

Question 2: Health care is the number one issue for Ontarians and Canadians. The CTF has proposed modernizing the Canada Health Act with five new principles of universality, public governance, quality, accountability, choice, and sustainability along with structural reforms in delivery and financing (including pre-funding) of health care. What reforms do you propose for our health care system?

TC: One issue matters to Ontarians above all others: saving medicare. As Ontario's Minister of Health and Long-Term Care, I know that even with record levels of health funding, too many patients feel powerless and worried that they no longer have timely access to health services. That is why one of my five goals for Ontario is to ensure Accessible Health Care for All. In the long-term, we must work toward a pan-Canadian consensus on the future of our health-care system; in the short term, we can take intelligent, concrete steps to make the system more efficient - and more accessible.

To that end, my specific policy proposals are:

- Expand the government's 24-hour seven-day a week health care system by continuing to build the infrastructure for Family Health Networks and by co-locating 24 hour family health clinics close to emergency rooms to reduce the pressure on our precious emergency room resources;
- Develop a health care human resources strategy to ensure that we have enough health care professionals, in the right places, at the right times, with the right knowledge;
- Reduce tobacco use in Ontario through a new levy on tobacco through a new levy on tobacco products equivalent to \$5.00 per carton;
- Improve health care infrastructure in this province and must do this through partnerships with the private sector. It makes sense to involve the private sector in the "bricks and mortar" of health care, in the financing, ownership and management of non-clinical aspects of hospitals and diagnostic clinics - not hiring doctors or nurses; and
- Develop a seniors' health strategy. Demographics demand it, and seniors deserve it. Ontario already has one the world's best strategies for helping those with Alzheimer's disease. I want to use the same approach to develop a comprehensive plan to address all the major diseases of aging - one that ensures we have the resources to meet the growing demand for certain types of services such as knee and hip replacements and arthritis-related problems.

EE: I agree with the principles of universality, public governance, quality, accountability, choice, and sustainability outlined by the Canadian Taxpayers Federation.

I am completely committed to ensuring that everyone in Ontario, regardless of their ability to pay, has the health care they need, when they need it and where they need it. If I am fortunate to win the leadership and become the Premier of Ontario, then I will lead a government where all ideas that could strengthen our universal, accessible public health care system will be on the table for debate.

I am committed to ensuring that all healthcare providers are at the table to develop solutions in a non-political environment. This includes a dialogue with all frontline healthcare providers, who know the system the best.

I will create the necessary policy changes to enable nurses and nurse practitioners to take on greater responsibilities in patient care.

I believe that private clinics can play a more important role to increase access within a public, universal health care system. I would pursue public private partnerships as a way to improve the delivery of services, like we have done with kidney dialysis.

I will expand and build on the Ontario Cancer Network that I introduced in the 2000 Budget to ensure more cancer patients get access to the latest in treatment technology with an immediate goal of eliminating altogether breast and prostate cancer, and the ultimate goal to eliminate all cancer.

I believe that OHIP needs to provide quarterly itemized statements to patients so that the people of Ontario will know the costs of the services they have received.

I believe there is a future for SmartCard Technology. SmartCard Technology can help integrate all aspects of our health care system. There needs to be improved accountability whether it's in hospitals, physicians or Ontario's Drug Benefit program.

JF: Waiting lists need to be shortened, particularly for cancer-care. My three-point plan involves:

- hiring an additional 350 radiation therapists, radiation oncologists, medical physicists and registered nurses to work in the new and existing regional cancer centers;
- building and making the new regional cancer centres fully operational; and
- committing to fast-track the regional cancer care expansion projects.

I am also committed to medium- and long-term initiatives. These include:

- the creation of more spaces in universities to train medical professionals;
- the recruitment and retention of cancer experts in Ontario;
- finding ways to use existing resources better;
- the establishment of mobile response teams; and
- beginning to work with various stakeholders on prevention and early detection initiatives.

While we need to look at ways of reducing waiting lists for health care treatments, we cannot compromise universal accessibility. Universal access is a cornerstone of our health care system.

CS: Unlike my opponents, I realize that we have a fundamental problem. As Premier of the province, I will not allow the government to run a deficit. With this position clearly laid out, reality quickly sets in. There is no doubt that we need more money for health care in this province. On this and other core priorities, myself and all the other candidates in this race agree that we must protect and uphold our commitments in health care, education, the environment and assistance and support for the disabled.

However, in the absence of any changes, we could be running a \$3 billion to \$5 billion deficit in fiscal 2002. If we uphold our commitments in the four policy areas outlined above, we only have \$11 billion left for all other public spending initiatives.

This is why I have proposed re-instituting health care premiums (\$34/ month for individuals and \$68/month for families). They will:

- a) Provide more revenues to fund health care;
- b) Enhance revenues in order that we can protect our other priority spending areas; and
- c) Ensure that we do not run a deficit.

The benefits in the domain of health care and its public administration are five-fold:

- We generate needed revenues;
- We provide a check against fraud as premiums empower us to build an eligibility list of who is eligible and who is not in this province to receive health care and this will be updated quarterly. With estimates of fraud as high as \$1.1 billion annually, this means that premiums won't generate between \$2.4 and \$4 billion, rather they will free up \$3.5 to \$5 billion annually with the bonus accruing from rooting out most fraud;
- They provide a check for potential doctor over-billing;
- We re-instill in people's minds that health care is not free, indeed the Province will spend \$26 billion on health care in the coming fiscal year; and
- We maintain a universally accessible system for all Ontarians. The appropriate low-income cutoffs will be in effect to ensure that any individuals on fixed-incomes (i.e.: those receiving senior's benefits, single parents receiving government assistance or others) will still have equal access to health care.

EW: I believe that the government should put its energies into making the public health system more accessible. I also believe there are more efficiencies that can be found within the current system. I am committed to achieving these objectives while maintaining a single-tier, publicly funded health care system.

My health care policy is focused on developing a human resource strategy to ensure accessibility to health providers, services and treatment, multi-year funding for hospitals and long-term care facilities, as well as the creation of a Provincial Nursing Placement Agency and advocacy for a coordinated national approach to speed up certification and approval for foreign-trained doctors. I also strongly believe that a National Pharmacare Program is long overdue. The fragmentation and inconsistency of the various provincial drug benefit programs contribute to higher costs for provinces and a lack of portability across Canada. We must also shift the focus from illness to wellness and health promotion.



For more information please contact:
Walter Robinson or Bruce Winchester at
613-234-6554 or 1-800-265-0442.