act in private clinics. In 2017 both the Ontario Health Coalition and the Parkland Institute released alarming reports on the state of private clinics, with expensive and exclusive patient care. These clinics are likely driving up public sector costs with unnecessary referrals for insured services to provide the illusion of greater care and prevention.

Expanding the audit of the Copeman Clinic to all membership-fee based clinics, while enacting a moratorium on new private clinics would be a step in the right direction in safeguarding public health dollars.

\(^3\) [http://www.parklandinstitute.ca/what_you_need_to_know_about_alberta_budget_2017](http://www.parklandinstitute.ca/what_you_need_to_know_about_alberta_budget_2017)
A Long-Term Vision for the Future of Medicare

Friends of Medicare are happy to hear Alberta’s Health Minister Sarah Hoffman refer to our new government as the “heirs to Tommy Douglas”. Tommy Douglas shared a vision with many health advocates that the medicare system we have is just the beginning.

Services such as prescription drugs, continuing care, dental care and even psychiatric services are covered as part of the system in other jurisdictions but not yet in Alberta.

We should be expanding the principles of our public health system in Alberta and Canada to those areas: comprehensive coverage, universality, accessibility, portability of benefits, and public administration on a non-profit basis.

The advocates of privatization seem to have moved on from their unpopular desire for an American-style system and now insist Canada must look abroad.

What they often neglect to point out is that Canada lags behind other countries in public spending on health. Our health system is only 71% publicly paid, compared to 76% in Germany, 79% in France, 83% in Japan and 87% in the UK. We should be investing more in our public health system, not less.

Medical services should never be a luxury, and nobody should ever get sick or die from financial barriers to care.

Alberta should be leaders in a long term vision to improve and expand the medicare umbrella of coverage, and start with prescription drugs.

As the only country with a universal health system that does not include prescription drugs, Alberta should be showing leadership in this important area of health coverage.

While some hope that a national prescription drug plan will be implemented if the right government is elected federally in 2019, Alberta should not leave it up to Ottawa.

http://www.torontosun.com/2016/10/14/tom-parkin-unsustainable-health-care-nonsense
The Ministry of Health should review the costs and savings of a universal prescription drugs for all plan, where every Albertan is covered regardless of age, with a full evidence informed formulary, and no out of pocket costs to patients.

The financial temptation to recoup costs through co-pays or prescribing fees should be resisted, as research has shown prescription costs even as low as $2 act as a financial barrier for patients getting the prescribed medicines they need. This will only cost the system down the line.

If the federal government is not prepared to deliver, Alberta should step up and show the rest of Canada that pharmacare for all is possible.

**Finding Savings by Supporting Choice**

Health Minister Sarah Hoffman is to be praised for her decision to provide universal coverage of the abortion pill Mifegymiso as a means of securing access to reproductive care in all areas of the province.

The same principles should apply to access to fertility services and hormone replacement therapy for trans patients.

Research at the University of Alberta suggests we could save the health system millions of dollars by expanding medicare coverage to include In Vitro Fertilization⁵. The Ministry of Health should reverse the decision to remove uninsured fertility services from the Lois Hole Hospital so that IVF services can be offered under the public umbrella.

At the same time, barriers should be removed for access to medications for trans patients. While providers like Howard Brown Health in Chicago and Catherine White Holman Wellness Centre in Vancouver prescribe medication on an informed consent model⁶, many patients in Alberta go through lengthy gatekeeping procedures first to a psychiatrist and then an endocrinologist. Cis patients, typically cis women, are able to have hormone medications prescribed at their GP, and we could find savings by removing barriers and offering equal access to medications for Alberta’s trans patients.

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