MEDICAL REFORM CROUP OF ONTARIO

POLITICALETTER

VOL. 2 NO. 1

JANUARY 1983

THE CANADA HEALTH ACT IS CURRENTLY BEING DISCUSSED IN CABINET and may be introduced into Parliament soon. Early drafts have created furor everywhere, though for different reasons in different quarters.

This piece of legislation will replace the Hospital Insurance and Diagnostic Services Act and the Medical Care Act, which have until now formed the basis on which provinces must construct their health insurance programs in order to receive federal funding. The Canada Health Act will therefore be the last opportunity (for 5 years) for the federal government to force the provinces to make improvements to their systems.

Negotiations surrounding the Canada Health Act have been essentially secret since May, 1982, when the Hon. Monique Begin submitted her initial position to a Federal/Provincial Health Ministers conference. The Act has been further discussed by Federal/Provincial Deputy Ministers of Health and by the Provincial Health Ministers alone, at which point the Act was in the second draft. This draft (from September 1982) is public, though subsequent modifications are rumoured to be circulating in Cabinet. Some elements of these have been leaked to sources with which the MRG is in contact.

The Provincial Health Ministers have publicly declared their willingness to challenge the constitutional authority of the Federal government to enact the regulations contained in the second draft. The C.M.A. also opposes the Act on the grounds that it will increase federal control over health care delivery and further advance socialized medicine while leaving the Provincial health care systems underfunded.

The MRG Steering Committee has examined draft 2, has learned what changes may be lurking in subsequent drafts, and has discussed the matter with the Ontario Health Coalition. Here is a brief summary of the provisions contained in draft 2, along with comments on modifications circulating within Cabinet where these are known.

SUMMARY OF CANADA HEALTH ACT WHITE PAPER - DRAFT 2

Universality Draft 2 would require insurance coverage of 100% of residents. If a province chose to levy premiums as one way of raising funds, coverage could not depend on payment of the premiums. ** Subsequent modifications may have weakened this provision to merely requiring that 100% of residents be eligible for coverage. For example, Ontario might satisfy this provision by claiming (even now) that premium assistance is available for everyone who needs it, whether or not Ontario's definition of "need" is reasonable and whether or not such persons actually obtain this assistance.

Comprehensiveness The requirements for what services must be covered by Provincial plans place the usual heavy emphasis on acute intervention and curative medicine rather than prevention. There is no encouragement for the development of alternative organizations of primary care or use on non-physicians in this context. Mental health service, both in-patient and out-patient, are specifically included. Preventive dental care and chronic home care are not mentioned.

Accessibility Originally Monique Begin intended to prohibit user charges and extra billing by physicians as barriers to access. Draft 2 would require that provinces develop administrative procedures to avoid levying user fees with inappropriate deterrent effects. Extra billing would not be prohibited but "controlled". It suggests that provinces might, for example, prohibit physicians' billing both the plan and the patient (as in Alberta), require advance notice by physicians to patients before extra billing, etc. The Federal government would oversee these provincial processes, by such mechanisms as mandatory reporting of amounts of user charges and extra billing, and reviewing statistics on number and distribution of opted out physicians. There would be some process in place through which it could create financial sanctions against provinces where

user fees or extra billing were at an unacceptable level. Supplementary (private) health insurance to cover such charges would continue to be banned.

The mechanism for evaluation of the effects of extra billing and user charges is unclear. Moreover, there is no provision for individuals or groups to request any review of their local situation.

<u>Portability</u> There seems to be the least controversey here. Residents insured in one province who are temporarily in another would be covered, and the provider would be paid directly by the insuring province at no out-of-pocket expense to the patient.

Public Administration Also not an issue.

Process for Ensuring Maintenance of Standards This section seem to provide for initiation of review by federal or provinical officials only. The complaint then would go through a private review by federal and provincial officials, who would report to the federal Minister and the provincial Minister(s) involved. Ultimately the federal Minister could go to the Governor in Council with recommendations to request sanctions against the offending province. Only after this would the matter be made public. The full process, as described, is vague and does not guarantee any public input until it is well advanced. There seems to be no provision for initiation of a review below the provincial ministerial level.

FOR THOSE WHO WISH MORE DETAILS, copies of draft 2 and of an excellent brief prepared by the Ontario Health Coalition can be obtained from our Executive Secretary, (416) 292-1381. (OMA members will have received a copy of draft 2 already.)

We feel that the Act as now projected may actually be a step <u>backward</u> from the standard which exists in Ontario. We urge all MRG members to educate themselves on the issues and then to express their concerns, preferably in person, to their MP, particularly if they happen to be Cabinet Ministers.

MAKE AN APPOINTMENT to see her/him in the riding office $\underline{\text{SOON}}$, or send a letter to Ottawa.

Debby Copes, M.D.

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Debby Copes, M.D. For the MRG Steering Commit-

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^{*} Denotes Ontario members of the Cabinet