

**Law Amendments Committee**

**Bill 144 – Insured Health Services Act**

**Paul Curry, on behalf of the Nova Scotia Nurses' Union**

November 28, 2012

Thank you for the opportunity to speak to this important piece of legislation. The Nova Scotia Nurses' Union (NSNU) is a professional union representing approximately 6500 Licensed Practical Nurses, Registered Nurses and Nurse Practitioners in Nova Scotia's hospitals, long term care facilities, adult residential centers, VON branches and Canadian Blood Services Centres. NSNU President, Janet Hazelton, is tied up at a proposal development conference and sends her regrets. She asked me to emphasize that this legislation is very important to the NSNU.

1. On behalf of the Nova Scotia Nurses' Union, I applaud the spirit and intent of the revised Insured Health Services Act. There were comments made after the Bill's first reading that it addresses problems that do not exist in Nova Scotia. While this may be the case, the Bill must be viewed in the larger Canadian context – the 2005 *Chaoulli* decision in Quebec, the recent legal challenge launched by private health care advocate Dr. Brian Day in British Columbia, and the current Federal Government's *laissez-faire* approach to medicare. Seen in this light, we think it is prudent and wise to shore up support for public health care within Nova Scotia legislation, making clear our dedication to a system that is based on need and not ability to pay. A strong commitment to universal, public health care will allow us to turn our attention to the vast array of opportunities available within our public system to improve the health and well-being of Nova Scotians.

The Act also enshrines the practice of promoting collaborative care models. As long as collaborative care is based on evidence, and not merely budgetary constraints, it can be a force for positive change in health care.

2. I would now like to take the opportunity to suggest two improvements to the proposed legislation. The first is that explicit support for the principles of the *Canada Health Act*, and explicit mention of each of the five principles (Universality, Accessibility, Portability, Comprehensiveness and Public Administration), be placed in the body of the legislation rather than only in the preamble. Their presence in the preamble is positive, but we would do better to protect universal public health care if the principles appeared in the language of the legislation.

We have heard that there is no precedent for placing the principles in the *Act* as other jurisdictions have not done this. Let us be the first then. We have also heard that the principles lack the clarity of definition required for legislation. This is questionable given that the principles have a near 30-year history in the *Canada Health Act*. Therefore, we ask the committee members to ensure the principles are enunciated in the 'Purpose' section of the new *Act*.

3. The proposed *Insured Health Services Act* purports to strengthen the province's role in health human resource planning by explicitly mentioning that this is within the Minister's purview. Improved health human resource planning is indeed necessary. For our part, we recommend developing a strategy for nursing, especially given that nurses represent the largest number of health professionals. There is much room for improvement here. This past academic year many of our nursing graduates were unable to find work in the province. At the same time, we see reports of short-staffing and extensive amounts of overtime pay because we do not have appropriately trained nurses in certain specialties. A transition program for new graduates that allows for supernumerary positions in these specialty areas could go a long way towards remedying these problems. Alberta's successful program, 'Transitional Graduate Nurse Recruitment Program', does just this for up to 900 new graduates annually. This is just one example of how effective planning could improve the efficiency and financial sustainability of our health system.

Current HHR planning in Nova Scotia suffers from a lack of province-wide coordination. Nurses, for example, often have to visit each employer's site individually in order to discover if there are any vacancies. An efficient, centralized system could help ensure that our nurse graduates, and our nurses who are transitioning jobs, are able to find work in their home province. This will also help employers fill vacancies promptly, reducing the need for overtime pay, and the need to overwork their existing staff. Over the past couple of years, the Nova Scotia Nurses' Union, the District Health Authorities and the IWK, and the Department of Health and Wellness supported the enhancement of a web-based, health services placement system known as HSPnet. Responsibility for managing the system was given to the employers (HANS), but it is unclear at this time if HSPnet is being used effectively. We should ensure that our collective work in this area has not been wasted, and that HSPnet be used to reduce HHR problems in the province.

4. In closing, the foregoing should be taken as constructive criticism of a very good piece of legislation. Nurses in Nova Scotia overwhelmingly believe in public health care, and we are pleased to have this opportunity to express our strong support for this Bill.