

NSGEU

Notes for a Submission

By

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To the

Law Amendments Committee

On

Bill 144

Insured Health Services Act

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Introduction

Thank you and Good Afternoon. We appreciate this opportunity to speak to the Law Amendments Committee about Bill 144 – *Insured Health Services Act*. We participated in the public consultation process for the draft version of this Bill during the summer.

We are the largest union in the province with approximately 30,000 members working in the public sector. Of our total membership, approximately half of them work in a wide range of health care occupations and settings across the province.

As a result, throughout our fifty-four year history, we have participated in almost every commission, task force and planning process in health care. We also have an active Health Care Committee, a Provincial Nurses Council, and several Occupational Councils related to Health Care Institutions, Health Care Community, Group Homes, and Home Support. We and our members are committed to building a stronger, more vibrant, publicly funded and operated health and

health care system at the national, provincial, regional and community levels.

In addition, we are long-time members and supporters of the Nova Scotia Citizens' Health Care Network and all of its activities. We are working closely with the Health Network and all its members to help achieve a new and comprehensive 2014 Health Accord to replace the current 2004 Health Accord. With me is Ian Johnson who is both a staff person with NSGEU and the Vice-Chairperson of the Health Network.

Support for Bill 144

We believe that Bill 144 is an historic and timely initiative which we think will help to protect, strengthen and extend public health care in this province. We were pleased to see all three Parties come out in support of this Bill during the Second Reading debate.

Bill 144 is historic because it is being brought forward on the fiftieth anniversary of when insured medical services began in Canada. They

were established first in Saskatchewan and then, gradually spread across the country. This did not happen overnight nor did it happen without a great deal of hard work and struggle.

However, once in place in Saskatchewan, the focus quickly turned to a possible spread of insured medical services to the rest of the country. This was due especially to the Hall Commission Report of 1964, continued public pressure, and the efforts of all parties to approve federal legislation in 1966. By 1972, insured hospital and medical services were in place across Canada. In Nova Scotia, insured hospital services were in place by 1958 and insured medical services by 1969.

The revised legislation is very timely, especially with the complete abdication of responsibility by the Harper government of its overall responsibilities in health care, and in sitting down with provincial and territorial governments to begin negotiations towards a new 2014 Health Accord. In our view, such an Accord is essential to moving forward to adequately protect, strengthen and extend Medicare. Bill 144 is also a key step in helping to put pressure on the federal

government, and demonstrating to other provinces and the territories that Nova Scotia is strongly committed to protecting and enhancing Medicare. We are only aware of two other provinces that have similar legislation which attempts to at least acknowledge the role and importance of the *Canada Health Act*, namely, the *Medicare Protection Act* of BC first passed in 1996 and the *Commitment to the Future of Medicare Act* of Ontario first passed in 2004.

Finally, the revised legislation is long overdue considering that the existing *Health Services and Insurance Act* dates back to 1973, and is clearly in need of an extensive update and modernization. We frankly do not understand why previous governments did not make this a legislative priority much earlier. It is also overdue considering the rise of for-profit health care and the very real threats it is increasingly making to the public health care system across the country.

More specifically, we support most of the provisions of Bill 144, starting with its preamble. These seven clauses set out the government's commitment to a single-tiered public health care

system and the five basic principles of the *Canada Health Act*. The purpose of the Act builds on that preamble and recognizes an important distinction between “insured health services” which are to be funded and provided under the principles or criteria of the *Canada Health Act* and “insured designated services” which are additional insured services provided by the government such as children’s dental services, vision care, and prescription drugs. There are a large number of important definitions for the implementation of this Bill.

The “Insured Services”, “Administration” and “Audit” sections provide important updates and additional provisions to help guide the operation of our public health care system. We especially like the recognition of the need for health human-resource planning to effectively carry out the intent and purpose of this Act.

The “Access to Insured Services” section provides a number of steps to strengthen public health care by prohibiting extra-billing, user fees and direct billing, and by preventing any reimbursement of payments for insured services from an opted-out provider. We are especially

pleased that preferential access to an insured service is prevented for anyone who tries to engage in queue-jumping.

The “Insured Health Services Appeal Board” provides a new, long overdue avenue of appeal with respect to the denial of insured services provided within or outside the province. The “General” section offers a greatly expanded set of regulations to help guide the implementation of this Bill.

Proposed Improvements

At the same time, we think there are a number of specific improvements that could be made to further strengthen the intent and purpose of the Bill. The most important of which we think is to entrench the principles of the *Canada Health Act* in the body of the legislation. This has long been advocated by us and by other Medicare supporters across the country. It was even advocated 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.

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 (l) 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”.

We further suggest a change in the composition of the 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”.

Conclusion

All in all, we have tried to express our support for Bill 144 and how it is historic, timely and long overdue. We have identified specific provisions of the Act which we especially find to be useful and helpful.

At the same time, we have tried to outline several specific amendments which should help to further improve and strengthen the Act to effectively carry out its intent and purpose.

We hope you will continue to support Bill 144, while also, giving serious consideration to these proposed amendments.

We welcome your questions and comments.