Updated April 2015

Just the Facts: Canada Health Accord

ARE OUR GOVERNMENTS DOING ENOUGH TO SUSTAIN AND ENHANCE OUR NATIONAL MEDICARE SYSTEM?

The history of health care in Canada over last 70 years: two things keep cropping up

1. Saskatchewan leadership: our provincial government being the first to introduce public programs to ensure health care for all
2. Federal leadership: Ottawa willing to use money and laws to pressure reluctant provinces to adopt Saskatchewan-style programs, and to prevent provinces from neglecting or undermining those programs
   - The 1945 federal government offered a deal to the provinces: if you build new hospitals and set up public health insurance, we'll pay 60% of the costs; no deal was reached because Ontario & Quebec rejected it
   - In 1947, under the government of Tommy Douglas, the "hospitalization" plan was introduced (covered medical services delivered in hospital)
   - In 1957, the federal government passed the Hospital Insurance & Diagnostic Services Act
   - In 1962, Saskatchewan introduces Medicare: covers all "medically necessary" physician services, even outside hospitals
   - In 1966, the federal government passed the Medical Care Act which provided funding for provinces as per the Saskatchewan-style system

The current version of that law: Canada Health Act (1984)

- The objective was "to protect, promote and restore the physical and mental well-being of residents of Canada and to facilitate reasonable access to health services without financial or other barriers."
- The federal government will give money to a province (Canada Health Transfer - CHT) to pay for Medicare if the province's Medicare plan meets several conditions:
  - **Public administration:** must be run by a non-profit, government-appointed body
  - **Comprehensiveness:** covers all medically necessary services
  - **Universality:** covers all people equally
  - **Portability:** people must be able to move provinces without losing coverage
  - **Accessibility:** no user fees, copayments, or extra billing for covered services
  - These conditions are known as **"the 5 principles of Medicare"**
  - Enforcement: the federal government can withhold/reduce CHT funds to a province if the province violates these principles
- In 2004, the federal Liberal government & provincial governments signed the "10-Year Action Plan on Health" (a.k.a. Canada Health Accord)
  - The federal government agreed to increase the Canada Health Transfer by $41 billion between 2004-14
  - Provinces made promises in return and would make efforts to:
    - Reduce surgical wait times
    - Develop a national prescription drug strategy
    - Expand/improve home care, primary care

- **In 2011, the Federal Conservative Government unilaterally announced it would not renew the Accord when it expired April 1, 2014**
    - They insisted that health care is a provincial responsibility and unilaterally announced new rules for Canada Health Transfers which would slow the flow of money to provinces, with fewer conditions on how provinces spend that money

Expected result of these changes

- Federal share of Medicare spending will fall from 20% (today) to 12% within a decade
- The federal government is balancing its books by dumping costs on lower levels of government
- This is also strategic underfunding with long-term, non-financial, ideological objectives
    - 12% federal share is too low to give them leverage needed to effectively enforce Canada Health Act principles/values
        - Provinces (especially wealthier ones) will be free to set up programs that violate the principles of Medicare, or to allow private sector to do so
        - Some Canadian health facilities are considering offering medical services to wealthy foreign patients as a way to make money
- The Harper government's decision to let the Accord expire and abandon the federal role in Medicare has been strongly criticized/opposed by a wide range of voices

Opposition to abandonment of the Canada Health Accord

- President Barb Cape sent open letters to Premier Wall and CEOs of health regions
    - Participated in joint media conference with Doctors for Medicare and the Saskatchewan Health Coalition
    - Others who oppose include: Parliamentary Budget Officer; Former Saskatchewan Premier Roy Romanow, head of the 2002 Royal Commission on the Future of Health Care in Canada; the head of the Canadian Medical Association (who says that the most successful health care systems internationally have "a clear commitment to quality improvement" and "strong leadership from a committed federal government")
- On March 31, 2014 (the day before the expiry), NDP leader Broten in legislature accused Wall of not doing enough to push for a renewal of the Accord and said such changes could cost Saskatchewan $1 billion over next decade
- The Wall government's response: lukewarm, and showing questionable commitment to improving and sustaining a health care system for all
    - "Disappointed" with expiry of Accord
    - But don't worry: Wall says "we're overseeing and have sponsored a number of innovation initiatives that will result in efficiencies…improving the deployment of health care resources"
- In 2002, the Saskatchewan government created two bodies to improve health care in Saskatchewan: the Health Quality Council (HQC), and the Saskatchewan Health Research Foundation (SHRF)
    - HQC 's original mandate: identify ways to improve health care, such as studying drug prescribing and health human resource planning issues – these goals are linked to key action items of 2004 Health Accord. The Wall government has cut the HQC's budget, and made HQC shift focus almost exclusively to promoting Lean management

- SHRF's original mandate: to fund research by Saskatchewan health scientists and the vision statement was "Building a healthy Saskatchewan through health research." It was run mainly by university-based scientists. However, in its March 2015 budget the Wall government placed SHRF under Innovation Saskatchewan, a body established by the Wall government in 2009. Innovation Saskatchewan's mandate is focused on promoting economic growth and "the commercialization of technology." Its board consists of three Sask Party MLAs, the CEOs of an oil company and a agricultural biotechnology company, and the former vice-president of a private health services company.

WHAT CAN YOU DO?

Take action! Use this information to write your MLA, MP, Minister of Health and/or any other person in power that you think can take action in ensuring that public health care becomes a priority. Get out in the community! Health care activists can always use more support! Spread this information to everyone you know – communication and awareness is highly effective in building more support.

For further information about this topic, including the sources of this fact sheet, please contact Karman Kawchuk, Research Officer, SEIU-West by email karman.kawchuk@seiuwest.ca