

Provinces accept federal health funding deal

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Canada's premiers have accepted a federal health funding deal that will see \$46.2 billion in new money injected into health systems over the next 10 years.

The agreement includes an immediate \$2-billion top-up to the Canada Health Transfer, annual increases of at least 5% over the next five years, and an additional \$25 billion over 10 years for four priority areas: family health services, health workers and backlogs, mental health and substance use, and a "modernized health system."

The provinces and territories will get this additional money only if they commit to improving how health system data are "collected, shared, used and reported" to promote transparency and manage public health emergencies. They must also develop "action plans" detailing how the funds will be spent and how progress will be measured.

"We believe it's a step in the right direction," Manitoba premier Heather Stefanson told reporters. "But we also recognize that it doesn't deal with that long-term sustainability of health care funding challenges that we all face in our provinces and territories. So we will be writing to the prime minister to talk about and to address some of those issues."

Stefanson said the premiers are concerned that the funding for priority areas sunsets after 10 years, which she calls a "fiscal cliff."

Since 2020, the premiers have been asking Ottawa to foot 35% of provincial health budgets, up from 22% by current provincial estimates.

The new funding deal falls short of this mark, bringing the federal share of health care funding to 24%, but the premiers said it was an offer they couldn't refuse.

"It is a 2% lift and I don't think anybody — at least Saskatchewan — is considering walking away from any increase. It is all needed," Saskatchewan premier Scott Moe told reporters.

New Brunswick premier Blaine Higgs similarly acknowledged the deal was "far less than what we'd asked for, but we need to move forward."

"There's a need to get on with it because we've been at this for two and a half years," Higgs said.

Ottawa hopes to finalize one-on-one agreements tailored to each province and territory before the next federal budget in March or April.

B.C. premier David Eby said he and Duclos discussed where the province will distribute the funds, focusing on alleviating pressure on hospitals.

"We haven't predetermined any areas but we're broadly supportive of the bucket the federal government has set out around mental health and addictions, around home care, around long-term care," Eby told reporters.

In an interview with *CTV Atlantic*, Nova Scotia premier Tim Houston described his meeting with Duclos as "productive."

"We're on the same page," Houston said, noting that he has no problem with the conditions on the new funding.

A long-term stable funding formula is needed to fix the cracks in the health care system exposed by the pandemic.

As of mid-February, health minister Jean-Yves Duclos and intergovernmental affairs minister Dominic LeBlanc had already met with Ontario, Nova Scotia, Newfoundland and Labrador, British Columbia, and Northwest Territories.

Ontario premier Doug Ford wants a funding commitment longer than the 10-year deal Ottawa proposed.

According to the premier's office, Ford "put forward specific recommendations that he is confident the federal government will accept that ensures the agreement is sustainable and provides certainty for all provinces and territories, including Ontario."

"The federal government wants to know the investment they're making is improving health care, and we want that too, and we're happy to share that information."

Houston added that Nova Scotia is working to change the credentialing system for health care professionals in the province, with plans to accept those with prior experience and credentials from other jurisdictions.

Health care organizations are calling for solutions to reduce administrative burden on clinicians and increase access to primary care.

"Beyond the funding issues, we need to review how work is organized," stated

Jean-Joseph Condé of the Canadian Medical Association's board of directors. Reducing the amount of time Quebec family doctors spend on administrative work from 24% to 10%, for example, could add the equivalent of 600 physicians to that province's workforce, he said.

Meanwhile, "the use of team-based care can be an excellent way to increase access to first-line services."

According to the Ontario Medical Association (OMA), the new federal-provincial deal "will address short-term issues and provide welcome funding to address the backlog of missed medical services and surgeries."

However, the OMA told *CMAJ*, "a long-term stable funding formula is needed to fix the cracks in the health care system exposed by the pandemic and build a better health care system for the future."

Reducing wait times and the backlog of services, expanding mental health and addiction services, improving home care and community care, strengthening public health, and ensuring every patient is digitally linked to a team of health care providers will be key to rebuilding the health care system, according to the OMA's five-point plan for better health care.

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