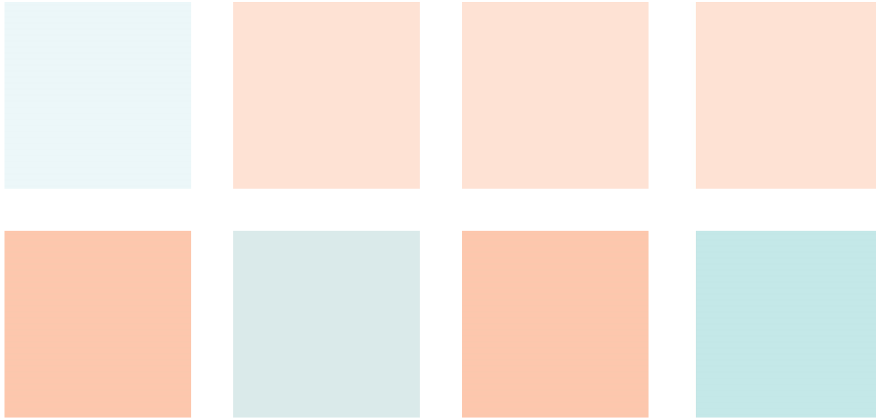
RNAO



RNAO 2024 Provincial Pre-budget Submission

Jan. 31, 2024

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The Registered Nurses' Association of Ontario (RNAO) represents 51,650 registered nurses (RN), nurse practitioners (NP) and nursing students across the province. For nearly a century, the association has advocated for changes that strengthen the nursing profession and improve people's health. RNAO welcomes the opportunity to present the views of nurses on Ontario's spending priorities to the minister of finance.

Introduction

In May 2023, the World Health Organization (WHO) declared that COVID-19 was no longer a "global health emergency". For most people in Ontario, the announcement brought relief and a sense of returning to normal after an unprecedented pandemic which cut such a devastating swath through our province and, in particular, Ontario's nursing homes.

But "normal," in retrospect, was a province ill-prepared, and a health system too fragile to deal with a pandemic in the first place. "Normal" was a province capable of doing better to ensure the safety and health of all who live here. And, for many Ontarians, "normal" meant – and still means – social and economic insecurity compounded by racism and discrimination. "Normal" for so many was and is a state of marginalization and a consequent vulnerability to poor health outcomes. To paraphrase Roxane Gay[1], normal was the very thing from which many yearn to be free.

The 2024–25 budget will be the first put forward by the government since WHO's declaration. To the government and us all falls the urgent responsibility in this already deeply – and ever-increasingly – connected world, to start preparing for the next pandemic as well as the impending impacts of climate crisis. This means ensuring a robust and resourced health and social system, fully accessible and capable of responding to the needs of all who live in Ontario. Above all, it means a government and Ontarians recognizing the strength in our diversity and including everyone in the social and economic life of our province.

RNAO urges the government to move on the recommendations below immediately, and to incorporate the considerations we share into the province's budget for 2024–25.

Recommendation #	Recommendation summary
1. Nursing	
1.1 Compensation	Increase compensation for Ontario nurses working in all roles, domains, and sectors. Harmonize compensation upward to address pay disparities affecting community care.
1.2 Internationally educated nurses	Continue to fund expedited pathways for registration of internationally educated nurses (IEN), maintaining BScN as entry to practice.
1.3 Return to Nursing Now program	Develop and fund a Return to Nursing Now program to attract RNs and NPs back into Ontario's nursing workforce.

1.4 Nursing Graduate Guarantee (NGG) and Late Career Nurse Initiative (LCNI)	Expand the NGG to ensure access to all new nursing registrants and reinstate the LCNI to return recently-retired RNs and NPs to the workforce as mentors and preceptors.
1.5 Healthy workplaces for nurses and other health-care staff	Fund RNAO to expand the Best Practice Spotlight Organization® Program and develop healthy workplace guidelines and resources for health settings.
1.6 Extern programs	Expand extern programs throughout Ontario, across all sectors, to benefit both students and health organizations.
1.7 Workplace preceptors for nursing students	Fund innovative nursing education-practice partnerships across all health sectors.
1.8 Workplace nursing mentors for new graduates, new hires and IENs	Expand the Clinical Scholar Program for nurses to include community care. Ensure the program is designed to support equity, diversity and inclusion (EDI) goals of both academic and professional settings.
1.9 Nursing education (RNs)	Increase nursing student enrolments by 10 per cent per year for the next five years.
1.10 Nursing education (NPs)	Increase the number of student-nurse practitioner (NP) seats.
1.11 Nursing education – Equity Diversity and Inclusion (EDI)	Include racism and discrimination as a topic in nursing and interprofessional curriculums. This includes "race and racism as social determinants of health" in the educational curriculum for both undergraduate, graduate and continuing education students.
2. Care delivery	
2.1 Public health – base funding	Restore the $741M "COVID-19 response" funding and the $129M cuts to "official local health agencies" to the 2024–2025 public health budget. Ensure that funding supports the reinstatement and permanent retention of 625 public health nurse position and the 50 community wellness nurses serving indigenous communities as part of the school-focused nurse initiative.
2.2 Primary care – access	Ensure all Ontarians are attached to a primary care provider by: • providing one nurse practitioner (NP) in each First Nations community[2] • doubling the number of nurse practitioner-led clinics (NPLC) over the next three years • funding other NP-led models of interprofessional care • fulfilling commitment to fill NP positions in correctional services

2.3 Primary care – RN prescribing	Expand the funding support for RNs eager to take the RN prescribing education course; and integrate RN prescribing in BScN education by end of 2024.
2.4 Primary care – NP scope of practice	Increase NP scope of practice to initiate all seven (7) legal forms for mental health services under the Mental Health Act, including Forms 1 and 2.
2.5 Primary care – care coordinators	Transfer care coordinators working for Home and Community Care Support Services to primary care and other community-based organizations to work in similar roles.
2.6 Hospitals	Provide publicly-funded hospitals with the resources needed to clear the backlog of surgeries, treatments and procedures in a safe and timely way. Stop funding investor-driven private for-profit clinics for surgeries, treatments and procedures.
2.7 Home care funding	Increase home care funding, and scale and support models of home care within Ontario Health Teams.
2.8 Long-term care – Direct care and skill mix	Mandate and fund all LTC homes to deliver a minimum of four worked hours of direct nursing and personal care per resident, per day, including a minimum of 48 minutes of RN care, 60 minutes of RPN care and 132 minutes of PSW care.
2.9 Long-term care – Attending NPs	Continue to fund one NP per 120 LTC residents until all LTC Homes reach this target.
2.10 Long-term care – NPs as medical directors	Implement and fund NPs as medical directors and most responsible providers (MRP) in LTC settings.
2.11 Long-term care – funding formula	Ensure that LTC homes that decrease acuity (Case Mix Index, or CMI) due to evidence-based care retain all funding to reinvest in staffing and/or programs for residents.
2.12 Long-term care – infection prevention and control	Permanently fund a minimum average of one infection prevention and control (IPAC) nurse per LTC home.
2.13 Long-term care – Embedding evidence-based guidelines into electronic medical records	Expand funding to RNAO to accelerate its work with long-term care homes of embedding RNAO's Best Practice Guidelines into their electronic medical records.
2.14 Retirement homes – Attending NP pilot	Introduce a public funding stream to pilot the role of attending NPs in retirement homes

2.15 Mental Health – RN psychotherapy	Amend "Roadmap to Wellness" to incorporate RN psychotherapy and allocate existing funds within program to support access.
2.16 Indigenous health – Community Wellness	Increase and sustain funding and resources to all Indigenous communities to ensure their public health needs, as determined by the communities, are met.
2.17 Indigenous health – RNAO's Indigenous Health Program	Extend funding for RNAO's Indigenous Health Program.
2.18 Pediatric care	Designate sustained funding to right-size pediatric health care in Ontario.
2.19 Health system – Equity diversity and inclusion	Implement anti-racism, anti-oppression, cultural safety, and EDI training, orientation and mechanisms for staff at all levels in all workplace and academic settings.
3. Social determinants of health	
3.1 Opioid overdose crisis	Support and fund a comprehensive harm reduction approach to Ontario's overdose crisis.
3.2 Housing	Invest one per cent of the provincial budget annually in accessible, affordable housing programming.
3.3 Income security – Employment	Amend the *Employment Standards Act* to provide permanent sick days and an increase to the minimum wage.
3.4 Income security – Ontario Disability Support Program (ODSP)/ Ontario Works (OW)	Immediately double provincial ODSP and OW rates and index annually with inflation.
4. Environmental determinants of health	
4.1 Climate crisis	Adopt measures to implement a 43 per cent reduction in Ontario's greenhouse gas emissions, relative to the 2019 level, by 2030.
5. Fiscal capacity	
5.1 More progressive tax system	Increase fiscal capacity by imposing more fair progressive tax and identifying tax loopholes.
5.2 Increased environmental and social responsibility	Increase revenue sources that encourage environmental and social responsibility.

Recommendations

1. Nursing

Nursing is the largest regulated health profession in Ontario, representing about half of the health workforce. Nurses work in all sectors and roles across the health care continuum caring for persons and communities in health and in illness. Historical data shows that the number of RNs per capita continues to drop dramatically in Ontario, requiring RNs to take on more and more patients despite an aging population and higher acuity. Amongst Canadian provinces and territories, Ontario has – by far – the lowest RN per capita ratio and continues to fall farther behind the rest of Canada. Ontario would require nearly 25,000 more RNs in the nursing workforce just to catch up with the rest of the country.

Pre-pandemic, nursing workloads were already dangerously high in Ontario. Mid-pandemic, RNAO's surveys of nurses in Ontario[3] and across Canada[4] revealed extraordinarily high levels of burnout, stress, anxiety and depression. Intentions to leave the current workplace and even the profession remain alarmingly high post-pandemic. Currently, one in five RNs are not participating in Ontario's nursing workforce[5]. Recruitment and retention strategies and incentives to strengthen the nursing workforce are critical to an effective health system and the care Ontarians need.

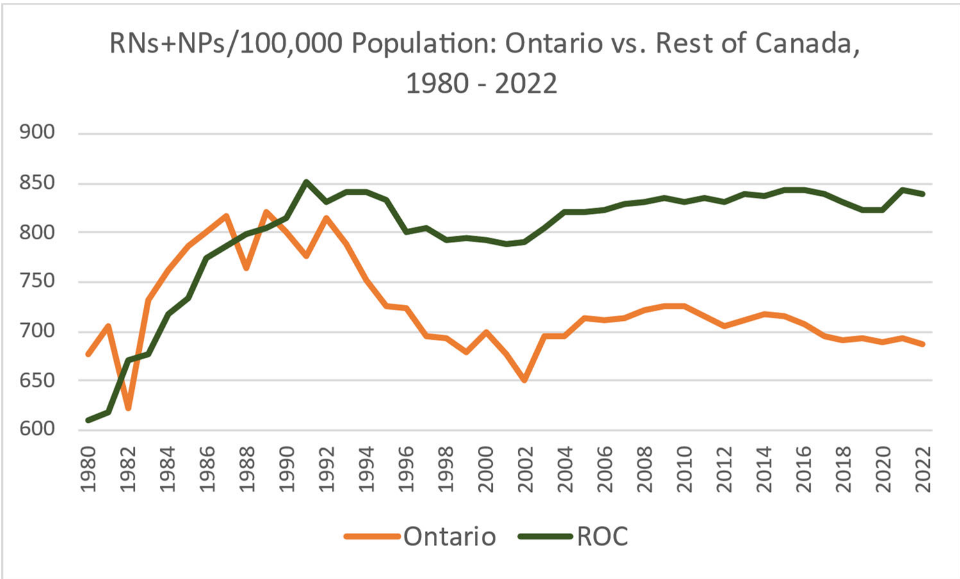

Figure 1A: RNs+NPs/100,000 population: Ontario vs. rest of Canada, 1980 – 2022[6]

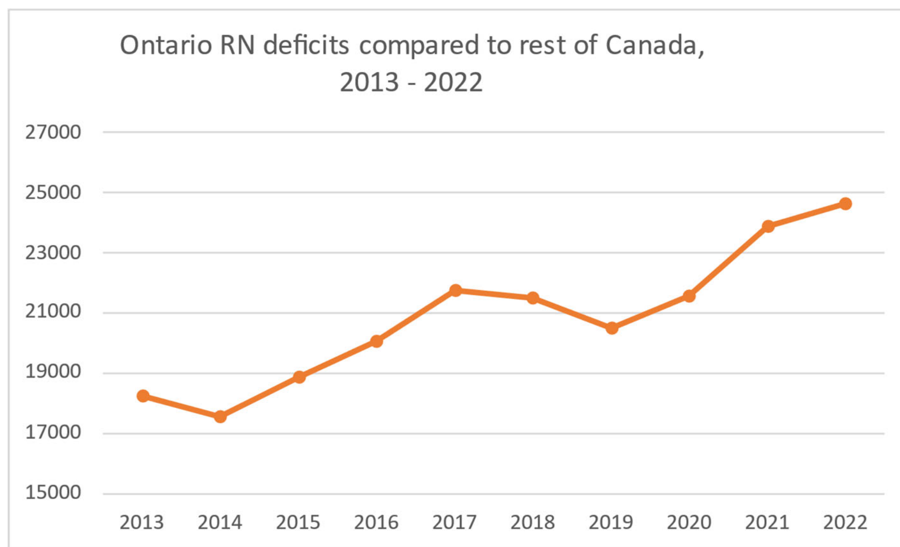

Figure 1B: Ontario RN deficits compared to rest of Canada, 2013 - 2022[7]

RNAO has several recommendations to reverse this alarming trend by improving compensation and entry points into nursing.

1.1 Compensation

Increase nurses' compensation and address existing pay disparities within the health system as follows:

- Increase compensation for nurses working in all roles, domains and sectors.
- Harmonize compensation upward to address pay disparities affecting, primarily, nurses working in community care settings.

1.2 Internationally educated nurses

Continue to sustain and fund expedited pathways for registration of internationally educated nurses (IEN) while maintaining Ontario's BScN entry-to-practice standards.

Cost estimate: Cost savings.

1.3 Return to Nursing Now program

Develop and fund a Return to Nursing Now program to attract RNs back into Ontario's nursing workforce.

Cost estimate: $192M.

1.4 Nursing Graduate Guarantee and Late Career Nurse Initiative

Expand the Nursing Graduate Guarantee (NGG) to ensure access to all new nursing registrants and reinstate the Late Career Nurse Initiative (LCNI) to return recently-retired nurses to the workforce as mentors for NGG and preceptors for clinical placements.

Cost estimate: $487M for NGG and $198M for LCNI.

1.5 Healthy workplaces for nurses and other health-care staff

Fund RNAO to expand the Best Practice Spotlight Organization® Program and develop healthy workplace guidelines and resources for health settings.

Cost estimate: $1M.

1.6 Extern Programs

Expand the hospital-focused nursing clinical extern program to include community care settings.

Cost estimate: Costs depend on expansion of program.

1.7 Workplace preceptors for nursing students

Fund innovative nursing education-practice partnerships across all health sectors.

Cost estimate: Cost savings.

1.8 Workplace mentors for new graduates, new hires and IENs

Continue to fund the Clinical Scholar Program for nurses and expand the funding to include public health, primary care, home care and the long-term care sectors. Ensure the program is designed to support equity, diversity and inclusion (EDI) goals of both academic and professional settings as follows:

- Embed mentorship programs in workplaces for equity-seeking nurses to facilitate professional growth and development, and to improve retention and recruitment.
- Provide mentoring programs for nursing students to enhance academic achievements, reduce stress, anxiety and dropout rates and to empower equity-seeking students.

Cost estimate: Cost savings.

1.9 Nursing education (RNs)

Increase enrolments, and corresponding funding, in four-year baccalaureate (Bachelor of Science in Nursing or BScN) programs, second entry/compressed programs and RPN-to-RN bridging programs by 10 per cent per year for five years.

Cost estimate: $260M. Costs may be reduced depending on the mix of 4- year BScN enrolment, two-year “second entry” BScN enrolment and RPN-to-BScN bridging programs. Note also, commensurate increases in masters and doctoral education seats for nurses are needed to support increases to undergraduate nursing enrolments and to counter the current and future loss of faculty at or near retirement age.

1.10 Nursing education (NPs)

Increase the number of student-nurse practitioner seats to yield a total of 7,500 NP registrants by 2030, to respond to the enormous and growing population of Ontarians without a regular primary care provider and to achieve one NP per 120 residents in all LTC homes in Ontario.

Cost estimate: $80M.

1.11 Nursing education (EDI)

Include racism and discrimination as a mandatory topic in nursing, interprofessional and continuing education curriculums. This includes “race and racism as social determinant of health” in the educational curriculum for both undergraduate, graduate and continuing education students. Provide mandatory courses or workshops that include topics of cultural humility, anti-oppressive behaviors, anti-racism and trauma-informed care in orientation and continuing education programs.

Cost estimate: Cost savings.

2. Care delivery

RNAO has long urged governments for greater investments in and expansions to our health system using an upstream approach. The lessons from COVID-19 suggest a course correction for health care in the direction of expanding, not diminishing, a full basket of publicly-funded and not-for-profit delivered supports needed by Ontarians across all health sectors, particularly in community care.

Ontario is facing a health-care crisis like never before. We have 2.3 million Ontarians without a regular source of primary care. Wait times in ERs are skyrocketing. Hallway health care is worsening with 1,326 people, on average, receiving hospital care on stretchers in unconventional spaces[8]. Cuts to public health funding in the 2023–24 budget compromise the well-being of the population and leave Ontario exposed to illnesses that threaten our collective health and ill-prepared to address a next pandemic. We must immediately shore up care across the entire continuum with a focus on enhancing community care. All Ontarians deserve to receive the right care in the right place and at the right time.

2.1 Public health – base funding

Restore the $741M "COVID-19 response" funding and the $129M cuts to "official local health agencies" to the 2024/2025 public health budget. Ensure that funding supports the permanent reinstatement and permanent retention of 625 public health nurse position and the 50 community wellness nurses serving indigenous communities as part of the school-focused nurse initiative.

Cost estimate: $870M.

2.2 Primary care – Access

Increase access to primary care services in First Nations communities by providing one nurse practitioner (NP) per community (or more for larger communities)[9].

Cost estimate: $15 million for a total of 100 new NP positions over two years.

Double the number of nurse practitioner-led clinics (NPLC) to 50 over the next three years.

Cost estimate: $135 million over three years (including startup costs).

Develop a public funding stream to support the salaries and services of other NP-led models of interprofessional care ensuring no user fees (such as in Alberta).

Cost estimate: Costing depends on the expansion of services and models chosen to implement this recommendation.

Fulfil existing commitment to fill 75 NP positions in correctional services by providing compensation equivalent, at a minimum, to other sectors of the health system.

Cost estimate: $9M.

2.3 Primary care – RN prescribing

Provide tuition support for RN prescribing to prepare up to 4,000 RNs as prescribers per year for five years. Provide funding to incentivize early integration of RN prescribing education into BScN curriculum.

Cost estimate: $20M.

2.4 Primary care – NP scope of practice

Expand NP scope of practice to enable NPs to work to their full potential to improve access to timely and efficient primary care. Expansions to NP scope of practice must include:

- completion of a Medical Certificate of Death in all circumstances that does not require a Coroner's investigation
- completion to initiate all seven legal forms for mental health services under the Mental Health Act, including Forms 1 and 2
- completion of the Application for Funding Hearing Devices Form under the Ontario Ministry of Health's, Adaptive Devices Program
- authorization to order additional forms of energy such as diagnostic tests with contrast such as computed tomograph (CT) and magnetic resonance imaging (MRI), and nuclear imaging such as bone scan and thyroid scans
- formal recognition of NPs as most responsible practitioner (MRP) across all health-care settings with full access to client records

Cost estimate: Cost savings.

2.5 Primary care – Care coordinators

Transfer care coordinators working for Home and Community Care Support Services to primary care and other community-based organizations to work in care coordinator roles.

Cost estimate: Cost savings.

2.6 Hospitals

Ensure that publicly-funded hospitals have the resources to clear the backlog of surgeries, treatments and procedures in a safe and timely way. This requires stopping all funding to investor-driven, private for-profit clinics for surgeries, treatments and procedures, and instead:

- making operating rooms, step-down units and diagnostic facilities and equipment available for use twenty-four hours per day, seven days per week
- making available all necessary staff to make these facilities and services functional and safe

Cost estimate: Cost savings.

2.7 Home care – funding

Increase home care funding to support an expanded publicly-funded basket of home and community services. Scale and support models of home care within OHTs that facilitate integration between home care and other sectors.

Cost estimate: $500M per year for three years. Estimates are approximate owing to limited data availability, including: sector-specific count of nurses; unmet demand for home care services; extent of demand currently provided through privately-funded home care services; acuity levels; and skill mix requirements of existing clientele and those on the waiting list for care.

2.8 Long-term care – Direct care and skill mix

Mandate and fund all LTC homes to deliver a minimum of four worked hours of direct nursing and personal care per resident, per day, including a minimum of 48 minutes of RN care, 60 minutes of RPN care and 132 minutes of PSW care[10].

Cost estimate: $2.5B. This includes $1.45B for 13,500 RN full-time equivalents (FTE), $921M for 12,500 RPN FTEs, and $145M for 2,300 PSW FTEs.

2.9 Long-term care – Attending NPs

Fund and deliver one NP per 120 LTC residents within five years[11], per RNAO's Nursing Home Basic Care Guarantee report.

Cost estimate: $225M over five years.

2.10 Long-term care – NPs as medical directors

Support the role of NPs as medical directors and most responsible care providers in LTC settings.

Cost estimate: Cost savings.

2.11 Long-term care – Funding formula

Ensure that LTC homes that decrease acuity (Case Mix Index, or CMI) due to evidence-based care retain all funding to reinvest in staffing and/or programs for residents.

Cost estimate: Cost savings.

2.12 Long-term care – Infection prevention and control

Permanently fund a minimum average of one infection prevention and control (IPAC) nurse per LTC home, and ensure that this is a protected role.

Cost estimate: $68M.

2.13 Long-term care – Embedding evidence-based guidelines into electronic medical records

Expand funding to RNAO to accelerate its work with long-term care homes of embedding RNAO's Best Practice Guidelines into their electronic medical records.

Cost estimate: $1,411,608 in the first year; $3,304,977 in the second; and $1,739,874 in the third.

2.14 Retirement homes – Attending NP pilot

Pilot the role of attending NPs in 15 retirement homes in 2024, to improve access to care.

Cost estimate: $2.25M.

2.15 Mental health – RN psychotherapy

Amend "Roadmap to Wellness" to incorporate RN psychotherapy and allocate existing funds within program to support access.

Cost estimate: No additional cost.

2.16 Indigenous health – community wellness

Increase and sustain funding and resources to all Indigenous communities to ensure their public health needs – as determined by the communities themselves – are met.

Note: We are not able to estimate costs for this item. It is imperative on the government to transfer the necessary resources, funding and authority to all Indigenous communities who opt to exercise their inherent right to determine and control their own public health programming and services.

2.17 Indigenous health – RNAO's Indigenous Health Program

Extend funding for two years (until March 31, 2026) for RNAO's Indigenous Health Program. The program works collaboratively with provincial and national Indigenous groups and organizations to respond to the priorities of Indigenous partners and communities, as well as to nurses and other health providers who work with Indigenous peoples across Ontario.

Cost estimate: $1.5M.

2.18 Pediatric care – scaling up infrastructure

Designate sustained funding to right-size pediatric health care in Ontario as follows:

- Scale up pediatric-specific infrastructure such as systems, programs, services, equipment, resources and staffing, to increase capacity.
- Increase integration between pediatric settings across the continuum of care and fostering community partnerships.
- Build a specialized pediatric workforce through increasing pediatric placement opportunities, sustaining pediatric externship opportunities, and funding pediatric-focused continued learning opportunities.

Cost estimate: No additional cost, provided the government leverage and sustain the annual funding increase of $330 million for pediatric health care that was announced in 2023.

2.19 Health system – equity, diversity and inclusion

Implement anti-racism, anti-oppression, cultural safety, and EDI training, orientation and mechanisms for staff at all levels in all workplace and academic settings.

Provide tools and resources to support nurses from marginalized communities as they navigate difficult challenges when dealing with residents, patients or families who display racism or discrimination.

Increase access to mental health supports in the workplace and academic settings to address traumas related to racism.

Include EDI committees in all workplaces and academic settings to address racism and discrimination.

Create safe spaces for nurses from marginalized communities to open up about the discrimination and oppression they face in professional settings. Increase access to mental health supports in the workplace and academic settings to address traumas related to racism.

Cost estimate: Cost savings.

3. Social determinants of health

Social and economic inequities continue to persist and grow in Ontario leaving significant portions of Ontario's population in poverty and core housing need. These are systemic and racialized inequities with visible minorities and Indigenous peoples experiencing higher levels of poverty and core housing need than other demographics.

For large segments of Ontario's population income has not kept pace with the cost of living, and in particular the cost of housing. These challenges have been compounded by higher inflation in recent years leading to soaring prices for basic necessities such as food, clothing and housing.

Housing is a fundamental determinant of health as it has a significant impact on our physical health, mental health and social well-being. Ontario is facing an escalating housing crisis evident in the rise of both sale and rental prices, a lack of supply and affordability, and a surge in homelessness.

Ontario's housing crisis significantly undermines individual health and places a tremendous burden on the health care system. People living in sub-standard housing are prone to allergies and respiratory diseases, for example. People experiencing homelessness have an increased risk of premature death, morbidity, mental illness and substance abuse[112]. Given the substantive barriers to health care access due to a lack of a permanent address, people experiencing homelessness are forced to rely heavily on emergency services for health care and even for shelter, which causes unnecessary strain on emergency services.

Against this backdrop, the opioid overdose crisis continues to claim the lives of Ontarians. Our province's opioid-related deaths remain well-above pre-pandemic levels. The needless deaths from the toxic drug supply can be avoided through robust investments in harm reduction initiatives.

RNAO recommends significant investments to address the social determinants of health and to lift Ontarians out of poverty. This will also reduce burdens on Ontario's health system.

3.1 Opioid overdose crisis – Overdose prevention and safer supply

Respond to the toxic drug overdose crisis by taking the following actions:

- Support and fund overdose prevention and supervised consumption sites in every community in need across the province and incorporating drug checking services into all sites.
- Amend the Ontario Drug Formulary to support injectable opioid agonist treatment and safer supply programs.
- Create and fund the role of "regional trauma-informed nurse coordinators" to support persons who use substances and to build capacity of all health-care workers, including a community of practice and integrated regional networks for those that work with and support persons who use substances.

Cost estimate: $1.5M per supervised consumption site and $4M for regional trauma-informed nurse coordinators.

3.2 Housing

Address Ontario's housing crisis by investing one per cent of the provincial budget annually in accessible, affordable housing programming, including:

- construction of 10,000 affordable units annually
- construction of 3,000 units of supportive and accessible housing annually
- support for rent subsidies and supplements
- an Indigenous-led urban rural and Indigenous housing strategy
- provision of adequate emergency shelter services, including all investments needed to end chronic homelessness by 2030

Regulate the rental housing market to ensure affordability by:

- extending rent control to all rental units
- eliminating vacancy decontrol and instituting a rent increase ceiling[13]

Reform the Landlord and Tenant Board (LTB) to better administer justice and increase access to justice by enabling and resourcing the LTB to:

- monitor and enforce landlords' compliance with their legal obligations
- provide regional, in-person services and offer barrier-free access to clients at all service locations

Cost estimate: $2.0B.

3.3 Income security – Employment

Amend the Employment Standards Act to provide 10 permanent paid sick days for all employees, and an additional 14 days paid sick days during a public health emergency.

Increase the minimum wage immediately to $18.88/hour indexed annually to inflation.

Cost estimate: No additional costs.

3.4 Income security – Ontario Disability Support Program and Ontario Works

Immediately double rates for the Ontario Disability Support Program (ODSP) and the Ontario Works program (OW) and index annually to inflation.

Cost estimate: $8.5B over and above current expenditures.

4. Environmental determinants of health

Ontario and the planet are facing a climate change crisis – the biggest health threat facing humanity, according to the World Health Organization[14].

The first "global stocktake[15]" – considered the central outcome of the recent Conference of the Parties on Climate Change (COP28) – identifies the need to cut global greenhouse gas emissions by 43 per cent by 2030, compared to 2019 levels. This is crucial to limit global warming to 1.5 degrees Celsius and avert climate catastrophe.

The stocktake calls on all parties to triple renewable energy capacity and double energy efficiency by 2030. Ontario must do its part to achieve these targets.

4.1 Climate crisis – greenhouse gas emissions

Ontario should declare a climate emergency and adopt a credible, science-driven climate action plan for our province to meet the global stocktake target of a 43 per cent reduction in Ontario's greenhouse gas (GHG) emissions, relative to the 2019 level, by 2030.

The energy transition in Ontario should include instructions to Ontario's electricity system operator (IESO) to:

- Cancel current procurement of gas fired generation capacity and phase out gas-fired electricity generation by 2035
- Expand current procurement of renewable energy to triple total system capacity from renewables by 2035
- Stop investment in nuclear re-builds and refurbishments and redirect funding toward cost-efficient energy conservation and renewables.

End all fossil fuel subsidies, tax and financial incentives immediately and redirect funding to energy efficiency, demand management and fully renewable energy sources.

Work with all levels of government to:

- expand transit
- expand active transportation
- transition to sustainable transportation networks
- expand electric vehicle infrastructure across the province

Take a leading role in building and housing programs by transitioning all public buildings and infrastructure to high efficiency, electrified and no/low emissions options, and by subsidizing energy efficiency in the homes of those with fewer resources. Make heat pump technology mandatory in all new residential and commercial buildings and require all new buildings to include EV-charging infrastructure.

Cost estimate: Cost savings.

5. Fiscal capacity

Compared to other sub-national jurisdictions, Ontario remains an outlier in its expenditures and its fiscal effort. The gap between this province's per-capita public program expenditures and the rest of Canada has been growing since 2010.

In 2022, on an annual basis, Ontario's per capita program expenditure was the lowest of all provinces[16]. Ontario's per capita program expenditure was $3,863 – more than one-third lower than the average of the other provinces in 2022.

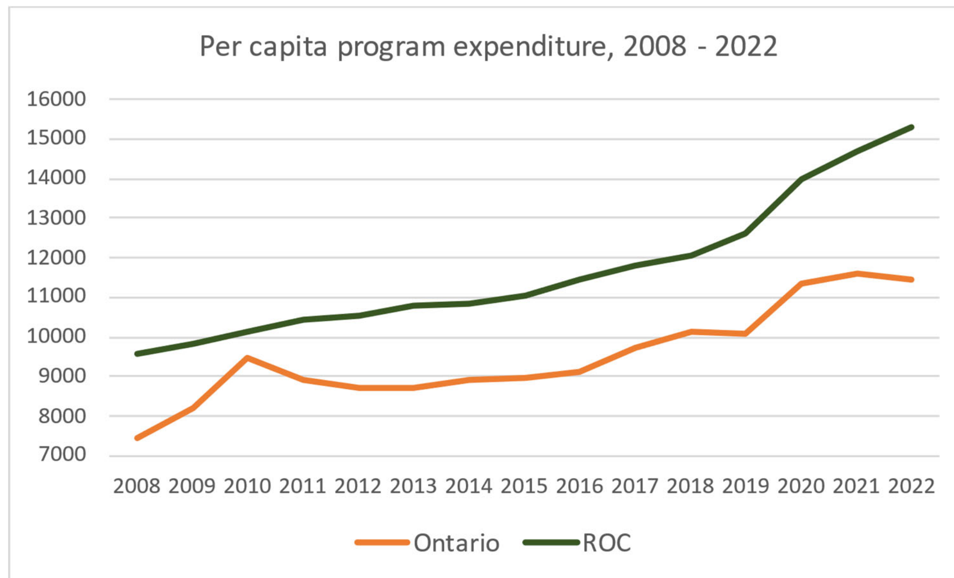

Figure 5A: Per capita program expenditure: Ontario vs. rest of Canada, 2008-2022[17]

Ontario's per capita health care spending reflects this trend. That is, the gap in per capita health spending between Ontario and the rest of Canada has continued to grow since the recession of 2008–9[18].

In spite of the very low per capita health care expenditures, the Financial Accountability Office of Ontario projects that the province's health sector spending plan will result in a net deficit of more than $21 billion between 2022–23 and 2027–28[19]. That deficit reflects Ontario's poor fiscal effort. Ontario's own-source revenue is consistently below the rest of Canada. In 2022, own-source revenue for the rest of Canada was 18.5 per cent of gross domestic product (GDP). Ontario's revenue was equivalent to only 14.4 per cent of GDP – significantly lower than last year (14.9 per cent in 2021) and lower than all provinces except Alberta (14.2 per cent) in 2022[20].

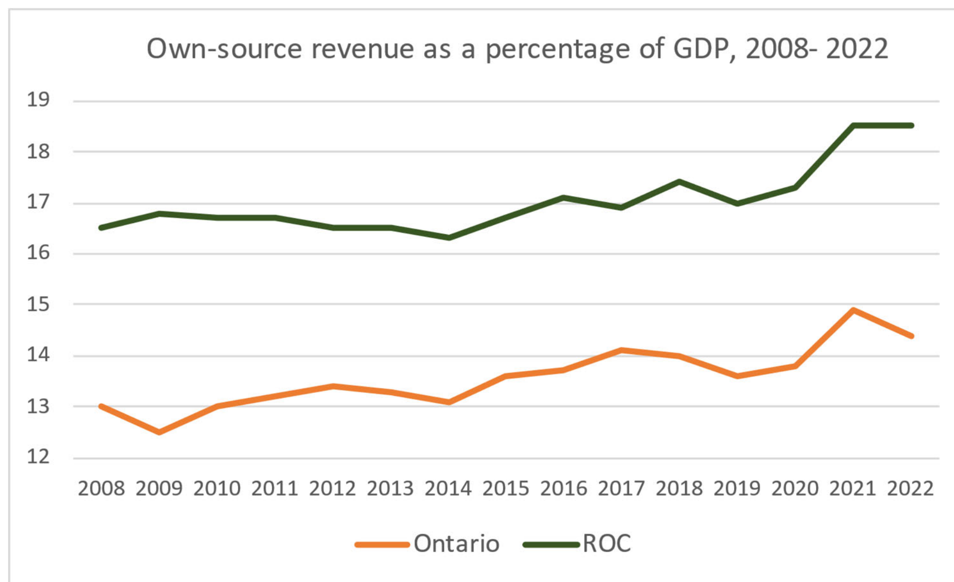

Figure 5B: Own source revenue as a percentage of gross domestic product (GDP): Ontario vs. rest of Canada, 2008 – 2022[21]

The health of Ontarians depends not just on the effectiveness of our health-care system. According to the World Health Organization, research suggests that social determinants of health can impact health more than health care and lifestyle, accounting for between 30 and 55 per cent of health outcomes[22].

Recommendation:

RNAO recommends that the province increase its fiscal capacity by implementing the following measures:

- levying more progressive taxes on all the major sources of revenue
- closing tax loopholes and tightening enforcement of the tax system
- boosting revenue sources through social and environmental responsibility, for instance, imposing more tax on high carbon emitters

Cost estimate: Net benefit to revenue.

Conclusion

Thank you for your consideration of this submission. If questions arise with respect to any of the recommendations or assumptions, please contact RNAO Chief Executive Officer, Dr. Doris Grinspun (dgrinspun@RNAO.ca) or Director of Nursing and Health Policy, Matthew Kellway (mkellway@RNAO.ca).

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[1] Gay, R. "Remember, No One Is Coming To Save Us", *New York Times*, May 30, 2020. Retrieved from: https://www.nytimes.com/2020/05/30/opinion/sunday/trump-george-floyd-coronavirus.html

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