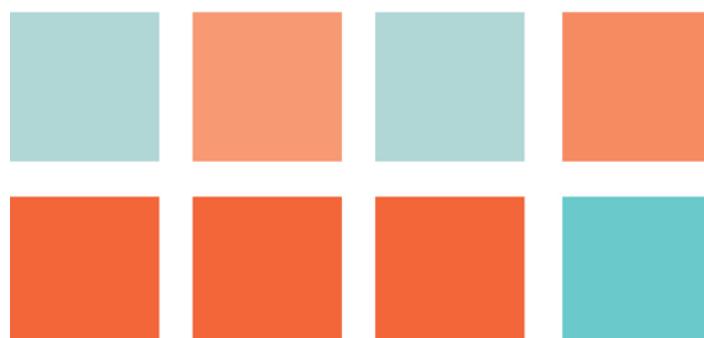


**Ontario Pre-Budget 2015: Moving Forward on Deficits:
Social, Health, Environment and Infrastructure**

Speaking Notes

Standing Committee on Finance and Economic Affairs

January 29, 2015



Good afternoon, my name is Tim Lenartowych and I am the associate director of nursing and health policy at the Registered Nurses' Association of Ontario (RNAO). With me is Kim Jarvi, RNAO's senior economist. RNAO is the professional association representing registered nurses and nurse practitioners working in all settings and roles across Ontario. We also represent nursing students. Our association takes pride in influencing public policy and we know that budgets profoundly affect people's health and nursing services

We have provided a written submission with detailed recommendations. Here I will only address the key areas where we believe government can best use its resources to ensure the health and well-being of Ontarians.

Last year, the people of Ontario elected a government which promised to preserve and restore public services - Ontarians gave these promises a majority. Now, government must deliver.

We know from experience that during the 2008 recession, calls to boost spending to soften its blow, helped to avoid a disastrous decline.

There is no question that deficits and debts have to be taken seriously. However, if we truly care about creating a just and fair society, the government must make policy and budget decisions that protect vulnerable persons and promote health. There must be a balance between revenues and expense to build a healthy, sustainable, and inclusive society.

Nurses say, we can deal with the fiscal deficit within a timeframe that doesn't hurt the economy and that gets the mix of expenditures and revenues right. There is no reason for austerity in the current economic situation, including a very competitive Canadian dollar. The government should take advantage of low interest rates and invest in rebuilding the economy. And it should consider enhanced revenue measures, such as reducing tax avoidance, adding more green taxes, prices on carbon and surcharges on those better able to pay. All of these measures will help to reduce the deficit and restore fiscal capacity.

The government must also be wary of the temptation to sell off assets in exchange for a one-time cash infusion. At various times, Hydro One, Ontario Power Generation and the Liquor Control Board have been mentioned as potentially on the block. We believe the government has much more to lose if it goes down this road than it stands to gain, and nurses will forcefully oppose such economic schemes.

One of the best ways we can get better value for the money spent on health care is to make changes to our existing system.

The *Canada Health Act* (CHA) is a valuable tool to ensure delivery of health care to all Canadians in an equitable way. It guarantees universal access to hospital and medical care. Two key health-care services are missing: drugs and home care.

We know putting a national pharmacare system in place would improve Canadians' health and save them billions of dollars per year. Unsurprisingly, there is public support to do so. We're pleased that Health Minister Eric Hoskins is supportive of this and has called on his counterparts to make pharmacare a reality. We believe Ontario should lead the way and launch a universal and comprehensive pharmacare program and set the course for change - a pharmacare program that does not include co-payments, means testing or user-fees.

We also know people age better at home. It's also less expensive to the system. While the government has invested in home care, we need to see home care as part of the health system, not an extension of it. Our warning to government is to ensure that a universal home care program does not include co-payments, means testing or user fees.

We caution you on this because we see evidence of creeping privatization in our system. Hospitals and other health-care organizations are grappling with tighter budgets. That's why we see medical tourism as a serious concern.

Medical tourism is the sale of health care, at a profit, to people who travel to Ontario from abroad to get quicker or less costly health services. We know medical tourism has occurred in Ontario and are in staunch opposition to it. Put simply, health care is not a commodity to be bought and sold. We were heartened last November when the Health Minister asked all Ontario hospitals to stop soliciting and treating international patients, with the exception of humanitarian work and any activities related to existing contracts. While happy with these steps, we need to outlaw this practice. And that's why RNAO strongly urges for a complete ban on medical tourism through legislation, and when this happens, nurses will stand with you and applaud.

RNAO agrees changes are needed to make our publicly funded and not-for-profit health system more responsive. The system changes that RNAO promotes are informed by the best available evidence, the need to integrate health services, reduce infrastructure duplication, and ensure full utilization of the knowledge and skills of all health-care professionals, including RNs and NPs.

First, we need to anchor the health system in primary care. We can achieve this by adopting a road map we laid out a report called *Enhancing Community Care for Ontarians (ECCO)*. If every Ontarian had access to comprehensive interprofessional primary care, where all providers work to full scope, we would have a more effective and efficient system.

Second, LHINs should be given funding and planning accountability for all sectors, including home care, primary care and public health. We know health-care dollars are scarce and that's why we believe the functions of Community Care Access Centres (CCAC) should be integrated into other existing areas of the health system. This means transitioning 3,500 CCAC care co-ordinators into primary care to support Ontarians with complex needs. This can happen through a well thought out labour strategy that maintains compensation and benefits.

The end goal would position primary care as the co-ordinating "hub" for people's care and save nearly \$200M annually, which can then be reinvested into additional hours of home care.

Third, NPs must play an even bigger role so they can enhance timely access and quality care for residents in long-term care. NPs have the skills to reduce unnecessary transfers to hospital emergency departments, and to reduce hospitalizations. That's why we want to see one NP per 120 residents in long-term care. As a first step, the Minister of Health and Long-Term Care announced funding for 75 NP positions in long-term care homes. However, it is now a year later and long-term care homes are still waiting for funding release and as a result no NPs have been hired. The government cannot delay any longer and must move forward to support long-term care residents.

Nursing care

The government also needs to consider the public's access to registered nurses. Nurses remember what the 1990s did to the profession: layoffs, stagnant growth and falling employment. Successive governments have reversed the downward trend in nursing employment. However, the past few years have been concerning. Today, Ontario has the second lowest RN-to-population ratio in Canada. We need 17,239 more RNs to meet the national average.

We also need to ensure that a greater proportion of RNs are working full-time. Patients do better and benefit more when RNs are working full-time. The share of full-time employment for RNs significantly increased between 2004 and 2012. It dipped in 2013 and recovered slightly last year. We urge the government to get back on track so it can hit its target of 70 per cent of all nurses working full-time.

Ontario's nurses also want to fully use their knowledge and skills. It only makes sense to expand the role of the RN so more people can benefit from timelier access to care. Prescribing medication, ordering diagnostic tests and communicating a diagnosis are just some of the ways patient care can be improved. In 2013 Premier Wynne announced at RNAO's Annual Meeting that her government is committed to expanding the role of RNs. RN prescribing was also made a public campaign promise in 2014. We've heard little since then and it is imperative that the government move forward with legislative and regulatory amendments to authorize RN prescribing.

Income is also important to nurses and they are seeking equitable compensation. We need to ensure wages for RNs and NPs working in all sectors are fair and equitable across the board. Right now, this is not the case. In fact, current wage differentials act as a disincentive to those who want to work in the community sector. Here is one example: primary care NPs earn as much as \$20,000 less annually than their counterparts who work in hospitals or CCACs. This is why one in five positions for NPs in the community is currently vacant.

Social determinants of health

Nurses know that a person's health and well-being are shaped by forces around them. That's why we believe more attention and action is needed when it comes to poverty.

Last September, Deputy Premier Deb Matthews released the government's renewed effort to reduce poverty. But we know more needs to be done because 1.57 million Ontarians are living in poverty today. It is imperative that Ontario's Poverty Reduction Strategy be strengthened by releasing a detailed implementation plan, complete with targets and timelines, accompanied by substantive public investment.

A particularly icy cold snap earlier this month resulted in the deaths of four individuals who were homeless in the city of Toronto. Sadly, this brought into stark focus the link between access to safe, affordable housing and health. Therefore, we call on government to invest one per cent of Ontario's budget to address the backlog of existing affordable housing units in need of repair and to create new affordable housing stock.

Public health units across the province continue to document the gap between the cost of nutritious food, shelter, and Ontario's dangerously low social assistance rates. A single person receiving Ontario Works must try to survive on \$656 per month. We request the government to raise the dangerously low social assistance rates to reflect the actual cost of living by setting up an expert panel that includes people with lived experience

RNAO also believes the minimum wage must be increased. While nurses applaud the increases that have been made, \$11.00 per hour still leaves the recipient 16 per cent below the poverty line. A \$14 per hour minimum wage is a path out of poverty.

Environmental determinants of health

Nurses know environmental determinants of health play a huge role in the overall health and well-being of individuals and communities. Breathing clean air, living in a safe environment free of toxics and having sustainable forms of electricity and transit not only help us and our children, they also help our planet. Therefore, we urge the government to:

- Set ambitious toxics reduction targets and ensure people have the right-to-know about the existence of toxics in the environment, in their homes, in their workplaces, and in consumer products.
- Regulate the use of neonicotinoids in agriculture to achieve a 15 per cent over-winter honey bee mortality rate by 2020, as a first step towards a complete ban.
- Minimize the energy footprint by: focusing first on conservation and energy efficiency, and increasing reliance on renewable energy.
- Take all necessary steps to ensure sufficient dedicated revenue sources to pay for a substantial expansion of transit and active transportation; and support cost-effective and expeditious delivery of those expansions, implemented by transparent governance and informed expert opinion.

In closing, we thank the standing committee for this opportunity. RNAO looks forward to partnering with policy and decision makers in the year ahead. Our recommendations today cover a wide spectrum and we urge you to consider them.