

2018 ELECTION PRIMER

OMSA

Background information and an analysis of the three major parties' platforms through the lens of an Ontario medical student

AN ONTARIO POLITICAL ADVOCACY COMMITTEE INITIATIVE

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This document will continue to be updated as each party releases further information on their platform points.



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BACKGROUND

The 42nd Ontario general election, taking place on **June 7, 2018**, will determine the Members of Provincial Parliament (MPPs) representing Ontario residents at Queens Park. The election will also determine the Premier of Ontario.

Ontario's electoral system is First-Past-the-Post (i.e. candidates with the highest number of votes in a riding win, regardless of whether the number of votes represents less than 50% of cast votes).

There are 124 electoral districts (aka "ridings" or "seats"). Find yours [here](#).

WHAT DOES THE PROVINCIAL GOVERNMENT DO?

The provincial government makes decisions about:

- **Health care** (OHIP, hospitals, and medical services)
- **Education** (elementary and secondary school, colleges and universities, job retraining programs)
- **Employment** (access to regulated professions and trades, workers' rights)
- **Transportation** (highways, driver's licenses)
- Services for **families** (marriage and birth certificates, some child care services, low-cost housing, community services)
- Some **civil and criminal justice**

PRIMARY PARTIES IN THE GENERAL ELECTION:

NOTE: Other parties exist as well. Please click [here](#) to learn more.



Led by
Doug Ford



29 seats in parliament



Led by
Kathleen Wynne



56 seats in parliament



Led by
Andrea Horwath



19 seats in parliament

WHO CAN VOTE?

You must be:

- 18 years of age or older, and
- a Canadian citizen, and
- a resident of Ontario

WHEN CAN YOU VOTE?

You can vote:

- On election day;
- At an advance poll, before election day

NOTE: If you have less than 3 hours off during polling hours, your employer must give you time off to vote. They have to pay you for this time. They can choose when it is.

HOW TO VOTE:

If your name and address are on the Voters List, you will receive a [Voter Information Card](#) by mail. It should tell you:

- Your voting location on election day
- Your advance voting locations
- Your electoral district
- Your poll number

If your name is not on the Voters List or you do not receive a [Voter Information Card](#), you can find out when and where to vote using the Voter Information service from Elections Ontario, which will become available after a general election or [by-election](#) in your electoral district has been called.

If you are unable to vote at an [advance voting](#) location or on election day, or are temporarily living outside of Ontario, you may be eligible to vote by [special ballot](#). For more information, please click [here](#).

WHAT YOU NEED TO VOTE:

To vote, you must show proof of your identity and where you live. You can show:

- 1 document that has your name, address and signature; or
- 1 document that has your name and signature, plus 1 document that has your name and address.

For more information on voting, identifying your electoral district, and other topics, you can contact Elections Ontario at 1-888-668-8683 or visit their website at <http://www.elections.on.ca>.

2018 ELECTION PRIMER



7 key healthcare issues:



THE OPIOID
CRISIS

PHYSICIAN SERVICES
PLANNING &
UNMATCHED GRADS



UNIVERSAL
PHARMACARE

WEALTH EQUITY &
POVERTY REDUCTION



MENTAL
HEALTH

NORTHERN &
INDIGENOUS
HEALTH EQUITY



LONG TERM
CARE

Information in this primer was compiled from party platforms, websites, news reports, social media, and MPP candidate meetings. For more information, please check out the following resources.



WEBSITE
ontariopc.ca

FACEBOOK
facebook.com/ontariopc
facebook.com/FordNationDougFord

TWITTER
[@ontariopcparty](https://twitter.com/ontariopcparty) [@fordnation](https://twitter.com/fordnation)

RESPONSE TO OMA
ow.ly/D2xT30kgRkk



WEBSITE
ontarioliberal.ca

FACEBOOK
facebook.com/OntarioLiberalParty
facebook.com/WynneFans

TWITTER
[@OntLiberal](https://twitter.com/OntLiberal) [@Kathleen_Wynne](https://twitter.com/Kathleen_Wynne)

RESPONSE TO OMA
ow.ly/gBzn30kgRqg



WEBSITE
ontariondp.ca

FACEBOOK
facebook.com/OntarioNDP
facebook.com/AndreaHorwathONDP

TWITTER
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RESPONSE TO OMA
ow.ly/vTC230kgReo



elections.on.ca



www.oma.org
notasecondlonger.ca



omsa.ca



omsa.ca/en/opac

PHYSICIAN SERVICES PLANNING & THE UNMATCHED CMG



Physician services planning involves key health system decisions such as how many residency positions to create in a given specialty, and the number of medical student spots available per year. These decisions need to be evidence-based and communicated to students, in order to curate a health workforce that is comprised of the right number of providers, in the right specialties, in the right locations. Failure of physician services- and health human resource-planning systems contributes to maldistribution of physician supply, physician unemployment and an increasing number of unmatched medical graduates. Parliamentarians must use needs-based physician projections to correct the gap between physician supply and demand, and to communicate these projections to students in order to ensure a responsive, appropriate health system.



- Commitment to investment in other parts of the healthcare system to alleviate pressure on hospital emergency departments, thereby reducing instances of "hallway medicine"
- Areas of investments include the addition of 30 000 new long-term care beds over 10 years, funding take-home oral cancer drugs, building new cardiac care centers in underserved areas, and restoration of \$50 million previously cut from seniors preventative therapy services
- Promise of greater respect for doctors and inclusion in consultation on future reforms to the healthcare system, as well as protection of physicians conscience rights
- An independent medically assisted dying process that works for patients, is not punitive for providers, and does not force participation by practitioners



- Spend \$822 million to bolster hospital care and infrastructure.
- Invest \$300 million over 3 years in Registered Nurses, increasing the number of hours each RN spends with patients.
- Establishment of a new home care agency to deliver services to families, thereby assisting in backlog of long-term care needs
- NOTE: Currently, much of the Liberal healthcare promises originate from the 2018 budget.



- Promise to support healthcare workers and professionals
- Increased investments in hospitals and staff to help end "hallway" medicine and arbitrary caps on surgery within hospitals.
- To impose a moratorium on any further cuts to nurses and healthcare providers
- Will give physicians access to binding arbitration
- To establish a formalized evaluation of staffing needs to review and reduce wait times across the province
- Promise to eliminate user fees (i.e. out of pocket payments for hospital parking, doctors notes, blood tests, uninsured ambulance fees etc.)



MENTAL HEALTH

One in five Canadians is affected by mental illness in their lifetime. Timely intervention is an important factor in altering a patient's course of illness, but access to a psychiatrist often takes months and patients must pay out-of-pocket for therapy provided by other professionals. Despite its impact on Ontarians, Mental Health Care is not currently included in Ontario's Wait Times Strategy. Ontario must work to reduce wait times and expand coverage for mental health care services. Additionally, medical students themselves are not immune to the burdens of mental illness—like much of the Canadian population, their lives are affected by mental health and addictions either personally or through the experiences of those in their social circles, and more must be done to address these concerns.



- Would commit \$1.9 billion towards building a comprehensive mental health system over 10 years, a match of federal contributions to mental health in Ontario
- Would renew mandate of the Mental Health Commission of Canada for another 10 years beginning in 2017-18
- Would ask the Mental Health Commission of Canada to work with the Canadian Center for Substance Abuse to integrate mental health and substance abuse initiatives
- Would implement National Anti-Drug Strategy focusing on prevention, treatment, and law enforcement
- Would reduce wait times for youth and children's mental health services including on university and college campuses
- Would expand suicide prevention counselling in Indigenous and Northern communities
- Would improve data collection for mental health and addiction services
- Would increase budgets of psychiatric facilities to increase capacity and reduce wait times
- Would increase housing supports for those dealing with mental health issues

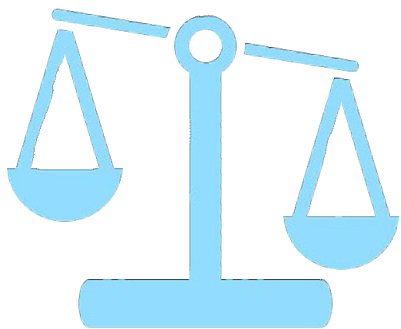


- Platform points in development
- 2018 Budget allocated \$2.1 billion over next 4 years to improved access to mental health and addictions services across Ontario
 - Increase access to publicly funded psychotherapy
 - Expand mental health services for children and youth by investing \$570 million over 4 years to improve community services
 - Increase mental health services access for students by investing \$175 million over 4 years to expand school-based supports
- Appoint the Mental Health and Addictions Leadership Advisory Council in 2014 to help implement a multi-year mental health strategy launched in 2011



- Would establish new Ministry of Mental Health and Addictions
- Would invest \$590 million over 5 years to cut children's mental health waits to a maximum of 30 days
- Would provide mental health supports at every high school by hiring 400 additional mental health workers
- Would build 30,000 new supportive housing units over 10 years
- Would address shortage of mental health workers by hiring 2,200 new mental health workers
- Would invest \$100 million over 3 years in Ontario's dementia strategy

NORTHERN & INDIGENOUS HEALTH EQUITY



Although Canada ranks near the top of the UN Human Development Index, Canadian Indigenous people living on rural reserves rank 68th and often struggle to meet the basic necessities. As of September 2017, there were 90 drinking water advisories in 63 First Nations communities in Ontario alone. The longest of these advisories has been ongoing for two decades. Furthermore, a recent Health Quality Ontario report highlighted a 2.5 to 2.9 year mortality gap, higher rates of infectious and chronic disease, and higher rates of infant mortality between those living in Ontario's north and south. A sustained commitment by our parliamentarians is needed address the social determinants of health affecting our Indigenous population, and we need to commit to remedying these health inequities.



- Promises to establish a task force to investigate access shortages to family doctors and specialists across the province, particularly in rural and Northern Ontario
- Party policy is to work closely with Indigenous and Federal partners to review and improve health and education programming to ensure that no First Nation gets left behind
- Vowed to clean up mercury contamination in English - Wabigoon River

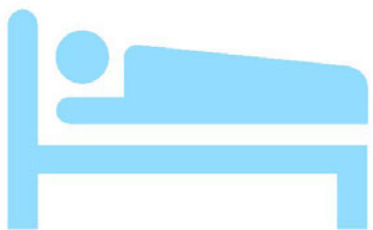


- Platform points in development



- Support 360 new midwives over 4 years, including First Nations, Inuit, and Metis midwives, as well as those from northern and remote communities.
- A commitment to expanding and improving rural healthcare
- Goal to improve access to primary care providers, particularly residents of rural and Northern communities
- Renew efforts to expand community health services
- Recognition of failures to First Nations and collaboration in efforts to improve are for these communities
- Promises to consult with First Nations about priorities and how to greater incorporate First Nation leadership in healthcare decision-making
- Vowed to clean up mercury contamination in the English - Wabigoon River and work with First Nations to ensure safe drinking water
- Invest \$209 million immediately for a First Nations focused health plan

SENIORS' ACCESS TO LONG-TERM CARE



As of May 2014, approximately 20,731 seniors in Ontario were waiting an average of 89 days for placement in long-term care. This is expected to increase by 32% to almost 60,000 by 2021. In waiting for placements, these patients receive costly and ineffective care. Ontario needs to care for its seniors by strengthening home care, community care, and long-term care facilities.



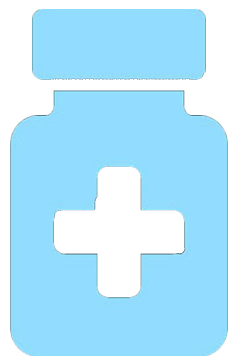
- Build 15,000 new long-term care beds over 5 years and 30,000 over 10 years
- Doubling the Caregiver Tax Credit to support informal caregivers supporting family members in the community
- Funding more in-house behavioural supports in long-term care homes
- Increasing coverage of devices covered by the Assistive Devices Program which supports seniors in purchasing equipment such as mobility aids, hearing aids and diabetic equipment
- Establishing a registry of Personal Support Workers overseen by the Ontario Personal Support Worker Association (OPSWA)



- Released plan in November 2017 titled "Aging with Confidence: Ontario's Action Plan for Seniors"
- Would create 5000 new long-term care beds by 2021-22 and 30,000 new beds over 10 years
- Would add an additional 15 million hours of supporting care for long-term care home residents
- Would invest \$3 million over 2 years to improve seniors' access to house-calls by physicians and other healthcare providers
- \$5.5 million investment over 2 years to increase training for healthcare providers in geriatrics
- Would provide an estimated 2.6 million additional home care hours
- Expanding seniors supportive housing by adding over 500 new transitional care spaces (after hospitalization) and providing 200 new subsidies for affordable housing
- Would expand community dementia programs



- Create 40,000 more LTC beds, 15,000 new beds over 5 years
- Set standards to ensure resident is offered min 4h hands on care/day
- Hold a public inquiry into LTC
- Update the LTC Residents Bill of Rights to give couples the right to stay together
- Would reduce wait lists for long-term care
- Would improve behavioural supports for residents with complex needs
- Would allow people to take job leave to care for an ill family member of loved one



UNIVERSAL PHARMACARE

Every developed country with universal health care provides universal coverage of prescription drugs – except Canada. Forcing Canadians to pay for their own out-of-hospital drugs has led to poor medication adherence for our most vulnerable patients. Ontario has been a strong provincial advocate for a national pharmacare strategy, and became the first province to introduce OHIP+: coverage of all medications on the Ontario Drug Benefit formulary for everyone aged 24 and under. As medical students, we must continue to support our provincial and national partners in the implementation and development of a program that is cost-effective and closes the current health inequity gap.



- MPP Jeff Yurek (health critic) has said that his party is committed to a proper provincial pharmacare plan
- Honour existing commitments, including the OHIP+ program (not been confirmed by leader Doug Ford, but suggested by MPP Jeff Yurek on April 17, "The PC party has no intention of cutting OHIP+")
- A \$98 million investment into dental care for low-income seniors
- Examine Ontario's drug programs to identify ways to increase coverage for rare diseases



- Drug coverage for Ontarians under 25 (OHIP+) was introduced Jan 2018
- Covers 4400+ drugs in the Ontario Drug Benefit program
- 2018 Budget expands OHIP+ with "free prescription drugs for seniors"
 - Currently, Ontarians 65+ receive drug coverage but pay a deductible (\$100) and copayment (\$2 - \$6.11) based on income, paying an average of \$240/year
 - Expanded OHIP+ would remove all deductible costs and co-payments
- New "Ontario Drug and Dental Plan" to provide support for individuals and family without an extended health plan: up to \$400 for singles / \$600 for couples + \$50/child
- Advocating universal pharmacare at the national level; discussed supporting a national formulary
- Consulting stakeholders to determine next steps to extend coverage
- Costs: \$465 million/year for OHIP+, \$1 billion over 3 years for OHIP+ expansion to seniors, \$800 million over 2 years for Ontario Drug and Dental Program



- "Pharmacare for Everyone"*
- Will maintain OHIP+
- Universal coverage for all Ontarians starting with ~125 essential medications determined by the Committee to Evaluate Drugs (expected to include commonly-prescribed drugs)
- Coverage will include take-home cancer drugs
- Coverage will grow as savings are realized, with full implementation universal pharmacare by 2020
- No deductible or premium
- Pharmacare will require copayments based on income, no higher than that of the Ontario Drug Benefit
 - \$6.11/prescription for most people
 - \$2.00/prescription for people with low income
- Dental: coverage to people on social assistance and seniors without retiree benefits
- Costs of pharmacare are expected to be \$475 million + \$42 million for take-home cancer drugs; dental: \$670 million in 2019-2020 rising to \$1.015 billion in 2022-2023

OPIOID CRISIS



In Ontario, opioid-related mortality has increased 463% between 2000-2013 and there have been 5,000 opioid-related deaths since 2000. The predominant source of these opioids is physicians' prescriptions. If we are truly to 'do no harm,' Ontario needs to regularly reassess and commit to implementing its provincial strategy to prevent opioid addiction and overdose. This strategy purports to target the main mediators of the opioid crisis: prescription practices, chronic pain treatment, and mental health and addictions care. In order to be effective, we must continue to hold our parliamentarians accountable to take action and end the opioid crisis.



- Would ban pill presses for non-professionals
- Would mandate that a health representative is put on local police boards and that a police officer is appointed to local health boards
- Would launch an advertising campaign about the dangers of opioids using committed mental health dollars
- Party Leader Doug Ford was quoted as saying that he would abolish Supervised Consumption Facilities and shift the focus towards drug rehabilitation instead if elected, however now he says that he will "consult the experts" regarding Supervised Consumption Facilities.
- 1.9 billion dollars has been pledged for mental health, addiction, housing supports and dental care over the next ten years



- Launched a website through Public Health Ontario which tracks opioid-related morbidity and mortality in Ontario
- Have committed \$280 million to combat the crisis over 3 years targeted towards harm reduction services, indigenous and youth specific services, and additional supports in pain management and opioid prescribing for family health teams among other commitments



- Would tackle mental health issues as a means to address the opioid crisis- 30000 pledged supportive housing units as a solution to a multifaceted issue
- Propose to make mental health and addictions a priority in the province by creating a separate ministry for mental health and addictions, similar to the approach of the NDP government in BC
- Commitment to expand distribution of naloxone and declare the opioid crisis as a public health emergency

WEALTH EQUITY & POVERTY REDUCTION



Poverty is perhaps the single most important factor impacting individual health and wellbeing. Recently, Ontario introduced a Basic Income Guarantee pilot in Hamilton, Brantford, Brant County and Thunder Bay which will provide participants with an income that meets average household needs and healthcare spending. The pilot's goal is to determine whether such a guarantee can "support vulnerable workers, improve health and education outcomes for people on low incomes, and help ensure that everyone shares in Ontario's economic growth." Continued advocacy on strategies to improve wealth equity and ensure equitable access to an adequate standard of living will be necessary to reduce the number of Ontarians living in poverty in the long term.



- Healthcare: Create dental program for low-income seniors
- Family support: Supplement current federal Child Care Expense Deduction (CCED) with the Ontario Child Care Refund, a refundable tax credit that may cover > 75% eligible child care costs for lower income households
- Personal taxes: Reduce personal income taxes by 10% for the lowest (first) income tax bracket in 2021, and by 22.5% for the second income tax bracket in 2022
- Employment regulation: Raise minimum wage from \$14 in 2018 to \$15 over the course of 4 years, in increments of \$0.25 per year



- Social assistance: Evaluate the Basic Income Pilot to provide "more consistent and predictable support to lower-income Ontarians"
- Social assistance: Implement Local Poverty Reduction Fund to support "local, community-based approaches to tackling poverty"
- Employment regulation: Ensure part-time workers are paid the same hourly wage as full-time employees working the same job
- Employment regulation: Raise minimum wage from \$14 in 2018 to \$15 on Jan 1, 2019



- Social assistance: Prioritize homelessness prevention, examining results of the Basic Income Pilot and building policy based on its conclusions
- Social assistance: Restructure Ontario's social assistance system to ensure person-centred approach to support
- Social assistance: Set social assistance rates through a Social Assistance Review Committee using evidence-based approach
- Social assistance: Repair social housing and shelters across Ontario
- Employment regulation: End contract flipping, where private contracts for services can be turned over to the lowest bidder every couple of years, to prevent workers from being laid off and rehired for lower wages and/or fewer benefits
- Employment regulation: Ensure part-time workers receive the same wage, protections, and benefits as full-time employees working the same job
- Employment regulation: Raise minimum wage to \$15