



November 28, 2012

**Submission to the Law Amendments Committee
Re: Bill 144 – the Insured Health Services Act**

The Nova Scotia Citizens' Health Care Network is pleased to have this opportunity to speak at today's hearing on Bill 144 – the Insured Health Services Act and we welcome any questions committee members may have.

The Health Network was founded in 1996, in response to the federal budget cuts to public health care. Since then, we have become advocates against the ongoing privatization of public health care in Nova Scotia and champions for positive public sector solutions. We are affiliated with the Canadian Health Coalition in Ottawa and the other provincial and territorial health coalitions.

Since the Health Network's founding, and like similar organizations before us, we have urged the provincial government to pass legislation like the proposed bill and we are thrilled to see this legislation come forward. We are also very pleased to hear in Monday's night second reading debate on the bill that both opposition parties will be supporting the legislation.

The Health Network strongly supports this proposed legislation. It is the most progressive change to health care law we have seen in decades. We support the efforts to ban queue-jumping, reinforce the bans on extra-billing and user fees, and to move physicians off fee-for-service. We also support the measures to discourage physicians from dropping out of the public health care system.

While we do strongly support this legislation, there are some areas we believe could be further strengthened. Many of these areas were outlined in our initial submission to the government's consultation process.

Proposed Improvements

- **Enshrine the principles of the *Canada Health Act* in the body of the legislation**
- **Stronger protections to stop for-profit health care facilities from opening in the province**
- **Ongoing public consultation about the mix of insured and uninsured health services**
- **Annual reporting on the operation of the Act**
- **A change in the composition of the Appeal Board**

The most important change is to **entrench the principles of the *Canada Health Act* in the body of the legislation**. This has long been advocated by the Health Network and by other Medicare supporters across the country. It was even proposed by the Premier when he was NDP Health Critic in his Private Member's Bill (Bill 4) of March 23, 2001 called the "Medicare Protection Act".

We think that this change could be made quite simply by amending Section 2 of the Bill on page 2 to list the five basic principles of "public administration", "comprehensiveness", "universality", "portability" and "accessibility" after the clause "that satisfies the eligibility criteria for federal funding under the Canada Health Act". This is the purpose section and this would be an appropriate place to make this amendment. These principles can be more effectively enforced if they are in the body of the Bill, and not just in its preamble. Courts have ruled that while the preamble provides for the government's intent, it is not legally enforceable.

Stronger protections against the possibility of allowing for-profit health care facilities from opening in the province by amending the definition of "hospital" under Section 3 (1) on page 3 by adding after (a) and (b) the words "and for greater certainty, does not include a "privately owned health-care facility, operated for profit". This phrase was used in the Premier's Private Member's Bill of 2001.

We also believe there needs to be **ongoing public consultation about the mix of insured and uninsured health services** as well as **annual reporting on the operation of the Act**. We think this could be added to the mandate of the proposed new Insured Health Services Appeal Board by adding an additional subsection 49 (2) on page 16: "The Board shall also report to the Department and the House of Assembly annually on the state of insured health services and insured designated services including any recommendations for possible changes to them based on broad public consultation. The

report shall also include the number and type of uninsured services performed each year”.

We further suggest **a change in the composition of the Appeal Board** to include other health providers besides a physician, a dentist and an optometrist and also, at least one patient representative. This could be done by amending Section 39(1) to include a new “(d) a provider other than a physician, dentist or optometrist” and an “(e) two lay persons including at least one insured person who is not a provider”.

The Health Network believes this legislation is a visionary law that will protect public health care for years to come. We believe that by making the proposed changes, this law can be further strengthened.

Thank you for your time. We would be happy to respond to any questions you may have.