

**Presentation to Law
Amendments Committee,
Nova Scotia Legislature**

By Diane Frittenburg, Secretary-Treasurer, CUPE NS

11/28/2012

Good evening.

My name is Diane Frittenburg and I am the Secretary-Treasurer of the Canadian Union of Public Employees Nova Scotia Division. The Canadian Union of Public Employees is Canada's largest union, with more than 610,000 public sector members working in almost every community across the country.

In Nova Scotia, we proudly represent over 18,000 working women and men. Our members work on the front lines of our communities delivering public services to the people of Nova Scotia in health care, community and social services, education, public utilities, housing, libraries, municipalities, post-secondary education, early childhood education and care, airlines and many more sectors of the economy.

CUPE members in Nova Scotia provide direct care to patients in hospitals, long-term care facilities and in home and community care settings. Our members and their families also depend on public health care services in our Province. For both these reasons, CUPE members have a great deal of interest in Bill 144 *An Act Respecting the Funding and Provision of Health Services*. I want to thank the members of the Law Amendments Committee for this opportunity to speak to this important legislation.

CUPE believes that health care remains the number one priority of Nova Scotians and Canadians. The Canadian Union of Public Employees applauds the Government of Nova Scotia on their leadership to defend and improve our public health care system through this legislation.

Such a provincial initiative to protect a public one tier health care system is especially important at this time. Recent unilateral actions of the Federal Government to change the funding for major transfer programs, including Canada Health Transfer, Canada Social Transfer and equalization to the provinces are putting public services delivered by the provinces like health care at risk.

The social and economic differences that exist among the provinces are very real. The new federal per capita funding formula for the Canada Health Transfer will place a greater burden on poorer provinces with weaker economies and aging populations. The Province of Nova Scotia now contributes about 80 per cent of health-care funding for Nova Scotians, with the federal portion down to less than 20 per cent, when it was around 50 per cent originally.

CUPE Nova Scotia has asked Premier Dexter to continue to stand firm in opposition to this new "health transfer plan" which means the loss of significant funding to our Province. CUPE hopes that members of this Committee will also speak up and pressure the Federal Government to provide appropriate financial Resources for the health care Nova Scotia needs and deserves.

With respect to Bill 144, CUPE would respectfully make the following recommendations:

Commitment to the *Canada Health Act*

CUPE applauds the strong statement of support for public Medicare articulated in the Preamble of Bill 144.

We believe this commitment would be strengthened if the commitment to the five criteria and two conditions of the Canada Health Act was placed in the body of the legislation, not just in the preamble alone.

Defense Against Privatization

CUPE welcomes the measures in Bill 144 to protect our public health care from privatization through regulation of direct billing, extra billing, user fees, queue jumping and opted-out providers.

While many Canadians have private health insurance, rarely does it cover necessary physician and hospital care.

Many Canadians have private health insurance for dental services, drugs, eye care, home care, nursing homes and other health services that are not fully publicly funded. For the most part, however, no private insurance market exists in Canada for necessary physician or hospital services. This is true in the five provinces that prohibit private insurance for such services, and in the five provinces that do not.

Protecting Medicare as a single-payer system is critical. Private spending represents around 30 per cent of total health care spending in Canada, one of the highest levels among OECD countries.

Within that, private insurance is rising faster than other sources of finance. For all but a privileged few, private health insurance undermines access, choice, and cost-effectiveness.

Jurisdictions with parallel public and private insurance have developed complex and costly regulatory frameworks, and still there are negative impacts on the public system. Both the Romanow and Kirby Commissions soundly rejected the private insurance model.

The private insurance industry has formidable resources and influence. In the United States, we have seen this lobby frustrate even modest proposals to reform that country's hopelessly inefficient and inequitable health care system. Transnational insurance companies do not dominate the health care market in Canada as they do in the U.S. It would be prudent to keep it that way.

The provinces of Alberta, British Columbia, Manitoba, Ontario and Prince Edward Island prohibit provide insurers for necessary physician or hospital services. CUPE recommends that Nova Scotia follow this lead and prohibit providers from charging any person/entity other than the provincial plan for an insured service.

Regulate Block Fees

Patients in Nova Scotia are at times subjected to fees for "incidental" expenses for services such as telephone consultations, prescription renewals or the preparation of documents relating to employment or insurance. Some physicians charge for these services by way of annual block fees, which represent a significant financial barrier to accessing the publicly funded services offered by that provider.

This Nova Scotia legislation should regulate block fees by:

- . establishing a cap on block fees;
- . requiring that unutilized fees be returned to the patient;
- . requiring that patients have the option of paying for services only if and when they are required; and
- . prohibiting health care providers from withholding service to patients who decline to pay a block fee.

Whistleblower Protection

This Bill proposes welcome regulation to protect against abuse of the public health care system. CUPE therefore recommends that robust whistleblower protection be included. Patients are among the most vulnerable in society because of their deteriorated health status and, often, their lack of family to support and monitor their care. Workers should be encouraged to report on incidents or conditions that negatively affect care. Patients and workers have a significant role to ensure that rules and regulations are respected and enforced. They deserve protection when they come forward with a concern or complaint.

Without such protections, patients are reluctant to speak out and workers are held back from advocating for safe care.

Concluding Remarks

In conclusion, CUPE Nova Scotia Division reiterates our deep appreciation of the commitment to Medicare shown by this government. CUPE is committed to strengthening the public health care system and we look forward to continuing to work with this government and the Members of this Committee to do that.

Dianne Frittenburg

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c: Paul Moist, National President, CUPE
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Endnotes