

Ontario Health Coalition

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Attn: Assignment Editor

Ontario Budget Leaves More than 30,000 Ontarians Waiting for Health Care

In a provincial budget that notes Ontario is a "low tax" (and low service) province that spends the least on public services of any province in Canada, the government has unapologetically written a provincial budget that will lead to ballooning health care wait lists, more out-of-pocket costs, and unsafe conditions for Ontario patients.

"The funding levels for health care services in the provincial budget are worse than expected," noted Natalie Mehra, director of the Ontario Health Coalition. "Funding levels announced for hospitals and long-term care are far less than what is needed to maintain existing services, let alone address backlogs. The result will be major cuts to needed care services, longer wait lists for long-term care and unsafe conditions in our hospitals.

"The good news is a substantial increase per year in home care funding, up from the pattern of the last decade which has seen home care shrink as a proportion of health care spending," she said. "With the new investment, it is time to create a public non-profit home care system. Otherwise this budget is a recipe for privatization by stealth: moving care from public and non-profit hospitals to for-profit home care companies and nursing homes."

"While increases in home care are needed and will help those who are eligible and appropriate for such services, they are not a total "trade-off" with the hospital cuts," she explained. "To pretend otherwise is simplistic and manipulative, and ignores the real health needs of thousands of Ontarians."

"Furthermore, red flags should be raised by the budget announcement of "more flexibility" within long-term care homes' funding for operators to spend money where they choose, since most of these facilities are owned by for-profit companies, including large multinational profit-seeking chains," she warned.

After years of corporate tax cuts, the provincial budget proposes to pay for the ensuing deficit by, not only the impending hospital cuts and burgeoning long-term care wait lists, but also by freezing the minimum wage and social assistance, worsening income inequality, one of the most significant social determinants of health.

Key issues:

- Prior to the provincial election, the government projected 3.6% annual funding increases for health care. Don Drummond proposed 2.5%. This budget announces 2.1%.
- The budget announces a hospital funding freeze. Hospital global budgets are set at 0%; less than inflation and population growth/aging factors. This will result in hospital deficits and another round of major hospital cuts across Ontario. Ontario has cut more than 18,500 hospital beds since 1990 and now has the fewest hospital beds per capita of any province in Canada and funds hospitals less than all other provinces but one. The evidence is clear that hospital cuts have already gone too far. Already hospital occupancy rates average 98% across Ontario – a level that is so unsafe as to be unheard of in developed countries. Ontario has extraordinarily long wait times for patients waiting in emergency departments to be admitted into hospital because we have such a severe shortage of beds into which to admit patients. This budget puts rural hospitals at serious risk.
- There are more than 30,000 Ontarians on long-term care wait lists. This budget contains nothing new to alleviate these waits which Health Quality Ontario reports have tripled since 2005.
- The budget is almost entirely focused on moving patients into the cheapest mode of care, not on meeting need for care.
- At the same time as the government is severely curtailing hospital funding, they are introducing a new funding formula. British physicians wrote an open letter to Canadian governments warning about the new payment for procedure system that Ontario is adopting, citing its destabilizing and privatizing effects.
- The budget announces new user fees for high-income seniors receiving Ontario Drug Benefits. The OHC is concerned about eroding universality in our health care system – the principle that holds that “judge” and “janitor” should share a hospital ward, ensuring that the judges have an interest in keeping good quality services for everyone. If the government is willing to introduce user fees for wealthy seniors, why not just tax the wealthy?

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