Amending the *Canada Health Act* to Improve Canada's Rapidly Changing Long-Term Care Sector

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Motivation, Relevance and Goal of Research

This research conducts a preliminary analysis to better understand whether an amendment to Canada Health Act (CHA) would improve Long-Term Care (LTC) in Canada.

This research was prompted by the current COVID-19 virus pandemic which is affecting millions of Canadians. In particular, the pandemic has shed light on the troubling situation in certain Canadian Long-Term Care facilities (LTCFs) as investigated by the Canadian Armed Forced Military, *Operation Laser* (CAF reports). In addition to the general health care of residents, the CAF reports highlighted funding, staffing, supplies and training as elements key to good quality of life for older persons in LTCFs.

As Canada's Provincial and Federal Governments were criticized for failing to keep an adequate standard of well-being for residents in LTCFs, a newfound public interest in the *Canada Health Act* (*CHA)* emerged.

The *CHA* excludes Long-Term Care (LTC) as an "insured health service".

This fact raised significant public concern as the situation in certain LTCFs became more widely known. Polls demonstrate that there is significant public support to amend the *CHA* to include LTC as an insured health service. A poll by The National Union of Public and General Employees for example shows that **86% of Canadians support the amendment of the *CHA* to include LTC while only 2% oppose**. Given the significant public opinion that an amendment to the *CHA* would help solve the problems in LTC as highlighted by the pandemic environment, the goal of this research is to answer the following question:

Should the CHA be amended to include LTC as an "Insured Health Service"?

Questions considered:

- **Main Question: Should the *Canada Health Act* be amended to include Long-Term Care as an "insured health service"?**
- What are the principles of the *Canada Health Act (CHA)?*
- What does the *CHA* cover and why?
- What are the Federal Commitments to LTC?
- What is the Provincial role in LTC?
- What do the CAF reports disclose about the effect of COVID-19 on LTCFs?
- What is the connection between these findings and the roles of both governments?

Methodology

I. Define Long-Term Care
II. Examine the *CHA*
III. Examine other Federal commitments to LTC (both private/public facilities in context separate from the *CHA*
IV. Examine the provincial role with respect to LTC
V. Examine the CAF reports for main findings
VI. Analysis: examine connections between military findings and relationship to federal and provincial government LTC roles and responsibilities
VII. Conclusion

Analysis/Findings

A. Defining Long-Term Care, Impact Relevance to Canadians

Long-Term Care: Care that provides both medical and personal support to individuals who are no longer able to live in their own homes or within the community. Commonly referred to as nursing homes, they provide round-the-clock medical and social support for those with more complex health care needs.

- There are approximately 1360 LTCFs across Canada (excluding Quebec).
- It is predicted that there will be a need for an additional 199,000 LTC beds by 2035, translating to $194 billion in capital spending and operation costs.
- There are both "Private" and "Public" LTCFs in Canada, and there is ongoing debate as to which type of facility provides better quality of care.

B. The *CHA*

- Allows the Federal Government to influence healthcare, which under the *Constitution Act* (1867), is primarily the responsibility of the Provincial Governments.
- Definition of "Insured Health Service" under the CHA: "Medically necessary hospital, physician and surgical-dental services [performed by a dentist in a hospital, where a hospital is required for the proper performance of the procedures] provided to insured persons."

The 5 Principles of the *CHA*

- ***Public Administration***: A province's Public Health Authority is responsible to the Provincial Government.
- ***Comprehensiveness***: Health care insurance plan must insure all insured health services.
- ***Universality***: Everyone in a province is covered in the same manner.
- ***Portability***: Out of province/country insurance.
- ***Accessibility***: No financial barriers to accessing the system.

C. Federal Commitments to LTC

- LTC is not seen as an "insured health service" therefore it is excluded from the CHA, however, there have been Federal payments/commitments to LTC and Home Care.
- Bilateral Health Transfer (2017): Federal Government allocated $2.8 billion in funds to LTC and $6 billion to home and community care.
- Federal subsidy programs for LTC residents that are veterans and identify as a First Nations Person.

D. The Provincial Role in LTC

- The Province is mainly responsible for primary healthcare in LTCFs: meals, assistance in living, nursing care, laundry, medical supplies, recreation, and housekeeping.
- Uses "mixed model" where residents are responsible for accommodation fees which covers: a room, non-care staff, utilities, and building maintenance.
- Accommodation costs are primarily based on income and accommodation type (private, semi-private room).
- Many subsidies are available for residents…. In British Columbia 90% of LTC beds are subsidized.
- Within provinces there are public and private facilities. Private facilities have been criticized for focusing more on a commercial business model and less on quality of care. "Revenue from nursing and residential care facilities topped $25 billion in 2015."
- LTC is different than regular medical care, there is a broader focus on what is needed to ensure the quality of resident care. These include subsidies; regulation of employees; and a mixed model where the resident bears some cost.

E. COVID in LTC and the CAF "Operation Laser" Findings

- 80% of all COVID deaths in Canada were reported in LTCFs and retirement homes
- The provincial/federal response to COVID in LTC: restrict outside visitors of LTC residents, limit movement of LTC staff between LTCFs, increase the amount of personal protective equipment (PPE), isolation of residents of LTCFs who have experienced an outbreak.
- Social Isolation of older persons caused by the pandemic has also revealed an overarching ageist attitude represented by a lack of accessibility to technology.
- CAF Military reports, *Operation Laser:* members of the CAF worked onsite in LTCFs in Ontario and Quebec that were affected by COVID outbreaks.
- Reported findings can be placed into three broad categories:

i) Infection Control: insect infestations, delayed changing of soiled residents, and rotten food smell in the hallways.
ii) Standards of Practice and Supplies: reuse of supplies after use, topical prescription shared between residents, aggressive repositioning of residents.
iii) Staffing: lack of training and orientation, sedation of residents when sad/depressed, 1 personal service worker (PSW) for 40+ residents.

F. Analysis

- The apparent problems facing LTC that are revealed in the *CAF* reports show that these problems do not just revolve around medical care.
- Provincially, there is a responsibility to regulate and train staff so that a better working environment is created. This responsibility was shown in the provincial response of limiting the movement of workers between LTCFs.
- Federally, the responsibility lies in funding. Problems of supplies, staffing, and other resources may be significantly changed with additional funds.
- Further, the addition of ***Accountability*** to the *CHA* could ensure that governments are held accountable for any shortcomings in medical sectors like the ones seen in LTC; therefore guaranteeing sufficient funding.

Conclusion

1. The problems identified by the CAF reports **can be changed without amendment** to the *CHA* deeming LTC as an "insured health service").
2. To achieve changes, however, the Federal Government **must provide financial support**. This would prepare the LTC sector for the forecasted increase in beds as well as bolster the quality of its workforce.
3. Evidenced by the Bilateral Health Transfer, this addition of funds may be done without an amendment to the *CHA*.
4. To ensure continued efforts to improve care, including LTC, the *CHA* must add the principle of ***Accountability***. This principle would encourage a more transparent approach between Canadian governments and the public when it comes to the needs of all Canadian health care sectors.