



## **Demand Better Health Care**

### **The Conservative Plan for Canada's Health System**

**Hon. Stephen Harper, PC, MP  
Leader, Conservative Party of Canada**

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## **Demand Better Health Care: Introduction**

During ten years of Liberal government, our health care system has struggled from crisis to crisis. In 1995, Paul Martin slashed health care funding, ripping some \$25 billion out of health care over the next four years. Our health care system still has not recovered from these massive Martin cuts. Across Canada, we have seen hospitals close, services reduced, and waiting lists grow longer.

A study comparing 12 specialties in 10 provinces showed that Canadians now wait an average of 17.7 weeks between referral from a general practitioner and treatment from a specialist – up from 9 weeks in 1993. In over 90% of cases, Canadians are forced to wait beyond what physicians believe is the clinically acceptable maximum wait period. Canada's medical waiting lists are among the longest in the OECD, despite spending the second most per capita in the OECD on health care.

Canadians must demand better health care. The new Conservative Party will ensure that health care is there when Canadians need it. The new Conservatives support universal public health insurance and a health care system that ensures timely access to health services for all Canadians, regardless of their ability to pay. Our commitments are based on making this goal a reality for all Canadians in all parts of the country.

## **Building on the 2003 Accord on Health Renewal**

In February 2003, the federal and provincial governments unanimously agreed on a First Ministers' Accord on Health Care Renewal. The Health Accord was struck by Jean Chrétien during the short period when Paul Martin was no longer Finance Minister nor yet Prime Minister.

The Accord went a long way toward restoring the cuts to health care of the Martin years. It provided support for primary health care reform, home care, and catastrophic drug coverage, and gave provinces flexibility to meet these goals. It created a dedicated health transfer from Ottawa to make federal funding for health care more transparent. And it talked about an accountability framework to ensure timely reporting on health care performance.

### **Liberal Record**

Unfortunately, Paul Martin and the Liberal government have allowed key deadlines in the Accord to slip by. *Macleans* magazine reported recently that the Accord is “all but dead,” and recent speeches by the Prime Minister and the Health Minister almost failed to mention the Accord.

Paul Martin has demonstrated only tepid support for this Health Accord. As a result, the Health Accord has not lived up to the promises of a year ago. Deadlines have been missed for several Health Accord deliverables, such as performance indicators for key health care results and an agreed list of covered homecare services. The creation of the Canada Health Council was delayed. Two provinces, Alberta and Quebec, are not participating in the Council.

### **Conservative Commitment**

The new Conservative Party supports the implementation of the 2003 Health Accord.

A Conservative government led by Stephen Harper will work with the provinces to implement the commitments of the 2003 Health Accord. We will seek to bring Alberta and Quebec into the Canada Health Council to make it truly representative of all Canadians.

## **Stable Long-Term Funding for Health Care**

Canada's health system has not yet recovered from the \$25 billion in cuts imposed by Paul Martin during the 1990s. The federal government has a responsibility to provide long-term stable funding for health care. The 2003 Health Accord reached by the provincial and federal governments goes some way to restoring that funding base, and we will fulfill those commitments.

### **Conservative Commitment**

A new Conservative government will keep the \$36.8 billion, five year financial commitment agreed to by the federal government to implement the Health Accord.

A new Conservative government is also prepared to negotiate with the provinces to achieve a greater long-term federal commitment to health care funding, provided that new funding is linked to achieving the broader health reform goals of the 2003 Accord. We have also provided for funding of \$2 to \$3 billion per year over five years in additional transfer payments for health care, subject to agreement with the provinces on fulfilling the objectives of the Accord.

The new Conservatives will also revisit the equalization formula. We will move towards a ten-province standard that excludes non-renewable resource revenues from the equalization formula (helping the Atlantic provinces and Saskatchewan, in particular), and do so in a manner that ensures no provinces receiving equalization will receive less money during the transition to the new formula than the current formula provides.

## **Catastrophic Drug Coverage**

Rapidly increasing prescription drug prices are one of the fastest growing components of health care expenditure. People should not be forced into debt or poverty in order to afford necessary medication. Patients should not be forced to stay in hospital simply in order to receive drugs they could take at home. Both the Kirby Report and the Romanow Commission recommended some form of federal participation in a national catastrophic drug coverage program.

### **Liberal Record**

The 1997 Red Book II said: “The Liberal government endorses pharmacare as a long-term national objective... We will work with our provincial partners to ensure that all Canadians have access to medically necessary drugs within the public health care system.” They promised “a timetable and fiscal framework for the implementation of universal public coverage for medically necessary prescription drugs” and to make “a significant financial contribution to bringing pharmacare into reality.”

Six years later, they had nothing to show for it. The 2003 Health Accord committed federal and provincial governments to agree on a formula for catastrophic drug coverage by 2005-06. Yet in November 2003, Deputy Prime Minister (then Health Minister) McLellan admitted that the work on catastrophic drug coverage “at this point, has not begun.”

### **Conservative Commitment**

A new Conservative government supports the goal of achieving national catastrophic drug coverage by 2005-06, and will make a proposal to the provinces for a nationally run catastrophic drug program. Given the federal role in the testing and regulation of drugs, it makes sense for the federal government to play a lead role in this area.

We will propose that the federal government assume all costs for catastrophic drug coverage over \$5,000 per person per year, and that the federal government, in consultation with the provinces, develops a national formulary of eligible drugs.

We have allocated between \$600 million and \$800 million dollars for the next four years to pay for the establishment of a national catastrophic drug program.

## **Holding Federal and Provincial Governments Accountable**

Now that Canada's first ministers have agreed to the national Health Accord, there must be the political will to follow through. At the federal level, this means providing an adequate, predictable, and growing level of funding to support health care and ensuring that key deadlines are met.

### **Liberal Record**

The federal and provincial governments have missed the deadlines they set for progress on health care reform. Deadlines have been missed for the development of new health care indicators for timely access, quality, sustainability, and health status and wellness. A common list of home care services to be covered has not been developed. And we have heard no details on how catastrophic drug coverage will be added to provincial health care plans by 2006.

### **Conservative Commitment**

A new Conservative government led by Stephen Harper will insist on accountability under the Health Accord. We will:

- Ensure that performance indicators on timely access, quality, sustainability, and health status and wellness are developed.
- Provide Canadians with a list of common home care services eligible for coverage.
- Report to Canadians on how provinces are planning to ensure that all Canadians have access to catastrophic drug coverage by 2005/06.
- Work with the provinces through the Canada Health Council to monitor and report on waiting lists and explore ways of dealing with the problem.

## **Handling Public Health Emergencies**

In recent years, new epidemics have spread from one side of the world to another with astonishing speed. Whether one looks at AIDS, Ebola, SARS, or the Avian flu, we are living in a “new normal,” where today’s isolated outbreak in Asia or Africa can become tomorrow’s crisis in Vancouver or Toronto. Diseases like Avian flu or BSE have threatened to cross over from the animal to the human population. And there is the ongoing threat of bio-terrorism in a post-September 11 world.

### **Liberal Record**

Under the Liberals, the federal government has been far too slow and uncertain in responding to public health emergencies. During the 2003 SARS outbreak, the federal response seemed to be limited to handing out pink cards at the airport and arguing with Ontario over compensation. The federal government’s own report into the SARS outbreak conducted by Dr. David Naylor of the University of Toronto criticized Health Canada for being “largely invisible” during the crisis.

The government belatedly announced the creation of a Canada Public Health Agency and a Chief Public Health Officer of Canada, moves which the Conservative Party supports. But the government must provide adequate support to these new bodies and ensure that the selection of the Chief Public Health Officer and the location of the Canada Public Health Agency do not become political footballs. Canadians must demand better in response to public health emergencies.

### **Conservative Commitment**

A new Conservative government will:

- Support the appointment of a Chief Public Health Officer and the creation of the Canada Public Health Agency.
- Clearly define federal and provincial governments’ roles during public health crises.
- Settle on a compensation formula for public health emergencies to avoid unseemly squabbles over money while patients are still at risk.

# **Access to New Drugs and Natural Health Products**

## **Liberal Record**

Canadians continue to face unacceptable delays in getting access to new life-saving drugs because of federal red tape. A major study published last year in the *Annals of Pharmacology* showed that in Canada, average drug approval time was 704 days compared to 393 days in the United States.

Longer review times mean that Canadians wait longer for the benefits of new and improved drugs, and make the Canadian pharmaceutical industry less internationally competitive.

Furthermore, while Canadians are being denied timely access to major new pharmaceuticals, they are also having difficulty getting access to natural and complementary health products.

## **Conservative Commitment**

A new Conservative government will clear the drug approval backlog and bring drug approval waiting times in line with the U.S. average.

A new Conservative government will treat natural health products as “food style” rather than “drug style” products.

## **Summary of Commitments**

### **Building on the 2003 Accord on Health Renewal**

The new Conservative Party supports the implementation of the 2003 Health Accord.

A Conservative government led by Stephen Harper will work with the provinces to implement the commitments of the 2003 Health Accord. We will seek to bring Alberta and Quebec into the Canada Health Council to make it truly representative of all Canadians.

### **Stable Long-Term Funding for Health Care**

A new Conservative government will keep the \$36.8 billion, five year financial commitment agreed to by the federal government to implement the Health Accord.

A new Conservative government is also prepared to negotiate with the provinces to achieve a greater long-term federal commitment to health care funding, provided that new funding is linked to achieving the broader health reform goals of the 2003 Accord. We are committed to providing \$2 to \$3 billion per year over five years in additional transfer payments for health care, provided that there is agreement with the provinces on fulfilling the objectives of the Accord.

A new Conservative government will propose to the provinces a federal program for catastrophic drug coverage mentioned in the Accord.

The new Conservatives will also revisit the equalization formula. We will move towards a ten-province standard that excludes non-renewable resource revenues from the equalization formula (helping the Atlantic provinces and Saskatchewan, in particular), and do so in a manner that ensures no provinces receiving equalization will receive less money during the transition to the new formula than the current formula provides.

### **Catastrophic Drug Coverage**

A new Conservative government supports the goal of achieving national catastrophic drug coverage by 2006, and will make a proposal to the provinces for a nationally run catastrophic drug program. Given the federal role in the testing and regulation of drugs, it makes sense for the federal government to play a lead role in this area.

We will propose that the federal government assume all costs for catastrophic drug coverage over \$5,000 per person per year, and that the federal government, in consultation with the provinces, develops a national formulary of eligible drugs.

We have allocated \$600 million to \$800 million per year over the next four years to pay for the establishment of a national catastrophic drug program.

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- Ensure that performance indicators on timely access, quality, sustainability, and health status and wellness are developed.
- Provide Canadians with a list of common home care services eligible for coverage.
- Report to Canadians on how provinces are planning to ensure that all Canadians have access to catastrophic drug coverage by 2005/06.
- Work with the provinces through the Canada Health Council to monitor and report on waiting lists and explore ways of dealing with the problem.
- Propose to the provinces a federal program for catastrophic drug coverage.

### **Handling Public Health Emergencies**

A new Conservative government will:

- Support the appointment of a Chief Public Health Officer and the creation of the Canada Public Health Agency.
- Clearly define federal and provincial governments' roles during public health crises.
- Settle on a compensation formula for public health emergencies to avoid unseemly squabbles over money while patients are still at risk.

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