



Submission to the Minister's Advisory Committee on Health

*Canadian Union of Public Employees - Alberta Division
October 2009*

On behalf of the Canadian Union of Public Employees – Alberta Division, we would like to thank you for the invitation to make this presentation and submission to the *Minister's Advisory Committee on Health* announced in September. CUPE represents over 30,000 members in Alberta working in a wide range of broader public sector occupations, as well as non-profit, community based and private employers in community services.

In the health sector, CUPE members work in long term care, seniors residential services, urban and rural Emergency Medical Services and in many acute care facilities including Chinook and Palliser Health zones of Alberta Health Services. CUPE members also work in community based services including crisis services for women and children, adolescent treatment and residential facilities, and addictions services with direct links to health services.

Our recommendations to this Advisory Committee are organized under three areas: Alberta Health Legislation and the *Canada Health Act*, Long Term Care and Residential Services for Seniors and Emergency Medical Services.

Recommendations and Issues

Alberta Health Legislation and the Canada Health Act

The discussion document provided to participants in this consultation identifies the importance of the *Canada Health Act* principles for the discussion of changes to provincial legislation.¹

Recommendation 1 - *The Canada Health Act* mandates that provincial health care insurance plans provide comprehensive health care services. Provinces decide what specific services get covered by the public plan including decisions about the listing and delisting of services. ***Provincial decisions concerning what services are listed and delisted must be based on evidence, using a process that is transparent and accountable. Committees responsible for reviewing proposed changes to listed services should include health care providers, government health officials, advocates of patients and the public interest. Committee membership and decision-making must be governed by strict conflict of financial interest rules. There should be a mechanism for complaints and appeals. The activities and reports of such committees should be public and readily accessible.***

Issues:

- Decisions about listing and delisting of services have consequences for access to comprehensive health care services. These decisions must be made in a transparent and accountable way in order to ensure the principle of comprehensiveness is met. Provincial government budget reduction objectives or the possibility of private gain through the provision of uninsured services are potential conflicts of interest in decision making about listed services. This potential for conflict of interest must be balanced by accountable, transparent decision making and public reporting
- Expanded participation including health care providers, and advocates of patients and the public interest are essential to an informed and accountable process for determining services available under the provincial health insurance plan.

¹ Recommendations included in this section include information from *Defending Medicare – A Guide to Canadian Law and Regulation*. Canadian Union of Public Employees, January 2008

Recommendation 2 - Private insurance for necessary health services has thus far been limited in Canada, in part due to legal measures. It is important that we maintain and strengthen those measures. *In order to preserve the principles established in the Canada Health Act it is essential to maintain and expand current restrictions on private health insurance.*

Issues

- Alberta and four other provinces currently prohibit private insurance for necessary hospital and physician services. For the most part, no market exists for private insurance for these essential health services in Canada. “For all but a privileged few, private health insurance undermines access, choice and cost-effectiveness... Both the Romanow and Kirby Commissions soundly rejected the private insurance model”²
- Confusion about public insurance and private insurance is fueled by advertisements stating that public health care may not be enough to meet medically necessary services. The provision of health services through the single payer system established to ensure access to necessary medical services for all is a basic right valued by Albertans. Maintaining and expanding restrictions on private health insurance is key to avoiding the pitfalls of two tier health care, as well as trade agreement concerns arising from any increased role for private insurance and pressure from the large private insurance lobby in the United States.

Recommendation 3 - In Alberta, the reduction in available acute care beds in hospitals, threats of rural hospital closure, private clinics providing specialized health services and attempts to use public private partnerships for infrastructure clearly signal a failure to secure adequate public funding for essential health infrastructure. *Public health care infrastructure investment supported by provincial and federal governments is essential to secure accessible, affordable health services and requires the stop and reversal of the privatization of health care infrastructure.*

Issues

- The privatization of health infrastructure through public private partnerships has proved to be costly and contrary to the public interest as evident by experience in Canada and around the world. P3 hospital proposals that have been considered in Alberta have been rejected, but at the cost of significant time delays in getting these essential health infrastructure projects underway. Traditional public infrastructure investment is essential to timely budget planning and building of health facilities.
- Where new facilities have been or are being built, bed closures in the same facilities mean that no new acute care space is available. The result is continued long delays in emergency rooms, for surgery and for other health conditions requiring hospital stays. As hospital capacity falls behind, accessible health service is delayed or denied to Albertans in need.

Recommendation 4 - Public subsidies to for-profit services, extra-billing, user fees, and facility fees all contribute to the privatization of health services and risk the transfer of costs for essential health services to individuals and families in Alberta. *Access to comprehensive health services for all Albertans requires that barriers including increased costs which are a consequence of privatization, user fees and facility fees must be prohibited.*

² *Defending Medicare – A Guide to Canadian Law and Regulation.* Canadian Union of Public Employees, January 2008, Pg. 10.

Issues

- The debate about the future of health care often references the need for a greater “mix of public and private” as a mechanism to offset the costs of health care – but the price of privatization will be shifted to individual Albertans and those who can’t pay will lose.
- The scope of the work of this Advisory Committee encompasses the legislation that prevents or discourages incursions by for-profit health care. In many cases, that legislation needs to be strengthened if the principles of the *Canada Health Act* are to remain the foundation of health care in Alberta. We have included with this presentation a copy of *Defending Medicare – A Guide to Canadian Law and Regulation* prepared by CUPE in 2008 based on legal analysis by Steven Shrybman. This report specifically addresses public subsidies for for-profits, extra-billing, user and facilities fees as well as other issues of legislative and regulatory concern. We request your consideration of these important arguments as they apply to the risks of expanded privatization and private profit making for public health services.

Recommendation 5 - Legislative changes to support public health care infrastructure and public delivery of services are the first step. The next essential step is adequate public funding. ***Commitment by the Alberta Government to fund the public health services required to meet the needs of Albertans for universal, accessible, comprehensive, portable and publicly administered health services – with no user fees or extra billing - is a requirement for the implementation of legislative changes to comply with the criteria and conditions of the Canada Health Act.***

Issues

- Public funding and delivery of health services within the scope of the *Canada Health Act* is affordable in Alberta. This issue was addressed in depth by the June 2009 report by Greg Flanagan for Parkland Institute³. This report states:

Public healthcare expenditure in Alberta is a very low fraction of overall income, currently at approximately four percent of GDP. The current level is also low compared to the level in the mid-1990s, and has remained relatively stable over the last 10 years.

and further...

from a GDP measure of the productivity, income, and the wealth of Albertans, current healthcare expenditures are affordable and sustainable. Moreover, Albertans could spend much more on healthcare and remain low compared to other jurisdictions in Canada and abroad. (Pg. 2)

- Health care needs do not disappear when health funding and services are cut. What Albertans cannot afford is the transfer of cost and care responsibilities essential in our health care system to individuals and families. The result is clearly stated in the report cited above:

It is clear that healthcare costs will occur, and they will likely increase. Reducing public expenditure will not make them go away; it would only shift them to personal out-of-pocket expenses, for those who can afford it, and private insurance for those who have it. Or it will drive costs into the implicit realm (costs not accounted in exchanged dollars) where it increases stress on caregivers, increases absenteeism from work, and reduces productivity and GDP. Most importantly, shifting costs will undermine the highly valued universality and equity aspects of Medicare. (Pg. 3)

CUPE has taken a leading role in addressing health policy issues across the country – defending and advancing medicare, representing health care workers in Alberta and because medicare affects all members we represent across the province. CUPE members employed in the Chinook and Palliser health zones are currently facing a challenge to maintain their right to be represented by the union of their choice. Choice of union is critical part of securing the collective rights of workers to have their concerns addressed at the bargaining table and in public policy debate. The experiences of CUPE members and their families inform and guide our work on health policy.

³ *Crisis? What Crisis? Public health care affordability in Alberta.* Greg Flanagan, Parkland Institute. June 2009.

Long Term Care and Seniors Residential Services

Long term care and seniors residential services are an integral part of ensuring that we meet the health care and accommodation needs of Alberta seniors and people with illness and disabilities requiring residential health services. While seniors residences (e.g. lodges) are designed for independent living, changes in health circumstances and the increasing demand for health supports in these facilities require that they be included in our discussion of the legislative framework for the health care in Alberta.

According to a recent Alberta government report:

Alberta has over 370,000 seniors – residents who are 65 years of age or older- or roughly, one in 10 Albertans. In less than 20 years the number seniors in Alberta will double. Population projections estimate that by 2031, one in five Albertans will be a senior.⁴

The requirements for seniors' services, access to long term care for people with chronic illness or disability and the broader implications of these requirements for families and communities provide the context for the recommendations presented below.

Recommendation 6 - Long term care services are residential health care and living support services essential to many Alberta seniors and persons with illness and disability requiring significant health support. ***The protections of medicare should be extended to residential long term care, with increased federal funding and legislated federal standards, including Canada Health Act criteria (public administration, universality, comprehensiveness, accessibility, and portability) and conditions (no user fees or extra billing). In Alberta, this would require the recognition of long term care services as part of the health services required to fully and equitably meet the health and residential care needs of seniors and people with disabilities requiring residential health care services.***⁵

Issues

- In the area of long term care, there are enormous variations across provinces including the availability of services, level of public funding, and out of pocket costs. “Seniors with the same clinical profile and needs face disparities in access to beds and access to equipment, supplies and devices, depending on where they live and what financial resources they have. Inequality is widespread.”⁶ Inequality and variation in access to service is not restricted to differences between provinces, but is clearly evident within Alberta. *Canada Health Act* criteria and conditions provide a framework to address disparities and inequality in access to long term care.

The views of Albertans on the role and responsibility of government to address access to health services and long term care requirements for seniors was clearly identified in the responses to the Alberta Government - Demographic Planning Commission Study:

“The survey presented several issues that may impact the lives of seniors in Alberta. The survey asked respondents to indicate their first choice to assume this role/responsibility and then their second choice, from five options: individual, family, government, the community, or other.”⁷

⁴ *Demographic Planning Commission – Alberta Seniors and Community Supports – Findings Report*. December 2008. This report includes the finding of the Demographic Planning Commission based on consultation with 100 stakeholders and internet survey responses from over 10,000 Albertans.

⁵ Background for the recommendations included in this section is based in part on the forthcoming CUPE Research Report ***Residential Long-Term Care in Canada - Our vision for better seniors' care***. This report will be forwarded to the Advisory Committee upon release.

⁶ ***Residential Long-Term Care in Canada - Our vision for better seniors' care***. CUPE (forthcoming) Pg.7

⁷ *Demographic Planning Commission – Alberta Seniors and Community Supports – Findings Report*. December 2008. (Pg. 58)

Responses to this question included the following:

Issue	First Choice to assume this role/responsibility	Percent
Ensuring that health professionals are available to me	Government	74.0%
Setting Standards for Seniors Care	Government	80.3%
Creating and building long term care facilities	Government	88.8%
Making sure there are services available for seniors	Government	81.8%

Demographic Planning Commission – Alberta Seniors and Community Supports – Findings Report – Appendix 2 (Page 58)

- Long term care facilities, primarily providing care to seniors, are very often the only option for people with severe/complex chronic illness and disability – health conditions that must be addressed in a 24 hour health care setting. *Canada Health Act* criteria and conditions are an effective means to ensure that health care needs are met, but quality and appropriateness of care and staffing levels are also important considerations when facility based care must meet the wide ranging and diverse needs of residents.

Recommendation 7 - *Long term care facilities should be expanded and publicly funded and operated on a not for profit basis in order to provide the health services required to all Albertans who need them. The transfer of long term care to assisted living must stop as it impedes access to necessary services, transfers costs and care to individuals and families, leads to inequitable access to services and promotes private profit at the expense of required health care services. CUPE joins with other concerned citizens and organizations to call on the government to convene open public consultation about the future of long term care in Alberta.*

Issues

- The Alberta government promotes Assisted Living and Designated Assisted Living models to defend their failure to support and expand long term care facilities to meet the needs of seniors and people with illness and disabilities requiring health and residential care services. This model promotes privatization, inequalities in access to service and fails to meet the care needs of Albertans and residents pay more.
- The introduction and promotion of the Assisted Living model produces wide variations in access to care, inconsistency between public services provided and those paid for out of pocket and hardship as a result of placement in a facility not appropriate to meet care needs. The variations and costs consequences of the assisted living model are presented as part of information about Seniors’ issues developed by Public Interest Alberta:

...in one assisted living facility in Lethbridge, a 380 square foot studio suite costs \$1585 per month. In addition to being responsible for their own medication and medical supplies, seniors who require assistance because of limited mobility or medical conditions must pay additional fees for personal care services, which can be a significant expense.⁸

Laundry Service (once a week)	\$35.00 per month
Bath – 30 minutes	\$9.00 per bath
1 bath per week	\$36.00 per month
Dressing (AM or PM) - 15 minutes per	\$135.00 per month
Dressing (AM and PM) - 15 minutes per	\$270.00 per month for both
Feeding - 20 minutes x 3 daily	\$360.00 per month
Medication Management	\$50.00 per month
Mobility (to dining room/return x 3 daily)	\$270.00 per month
Toileting - 10 minutes	\$90.00 per month

⁸ *Five Steps in the Right Direction – Step Three, Stop Turning Long-Term Care Facilities into Assisted Living Facilities.* Public Interest Alberta. http://www.pialberta.org/program_areas/Seniors/5steps/Step_Three

- In December 2008 the Parkland Institute released the report *Sustainable Healthcare for Seniors- Keeping it Public*⁹. Specific recommendations of this report include the following:

...the government of Alberta should:

- Build more long-term care units. Alberta needs a building program started now that will continue until at least another 14,000 beds are in place and staffed by 2025.
- Increase sub-acute beds and services for patients, who after an acute hospital stay has ended are not able to return home.
- Increase hospice and palliative care services as the number of people dying in Alberta will double over the next 20 years.
- Improve care standards and their enforcement across public, voluntary, and private services.
- Introduce “Phase 2” Medicare for seniors now, including an increase in public home care resources, improved access, integration and coordination of medical and other care and support services, and improved management and supervision of alternative therapies, particularly pharmaceutical treatments. (Pg. 6)

We urge this advisory committee to give full consideration to the research and issues addressed in this report.

- The recent release of information from closed meetings of the Long Term Care Accommodations Variable Fee Structure Advisory Team are cause for profound and deepening concern about future directions being considered for Alberta¹⁰:

This information includes the following:

- The government target is to reduce long-term care beds by 80% over the next 20 years.
- Significant changes are already in process from Alberta Health for LTC policy including establishing a private long-term contacts model (P3) for building new long-term care and amending the “first available bed policy.”
- There are 800 people currently in the health system awaiting placement in a LTC bed.
- Only 54% of LTC facilities are compliant with standards even after they are given 2 – 6 months to resolve the problems.
- Industry spokespeople say they require an increase to \$90 per day (up from an average of \$50/day) to cover the capital costs of building new care facilities.
- All pricing models for long-term care that are being proposed will deregulate the accommodation rates, which will transfer the costs onto the frailest of seniors and their families.

CUPE strongly supports the call by Public Interest Alberta for open public consultation on the directions under consideration for long term care in Alberta.

Recommendation 8 - High quality care requires, first and foremost, adequate staffing levels, as well as opportunities for training and professional development and safe and healthy working environments. *Provincially legislated quality of care standards and minimum staffing levels are essential for long term care facilities in order to secure care and quality of life for residents and the health and safety of staff.*

Issues

On the issues of care standards and staffing, we ask this Advisory Committee to consider the following findings included in the CUPE research report *Residential long-term care in Canada: Our vision for better seniors’ care* (forthcoming)¹¹.

⁹ *Sustainable Healthcare for Seniors- Keeping it Public*. Greg Flanagan, Parkland Institute. September 2008. <http://ualberta.ca/~parkland/research/studies/Seniors%20Report%20%28web%29.pdf>

¹⁰ Public Interest Alberta http://www.pialberta.org/news/media_releases/seniors092209

¹¹ *Residential Long-Term Care in Canada - Our vision for better seniors’ care*. CUPE (forthcoming)

- Staffing is the most important determinant of quality in long-term care facilities, and better working conditions for staff are also better caring conditions for residents. Decades of research show that the foremost determinant of quality is the level of staffing, and this holds true whether considering medically-oriented “quality of care” measures or more comprehensive “quality of life” measures.
- The staffing and organization of LTC facilities have not kept up with the increasing needs of the residents. The number and mix of staff, their training, equipment, and care models — none of these have evolved in step with the changing profile and needs of residents.
- A small but growing minority are younger adults with disabilities and chronic conditions who have distinct needs. Sub-acute and palliative care admissions have also grown in recent years. Overall, residents’ physical and psychosocial care needs have become so complex that some experts characterize residential care facilities as “mini-hospitals.”
- No Canadian province has meaningful legislated minimum staffing levels; provinces have either “target levels,” which are unenforceable, or their regulated levels are so out of date they are virtually meaningless.
- While the focus of research and regulation around LTC facility staffing has been direct care (nursing and care aide) staffing, support services are equally important and need to be reflected in staffing standards. Research shows that support workers (food, cleaning, laundry, maintenance, clerical and others) play a vital role in residential long-term care.
- Turnover is central to the workload/work environment and quality relationship. It is both a cause and effect of poor working and caring conditions in LTC facilities. High workload and poor working conditions (including low pay and benefits, high injury rates, and workplace violence) lead to higher turnover, and higher turnover exacerbates those very problems.
- Another aspect of the “staffing and quality” relationship is staff education and training. As with other causal relationships identified in this paper, the links between education/training and quality of care are both direct and indirect ... Solutions include education program standards, more professional development opportunities and increased resources for students.
- Improving quality of care in LTC facilities also requires proactive approaches to cultural and racial diversity. Residents and workers in long-term care facilities are more diverse and new strategies are needed to address discrimination and provide culturally competent services. The interests of workers and residents, here as elsewhere, are intricately connected.

Recommendation 9 - Residential long-term care, home and community care services must be expanded to meet the needs of Canadian seniors, as part of a comprehensive and integrated system.

Issues

- It is CUPE’s position that it is the responsibility of governments to “develop, finance, regulate and, to the fullest extent possible, deliver public programs that will guarantee seniors universal, equitable, and high-quality residential long-term care that is adapted to their needs, free from commercial exploitation, and conducive to maximum health and enjoyment of life”¹².
- “Promoting independence, community supports, and aging in place is positive, provided that adequate, appropriate, accessible, and publicly funded care services are available. However, trying to avoid providing for long-term care needs ...in order to cut and shift costs has created the greatest problem and has likely ended up costing more.”¹³
- Without long term care available to all who need it, residential and community based services will continue to be overburdened by care needs beyond the scope of the services available and the costs, both financial and personal will continue to be an impossible burden carried by Albertans requiring services and by the workers providing these services.

¹² *Residential Long-Term Care in Canada - Our vision for better seniors’ care.* CUPE (forthcoming-Page 6)

¹³ *Sustainable Healthcare for Seniors- Keeping it Public.* Greg Flanagan, Parkland Institute. September 2008. (Page 65)

Emergency Medical Services

In May 2008, the Alberta Government announced the transition of Emergency Medical Services into Alberta Health Services. One significant part of that announcement was the vision of the government that the role of paramedics in the future will advance and evolve in the community. In this context we present the following recommendations:

Recommendation 10 - Changes and advancement of the role of paramedics in the community is an important opportunity for the Alberta government and paramedics to encompass in the vision a role for a Community Care Paramedic, a Critical Care Paramedic or possibly a Paramedic Practitioner who would have the ability to provide health care and assessment to patients in the field, to give paramedics the ability to determine the appropriate venue for care; to do home antibiotic delivery and public health medication supervision. ***Changes to the delivery of Emergency Medical Services in order encompass a broader role in the community will require a comprehensive and inclusive consultation process involving educators, Alberta Health Services, EMS leaders and practitioners .***

Issues

- As stated in the EMS Transition Business Plan, August 29, 2008, “the evolution of these practices will transform the current ‘transportation based’ model of emergency medical service to a more diversified and innovate emergency health service that is an integral component of the overall health care continuum”. To achieve these goals both legislative and regulatory changes on a number of levels will be required to increase the scope of practice, accountability and liability of a paramedic.
- These projected changes to the scope of practice will require great deliberation and cooperation with leaders in the paramedic community.
- A comprehensive consultation process between educators through to the Alberta Health Services will be needed to ensure that the proper education, training and ongoing clinical evaluations are designed. Advanced education accreditation must also be considered as the EMS role advances in the health care profession in order to reduce safety issues and liabilities as the scope of practice expands for paramedics.

Recommendation 11 - Changing outdated legislation and improving regulations are also needed to recognize the distinct function of “having one foot in health and one in emergency service”, which set paramedics apart from other allied professionals in health care. ***Emergency medical services paramedics need to be placed in a separate and distinct bargaining unit in health care.***

Issues

- EMS has evolved in a para-military fashion, working closely with Police and Fire. Cooperation and coordination with Police and Fire in responding to emergency situations requires full and open lines of communication, for the safety of not only the patients but the emergency care providers. Regulatory changes are required to permit the continued sharing of information between these responders as it is currently prohibited for paramedics to share patient information with either police or fire.
- Paramedics have been recognized as a Public Safety Occupation by the Federal Government. This designation applies regardless of whether a paramedic works in a health care, municipal or private environment. As a designated Public Safety Occupation, paramedics have and are entitled to negotiate Supplementary Pension Plans which permit them to retire earlier than other employees. A supplementary pension plan maximizes patient safety and it ensures that a practitioner is not put in a situation that is not optimal for critical thinking and physical demands involved in extreme life and death medical procedures. The recognized public safety status of a paramedic can be effectively achieved by separate and distinct bargaining status within health care.

Summary Comments

The discussion document provided by your Committee identifies a wide range of issues, not all of which can be addressed in our submission. We have identified a number of priorities but much more could be said and CUPE will actively participate in all opportunities to address health legislation issues of concern to our members and our communities.

We would like to comment on one broad concern that addresses the discussion document and health care directions more generally. We have no dispute that a patient-centred approach and a focus on prevention and wellness should be priorities for government support and community programs. These objectives are well within the mandate of Alberta government program development and investment. But these goals should be put in context.

Prevention and wellness goals, properly supported and developed can produce good and beneficial outcomes in many situations, but most of us and/or members of our families will face the need for the support of emergency services, acute care and seniors care or residential services. Health budget cuts, facility cuts in hospitals and long term care and privatization of health services are all serious threats to security, wellness and health outcomes for Albertans.

Across the spectrum of health services the following are essential for good health:

- Access to emergency services in hospitals and admissions without undue and potentially life threatening wait times.
- Timely access to emergency medical ambulance services staffed by licensed practitioners able to provide the necessary level of service.
- Community based health supports where they are appropriate to meet health needs.
- Access to appropriate and timely health services, therapy and medication without barriers related to income, location or language.
- Work environments in health care that are healthy, safe and provide the necessary staffing levels. The training to meet health care goals in the full range of health care services including the dietary and housekeeping staff essential for good health outcomes and the prevention of health facility acquired infections.
- The range of services and supports we may need as we age, available in our communities or in facilities that support ongoing contact with family, friends and our communities.
- Access to high quality public long term care facilities that support health and quality of life when independent living is no longer an alternative.

A health care system that can meet these needs must be publicly funded, delivered and regulated. The legislative framework and changes under consideration by the Minister's Advisory Committee are a critical part of securing universal, accessible, comprehensive, portable and publicly administered health services for Albertans – now and in the future.

Thank you on behalf of CUPE Alberta for the opportunity to make this submission.

Summary of Recommendations

Recommendation 1 - *Provincial decisions concerning what services are listed and delisted must be based on evidence, using a process that is transparent and accountable. Committees responsible for reviewing proposed changes to listed services should include health care providers, government health officials, advocates of patients and the public interest. Committee membership and decision-making must be governed by strict conflict of financial interest rules. There should be a mechanism for complaints and appeals. The activities and reports of such committees should be public and readily accessible.*

Recommendation 2 - *In order to preserve the principles established in the Canada Health Act it is essential to maintain and expand current restrictions on private health insurance.*

Recommendation 3 - *Public health care infrastructure investment supported by provincial and federal governments is essential to secure accessible, affordable health services and requires the stop and reversal the privatization of health care infrastructure.*

Recommendation 4 - *Access to comprehensive health services for all Albertans requires that barriers including increased costs which are a consequence of privatization, user fees and facility fees must be prohibited.*

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Recommendation 6 - *The protections of medicare should be extended to residential long term care, with increased federal funding and legislated federal standards, including Canada Health Act criteria (public administration, universality, comprehensiveness, accessibility, and portability) and conditions (no user fees or extra billing). In Alberta, this would require the recognition of long term care services as part of the health services required to fully and equitably meet the health and residential care needs of seniors and people with disabilities requiring residential health care services.*

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Recommendation 8 - *Provincially legislated quality of care standards and minimum staffing levels are essential for long term care facilities in order to secure care and quality of life for residents and the health and safety of staff.*

Recommendation 9 - *Residential long-term care, home and community care services must be expanded to meet the needs of Canadian seniors, as part of a comprehensive and integrated system.*

Recommendation 10 - *Changes to the delivery of Emergency Medical Services in order encompass a broader role in the community will require a comprehensive and inclusive consultation process involving educators, Alberta Health Services, EMS leaders and practitioners .*

Recommendation 11- *Emergency medical services paramedics need to be placed in a separate and distinct bargaining unit in health care.*