**2019 BUDGET CONSULTATIONS**

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The Hamilton, Burlington and Oakville Chapter of the Congress of Union Retirees of Canada (HBO CURC) represents approximately 6,000 members and their families in the Greater Hamilton area.

My remarks focus on two issues: The current state of Ontario's Health Care System and the Ernst and Young recommendations contained in the "*A Modernization Action Plan For Ontario-a Line-by-Line Review of the Ontario Governments Expenditures 2002/03-2017/18 Report*".

**First - Ontario's Health Care System**

HBO CURC is gravely concerned about the current status of Ontario's health care system and its related services. We believe that the health care system is facing a financial and personnel crisis. A crises that's impacting directly on seniors and their families.

The fundamental problem in Ontario is not ER overcrowding so much as it is hospital overcrowding. The waits in the ER are due to not to the inflow of patients, but to inadequate outflow-a lack of beds for patients who need to be admitted for care. That's why we have hallway medicine.

Ontario's public funding of hospitals as a percentage of provincial GDP 2016 is 2.43 the lowest in Canada. The average of other provinces is 3.70.

Ontario's public funding of hospitals per person 2016 [in current dollars] is $1,389.24. The average of other provinces is $1,929.60.

HBO recommends that Ontario's hospitals be funded to a least the averages of the other Canadian provinces.

Ideally, hospitals should function at about 85% capacity; those that do, don't have ER waits or patients on gurneys in hallways. Instead, many Ontario hospitals routinely operate at 90% to 100% capacity which means that they have massive overcrowding problems.

HBO CURC is pleased that the government re-announced in the Fall Economic Statement that there will be 6,000 new long-term care beds. It should be noted that the former Liberal government started to implement 5,000 of the 6,000 long term care beds.

It must also be noted that Ontario ranks second to last in Canada in the number of long term care beds per capita. See table attached.

HBO CURC recommends that the number of long-term care beds per capita be drastically increase and phased in over the next four years.

HBO CURC is concerned that the Premier has cited incorrect numbers for hospital bed costs and raised the issue of another round of hospital bed cuts. The Premier was quoted in the media that 'comparable hospital beds cost $3,500 while long-term care beds cost a fraction of that." This implies that "efficiencies" can be found by cutting hospital beds and moving patients to cheaper long-term care private facilities.

You cannot cut higher care hospital beds and offload patients to unregulated private long-term facilities, places where they won't get enough care.

Hospital beds are funded at rates that reflect the intensity of care provided in them. Hospital long-term care beds receive the same funding as long-term care beds in other facilities, but even the most intense hospital beds- Intensive Care Unit (ICU) beds- do not cost as much as $3,500 per day. Acute care bed funding ranges from several hundred to a thousand dollars or more per day depending on the level of care that patients need.

**Dementia**

Ontario is facing a growing problem of increased incidences of dementia in the elderly population. The need for safe and appropriate care is growing, yet there is no current plan to meet this challenge. Wait lists for long-term care number over 34,000 and families are suffering, sometimes for years without support. While there is compassion in many long-term care homes across the province, there are persistent problems, including systemic inadequacy of care levels; homes working short-staffed; insufficient training and support to provide care for those with behavioural issues; and shocking levels of fatal violence.

Care relationships in long-term care are central to treating long-term care residents, staff and families with dignity and respect.

Ontario's long-term care homes have the longest wait lists in the country, high levels of occupancy, and increasing levels of acuity or complexity among residents. Wait lists number more than 34,000. The number of 6,000 new long-term beds, is totally inadequate and leaves tens of thousands of people without the care they need

HBO CURC recommends that the Ontario government plan to build capacity to meet the need for long-term care beds now for all patients. This capacity should be built in public and non-profit homes that are operated for the public good.

Evidence shows that non-profit and public long-term-care homes provide higher staffing levels, better resident care outcomes, and are preferred by Ontarians

**Ontario is now projecting a 2018-19 deficit of $14.5 billion**

To address the deficit the Ontario government commissioned two major studies: The Independent Financial Commission of Inquiry which focused on some public pension plan assets and the financing of the Fair Hydro plan.

The other study, released September 21, 2018, focused on a line-by-line of government expenditures between 2002-2018. The study, along with recommendations was conducted by Ernst and Young.

The recommendations included:

* Modernizing services through better use of digital and shared service models
* Finding more cost efficient ways of administering government
* Ensuring government funding is directed to those that require it the most
* Maximizing the value of government assets, and putting them to productive use

***My remarks focus on the following six proposals from the Ernst and Young Report:***

**Means Testing Proposal**

Reconsider application of universality to all programs by developing a consistent set of principles to apply means testing to selected programs.

HBO CURC is opposed to the Means Testing Proposal on the grounds that not everyone would get access to what are now universal social programs and services. The biggest universal social program in Ontario is OHIP, the universal health care program. Means testing a program like OHIP, would introduce a whole range  of complex requirements to use it. No longer would a person be able to go to a doctor to get a free check up, or have surgery without getting a bill. Instead, a person would have to prove their income level and submit a whack of paperwork to determine if the person had to pay for the medical service. Middle income earners would be excluded from programs and services they now receive for free.

The means test proposal should be scrapped.

**Monetize Operating Assets**

The proposal to Modernize Operating Assets through divestiture or the use of Alternative Service Delivery and generating a one-time cash payout by selling all or a portion of government Business Enterprises (GBE's) has serious implications.

HBO CURC is opposed to selling off government assets to private companies who will jack up the prices to turn a profit. This could well include a range of public assets from water delivery, LCBO and provincial airports.

**Workforce Optimization and Rostering**

The proposal to shift to an agile workforce dynamic and optimizing the ratio of Registered Nurses (RN's) to Registered Practical Nurses (RPN's), optimizing the ratio Full Time to Part Time resources and aligning the staffing complement to the level of patient acuity has serious implications.

HBO CURC is opposed to this proposal on the grounds that unions that represent nurses and other health care providers will have their basic rights to protect their members undermined. Ultimately nurses may well be fired. Health care services to patients may well be compromised.

**Full-Cost Recovery- Charge Higher Fees To Access Government Services**

The proposal to recover the full cost of providing transactional services wherever a direct beneficiary of a service can be determined is unacceptable.

HBO CURC is opposed to paying bigger fees to access basic government services like renewing your driver’s license and court costs. If you use government services now for free, expect to start paying for them.

**ProcuremenT**

This proposal proposes to expand the Alternative Financing and Procurement (AFP) model where the size and scope of projects could lead to improved project outcomes.

What this really means is that management of basic infrastructure projects will be privatized and overseen by for-profit corporations who have every incentive to cut corners and inflate costs in order to pad their bottom line. Once the project is complete, the private company can charge people to use it-like a toll road. Totally unacceptable.

**Real Property and Infrastructure**

The proposal-consolidation of contracts and aggregation of spending across vendors to further leverage economies of scale.

HBO CURC has concerns that this proposal would give the government contracts to fewer companies. Who would benefit from this proposal-companies friendly to the government of the day? This is not a transparent process