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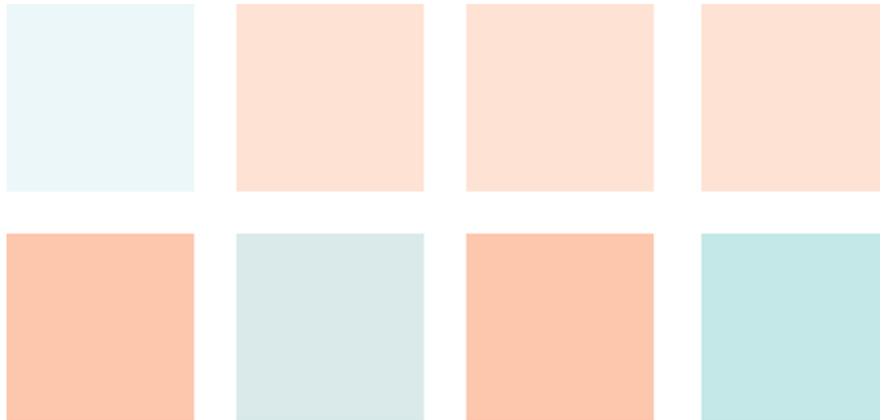

RNAO 2021 Federal Pre-budget Submission

Feb. 19, 2021

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The Registered Nurses' Association of Ontario (RNAO) represents more than 46,000 registered nurses (RN), nurse practitioners (NP) and nursing students across Ontario. For nearly a century, the association has advocated for changes that improve people's health. RNAO welcomes the opportunity to present to the federal Minister of Finance Chrystia Freeland and Associate Minister of Finance Mona Fortier the views of Ontario's nurses concerning Canada's spending priorities.

Introduction

Canada has suffered a very sharp, pandemic-driven economic contraction. The economic devastation wrought by COVID-19, much like its health impacts, have been disproportionately and punishingly borne by low-income, under- and un-housed and racialized groups of the population. Ontario's nurses are anxious to defeat COVID-19 so that Canada can fully turn its attention and efforts to a just recovery for all.[1] Canada must focus both on taming the pandemic and on planning for a recovery that will make the country healthier for all – particularly its most vulnerable members.

In this submission, RNAO focuses on:

1. Standards for safe and dignified care in Canada's LTC homes;
2. Access for all Canadians to essential drugs;
3. Canada's decade-old opioid overdose crisis;
4. The need and right for all Canadians to have safe and affordable housing;
5. Protecting the planet and its resources;
6. The need to expand fiscal capacity to deliver a healthy society and a healthy environment; and
7. The need to re-instate the role of a national Chief Nursing Officer. [2] [3]

National Long-Term Care Standards

Recommendations

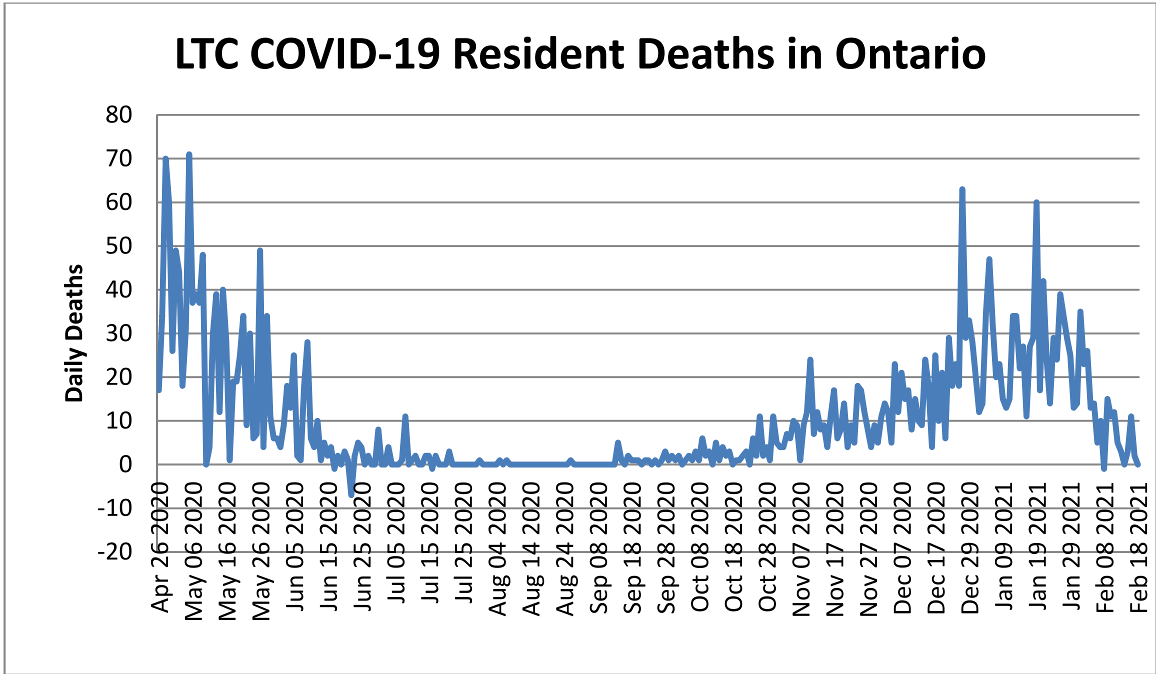
- Set a national standard of a minimum of four worked hours of direct nursing and personal care per resident, per day, including a minimum of 48 minutes of registered nurse care (RN), 60 minutes of licensed practical nurse (LPN)/registered practical nurse (RPN) care, and 132 minutes of personal care provider/personal support worker[4] care.
- Set a national standard of one nurse practitioner (NP) per 120 residents in LTC homes across the country. Where an NP is not available, we recommend opening the position to a clinical nurse specialist (CNS).

- Set a national standard of a minimum average of one Infection and Prevention and Control (IPAC) nurse per long-term care (LTC) home.

- Negotiate an agreement with the provinces and territories to provide funding conditional upon meeting the above standards and transitional targets.

Discussion: RNAO is greatly encouraged by the federal government's commitment[5] to work with the provinces and territories to establish national standards for LTC and the subsequent inclusion of that objective in the minister of health's mandate letter.[6] In June, 2020, RNAO released a "report on reports" detailing dozens and dozens of recommendations in the areas of staffing and funding contained in 35 reports as well as a public inquiry and a coroner's inquest looking into the problems in LTC, over the past 20 years.[7] The overwhelming consensus amongst the multiple recommendations in these reports calls for more staffing in LTC homes, the proper skill mix of regulated and unregulated staff to meet the increasing acuity, and a funding model that responds to the growing needs of residents. The list, while long, is by no means exhaustive.

The COVID-19 pandemic laid bare the neglect of Canada's LTC sector. We had the grim distinction of having the highest share of deaths from COVID-19 occurring in LTC of all countries in the Organization for Economic Co-operation and Development (OECD). As of May 25, 2020, LTC residents accounted for 81 per cent of COVID-19 deaths in Canada, against an average of 38 per cent for other OECD countries.[8] Ontario was a significant contributor to those numbers.[9]



The report of the Canadian Armed Forces concerning their experience assisting in Ontario's LTC homes told a disturbing story about dangerously inadequate infection control, serious understaffing and other fatal shortcomings.[10]

The most pressing issue is staffing. There is consensus among LTC experts that safe and dignified care requires a minimum of four worked hours of nursing and personal care.[11] [12] [13] [14] Moreover, the issue is not just a matter of having enough care but also a matter of having the right kind of care. Increasing resident acuity demands increasing care from registered staff. In addition to the care of personal support workers, RNAO recommends a skill composed of 20 per cent RN (48 minutes RN direct care per 24 hours), 25 per cent LPN/RPN (60 minutes LPN/RPN direct care per 24 hours), and 55 per cent (132 minutes per 24 hours) personal care providers/personal support workers.[15]

The pandemic also showed that LTC homes with NPs on-site performed better than those without. We urge the federal government to set a national standard of one NP per 120 residents in homes across the country. Where an NP is not available we recommend opening the position to a CNS.

Finally, the pandemic revealed the woeful unpreparedness of LTC homes to control the spread of infection. A survey of Ontario's LTC homes,[16] conducted by RNAO in late 2020, raised significant concerns with respect to: the amount of time and resources devoted to IPAC in LTC homes; role clarity for the IPAC staff; level of preparation of the IPAC staff, including resources within and external to LTC homes; and the lack of standards related to IPAC programs and resources. Dedicated IPAC nurses are essential in all LTC homes.

Pharmacare

Recommendations

- Establish a national pharmacare program that covers all medically necessary drugs at no cost to Canadians, guided by the principles of the *Canada Health Act* (public administration, comprehensiveness, universality, portability and accessibility).
- Make such a pharmacare program universally accessible, with first-dollar coverage so that there are no deductibles, co-payments or other user fees.
- Transition immediately to full coverage of all Canadians and of all medically necessary drugs, with no phase-in period.
- Use single-payer bargaining power to negotiate fairer prices for prescription drugs and use any available power such as compulsory licensing to resist excessive patent protection for pharmaceuticals.
- Develop and deliver all necessary information and guidance to support appropriate and effective prescribing practices.

Discussion: National pharmacare would be a win-win-win, with all Canadians being guaranteed access to medically necessary drugs, while delivering a net saving of billions of dollars to Canadians, with a huge competitive advantage to Canadian employers who would avoid drug insurance costs.[17] [18] [19] [20]

There is broad public support for pharmacare: 86 per cent of Canadians support pharmacare providing universal access to prescription drugs.[21] The federal government has studied the issue exhaustively, and has come out on the side of the experts:

- The federal Standing Committee on Health[22] and Advisory Council on the Implementation of National Pharmacare[23] both recommended a universal single-payer system for Canada, and the federal government has committed to that in its platform[24] and in throne speeches.[25]
- The Advisory Council recommended new pharmacare legislation embodying the principles of the *Canada Health Act*: universality, comprehensiveness, accessibility, portability and public funding and public administration.
- In February 2020, the Standing Committee on Finance recommended the implementation of a universal, public, national pharmacare program.[26]
- In March 2020, Parliament unanimously passed an opposition motion to move forward on pharmacare.[27] [28] [29]
- The 2020 speech from the throne includes commitments to establish a national drug formulary to keep drug prices low and working with provinces and territories implement pharmacare.[30]

The public has spoken. The experts have spoken. The government has carefully deliberated the principle and the implementation. It is time to proceed and negotiate with the provinces and territories to make this a reality so that Canadians can start realizing the benefits of this long-delayed national program.

Mental Health and Addiction

Recommendations

- Expand funding for longer-term safer supply initiatives.
- Issue a nation-wide blanket exemption from section 4 of the *Controlled Drugs and Substances Act (CDSA)* to permit the simple possession of all drugs for personal use.
- Invest in long-term mental health recovery plan for Canadians during and after the COVID-19 pandemic, including protecting the mental health of front-line health-care providers and supporting equitable access mental health services and supports for vulnerable populations.

Discussion: From January 2016 to June 2020, 17,602 people across Canada died from opioid overdose.[31] Every year, this public health crisis worsens and the need for a response to save lives becomes more pressing. Over the past year, the COVID-19 pandemic and the opioid overdose crisis have intersected, resulting in an escalation of deaths from opioid overdose as public health measures intended to protect the public from COVID-19 have placed people who use substances at greater risk of overdose and other related harms.

Safer supply programs allow people at high risk of fatal overdose to access pharmaceutical-grade medication as an alternative to the toxic illegal supply. The expansion of supervised consumption sites (SCS) overdose prevention sites (OPS) and naloxone distribution across Canada has saved many lives and continues to be effective; however, these harm reduction interventions do not address the underlying issue of a toxic drug supply. The street supply is increasingly contaminated by fentanyl and its analogues of unknown potency and quality, which continue to be a major driver of the overdose crisis.

The federal government is already supporting safer supply pilot projects across the country in Ontario, and specifically in Ottawa, London and Toronto through the Substance Use and Addictions Program.[32] [33] Early evidence indicates that safer supply programs save lives, improve participants' quality of life and support individuals in meeting other health and social needs.[34] [35] In Ontario, safer supply programs have shown results of decreased engagement in illegal activity to purchase drugs, decreased rates of overdose and infection and improvement in chronic disease management.[36]

RNAO recommends a fundamental policy shift from criminalizing the simple possession of drugs towards a public health approach to substance use that is centered on harm reduction principles.[37] [38] Police enforcement of simple possession laws is threatening, stigmatizing and isolates people who use substances —further limiting their access to potentially life-saving services and vital health and social supports.

The Canadian Association of Chiefs of Police has recognized that substance use is a public health issue and reaffirms the evidence suggesting that decriminalization for simple possession is not an effective way to reduce the public health and public safety harms that are associated with substance use and addiction.[39] Policing and imprisonment of people for simple drug possession is ineffective, harmful and costly.[40] The Canadian Institute for Substance Use Research (CISUR) and the Canadian Centre on Substance Use and Addiction (CCSA) reports that "more than $6.4 billion of policing, courts, and correctional costs in 2017 could be attributed to the use of criminalized substances, including costs associated with the enforcement of drug laws as well as "the impact of violent and non-violent crimes that would not have occurred without some substance use"". [41]

A health-oriented approach to simple possession of drugs points in the direction of a nation-wide policy of decriminalization and away from the current piecemeal approach of responding to one-off requests for exemption under the *CDSA* from individual jurisdictions.[42]

The opioid overdose crisis is over a decade old. Over the course of that time, families, friends and frontline workers have experienced overwhelming grief and trauma. It is essential to begin planning a response to the mental health impacts of the opioid overdose crisis and its intersection with the COVID-19 pandemic. Evidence has shown that both public health crises have had a disproportionate and punishing impact on racialized and low-income populations. A recent, preliminary environmental scan of developing issues has identified a number of issues for policy makers and the mental health sector to consider. These include significant impacts on mental health, substance use, and service systems in the aftermath of the pandemic.[43] The time is now and the need is urgent to address longstanding health equity and health access deficits in these communities.

The COVID-19 pandemic has experts warning of an "echo pandemic" of mental health problems. A recent national survey indicated sharply increased levels of anxiety and depression since the onset of the pandemic. [44] A sizable proportion of Canadians believe that the federal government should do more to support the mental health of Canadians.[45] A recent crowd sourcing initiative conducted through Statistics Canada in collaboration with Health Canada, the Canadian Institute for Health Information and the Public Health Agency of Canada identified that seven in ten health care workers reported worsening mental health during the COVID-19 pandemic.[46] For over a year now, our Canadian health care workers, including nurses, have been challenged by a heightened risk of infection of COVID-19, increasing workload demands affecting work-life balance, and distressing issues stemming from inadequate PPE.[47] The federal government must develop and implement a long-term plan to care for those who cared for Canadians during the pandemic, often at the detriment to their own mental health and wellbeing.

Housing

Recommendations

RNAO endorses the "Recovery For All" campaign of the Canadian Alliance to End Homelessness and its six-point plan,[48] which is comprised of the following recommendations:

- A federal commitment (with timelines and targets) to the prevention and elimination of homelessness, with expanded federal investment in community-based homelessness responses.
- A national guaranteed minimum income to ensure those in greatest need have minimum financial resources to help them meet their basic needs and prevent homelessness when times are tough.
- Construction of 300,000 new permanently affordable and supportive housing units and enhanced support for low-income Canadians to address Canada's housing and homelessness crisis.

- Meaningful implementation of the right to housing and resolve inequities and systemic/structural breakdowns that contribute to homelessness and housing need.
- Implementation of measures to curtail the impacts of financialization of rental housing markets by limiting the ability of large capital to purchase 'distressed' rental housing assets.
- Implementation of an Urban and Rural Indigenous Housing and Homelessness Strategy that is developed and implemented by urban, rural and Northern Indigenous peoples and housing and service providers.

Discussion: Housing is a fundamental determinant of health. Never has this been more the case than in the midst of our present pandemic. As Leilani Farha, UN Special Rapporteur on the right to adequate housing put it: "Housing has become the frontline defense against the coronavirus. Home has rarely been more of a life or death situation."[49]

The urge to return to normal threatens to leave nearly 250,000 Canadians experiencing homelessness behind. A further 1.7 million Canadians have core housing needs, and are vulnerable to joining the ranks of the homeless.[50] We must not let that happen. Our recovery from this pandemic must be a recovery for all. And a recovery for all must include housing for all.

A Green Recovery

Recommendations

- Ensure safe, clean drinking water for all Canadians, and invest sufficient funds to eliminate in 2021 all boil water advisories in Canada – particularly in First Nations territories.
- Establish a carbon budget and much more ambitious greenhouse gas emission targets consistent with current scientific evidence.
- Strengthen the national carbon pricing regime.
- Phase out fossil fuel subsidies.
- Invest in green infrastructure, including public transit and active transportation.

Discussion: Access to safe drinking water is fundamental to health, yet as of Jan. 26, 2021, there were 57 long-term drinking water advisories in 39 First Nations Communities. The oldest advisory has been in place at Neskantaga since Feb. 1, 1995.[51] The government has announced over $1.5 billion to speed up lifting all long-term water advisories in First Nations reserves,[52] having admitted that it would not meet its commitment to do so by March 2021.[53] The government must prioritize fixing First Nations drinking water as quickly as possible.

There is a broad consensus among climate scientists that climate change is happening, that it is primarily due to human emissions of GHGs, and that humans must substantially reduce their GHG emissions if they wish to avoid catastrophic climate change. Canada's current greenhouse gas (GHG)

emissions target for 2030 is 30 per cent below 2005 levels (equivalent to 13 per cent below 1990 levels), which is rated "inadequate." [54] Furthermore, Canada is not on track to meet its target.[55] In the September 2020 speech from the throne, the government did promise to exceed its 2030 climate goal and legislate a net-zero emissions goal for 2050.[56] The government must set a much more ambitious goal for 2030 and make commitments to reach or exceed that goal. A doubling of Canada's 2030 target to a 60 per cent reduction in GHG emissions has been estimated to be required in order for Canada to do its share to limit global temperature rises to 1.5°C.[57] Anything above that level of temperature rise carries very high risks for the planet. To support this, it is essential to develop a science-based carbon budget that builds in a margin of safety.[58]

There is a broad consensus among economists that pricing carbon is an essential component of a strategy for reducing greenhouse gas (GHG) emissions. Carbon pricing is the most essential element of a climate change program. It serves several functions:

- Signals consumers to make less use of products that are more carbon-intensive.
- Signals producers to use inputs that are less carbon-intensive.
- Provides incentives to investors and innovators to find and/or develop methods for reducing carbon emissions.
- Provides an important source of revenue to help solve the problems created by dirty energy.

The government has a carbon pricing system through its federal backstop,[59] and the September throne speech affirms its policy to continue to put a price on pollution.[60] We strongly encourage and support the government to use its authority and influence to make carbon pricing an effective tool to help achieve necessary GHG emission reductions. At the same time, it should terminate all fossil fuel subsidies. In 2019, a conservative estimate of the amount of the federal fossil fuel subsidies was $600 million.[61]

The speech from the throne also promised money for transit and active transportation. There are major health benefits from promoting active transportation and transit:

- Increased physical activity reduces the risk of heart disease, obesity, Type 2 diabetes, some cancers and depression.[62] [63] [64] [65] [66] [67] [68]
- Reduced air pollution lowers the risk of cancer, neurological damage, cardiovascular disease, and respiratory disease.[69] [70]

The need for expanded active transportation infrastructure across Canada is critical, as is the need for increase funding for transit infrastructure and operating expenses. The federal government has an important role to play in leading the expansions of both active transportation and transit.

Fiscal Capacity

Recommendations

- Generate sufficient revenue to pay for the services necessary to deliver a healthy society and a healthy environment, and to ensure that the balance of payments is sustainable.
- Ensure that all people and corporations pay their fair share of taxes.
    - Implement an annual wealth tax.
    - Invest more resources in fighting tax avoidance and tax evasion.
    - Apply the GST to imports of digital services, including advertising.
    - Close tax loopholes like stock option tax deductions, low inclusion rates for capital gains and excessive dividend tax credits.
- Rely more heavily on green taxes that impose user fees on any activity that damages the environment.

Discussion: Taxes are essential to pay for the services required to maintain a healthy society: health services, education, safe housing, income support, social services, sanitation and environmental protection. Too many people are falling through the cracks in terms of income and housing; many cannot access essential health services like pharmacare, home care, dental care and physiotherapy; and what is left of our environment is rapidly degrading. We know that when there is more equal access to income and essential services, everyone's health improves.

Fairness dictates that people should contribute according to their ability to pay, yet what people actually pay depends more upon their ability to avoid taxes. There are too many opportunities for people in the right position to avoid or evade taxes, and too many advantages accorded to certain kinds of income, like capital gains, which are treated more favourably than wages. It is also important to note that governments have cut corporate taxes substantially: the federal corporate tax rate fell from about 38 per cent in 1986 to 15 per cent by 2012.[71] The corporate tax rate remains at 15 per cent.[72] Yet there is little evidence of benefit to Canada; business investment over the past two decades has fallen in tandem with corporate tax rates.[73] Another foregone revenue source is wealth – Canada is one of the few G20 countries without a wealth tax.[74]

Fairness also dictates that polluters should pay for the cost of their pollution. The government has committed to making polluters pay, and it should ramp up those efforts, both with carbon pollution and with other toxics as well. It should abandon fossil fuel subsidies, which just encourage more pollution and more GHG emissions.

Reinstate Canada's Chief Nursing Officer

Recommendation

- Reinstate the role of national Chief Nursing Officer role to provide advice on a broad range of issues including health policy and health human resource planning.

Discussion: The shared experiences of Canadians over the last year have been unlike any in our country's history. Our experience battling a global pandemic illustrates the importance of nurses and nursing in all sectors of our health system. It is clear that COVID-19 will pose a challenge to health globally and here at home well into 2021, and beyond. As a result, we urge you to re-instate the role of a national chief nursing officer.[75] We believe this pandemic has provided ample proof that Canada would be a healthier country if nurses and nursing had a voice within the federal government.

RNAO further contends that the value of having a national chief nursing officer will extend well past our present circumstances and serve a post-pandemic Canada. In countries around the world, provincial governments across this country, and in major health-care organizations, chief nursing officers play a critical role in focusing attention on social determinants of health, transforming health policies, improving health outcomes and advancing health systems. Now is the time to undo former Prime Minister Stephen Harper's decision to eliminate the chief nursing officer role by reinstating the position.

Conclusion

Canada began this current session of parliament with a speech from the throne entitled, "A Stronger and More Resilient Canada."[76] That speech noted that the COVID-19 pandemic has laid bare fundamental gaps in our society and which imposed the heaviest of burdens on those Canadians who were already struggling. It promised a government that would not leave people behind – a government that would build back a better Canada. RNAO offers the above recommendations in the spirit of helping the government in its re-building efforts.

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

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