

2014 Health Care Accord an Opportunity to Enhance Public Health Care



by **Adrienne Silnicki**

The year 2014 will be pivotal in setting the health care agenda as provincial and territorial governments negotiate a new health care deal with the federal government. The 2014 health care accord will set funding and health care policies between the governments. While the new deal is still a few years away, the groundwork for the complicated negotiations has been laid.

Predicting expectations for these talks is challenging. With many provinces set to go to the polls, newly formed governments will bring new agendas to the table. The federal government has also been mum on its intentions, prompting some political pundits and public health care advocacy groups to question the Harper government's plans.

What is clear is that poll after poll shows that Canadians remain fiercely committed to strengthened and enhanced public health care, and we expect our governments to deliver it.

HOW THE HEALTH ACCORD WORKS

The federal government is responsible for transferring money to provinces and territories and for enforcing the principles and provisions of the Canada Health Act (CHA). The health accord determines what percentage of federal tax revenue gets transferred each year. The negotiation of the accord provides an opportunity for the federal government to set new national standards of care by tying health care results to funding. It will also be an opportunity for the federal government to expand universal health care by creating programs such as pharmacare and setting standards for home care and long-term care.

Provincial and territorial governments are responsible for the management, organi-

Council of Canadians Health Care Campaigner Adrienne Silnicki speaks in support of public health care at a rally in front of the Ontario legislature building in Toronto in September.



zation and delivery of health services for their residents. Provincial and territorial governments can choose where most of their health care dollars are spent, except when the federal government ties those transferred dollars to particular programs and services. In the past, the practice of transferring “untied” federal dollars has led to criticism from public health care advocates after some governments chose to spend funds on private health care initiatives such as public-private partnerships rather than on public programs.

WHAT HAPPENED IN 2004?

The 2004 health care accord was groundbreaking because it established financial transfers and health care targets for 10 years, and included payments that increased each year by six per cent. However, many of the programs and policies that Canadians need, such as universal pharmacare and continuing care, were left out of the 2004 deal. And programs that were included – such as the national strategy to buy top-selling pharmaceuticals in bulk and develop a catastrophic drug coverage plan – were never implemented.

The 2004 health accord was supposed to fix “health care for a generation.” But a report issued in May by the Canada Health Council concluded that the 2004 accord failed to meet more than half of its stated commitments. This failure places even more importance on getting things right in the 2014 agreement.

GOING FORWARD

The 2014 negotiations provide an opportunity for provinces/territories and the federal government to strengthen and expand public health care. In the upcoming negotiations, the Harper government must hon-

our its election promise of a six per cent increase in health transfer payments to provincial and territorial governments for the duration of another 10-year accord.

Federal transfer payments to the provinces/territories should be tied to the principles of the Canada Health Act. Funds should be used to strengthen our public health care system, and include requirements to deliver services in publicly owned infrastructure. Provinces that allow health care privatization should be penalized, and public funding should never go to private, for-profit service providers.

The health accord should establish a universal pharmaceutical plan, which would save Canadians billions of dollars every year in prescription drug costs.

There must be commitment to long-term care. We need to ensure that our aging population has safe, appropriate and accessible care either in their homes or in long-term care facilities.

GETTING READY FOR 2014

It is important for all Canadians to be asking their provincial/territorial representatives what their commitments are for the 2014 health care accord negotiations, and how they plan to spend provincial/territorial funds to strengthen our health care system.

The Council of Canadians will be listening closely to what government officials are saying, and we'll be working hard to ensure that this time around the health care accord does fix our health care system for a generation.

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