Senate Standing Committee on Finance
Study of Bill C-38

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Check against delivery
On behalf of the CMA and its 76,000 members, I would like to thank you for the opportunity to appear before this committee.

Recognizing the Senate’s reputation as the chamber of sober second thought, I know that committee members are open to hearing the views of all Canadians;

And having appeared before other Senate committees, I also know that senators tend not to think of well-intentioned critique as necessarily a bad thing. As an organization that advocates for health and health care on behalf of Canadians, we at the CMA do try to be constructive and I hope it is in this spirit that my comments will be taken.

As everyone knows, the 2012 federal budget is a vast and wide-ranging document. From the standpoint of health, it contains both measures that are of interest and others that are less so.

On the whole, however, we are disappointed that this budget does little to further what we believe should be a major goal of the federal government: to develop a plan to work with the provinces to transform our health care system so that it meets the 21st century needs of our country.

Significantly, the budget will enact the commitments for health care transfers announced last December by the Minister of Finance.

We believe that this predictability in federal funding serves a useful purpose in helping the provinces manage the delivery of health care services.

However, we are concerned about changes to service delivery to veterans, to mental health programs for our military and to the Employment Insurance program.

We are also concerned about changes at the Canadian Food Inspection Agency and the Public Health Agency of Canada. Will they have an impact on the health of Canadians? We hope they will not, but at this point we do not know.

One thing that is for certain; the deficit should not be slain on the backs of the elderly poor through delaying their OAS benefits for two years. This could have serious consequences on this vulnerable group and we have to wonder why this change is being made in light of analysis by the Parliamentary Budget Officer and others that it is not necessary from an actuarial standpoint.
Further, we are also concerned about the impact on provincial programs and budgets as the federal government reduces or drops some of its traditional responsibilities in health.

The federal government plans to no longer provide health care for the RCMP. That, cuts to the Federal Interim Health Benefit for refugees, and the OAS changes will, in fact, lead to greater pressures on the provinces.

Cuts in one jurisdiction that lead to greater strains in another are not savings. They may make one set of books look better, but what is the value to Canadians if they hurt the bottom line elsewhere while degrading our social safety net?

What could this budget have included that it did not? For one thing, a national pharmacare program, which was a commitment in the 2004 10-year plan to strengthen health care. About one in 10 Canadians cannot afford their prescription medications.

But most of all, this budget lacked any vision for the future of health care. We were encouraged six months ago when the Minister of Health indicated her wish to collaborate with the provinces and territories on developing accountability measures to ensure value for money and better patient care. We look forward to seeing the minister’s plan.

While we have a funding commitment from the federal government, we do not have a national vision or coordinated plan for health care established with the provinces and territories. This is critical because health care is not just about money, but what you do with it.

We believe one way in which the federal government could fulfill its leadership role in health care is by applying an evidence-based health impact assessment to all cabinet decision-making. All decisions would have to be viewed through the lens of possible impacts on health, health care and Canada’s overall health objectives. A similar model is in use in New Zealand and some European countries.

We would welcome the opportunity to work with the federal government and other key stakeholders in developing a model for a health impact assessment for Canada.

The Senate of Canada has delivered a number of extremely solid reports related to health care, most recently in March, with *Time for Transformative Change: A review of the 2004 Health Accord.*
With its recommendation that the federal government leverage its considerable expenditures on health care to transform the system through incentives, measurable goals and public reporting, this report is as an excellent starting point for modernizing medicare.

Indeed, there are a slew of solutions at hand, in search of political leadership. Health care is a large and complex system. Ensuring comparable levels of quality care across the country requires partnership, yes, but also leadership.

In that sense, the 2012 federal budget was an opportunity missed to articulate a vision and a plan for an effective and modern pan-Canadian health care system.

Thank you.