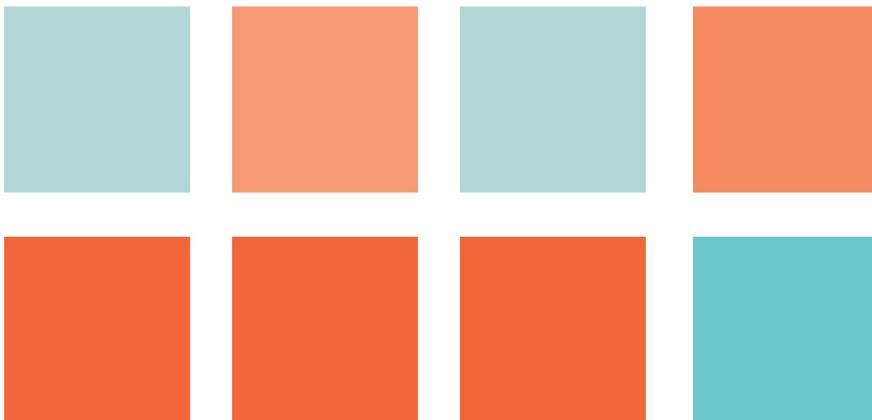


**RNAO 2024 Federal  
Pre-budget  
Submission**

Feb. 9, 2024



The Registered Nurses' Association of Ontario (RNAO) represents 51,650 registered nurses (RN), nurse practitioners (NP) and nursing students across the province. For nearly a century, the association has advocated for changes that strengthen the nursing profession and improve people's health. RNAO welcomes the opportunity to present the views of Ontario's nurses concerning Canada's spending priorities.

## Introduction

The biggest issues of our time are issues that stretch across this vast country. Many of them stretch beyond our borders to envelop our planet. Our provinces and territories will be impacted differentially and will respond differently, to be sure, to all these issues. Yet, there is an urgent need for the federal government of Canada to exert national and international leadership like few other times in the history of Canada. To this end, RNAO offers several recommendations below.

Our planet is racing to climate catastrophe. With temperatures rising significantly faster in Canada than the rest of world and following a record wildfire season in 2023, it is clear that our efforts to mitigate that catastrophe are trailing dangerously far behind. With Canada's oil and gas sector emissions still not capped and cut we are simply not doing our fair share.

Nor are we doing enough to help Canadians, coast to coast to coast, who are struggling to afford the non-discretionary things in life – energy, food and housing. Canada's health system has an important role to play in both the provision of health care and the redistribution of wealth in Canadian society.

More needs to be done to sustain and protect the 70 per cent of our health system that is now publicly funded and to include necessary services such as pharmacare, comprehensive and universal dental care and home care under Canada's publicly funded system. Canadians need relief from out-of-pocket expenditures for these necessities of life.

The protection and expansion of medicare in Canada turns largely on the federal government's response to the health human resource crisis. For Canadians, this crisis manifests as long wait times, hallway health care, delays in treatment and surgery and – sometimes – the absence of services. And for some, these circumstances are seen as an opportunity to profit. Enormous pressure to exploit health-care needs, and to undermine the *Canada Health Act*, will continue so long as publicly-funded not-for-profit services remain desperately short of health professionals to provide care and services. In particular, nurses – the backbone of Canada's health system - feel the strain of excessive workloads and poor compensation. Nurse retention and recruitment must be a central objective of the federal government.

RNAO welcomes the government's forward motion on a Canadian disability benefit. And, we remind the government that there are many other communities across the country with present-day needs – some that are rooted in long histories of colonialism, racism and discrimination. Indigenous communities across the land need equal access to services, more and better infrastructure and ensuring not a single community goes without clean drinking water. The Truth and Reconciliation Commission's calls to action

and the calls for justice from the National Inquiry into Missing and Murdered Indigenous Women and Girls remain largely unheeded. Racism and discrimination of all types still infect Canadian society and workplaces, including Canada’s health system.

We urge the federal government to increase its fiscal effort and ensure that the recommendations that follow find their place in the 2024–25 federal budget.

Recommendation #	Recommendation Summary
<b>1. Health care</b>	
1.1 Increased federal transfers	Immediately increase the federal share of total government health care expenditures to 35 per cent, including targeted funding to combat the nursing crisis and to expedite the implementation of team-based primary care. Federal-provincial transfer agreements to embed evidence-based, publicly-reported and annual accountability measures.
1.2 Protect and expand medicare	Establish or expand national programs to cover three core areas currently missing from our medicare system: pharmacare, dental care and home care. Protect our health system from investor-driven health care.
1.3 Long-term care (LTC) national standards	Provide increased targeted funding for the LTC sector to increase the workforce and enforce minimum staffing and skill mix standards.
1.4 Mental health and substance use	Ensure the \$25 billion funding provided over 10 years starting 2023-34 is targeted to mental health as part of the 2023-24 bilateral agreements, and as guided by the 2023 National Mental Health and Addictions Services standard and the 2023 National Suicide Prevention Program standard.
<b>2. Nursing</b>	
2.1 A national nursing human resources strategy	Target at least 10 per cent of increased federal transfers (above and beyond funds already committed) to retention and recruitment initiatives to combat the nursing crisis, with strings attached to ensure accountability for expenditures. Leverage <a href="#">Health Workforce Canada</a> to develop a rolling 10-year evidence-based health human resources plan. Annually update and publicly report outcomes and plan revisions.
<b>3. Social determinants of health</b>	
3.1 Truth and reconciliation	Implement with urgency the Truth and Reconciliation Commission’s calls to action and the calls for justice made by the National Inquiry into the Missing and Murdered Indigenous Women and Girls. In the wake of the Supreme

	Court’s decision confirming the constitutionality of Bill C-92, continue funding Indigenous child and family service programming as developed under Bill C-92 – a clear win for Indigenous children; and, clear the backlog of Jordan’s Principle requests and adhere to processing and reimbursement standards, immediately.
3.2 Housing	Implement the 10 recommendations in the Canadian Alliance to End Homelessness (CAEH)’s National Housing Accord, with a priority on increasing availability of social housing across the country in the near term.
3.3 Income protection	Ensure that federal income protection provisions support health and dignity.
<b>4. Environmental determinants of health</b>	
4.1 Climate, a green recovery and biodiversity	Act with urgency and ensure prompt action with a science-driven, comprehensive plan to address the climate and biodiversity crises.
4.2 Clean water	Ensure all communities have access to safe drinking water as a matter of the highest urgency.
<b>5. Fiscal capacity</b>	Generate sufficient revenue to pay for the services necessary to deliver a healthy society and a healthy environment, reduce extreme inequalities and ensure that the balance of payments is sustainable.

# Recommendations

## 1. Health care

### 1.1 Increase federal transfers

While federal health transfers as a proportion of Ontario health sector spending has increased over pre-pandemic levels, RNAO continues to call for an immediate increase of federal transfers to 35 per cent of total government health care expenditures to ensure sustainability of health care delivery consistent with the *Canada Health Act* across the country.

Figure 4

FAO projected federal health transfers as a proportion of Ontario health sector spending, per cent



Source: Public Accounts of Ontario, 2023 Ontario Budget, FAO analysis of information provided by the Province, and publicly available Government of Canada information.

**Source:** Financial Accountability Office of Ontario, *Ontario Health Sector: 2023 Budget Spending Plan Review*

Critical target areas for increased federal transfers include: addressing pan-Canadian surgical backlogs, enhancing quality of long-term care and bolstering nursing health human resources. Further, more work needs to be done to advance a pan-Canadian approach to primary care especially in light of Canada’s poor standing compared to 11 peer high income countries<sup>1</sup>. Targets set out in the 2004 Health Accord for access to team-based primary care remain unmet, although solutions remain ready at hand for immediate implementation – including nurse practitioner-led models of care.

RNAO urges the government to earmark additional federal funding to address Canada’s serious nursing crisis and other national health-care priorities, with investments that are made to add to – not replace – existing provincial budgetary commitments. These federal transfers must:

- secure the principles of the *Canada Health Act*, ensuring transfers do not support for-profit health care in Ontario or, in any way, support provincial spending on for-profit health care, and
- come with accountability measures to ensure the transfers meet their intended purposes and outcomes.

### Recommendations:

- Increase federal transfers to provinces and territories to 35 per cent of total government health care spending, with strings attached.

- Target at least 10 per cent of this increase to retention and recruitment initiatives to combat the nursing crisis, with strings attached to ensure accountability for expenditures and ensure that bilateral agreements address evidence-based health human resources (HHR) shortages particular to the jurisdiction.
- Provide targeted funding to expedite the implementation of team-based primary care, including nurse practitioner-led clinics, community health centres, family health teams and Aboriginal health access centres.
- Contingent on provincial governments withdrawing plans to use for-profit services and facilities, provide targeted funding to support the elimination of surgical, treatment and diagnostic backlogs by ensuring that publicly-funded, not-for-profit hospitals have the resources to:
  - maintain availability of operating rooms, step-down units and diagnostic facilities and equipment twenty-four hours per day, seven days per week
  - provide the necessary staff to make these facilities and services functional and safe.

## 1.2 Protection and expansion of medicare

Health-care coverage remains uneven across the country<sup>2</sup>. Each province and territory provide different levels of coverage in areas such as long-term care (LTC), home care, pharmacare, physiotherapy and dental care. Similarly, each province and territory either encourage and support, or tolerate, different degrees of private, for-profit care in their health system – witness Ontario’s Bill 60, and the expansion of private, for-profit surgical clinics. The federal government must enforce the letter and spirit of the Canada Health Act. Investor-driven health care corrodes medicare.

In 2023, the private share of spending reverted back to the norm of about 30 per cent of total national health care expenditures after decreasing slightly through the pandemic. Per capita out of pocket expenditures are forecast to rise nine per cent in 2023, driven in part by total drug spending which continues to outstrip overall growth in health spending.

The federal government must play a key role in expanding the public share of health expenditures and limiting, in particular, out-of-pocket health expenditures for Canadians. Investor-driven health care creates a dynamic in both our health system and our political system that threatens the future of universal, not-for-profit care in Canada.

### Recommendations:

- Pass immediately the legislation needed to support a publicly-funded, universal, single-payer pharmacare program that covers all medically-necessary drugs. The initial steps to implement such legislation need to be taken within the 2024–25 budget year.
- Expand the current “fill-in-the-gaps” dental care system into a publicly-funded, universal system.
- Expand home care across the country to limit demand for institutional care (such as hospital and long-term care), to reduce unmet care needs, and to limit out-of-pocket expenditures for Canadians in need of care within their own homes.

### 1.3 Long-term care national standards

RNAO has applauded the federal government’s 2021 commitment to invest \$3 billion over 5 years to improve safety in LTC, including the development of standards and stabilization of the workforce. However, to truly enact meaningful change in the long-term care sector, increased funds must be dedicated to the adoption of and adherence to the national standards of care, including minimum, enforceable staffing and skill mix standards.

The COVID-19 pandemic laid bare a fundamentally flawed LTC sector, in desperate need of improvements. Compared to other Organization for Economic Co-operation and Development member countries, the percentage of COVID-19 fatalities in Canadian LTC homes was close to double throughout the pandemic<sup>3 4 5</sup>. Research has shown for decades that each LTC resident requires a minimum of four worked hours of direct nursing and personal care per day<sup>6 7 8 9 10 11</sup>. The need for an appropriate skill mix of health professionals is also key to the provision of safe and dignified care<sup>12 13 14 15 16</sup>.

The RN-to-population ratio in Canada’s nursing and retirement homes has decreased drastically over the past decade --from 70 RNs per 100,000 Canadians in 2013 to 53 RNs per 100,000 Canadians in 2022. Current levels of regulated nursing staff in LTC – especially RN staffing – are dangerously low. Meanwhile, demand for long-term care is expected to reach 606,000 patients in 2031, up from 380,000 in 2019 - an increase of 59.5 percent<sup>17</sup>.

#### Recommendations:

Provide increased targeted funding for the long-term care sector to:

- increase the workforce and expand evidence-based roles in long-term care, including more attending nurse practitioners,
- enhance access to care,
- improve/monitor quality outcomes (e.g. by [embedding best practice guidelines in electronic medical records](#)), and
- enforce national long-term care standards, including minimum staffing and skill mix standards (as per RNAO’s [Nursing Home Basic Care Guarantee](#)).

For further details on the above recommendations, see RNAO’s [Submission to the Government of Canada re proposed Safe Long-Term Care Act](#).

### 1.4 Mental health and substance use

The COVID-19 pandemic compounded a huge unmet need for mental health care in Canada. The leadership of the federal government related to substance use, suicide prevention and access to mental health services is critical to addressing this pan-Canadian health challenge.

## Recommendations:

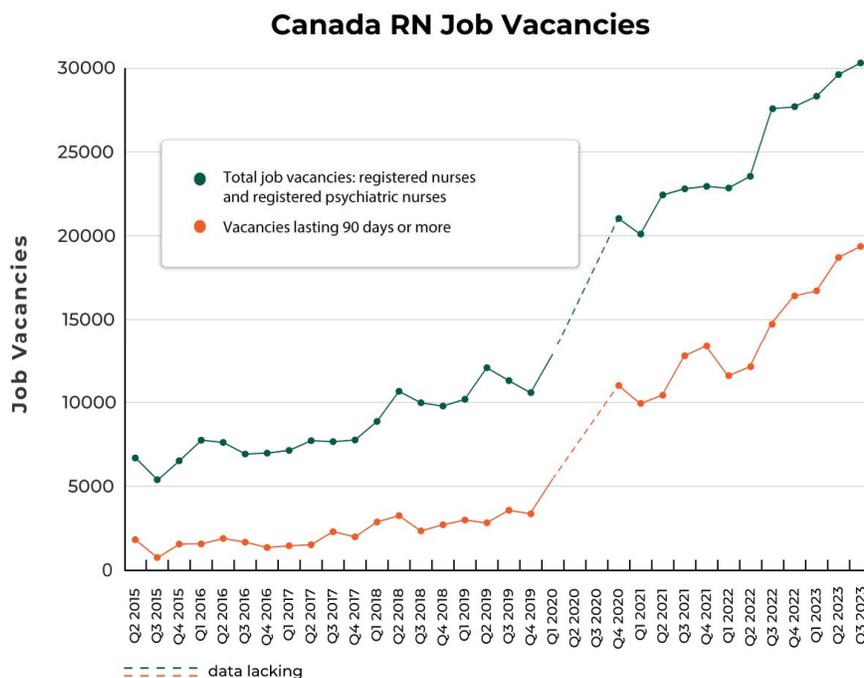
Ensure the \$25 billion funding promised over the 10-year period from 2023–2034 (see item 2.1 below) is targeted to mental health as part of the 2023–24 bilateral agreements, and as guided by the 2023 National Mental Health and Addictions Services standard and the 2023 National Suicide Prevention Program standard. Such funding should be tied to reporting on targeted indicators related to the newly-developed national standards. It should be used to increase access to mental health care, counselling and psychotherapy provided by authorized health care providers, including NP psychotherapists and RN psychotherapists where applicable.

## 2. Nursing

### 2.1 A national health human resources strategy

RNAO is pleased that the federal government has committed \$25 billion over 10 years for tailored bilateral agreements, with one of the identified priorities being “Health workers and backlogs.” We also welcome the funding commitment of \$505 million over 5 years for the development of health-related data indicators and a Centre of Excellence on health workforce data.

Despite these commitments, nursing shortages continue to plague the entire country. There are currently 30,300 RN and registered psychiatric nurse job vacancies in Canada – nearly triple the number of vacancies compared to 2019<sup>18</sup>. RN-per-capita nursing ratios have been falling across the country for



decades<sup>19 20</sup>. We require an additional 9,368 RNs in Canada just to match the number of RNs we had on per-capita basis in 2013.

Most provinces and territories are failing to address the nursing crisis, although some positive steps have been taken by British Columbia and Nova Scotia (e.g. commitments to adopting nurse-to-patient ratios)<sup>21</sup>. More funding must be allocated from the federal government—with strings attached – to meaningfully address the nursing crisis in Canada.

The impact of the pandemic on all HHR has shone a light on the dire need for comprehensive and publicly available pan-Canadian HHR workforce planning. Further, any meaningful response to the nursing crisis must also consider levelling the playing field by promoting equity, diversity, and inclusion (EDI) within the profession. RNAO knows that systemic racism and discrimination in the health system exist as foundational barriers to the retention and recruitment of nurses. Racism, discrimination and microaggressions – such as those experienced by Black nurses<sup>22</sup> – impact profoundly the lives and careers of racialized, Indigenous and 2SLGBTQI+ nurses from coast to coast to coast.

In order to build and sustain nursing careers in Canada, we must rid the nursing profession – its organizations, regulatory bodies, associations and the broader health system – of systemic racism and discrimination in all its forms. Data collection from provinces and territories in the form of outcome and accountability measures embedded in federal transfer agreements is imperative. Such data must also be put to the service of HHR planning by the federal government – including a human resources framework that promotes equitable hiring practices. The federal government must play a role in ensuring that the HHR needed are available to support existing and expanded health services.

### **Recommendations:**

Target at least 10 per cent of increased federal transfers (above and beyond funds already committed) to retention and recruitment initiatives to combat the nursing crisis, with strings attached to ensure accountability for expenditures. Annually update and publicly report outcomes and plan revisions.

Leverage [Health Workforce Canada](#) to develop a rolling 10-year evidence-based health human resources plan, including but not limited to:

- collecting comprehensive national HHR data (including race-based data)
- creating evidence-based tools for health workforce planning
- setting minimum, evidence-based and enforceable standards for care (for example, nurse to patient ratios).
- creating and funding cultural safety education and awareness building programs at the individual, organization and policy levels.
- funding mechanisms to incorporate EDI principles in all HHR policies to ensure fair and equitable access to educational opportunities, professional development and career advancement.
- creating and funding programs that support EDI, such as mentorship, and ensuring that they are available in all workplaces.

For further details on the above national HHR recommendations, see pages 5–6 of RNAO’s [Submission to the Government of Canada re proposed Safe Long-Term Care Act](#).

### 3. Social determinants of health

#### 3.1 Truth and reconciliation

Canada must acknowledge that generations of Indigenous people have experienced and continue to experience trauma because of colonialism. Nine years after the release of the final report of the Truth and Reconciliation Commission of Canada, most of the 94 calls to action are yet to be implemented. Further, the implementation of the 231 calls for justice outlined in the final report of the National Inquiry into Missing and Murdered Indigenous Women and Girls remains outstanding while violence against Indigenous women and girls remains disproportionately high.

#### Recommendations:

- Implement fully and with urgency the 94 calls to action of the Truth and Reconciliation report. Specifically, ensure continuing, sufficient funding for:
  - child and family service programming established through Indigenous legislation under the terms of Bill C-92, An Act Respecting First Nations, Inuit and Métis Children, Youth and Families
  - locating, documenting, maintaining and commemorating burial sites associated with former residential schools, and
  - responding to family wishes to commemorate or memorialize their losses and the children's final resting places.
- Implement fully and with urgency the 231 calls for justice of the National Inquiry into Missing and Murdered Indigenous Women and Girls.
- Clear immediately the backlog of Jordan’s Principles requests and adhere to processing – including response times for information or assistance – and reimbursement standards.
- Provide the funding and resources needed to address the social, economic and health challenges identified by Indigenous communities and flowing from long-standing and ongoing discriminatory practices, including:
  - access to health care by increasing the number of RNs and NPs serving Indigenous communities, ensuring at minimum one NP, able to practice at full-scope, per community,
  - education,
  - adequate housing, and
  - clean water on reserve and in isolated Indigenous communities.

## 3.2 Housing

Housing is a fundamental determinant of health, as it has a significant impact on our physical, mental and social health and well-being. Canada is facing an escalating housing crisis, evident in the rise of both sale and rental prices, a lack of supply and affordability, and a surge in homelessness<sup>23</sup>. In 2021, 2.2 per cent of the Canadian population indicated experiencing absolute homelessness at some point in their life; 10.5 per cent of Canadians reported experiencing hidden homelessness, such as “couch surfing”<sup>24</sup>. Recent research findings unveil that homelessness counts substantially rise – even tripling – when taking into consideration health care data such as emergency room visits<sup>25</sup>. Further, homelessness prevention requires focus on the high level of core housing need in Canada<sup>26</sup>.

Canada’s housing crisis significantly undermines individual health and places a huge burden on the health system. People living in sub-standard housing are prone to allergies and respiratory diseases. People experiencing homelessness have an increased risk of premature death, morbidity, mental illness, and substance abuse<sup>27</sup>. These health disparities were amplified during the COVID-19 pandemic. People experiencing homelessness have a higher risk of related COVID-19 infection, complications and death<sup>28</sup>, and increased opioid-related overdose deaths<sup>29</sup>. Experiencing barriers to health-care access due to a lack of a permanent address, unhoused Canadians heavily rely on emergency services for health care and even for shelter, which causes unnecessary strain on emergency services.

At the root of housing precarity in Canada are inadequate levels of social funding and services and an unregulated housing market with a very low volume of social housing<sup>30</sup>. Social housing accounts for only 3.5 per cent of the Canadian housing system – far below the social housing percentage in most of developed countries and only half of the OECD and G7 average of 7.0 per cent<sup>31</sup>.

### Recommendations:

RNAO endorses the 10 recommendations of the Canadian Alliance to End Homelessness (CAEH)’s National Housing Accord<sup>32</sup>. Recognizing the need for an “industrial strategy” to address Canada’s housing strategy, RNAO further recommends that in the short term, available resources be focused on the need to increase the availability of social housing across the country.

## 3.3 Income protection

Income is a social determinant of health. Canadians have the right to sufficient support – in the form of a living wage and/or through social programs – to cover their basic costs of living.

Very high inflation rates over recent years have caused more Canadians than ever to struggle to make ends meet – especially those on fixed or precarious incomes or with jobs that only pay minimum wage.

People with disabilities represent 41 per cent of the population living below the poverty line in Canada<sup>33</sup>. They and their dependents are at a greater risk of levels of malnutrition and other serious health consequences unprecedented in this century. It is imperative that the Canada Disability Benefit (CDB)

serve as a supplement — not as a replacement — to other federal, provincial, territorial and/or private disability-related benefits, and to preclude the clawback of any of the aforementioned benefits<sup>34</sup>.

Minimum-wage federal workers are at similar risk – particularly if illness forces them to take significant time off work. The COVID-19 pandemic highlighted how important paid sick days are for all employees – no Canadian should be forced to choose whether to go to work in order to provide for their family, or stay home, get well and avoid transmitting illnesses to co-workers when sick.

## **Recommendations:**

### **3.3.1 Federal minimum wage**

- Immediately raise federal minimum wage from the current \$16.65 to \$18.84 per hour, indexed annually to inflation

### **3.3.2 Sick days**

- Amend the Canada Labour Code so that all federal workers are entitled to an additional 14 paid sick days during a public health emergency, over and above the current 10-day entitlement.

### **3.3.3. Canada Disability Benefit Act**

- Ensure that the Canada Disability Benefit Act and the accompanying regulations provide a disability benefit sufficient to lift every Canadian out of poverty.
- Ensure that the Canada Disability Benefit (CDB) serves as a supplement – not a replacement – to other federal, provincial, territorial and/or private disability-related benefits, and preclude the clawback of any of the aforementioned benefits.

## **4. Environmental determinants of health**

### **4.1 Climate change, a green recovery and biodiversity**

Our world, Canada included, is facing a climate crisis – the biggest health threat facing humanity, according to the World Health Organization<sup>35</sup>. 2023 was the hottest year on record. Records were also broken for global sea surface temperatures in 2023<sup>36</sup>. In Canada, average temperatures are rising at twice the global average and three times in the north<sup>37</sup>.

The United Nations Climate Change Conference (COP28) ended in December 2023, with a clear and urgent call for a transition away from fossil fuels and, globally, a 43 per cent reduction in greenhouse gas (GHG) emissions by the end of this decade in order to keep global warming of 1.5 degrees in reach<sup>38</sup>. Canada must do its fair share to ensure that we stave off the most disastrous impacts of global warming.

## Recommendations:

Act with urgency and ensure prompt action with a science-driven, comprehensive plan that meets both national and international commitments:

- Accelerate regulation of GHG emissions from Canada’s oil and gas sector with a reduction target exceeding 43 per cent by the end of this decade.
- Eliminate fossil fuel subsidies and transition away from fossil fuels as an energy source by capping oil and gas production and banning new major fossil fuel infrastructure, such as pipelines.
- Move promptly forward with just transition legislation to support workers adjust to a decarbonized economy.
- Strengthen the national carbon pricing regime (for example, by including large emitters).
- Substantially increase investments in green infrastructure, in home energy efficiency, and in public transit and active transportation.
- Take a leading role in building and housing programs by transitioning all public buildings and infrastructure to high efficiency, electrified and no/low emissions options, and by subsidizing energy efficiency in the homes of those with fewer resources.
- Fund and implement an aggressive program to adapt to climate change, including emergency strategies, strengthening of health-care systems, green infrastructure and safe and affordable housing supply as essential protection against climate extremes.
- Move expeditiously to meet Canada’s commitment to protect 30 per cent of land and water before 2030<sup>39</sup>.

## 4.2 Clean water

As of Jan. 25, 2024, there were 28 long-term drinking water advisories – just five fewer than the same time last year - in 26 First Nations communities across Canada<sup>40</sup>. All communities must be given access to safe drinking water as a matter of the highest urgency. Canada has ratified numerous treaties in several contexts which oblige us to provide of drinking water and sanitation<sup>41</sup>. In June 2021, Canada gave royal assent to the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP). This requires the federal government to develop an action plan to address all provisions in UNDRIP, including Article 25 and Article 32 which are relevant to access to and supply of water.

### Recommendation:

Ensure safe, clean drinking water for all Canadians, and invest sufficient funds to eliminate all water advisories in Canada in the 2024–25 budget year.

## 5.0 Fiscal capacity

Many Canadians are struggling with the soaring costs of non-discretionary goods – such as food and housing - and high interest rates. A fair tax regime is necessary to support programs, services and

infrastructure to improve the quality of life and health of Canadians and relieve lower income Canadians from today's very high cost of living. Restructuring of Canada's tax system is also essential to address the climate crisis, given the outsized emissions of the wealthy<sup>42</sup>. A fairer tax regime in Canada would result from the following measures:

### Recommendations:

- Eliminate all subsidies and tax advantages to the fossil fuel industry<sup>43</sup>.
- Increase the inclusion rate of capital gains tax<sup>44 45</sup>.
- Restore the corporate income tax rate to 20 per cent<sup>46 47 48 49</sup>.
- Implement the following taxes and fees:
  - a windfall profit tax<sup>50 51</sup>,
  - an annual wealth tax<sup>52 53</sup>,
  - user fees on activities that damage the environment<sup>54 55</sup>, and
  - a digital service tax<sup>56</sup>.
- Undertake more stringent enforcement of the tax system, including closing tax loopholes used by the wealthy<sup>57</sup>.

## Conclusion

Thank you for your consideration of this submission. If questions arise with respect to any of the recommendations or assumptions, please contact RNAO Chief Executive Officer, Dr. Doris Grinspun ([dgrinspun@RNAO.ca](mailto:dgrinspun@RNAO.ca)) or Director of Nursing and Health Policy, Matthew Kellway ([mcellway@RNAO.ca](mailto:mcellway@RNAO.ca)).

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