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For Immediate Release

Attn: Assignment Editor

Patients Subject to Thousands of Dollars in Extra User-Fees for Health Care: New Private Clinics Survey

Governments Slammed for Failure to Take Action to Protect Patients

Toronto – Surveys of hundreds of private health clinics and patients reveal that extra user-fees amounting to hundreds or even thousands of dollars are threatening access to health care and hurting patients, and Canada’s governments are doing too little to stop it. A new cross-Canada study includes the results of surveys with of 136 private hospital, diagnostic and “boutique” physician clinics across Canada and with almost 400 individual patients. Both clinics and patients were asked about extra user-charges for needed health care services. Under the Canada Health Act such user fees are forbidden. But the Health Coalition found evidence that at least 88 clinics in six provinces are charging extra user-fees. Two-hundred and fifty patients detailed instances in which they have been charged for care. The report, “Private Clinics and the Threat to Public Medicare in Canada” is available online at: www.ontariohealthcoalition.ca .

Health Coalitions and public-interest advocates across Canada are warning that challenges to public health care posed by private clinics have come to a head, and unless governments act to protect patients, public health care is at risk. Two major legal actions have been launched from opposite sides of the country: in British Columbia, private clinics have brought a charter challenge to dismantle legal prohibitions on extra billing, user fees and private insurance. In Quebec almost half-a-million seniors petitioned the federal court to force the Federal Health Minister to stop burgeoning user fees. At the same time, Saskatchewan’s government passed legislation to bring in two-tier health care in flagrant opposition to the Canada Health Act.

“As private clinics have moved in and taken over services provided by our public hospitals, they have bolstered their owners’ incomes and profits by charging extra user fees to patients amounting to hundreds or even thousands of dollars,” explained Natalie Mehra, executive director of the Ontario Health Coalition and the report’s author. “We found that the majority of private clinics are charging extra user fees to patients, with many also billing the public health system. We found that costs for patients in the private clinics are exorbitant – up to five times or more than those in the public system.”

“As a result of extra charges for health care, patients described running short on rent, using a significant amount of their pension, forgoing groceries, and finding themselves unable to buy things for their families,” she reported. “The stories are shocking. It is unacceptable that patients are manipulated into paying outrageous prices for health care when they have already paid in their taxes. Health care should be based on need, not wealth. This is the cornerstone principle of public health care and it has come under threat.”

“Under Canada’s Public Medicare system, provinces are required to protect patients against unlawful user charges and extra-billing,” said Adrienne Silnicki, national coordinator of the Canadian Health Coalition. “The federal government is obligated to uphold the law and has the power to penalize provinces that fail to comply. Both levels of government also have an obligation to provide needed hospital and physician care to meet our communities’ needs. But they are failing to do so.”

The coalitions are calling for:

1. Federal and provincial governments to recommit themselves to the Canada Health Act and the values of equity and compassion upon which it is based. The federal government must uphold the Canada Health Act, stop illegal user-fees for patients, and impose penalties on provinces that fail to protect their residents.
2. The privatization of public and non-profit hospital services to be stopped. Capacity must be built in our public hospitals and services that have been cut and shed from public hospitals must be restored.
3. Governments at both levels to engage in sound planning to build public hospital capacity to reduce wait lists and to act to improve equity and access.
4. The Federal government to reverse funding cuts imposed in the recent bilateral funding deals with provinces and territories, and to provide a Canada Health Transfer of at least 5.2% as recommended by the Parliamentary Budget Office, the Conference Board of Canada, the Ontario Accountability Office and Health Coalitions across Canada.
5. Governments at all levels to protect public health care from international trade agreements through a general carve out for all health care services.

For more information, please contact: Natalie Mehra, executive director, Ontario Health Coalition 416-230-6402 (cell); Adrienne Silnicki, national coordinator, Canadian Health Coalition 613-402-6793 (cell); Sandra Azocar, executive director, Friends of Medicare (Alberta) (cell) 780-995-6659; Chris Parsons, provincial coordinator, Nova Scotia Health Coalition (cell) 902-880-8628; Adam Lynes-Ford, B.C. Health Coalition (cell) 604-787-6560; Mary Boyd, chair, P.E.I. Health Coalition (cell) 902-388-2693; Chief, chair, Saskatchewan Health Coalition (cell) 306-880-2488.