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Sunny Days for Health Care?

Reflections from the CURAC Health Care Policy Committee

By Linda Kealey

With the change of government at the federal level, health care professionals and provincial governments, as well as social activists, have begun to push for urgently needed reforms and increased funding. Federal contributions to Medicare have gradually declined over the decades from 50% of costs to the current level of 20%, leaving more fiscal responsibility at the provincial level and little national direction. With the current federal-provincial agreement about to end in 2017, the time is ripe for at least a rebalancing if not a thorough overhaul of health care policies and priorities as Canada confronts an aging population, high drug prices and a system that seems geared more to the needs of health care professionals than patients.

Groups such as CARP, the Council of Canadians and the Canadian Federation of Nurses Unions have all issued calls for transformative change: CARP's press release (20 January 2016) argues that "the most fundamental change is perspective—design the health care system to serve the needs of the patients not the hospitals and doctors." The opportunity for transformative change appeared in the report from the Advisory Panel on Healthcare Innovation chaired by David Naylor and shelved by the Harper government. All three groups stress the need for a national plan that would coordinate action so that universal access to quality health care is available no matter where you live or how much you earn. Like the Council of Canadians, the CFNU argues for a new Health Accord but one that includes a Social Accord that pays attention, not just lip service, to the social determinants of health. More than the other two groups the nurses place strong emphasis on a national strategy for aging which includes increased access to community and home care for the elderly and those who need mental health services (CFNU, 20 January 2016).

CARP urges that a pharmacare plan should be more than bulk buying; it should include a national formulary and affordable pricing. The Council of Canadians goes even further not only demanding

universal access and first dollar coverage but also a publicly administered plan and an “evidence-based national formulary drawing on the best clinical and economic facts.” Health care should also be “carved out” from international trade deals and a mechanism put in place to evaluate the impacts of such deals on health care. (Brent Patterson, Political Director, Council of Canadians, 21 January 2016) This is an important point, given the discussions now underway about the Trans-Pacific Partnership deal.

But sunny days for health care also require changing the ways the system works, as the new Minister of Health stated at the end of the meetings with provincial and territorial health ministers. A new era of collaboration, sharing ideas and best practices, seems to be in the works promising innovation in health care delivery. The provinces, health care groups and social activists are however, also insisting that the federal government contribute at least 25% of health care costs by 2025. That may be a key ingredient in whether we will indeed see sunny days in Canadian health care in the future. Given the demographics of aging, such reforms are essential.

Linda Kealey is the Chair of the Health Care Policy Committee of the College and University Retirees Associations of Canada.

CURAC/ARUCC (www.curac.ca) is a non-profit federation of retiree organizations at colleges and universities across Canada. Its primary aim is to coordinate activities that promote communication among member organizations, to share information, provide mutual assistance, and speak publicly on issues of common concern to its more than fifteen thousand members across Canada.