

**Submission on Bill 162: Budget Measures Act, 2009  
to the Standing Committee on Finance and Economic  
Affairs**

**May 7, 2009**

**The Registered Nurses' Association of Ontario  
(RNAO)**

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## List of Recommendations

### **Recommendation 1:**

In the interests of patient safety and a strong health care system that can respond to surge demands such as those presented by the H1N1 influenza outbreak, there is added urgency for the government to get back on track with its election commitment to hire 9,000 additional nurses by hiring a minimum of 3,000 additional nurses in fiscal year 2009-2010. This commitment should be urgently fast-tracked to enhance access to primary care. Essential health system transformation can only be achieved by improving access to registered nurses in community health settings.

### **Recommendation 2:**

The government should proceed urgently with funding 22 additional Nurse Practitioner-led clinics towards honouring the commitment to a total of 25 additional NP-led clinics by 2011. In the face of a flu pandemic threat added to the existing need to enhance access to primary care, we recommend fast-tracking this commitment. Priority is also needed to fund 150 additional primary health care nurse practitioner positions across community health centres, NP-led clinics, family health teams, emergency departments, nursing homes and other outpatient settings. Strengthening primary care interdisciplinary practice models of health care delivery requires an investment in physician compensation to remove the current disincentive for physicians choosing to participate as full members of the health service team in NP-led clinics.

### **Recommendation 3:**

Amend Bill 162 to require public financing and operation of health infrastructure projects. In the meantime, the government should establish an immediate and indefinite province-wide moratorium on Infrastructure Ontario's private-finance for-profit AFP projects in the hospital sector and not approve or announce any additional AFP projects for which contracts have not been signed. For projects where AFP contracts have not been signed, the financing method should be shifted to a traditional (non-AFP) method of financing.

### **Recommendation 4:**

The minimum wage should be raised to \$10.25 an hour immediately, with annual increases indexed to the cost of living.

### **Recommendation 5:**

Multi-year, sustainable funding should be dedicated to the poverty reduction strategy to ensure measurable progress to improve the economic and social conditions of persons living in poverty. This includes increasing, in a substantive way, social assistance rates so that all Ontarians can live in health and dignity. An immediate introduction of a \$100 per month Healthy Food Supplement is a

step towards addressing the gap between dangerously low assistance rates and nutritional requirements.

**Recommendation 6:**

Due to high cost and public safety concerns about radiation, the government should terminate expenditure on new nuclear power and refurbishment of Ontario Power Generation's Darlington and Pickering B sites.

**Recommendation 7:**

Ensure adequate funding for the early and effective implementation of the *Toxic Reduction Act, 2009* and regulations.

**Recommendation 8**

Amend Bill 162 to ensure all inter-provincial trade and investment agreements are subject to public consultation and scrutiny, include strong protections for health care, environment, human rights and labour standards, and do not restrict federal, provincial or municipal governments' ability to regulate in the public interest.

**Recommendation 9:**

The government should oppose the strengthening of the Agreement on Internal Trade (AIT), a pan-Canadian agreement, and its transformation into a Trade, Investment and Labour Mobility Agreement (TILMA) such as the one signed between Alberta and British Columbia.

**Recommendation 10:**

Ensure the ongoing fiscal capacity to deliver essential health, social and environmental programs by rejecting tax cuts until alternative progressive revenue sources, such as those that encourage environmental responsibility, are found.

## **Introduction**

The Registered Nurses' Association of Ontario (RNAO) is the professional organization for registered nurses who practice in all roles and sectors across Ontario. RNAO's mission is to speak out for health, health care, and nursing. RNAO appreciates the opportunity to present this submission on Bill 162, Budget Measures Act, 2009, to the Standing Committee on Finance and Economic Affairs.

Bill 162 is a budget omnibus bill consisting of a short title and a lengthy list of schedules amending 31 different statutes to give effect to the Minister of Finance's provincial Budget delivered on March 26, 2009.

An eclectic smorgasbord of provisions range from regulations governing collection agencies in Schedule 5, extending the tax benefits enjoyed by a labour sponsored investment fund in Schedule 7, modernizing and expanding the definition of government advertising in Schedule 13, freezing MPP salaries under Schedule 16, updating of police officer collective bargaining in Schedule 23, to registration requirements under the *Securities Act* in Schedule 26.

Many of these provisions are consequential to the provincial budget, such as amendments to the *Corporations Tax Act* in Schedule 9, providing for monthly Ontario Child Benefit payments under the *Taxation Act, 2007*, authorization for the government to borrow \$23.5 billion under the *Ontario Loan Act, 2009* in Schedule 12, and making the enhanced Ontario Film and Television Tax Credit permanent in Schedule 28.

Taken as individual provisions, like the trees in the forest, it is clear many of the amendments are technical and non-controversial "house-keeping" in nature. As with many omnibus bills, some of the provisions buried deep in the proposed legislation are highly significant, such as amendments to the *Pension Benefits Act* in Schedule 24 that are of great import to large numbers of Ontarians who are worried about whether their hard-earned pensions will be there when they need it. They are legitimately concerned that government is washing its hands of any responsibility to back up their pension savings. It is regrettable that these important changes will not be given adequate airing in the one short day of public hearings accorded to Bill 162.

Taken as a package, looking at the forest as a whole, Bill 162 is part of the government's budget strategy that includes the 2009 Ontario Budget released on March 26, 2009 by the Minister of Finance. Indeed, in debate on second reading, many members of the Legislature chose to address the government's budget plans in general and only glossed over the specific provisions of Bill 162.

Similarly, RNAO's comments focus on the budget as a whole, including Bill 162, and look not only at what is already included in the Budget and Bill 162 but also

what is missing that, in the view of RNAO, would be integral to a package for a healthy economic recovery.

## **Background**

Both the 2009 Budget and Bill 162 are set against the backdrop of economic storm-clouds that continue to cast a dark shadow over Ontario communities. Thousands of families across the province have been stricken by layoffs, dwindling savings and lost pensions. Industries that were once the backbone of communities such as Windsor, Welland, Thunder Bay, Hamilton and Sudbury are now stilled. With their closing, the door has been shut on people's income, benefit plans and future opportunities for their children. Manufacturing mainstays of our communities such as forestry, steel and auto parts have been joined more recently by publishing, retail and service industries in what is clearly the worst economic downturn in the memory of many Ontarians. No community, no part of the province has been spared.

The Ontario budget, unveiled by Finance Minister Dwight Duncan on March 26, 2009, contained a variety of initiatives to stimulate the economy, create jobs now and in the future, and enhance the competitiveness of Ontario's economy. Registered nurses know there is a strong correlation between good health and a good job and support the government's direction to confront the recession head-on.

In the weeks leading up to the Finance Minister reading the budget on March 26, fully 7,000 nursing leaders, nurses and students wrote to the Premier of the need to deal with the severe shortage of nurses in the provincial budget. Nurses called on the Premier to keep his election promise to hire 9,000 additional nurses, which would work out to at least 3,000 additional nurses this fiscal year. Hard economic times erode people's health and increase pressure on the health care system. Nursing shortages threaten patient safety and impede the delivery of efficient, high-quality health care services with optimal health outcomes. A strong nursing workforce that would support a robust surge capacity in the health care system takes on added urgency in the current context of the H1N1 influenza outbreak.

Health and other essential public services must not be viewed only as fair-weather priorities. It is precisely when the economy is front and centre and families are hurting that investment in health, education and clean air and water is most crucial. It is with this in mind that the RNAO offers the following comments and recommendations on the government's budget plans and Bill 162.

## **Nurse shortage: No Excuse for Delay**

In the Fall 2008 economic statement, Finance Minister Dwight Duncan announced that the government would delay its election promise to hire an additional 9,000 nurses by 2011. To get back on track to hiring 9,000 additional nurses – and the need for them is indisputable – the 2009-2010 budget would have needed to include funding for at least 3,000 additional nursing positions. In fact the budget committed to only “more than 900 nurses” in 2009-2010.<sup>1</sup>

Nurses live the consequences of the severe nursing shortage every day. In an extraordinary engagement in the political process, 7,000 nurses from across the province told the Premier that anything short of 3,000 additional nurses this year would have a negative impact on patients and send the worst possible signal to the nursing workforce, new nursing graduates and potential nursing students. That’s why it was a shock that the budget committed to less than one-third of the minimum of 3,000 that would have addressed the need in Ontario communities.

Registered nurses are required to support the increasing demands for care in the community. They are required to support the current aging at home and emergency department wait-time strategies aimed at ensuring timely access to appropriate care. Investments in registered nursing positions in community health care services are required to achieve the quality provisions outlined in service provider’s contracts that provide the majority of hands-on home care services in the province of Ontario. Continued erosion of access to registered nurses in the community is short-sighted. It will lead to a deterioration of service quality and ultimately an increased demand for more expensive care. We are calling on the government to work with the RNAO to strengthen the requirement for community service providers to ensure appropriate access to registered nurses.

**Recommendation 1: In the interests of patient safety and a strong health care system that can respond to surge demands such as those presented by the H1N1 influenza outbreak, there is added urgency for the government to get back on track with its election commitment to hire 9,000 additional nurses by hiring a minimum of 3,000 additional nurses in fiscal year 2009-2010.** This commitment should be urgently fast-tracked to enhance access to primary care. Essential health system transformation can only be achieved by improving access to registered nurses in community health settings.

## **Nurse Practitioner-Led Clinics – An Idea Whose Time has Come**

In a province as progressive as Ontario it is unacceptable that, in 2008, one in 12 adults still did not have a family physician or nurse practitioner.<sup>2</sup> Access to primary health care remains a key challenge. This is especially the case for 30 per cent of Ontarians who live in northern and under-served communities across the province. Nurse Practitioners (NP) in both primary and acute care settings have been shown to supplement and complement other roles<sup>3 4</sup> and improve access to health services. NPs are registered nurses with additional educational preparation and experience who possess and demonstrate the competencies to autonomously diagnose, order and interpret diagnostic tests, prescribe pharmaceuticals and perform specific procedures within their legislated scope of practice.<sup>5</sup>

However, many NPs in Ontario are not being fully utilized, and for a variety of reasons, are unable to practice to their full scope.<sup>6</sup>

NP-led clinics are essential to improving access to primary care. Part of the strength of NP-led clinics is their cost effectiveness and ability to build a model of primary care that recognizes the strengths of other members of the interdisciplinary health team. To improve incentives for physicians to work in an interdisciplinary team in NP-led clinics there must be investments into a model of physician compensation that ensures equity with physicians providing care and doing equivalent work in similar settings.

Consequently, the RNAO is pleased that the budget commits to \$35 million over two years to create an additional 22 Nurse Practitioner-led clinics to join the three new NP-led clinics already given the go-ahead in Belle River, Thunder Bay and Sault Ste. Marie.<sup>7</sup> This represents a major step forward in improving the health of Ontarians.

**Recommendation 2: The government should proceed urgently with funding 22 additional Nurse Practitioner-led clinics towards honouring the commitment to a total of 25 additional NP-led clinics by 2011. In the face of a flu pandemic threat added to the existing need to enhance access to primary care, we recommend fast-tracking this commitment. Priority is also needed to fund 150 additional primary health care nurse practitioner positions across community health centres, NP-led clinics, family health teams, emergency departments, nursing homes and other outpatient settings.** Strengthening primary care interdisciplinary practice models of health care delivery requires an investment in physician compensation to remove the current disincentive for physicians choosing to participate as full members of the health service team in nurse practitioner-led clinics.



## **Learn the Lesson: P3 Hospitals Cost More, Deliver Less**

More than 40 health infrastructure projects are underway in the hospital sector, with over 15 expected to be completed in 2009-2010.<sup>8</sup> About one half of the 40 projects and six of the 15 are funded by public-private partnerships or “alternate finance and procurement” (P3s and AFPs). In his report released December 8, 2008, the Auditor General of Ontario found the Brampton hospital P3 project cost taxpayers considerably more than if it had been built by traditional public/not-for-profit procurement. He found the difference in cost to have been \$194 million in 2003 dollars, not including an additional \$200 million difference because of the higher financing costs of the P3 and a further \$63 million in additional modifications. Further, the P3 hospital took longer to build and opened with 479 instead of the promised 608 beds originally planned.<sup>9</sup>

While the Auditor acknowledged the government’s claims that the newer AFP projects have improved public disclosure, transparency and evaluation over the P3 hospitals, there is no evidence in his report that those claims are justified. They remain privately financed, and the government has yet to commit to public operation of these facilities. Many of the problems associated with these public-private partnerships, including higher costs and lower quality of service, arise from private financing and operations.<sup>10 11 12 13 14 15 16 17</sup>

While infrastructure projects in health care are needed, it is time to recognize that the private-financing for-profit model of procurement is fundamentally flawed.

**Recommendation 3: Amend Bill 162 to require public financing and operation of health infrastructure projects. In the meantime, the government should establish an immediate and indefinite province-wide moratorium on Infrastructure Ontario’s private-finance for-profit AFP projects in the hospital sector and not approve or announce any additional AFP projects for which contracts have not been signed. For projects where AFP contracts have not been signed, the financing method should be shifted to a traditional (non-AFP) method of financing.**

## **Bold Leadership to Reduce Poverty**

Nurses know from our day-to-day practice and from a growing body of scientific evidence, that poverty harms health and puts people at a greater risk of early death throughout the life cycle.<sup>18 19 20</sup> Every day registered nurses across the province work with their clients and neighbours as they struggle to meet basic needs for nutritious food, affordable shelter, and human dignity.

As poverty is such a threat to the health and well-being of individuals, families, and communities, RNAO welcomes the positive steps taken in the budget. With the current economic challenges, now more than ever, bold and sustained leadership is required to build a stronger, healthier, more inclusive society.

It is to the government's credit, in difficult economic times, that the budget accelerated phase-in of the Ontario Child Benefit by two years, providing up to \$1,100 annually per child in July 2009.<sup>21</sup> A two per cent increase in social assistance was a step in the right direction, but fell short of the \$100 per month needed for a Healthy Food Supplement as a down payment on addressing food insecurity. In fact, for a single person on social assistance at \$572 a month, a two per cent increase means a monthly increase of \$11.44,<sup>22</sup> and that doesn't come into effect until next December.

Provincial funding was also announced in the budget to match federal new housing infrastructure initiatives, including a total of more than \$700 million over two years for social housing rehabilitation and energy retrofits, more than \$360 million for new affordable housing for low-income seniors and persons with disabilities, and \$175 million for new homes for low-income families. An additional \$5 million annually will provide stable funding for municipal rent banks to help low-income tenants keep their homes.<sup>23</sup>

Significantly, the budget signaled the government's intention to increase the minimum wage as previously committed, to \$9.50 an hour on March 31, 2009, and \$10.25 an hour on March 31, 2010.<sup>24</sup> RNAO recommends that the minimum wage must be increased to \$10.25 an hour immediately, indexed to the cost of living, to avoid men and women falling farther behind.

In order to make substantial progress towards eliminating poverty and improving the health of all Ontarians, there must be ongoing and sustainable funding of poverty reduction initiatives. The Auditor General of Ontario,<sup>25</sup> the Ombudsman of Ontario,<sup>26</sup> and the Street Health Community Nursing Foundation<sup>27</sup> have all documented deficiencies in the administration and service delivery of the Ontario Disability Support Program (ODSP) that adversely affect clients. Increasing access to ODSP by addressing barriers within the disability support system would provide significant benefit to Ontario's most vulnerable people, including those who are homeless. As in their current form both Ontario Works and the Ontario Disability Support Program deepen poverty and increase social exclusion of recipients, we look forward to the government's promised "person-centred" reviews of these programs in 2009. Substantive increases in social assistance rates to reflect the actual cost of living are high impact interventions that must be taken to improve the health of Ontarians. An annual increase of \$1,000 in income for the poorest twenty per cent of Canadians would lead to almost 10,000 fewer chronic conditions and 6,600 fewer disability days every two weeks.<sup>28</sup> Meanwhile as the government moves to establish more realistic social assistance rates, it is essential that the government should take a step in improving nutritional adequacy by introducing a \$100 per month Healthy Food Supplement for social assistance recipients.

**Recommendation 4: The minimum wage should be raised to \$10.25 an hour immediately, with annual increases indexed to the cost of living.**

**Recommendation 5: Multi-year, sustainable funding should be dedicated to the poverty reduction strategy to ensure measurable progress to improve the economic and social conditions of persons living in poverty. This includes increasing, in a substantive way, social assistance rates so that all Ontarians can live in health and dignity. An immediate introduction of a \$100 per month Healthy Food Supplement is a step towards addressing the gap between dangerously low assistance rates and nutritional requirements.**

## **Environmental Determinants of Health**

When Ontario's *Cosmetic Pesticides Act* came into effect on April 22<sup>nd</sup>, Earth Day, 2009, it demonstrated that the toughest pesticides regulations in North America could be enacted in the midst of a deep recession. What is good for human health and the environment is also good for the economy--the two are not mutually exclusive.

Indeed the government's economic recovery budget makes good headway on improving environmental health. First, the budget allocates \$390 million to green job initiatives, matching Ontario's share of the federal Green Infrastructure Fund to develop initiatives that assist in the implementation of the *Green Energy and Green Economy Act, 2009* (Bill 150), including expediting the growth, transmission and distribution of clean, green energy. Related initiatives include an Emerging Technologies Fund, a strategy to help prepare workers for green-collar jobs, and new research to promote green economic development.<sup>29</sup>

Second, the budget commits to significant investments in public transportation and mass transit, with about \$3.5 billion to be spent on public transit infrastructure, (though slightly more, about \$3.7 billion, will be spent on highway construction).<sup>30</sup>

In addition, RNAO is pleased that the government is on track to phase out heavily-polluting coal-fired generation by 2014 – the government states that coal use in Ontario is down by 40 per cent since 2003.<sup>31</sup>

However, RNAO does not support the government's plans, as reiterated in the budget, to move forward with a competitive process to select a nuclear reactor vendor for two new units at Ontario Power Generation's Darlington site. OPG is planning the refurbishment assessment for Darlington and proceeding with the Pickering B refurbishment feasibility assessment.<sup>32</sup> RNAO is opposed to the expansion of nuclear power as the cost is high, nuclear power plants present radiation risks to the community via leaks and they produce large amounts of

radioactive waste that must be stored in perpetuity (and no solution for such storage has been found).

A promising step forward was taken on April 7, 2009, when the Minister of Environment introduced Bill 167, the *Toxics Reduction Act, 2009*. While providing a good framework to assist businesses in reducing reliance on harmful toxic substances, its effectiveness will depend on tough regulations. RNAO will be proposing amendments to Standing Committee, once it is referred, that will strengthen the Bill, including guaranteeing the public's right to know about toxics in their environment, requiring business to use safe alternatives, and adopting aggressive targets to reduce toxic releases. It is not encouraging that the government has to date only dedicated \$41 million over four years for implementation of the *Toxics Reduction Act, 2009* – this is clearly inadequate and should be revisited.

**Recommendation 6: Due to high cost and public safety concerns about radiation, the government should terminate expenditure on new nuclear power and refurbishment of Ontario Power Generation's Darlington and Pickering B sites.**

**Recommendation 7: Ensure adequate funding for the early and effective implementation of the Toxic Reduction Act, 2009 and regulations.**

### **Shine Light on Trade Talks**

On April 1, 2009, the Trade, Investment and Labour Mobility Agreement (TILMA) between Alberta and British Columbia came into full effect, limiting the governments' ability to regulate in the public interest. Now, with the Ontario-Quebec Economic Partnership Agreement also being negotiated behind closed doors and apparently including a binding dispute resolution process based on TILMA, it is more crucial than ever that the negotiations be made public. Further, the Ontario government must reject financial penalties for any disputes. TILMA, NAFTA and other such agreements shift power to investors who can, under these agreements, sue the government when they think their profits are affected. These agreements effectively serve as tools for deregulation and can endanger the public's health. They also may contain provisions on labour mobility that can undermine the capacity to regulate professions such as nursing, further compromising public safety.

**Recommendation 8: Amend Bill 162 to ensure all inter-provincial trade and investment agreements are subject to public consultation and scrutiny, include strong protections for health care, environment, human rights and labour standards, and do not restrict federal, provincial or municipal governments' ability to regulate in the public interest.**

**Recommendation 9: The government should oppose the strengthening of the Agreement on Internal Trade (AIT), a pan-Canadian agreement, and its transformation into a Trade, Investment and Labour Mobility Agreement (TILMA) such as the one signed between Alberta and British Columbia.**

### **Public Services: the Best Investment**

Overall, a deficit of \$3.9 billion is forecast for 2008-2009, growing to a deficit of \$14.1 billion in 2009-2010. Core program spending is projected to increase by 12.5 per cent this year, eclipsing health sector spending that is increasing by 4.7 per cent in 2009-1010.<sup>33</sup> RNAO agrees with the need to finance an economic recovery strategy and strengthen public services through a higher deficit – in the circumstances, it is entirely appropriate. Over the longer term, however, the \$4.5 billion in business tax cuts is likely to have a greater structural effect on Ontario's budget and the government's ability to pay for essential health and social services. It is when health, education, roads, public transit and water are cut to make way for tax cuts that the public loses.

A recent study that measured the benefit received from public services by households in different income groups found about 75 per cent of the public loses when essential services are cut to make way for income tax cuts.<sup>34</sup> For the vast majority of Ontarians, public services are a fiscal bargain. RNAO strongly recommends that the current difficult economic circumstances should not be used as an excuse to cut taxes. To the contrary, this is the time to increase public investment in the services we hold most dear.

**Recommendation 10: Ensure the ongoing fiscal capacity to deliver essential health, social and environmental programs by rejecting tax cuts until alternative progressive revenue sources, such as those that encourage environmental responsibility, are found.**

The Registered Nurses' Association of Ontario thanks the Standing Committee on Finance and Economic Affairs for the opportunity to provide these recommendations that we hope will help realize the vision of a healthy and prosperous Ontario.

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