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Speech

## ***Presentation to the NDP Caucus***

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**Check against delivery**

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Thank you for this opportunity to meet with you today.

Bill C-38 covers a lot of ground and we welcome the occasion to discuss it.

Right at the outset, let me remind you that the Canadian Medical Association has a long tradition of staunch non-partisanship. Our mandate is to be the national advocate for the highest standards in health and health care.

In a bill as wide-ranging as this one, there is a great deal I could talk about. In the time allotted, however, I am going to frame my brief remarks around three themes... namely:

First, what is very clearly in the bill;

Second, what is lacking in the bill, and

Third, what I would characterize as a general lack of clarity and consultation on certain aspects of the federal government's actions on health care.

First, I will comment on one of the key measures contained in the budget bill.

We are greatly concerned about the move to raise the age of eligibility for Old Age Security.

Many seniors have low incomes and delaying this relatively modest payment by two years is certain to have a negative impact.

For many older Canadians, who tend to have more complex health problems, medication is a life line. We know that, already, many cannot afford their meds.

Gnawing away at Canada's social safety net will no doubt force hard choices on some of tomorrow's seniors... the choice between whether to buy groceries or to buy their medicine.

I think it is safe to say it would not hold up to a cost-benefit analysis.

People who skip their meds, or lack a nutritious diet or enough heat in their homes, will be sicker.

In the end, this will put a greater burden on our health care system.

Let me now turn to a couple of things we were hoping to see in the budget but that are not there.

As we all know, the Finance Minister announced the government's plans for the Canada Health Transfer in December.

The CMA was encouraged when the Minister of Health subsequently spoke about collaborating with the provinces and territories on developing accountability measures for this funding.

We look forward to this accountability plan for the minimum of \$446 billion that will flow to the provinces and territories in federal transfers for health over the next twelve years.

In both 2008 and 2009, the Euro-Canada Health Consumer Index ranked Canada last out of 30 countries in terms of value for money spent on health care.

We believe that federal government should lever its spending on health care to bring change to the system.

It could introduce incentives, measurable goals, pan-Canadian metrics and measurement that would link health care spending to comparable health outcomes.

This would recognize, too, that the federal government is itself the fifth-largest jurisdiction in health care delivery.

We believe the federal government has a role to play in leading this change and that transferring billions of federal dollars in the absence of this leadership shortchanges Canadians.

This budget thus represents an opportunity lost to find ways to transform the health care system and help Canadians get better value and better patient care for the money they spend on health care.

The other major piece missing from this budget is any move to establish a national pharmaceutical strategy.

A pharmaceutical strategy that would ensure consistent coverage and secure supply across the country remains unfinished business from eight years ago.

Access to pharmaceutical treatments remains the most glaring example of inequity of our health care system.

I should point out that the Senate Social Affairs Committee in its recent report on the 2004 Health Accord also recommended the implementation of a national pharmaceutical strategy. Now I come to the third part of my remarks, which is about a general lack of clarity in regard to certain aspects of the federal government's responsibilities *vis-a-vis* health care.

Since the budget was tabled, the federal government has announced \$100 million in cuts to the Interim Federal Health Program and eliminated the National Aboriginal Health Organization.

As far as we know, no one was consulted on these changes, and since they are not in the budget bill, there is no opportunity for debate on the potential implications on the health of Canadians.

We are also uncertain about the impact of changes in service delivery at Veterans Affairs Canada, changes in the mental health programs at the Department of National Defence, and plans to consolidate some of the functions of the Health Canada and the Canadian Public Health Agency.

There are many unknowns and these are serious matters that warrant serious consideration.

The government committed that it would not balance the books on the backs of the provinces, yet there appears to be a trend toward the downloading of health care costs to federal client groups or the provinces and territories or individuals.

As we have seen in the past, cost downloading is not the same as cost saving.

In fact, when health is impacted, the costs will be inevitably higher, both in dollars and in human suffering.

Thank you.