

LAW AMENDMENTS COMMITTEE

Red Room, Province House

Wednesday, November 28, 2012

Bill #144 - Insured Health Services Act

4:30 p.m.

3 ✓ Kyle Buott + Lee Daymon
Nova Scotia Citizens Healthcare Network

4 ✓ Ian Johnson, Servicing Coordinator/Policy Analyst
Joan Jessome, President
NSGEU

1 ✓ Bill Swan

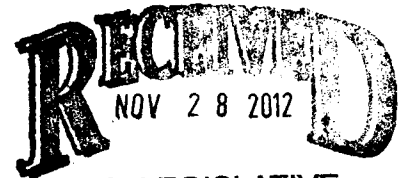
2 ✓ Paul Curry, Researcher and Educator
Nova Scotia Nurses' Union

5:30 p.m.

5. Angela Giles, Atlantic Regional Organizer
Adrienne Silnicki
Council of Canadians

6. { Carol Ferguson, Atlantic Region Research Representative
CUPE

✓ { Dianne Frittenburg, Secretary Treasurer
CUPE Nova Scotia Division



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Submission to the Nova Scotia Law Amendments Committee on the Insured Health Services Act - November 28, 2012

Dear Committee Members, I would like to thank you for this opportunity to comment on this important and progressive piece of health legislation.

My name is Bill Swan. I wear many hats. Among them, I am the Deputy CEO of the International Health Economics Association and a well-controlled severe asthmatic who Co-Chairs the National Asthma Patient Alliance. I will speak briefly from both viewpoints.

Principles of the Canada Health Act

From a health economic viewpoint, the act should entrench the principles of the Canada Health Act in the body of the legislation. It is an established legal principle that legislative preambles state intent, but are in no way binding.

It is critical that our legislation do more than simply establish intent, it must also ensure that the health system remain, as much as possible, a single-payer universal system. Any wiggle room may ultimately be used to undermine the principles of our health system and allow continuing privatization of the health care system. No legitimate research exists to support this ideology. To paraphrase noted Canadian health policy expert Raisa Deber, "if we can't afford public care, we sure as **heck** can't afford private care."

Moving the principles to the body of the act will effectively eliminate this potential risk. This can be done simply by amending Section 2 of the Bill on page 2 to list the five basic principles of "public administration", "comprehensiveness", "universality", "portability" and "accessibility" after the clause "that satisfies the eligibility criteria for federal funding under the Canada Health Act".


Patient Engagement

Patient-oriented care and its synonyms have become de rigueur of late. Yet more often than not the focus is on the provider and payers in the system with patients excluded entirely from the process. Yet the untapped expertise of the patient is largely unrecognized as a source of valuable input, reflection and reform.

As such - while much broader patient engagement is a long-term goal - a change in the composition of the Appeal Board would be a start. The composition of the Board should be more flexible and include other health providers depending upon the issue at hand (e.g. if it is an issue involving prescription drugs, a pharmacist should be included. Most importantly, rather than including only one lay-person, at least one bona-fide patient representative should be part of the Board.

This could be done by amending Section 39(1) to include a “(d) a provider other than a physician, dentist or optometrist” and “(e) two lay persons including at least one insured patient who is not a provider”.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read 'Bill Swan', with a wavy underline.

Bill Swan
swanb@mac.com
902-412-1990
<http://lifewithasthma.tumblr.com>

Law Amendments Committee

Bill 144 – Insured Health Services Act

Paul Curry, on behalf of the Nova Scotia Nurses' Union

November 28, 2012

Thank you for the opportunity to speak to this important piece of legislation. The Nova Scotia Nurses' Union (NSNU) is a professional union representing approximately 6500 Licensed Practical Nurses, Registered Nurses and Nurse Practitioners in Nova Scotia's hospitals, long term care facilities, adult residential centers, VON branches and Canadian Blood Services Centres. NSNU President, Janet Hazelton, is tied up at a proposal development conference and sends her regrets. She asked me to emphasize that this legislation is very important to the NSNU.

1. On behalf of the Nova Scotia Nurses' Union, I applaud the spirit and intent of the revised Insured Health Services Act. There were comments made after the Bill's first reading that it addresses problems that do not exist in Nova Scotia. While this may be the case, the Bill must be viewed in the larger Canadian context – the 2005 *Chaoulli* decision in Quebec, the recent legal challenge launched by private health care advocate Dr. Brian Day in British Columbia, and the current Federal Government's *laissez-faire* approach to medicare. Seen in this light, we think it is prudent and wise to shore up support for public health care within Nova Scotia legislation, making clear our dedication to a system that is based on need and not ability to pay. A strong commitment to universal, public health care will allow us to turn our attention to the vast array of opportunities available within our public system to improve the health and well-being of Nova Scotians.

The Act also enshrines the practice of promoting collaborative care models. As long as collaborative care is based on evidence, and not merely budgetary constraints, it can be a force for positive change in health care.

2. I would now like to take the opportunity to suggest two improvements to the proposed legislation. The first is that explicit support for the principles of the *Canada Health Act*, and explicit mention of each of the five principles (Universality, Accessibility, Portability, Comprehensiveness and Public Administration), be placed in the body of the legislation rather than only in the preamble. Their presence in the preamble is positive, but we would do better to protect universal public health care if the principles appeared in the language of the legislation.

We have heard that there is no precedent for placing the principles in the *Act* as other jurisdictions have not done this. Let us be the first then. We have also heard that the principles lack the clarity of definition required for legislation. This is questionable given that the principles have a near 30-year history in the *Canada Health Act*. Therefore, we ask the committee members to ensure the principles are enunciated in the 'Purpose' section of the new *Act*.

3. The proposed *Insured Health Services Act* purports to strengthen the province's role in health human resource planning by explicitly mentioning that this is within the Minister's purview. Improved health human resource planning is indeed necessary. For our part, we recommend developing a strategy for nursing, especially given that nurses represent the largest number of health professionals. There is much room for improvement here. This past academic year many of our nursing graduates were unable to find work in the province. At the same time, we see reports of short-staffing and extensive amounts of overtime pay because we do not have appropriately trained nurses in certain specialties. A transition program for new graduates that allows for supernumerary positions in these specialty areas could go a long way towards remedying these problems. Alberta's successful program, 'Transitional Graduate Nurse Recruitment Program', does just this for up to 900 new graduates annually. This is just one example of how effective planning could improve the efficiency and financial sustainability of our health system.

Current HHR planning in Nova Scotia suffers from a lack of province-wide coordination. Nurses, for example, often have to visit each employer's site individually in order to discover if there are any vacancies. An efficient, centralized system could help ensure that our nurse graduates, and our nurses who are transitioning jobs, are able to find work in their home province. This will also help employers fill vacancies promptly, reducing the need for overtime pay, and the need to overwork their existing staff. Over the past couple of years, the Nova Scotia Nurses' Union, the District Health Authorities and the IWK, and the Department of Health and Wellness supported the enhancement of a web-based, health services placement system known as HSPnet. Responsibility for managing the system was given to the employers (HANS), but it is unclear at this time if HSPnet is being used effectively. We should ensure that our collective work in this area has not been wasted, and that HSPnet be used to reduce HHR problems in the province.

4. In closing, the foregoing should be taken as constructive criticism of a very good piece of legislation. Nurses in Nova Scotia overwhelmingly believe in public health care, and we are pleased to have this opportunity to express our strong support for this Bill.



November 28, 2012

**Submission to the Law Amendments Committee
Re: Bill 144 – the Insured Health Services Act**

The Nova Scotia Citizens' Health Care Network is pleased to have this opportunity to speak at today's hearing on Bill 144 – the Insured Health Services Act and we welcome any questions committee members may have.

The Health Network was founded in 1996, in response to the federal budget cuts to public health care. Since then, we have become advocates against the ongoing privatization of public health care in Nova Scotia and champions for positive public sector solutions. We are affiliated with the Canadian Health Coalition in Ottawa and the other provincial and territorial health coalitions.

Since the Health Network's founding, and like similar organizations before us, we have urged the provincial government to pass legislation like the proposed bill and we are thrilled to see this legislation come forward. We are also very pleased to hear in Monday's night second reading debate on the bill that both opposition parties will be supporting the legislation.

The Health Network strongly supports this proposed legislation. It is the most progressive change to health care law we have seen in decades. We support the efforts to ban queue-jumping, reinforce the bans on extra-billing and user fees, and to move physicians off fee-for-service. We also support the measures to discourage physicians from dropping out of the public health care system.

While we do strongly support this legislation, there are some areas we believe could be further strengthened. Many of these areas were outlined in our initial submission to the government's consultation process.

Proposed Improvements

- **Enshrine the principles of the *Canada Health Act* in the body of the legislation**
- **Stronger protections to stop for-profit health care facilities from opening in the province**
- **Ongoing public consultation about the mix of insured and uninsured health services**
- **Annual reporting on the operation of the Act**
- **A change in the composition of the Appeal Board**

The most important change is to **entrench the principles of the *Canada Health Act* in the body of the legislation**. This has long been advocated by the Health Network and by other Medicare supporters across the country. It was even proposed by the Premier when he was NDP Health Critic in his Private Member's Bill (Bill 4) of March 23, 2001 called the "Medicare Protection Act".

We think that this change could be made quite simply by amending Section 2 of the Bill on page 2 to list the five basic principles of "public administration", "comprehensiveness", "universality", "portability" and "accessibility" after the clause "that satisfies the eligibility criteria for federal funding under the Canada Health Act". This is the purpose section and this would be an appropriate place to make this amendment. These principles can be more effectively enforced if they are in the body of the Bill, and not just in its preamble. Courts have ruled that while the preamble provides for the government's intent, it is not legally enforceable.

Stronger protections against the possibility of allowing for-profit health care facilities from opening in the province by amending the definition of "hospital" under Section 3 (1) on page 3 by adding after (a) and (b) the words "and for greater certainty, does not include a "privately owned health-care facility, operated for profit". This phrase was used in the Premier's Private Member's Bill of 2001.

We also believe there needs to be **ongoing public consultation about the mix of insured and uninsured health services** as well as **annual reporting on the operation of the Act**. We think this could be added to the mandate of the proposed new Insured Health Services Appeal Board by adding an additional subsection 49 (2) on page 16: "The Board shall also report to the Department and the House of Assembly annually on the state of insured health services and insured designated services including any recommendations for possible changes to them based on broad public consultation. The

report shall also include the number and type of uninsured services performed each year”.

We further suggest **a change in the composition of the Appeal Board** to include other health providers besides a physician, a dentist and an optometrist and also, at least one patient representative. This could be done by amending Section 39(1) to include a new “(d) a provider other than a physician, dentist or optometrist” and an “(e) two lay persons including at least one insured person who is not a provider”.

The Health Network believes this legislation is a visionary law that will protect public health care for years to come. We believe that by making the proposed changes, this law can be further strengthened.

Thank you for your time. We would be happy to respond to any questions you may have.

NSGEU

Notes for a Submission

By

Joan Jessome

President

Nova Scotia Government and General Employees Union

To the

Law Amendments Committee

On

Bill 144

Insured Health Services Act

November 28, 2012

Introduction

Thank you and Good Afternoon. We appreciate this opportunity to speak to the Law Amendments Committee about Bill 144 – *Insured Health Services Act*. We participated in the public consultation process for the draft version of this Bill during the summer.

We are the largest union in the province with approximately 30,000 members working in the public sector. Of our total membership, approximately half of them work in a wide range of health care occupations and settings across the province.

As a result, throughout our fifty-four year history, we have participated in almost every commission, task force and planning process in health care. We also have an active Health Care Committee, a Provincial Nurses Council, and several Occupational Councils related to Health Care Institutions, Health Care Community, Group Homes, and Home Support. We and our members are committed to building a stronger, more vibrant, publicly funded and operated health and

health care system at the national, provincial, regional and community levels.

In addition, we are long-time members and supporters of the Nova Scotia Citizens' Health Care Network and all of its activities. We are working closely with the Health Network and all its members to help achieve a new and comprehensive 2014 Health Accord to replace the current 2004 Health Accord. With me is Ian Johnson who is both a staff person with NSGEU and the Vice-Chairperson of the Health Network.

Support for Bill 144

We believe that Bill 144 is an historic and timely initiative which we think will help to protect, strengthen and extend public health care in this province. We were pleased to see all three Parties come out in support of this Bill during the Second Reading debate.

Bill 144 is historic because it is being brought forward on the fiftieth anniversary of when insured medical services began in Canada. They

were established first in Saskatchewan and then, gradually spread across the country. This did not happen overnight nor did it happen without a great deal of hard work and struggle.

However, once in place in Saskatchewan, the focus quickly turned to a possible spread of insured medical services to the rest of the country. This was due especially to the Hall Commission Report of 1964, continued public pressure, and the efforts of all parties to approve federal legislation in 1966. By 1972, insured hospital and medical services were in place across Canada. In Nova Scotia, insured hospital services were in place by 1958 and insured medical services by 1969.

The revised legislation is very timely, especially with the complete abdication of responsibility by the Harper government of its overall responsibilities in health care, and in sitting down with provincial and territorial governments to begin negotiations towards a new 2014 Health Accord. In our view, such an Accord is essential to moving forward to adequately protect, strengthen and extend Medicare. Bill 144 is also a key step in helping to put pressure on the federal

government, and demonstrating to other provinces and the territories that Nova Scotia is strongly committed to protecting and enhancing Medicare. We are only aware of two other provinces that have similar legislation which attempts to at least acknowledge the role and importance of the *Canada Health Act*, namely, the *Medicare Protection Act* of BC first passed in 1996 and the *Commitment to the Future of Medicare Act* of Ontario first passed in 2004.

Finally, the revised legislation is long overdue considering that the existing *Health Services and Insurance Act* dates back to 1973, and is clearly in need of an extensive update and modernization. We frankly do not understand why previous governments did not make this a legislative priority much earlier. It is also overdue considering the rise of for-profit health care and the very real threats it is increasingly making to the public health care system across the country.

More specifically, we support most of the provisions of Bill 144, starting with its preamble. These seven clauses set out the government's commitment to a single-tiered public health care

system and the five basic principles of the *Canada Health Act*. The purpose of the Act builds on that preamble and recognizes an important distinction between “insured health services” which are to be funded and provided under the principles or criteria of the *Canada Health Act* and “insured designated services” which are additional insured services provided by the government such as children’s dental services, vision care, and prescription drugs. There are a large number of important definitions for the implementation of this Bill.

The “Insured Services”, “Administration” and “Audit” sections provide important updates and additional provisions to help guide the operation of our public health care system. We especially like the recognition of the need for health human-resource planning to effectively carry out the intent and purpose of this Act.

The “Access to Insured Services” section provides a number of steps to strengthen public health care by prohibiting extra-billing, user fees and direct billing, and by preventing any reimbursement of payments for insured services from an opted-out provider. We are especially

pleased that preferential access to an insured service is prevented for anyone who tries to engage in queue-jumping.

The “Insured Health Services Appeal Board” provides a new, long overdue avenue of appeal with respect to the denial of insured services provided within or outside the province. The “General” section offers a greatly expanded set of regulations to help guide the implementation of this Bill.

Proposed Improvements

At the same time, we think there are a number of specific improvements that could be made to further strengthen the intent and purpose of the Bill. The most important of which we think is to entrench the principles of the *Canada Health Act* in the body of the legislation. This has long been advocated by us and by other Medicare supporters across the country. It was even advocated by the Premier when he was NDP Health Critic in his Private Member’s Bill (Bill 4) of March 23, 2001 called the “Medicare Protection Act”.

We think that this change could be made quite simply by amending Section 2 of the Bill on page 2 to list the five basic principles of “public administration”, “comprehensiveness”, “universality”, “portability” and “accessibility” after the clause “that satisfies the eligibility criteria for federal funding under the Canada Health Act”. This is the purpose section and this would be an appropriate place to make this amendment. These principles can be more effectively enforced if they are in the body of the Bill, and not just in its preamble.

Stronger protections against the possibility of allowing for-profit health care facilities from opening in the province by amending the definition of “hospital” under Section 3 (l) on page 3 by adding after (a) and (b) the words “and for greater certainty, does not include a “privately owned health-care facility, operated for profit”. This phrase was used in the Premier’s Private Member’s Bill of 2001.

We also believe there needs to be ongoing public consultation about the mix of insured and uninsured health services as well as annual reporting on the operation of the Act. We think this could be added to

the mandate of the proposed new Insured Health Services Appeal Board by adding an additional subsection 49 (2) on page 16: “The Board shall also report to the Department and the House of Assembly annually on the state of insured health services and insured designated services including any recommendations for possible changes to them based on broad public consultation”.

We further suggest a change in the composition of the Board to include other health providers besides a physician, a dentist and an optometrist and also, at least one patient representative. This could be done by amending Section 39(1) to include a new “(d) a provider other than a physician, dentist or optometrist” and an “(e) two lay persons including at least one insured person who is not a provider”.

Conclusion

All in all, we have tried to express our support for Bill 144 and how it is historic, timely and long overdue. We have identified specific provisions of the Act which we especially find to be useful and helpful.

At the same time, we have tried to outline several specific amendments which should help to further improve and strengthen the Act to effectively carry out its intent and purpose.

We hope you will continue to support Bill 144, while also, giving serious consideration to these proposed amendments.

We welcome your questions and comments.

**Presentation to Law
Amendments Committee,
Nova Scotia Legislature**

By Diane Frittenburg, Secretary-Treasurer, CUPE NS

11/28/2012

Good evening.

My name is Diane Frittenburg and I am the Secretary-Treasurer of the Canadian Union of Public Employees Nova Scotia Division. The Canadian Union of Public Employees is Canada's largest union, with more than 610,000 public sector members working in almost every community across the country.

In Nova Scotia, we proudly represent over 18,000 working women and men. Our members work on the front lines of our communities delivering public services to the people of Nova Scotia in health care, community and social services, education, public utilities, housing, libraries, municipalities, post-secondary education, early childhood education and care, airlines and many more sectors of the economy.

CUPE members in Nova Scotia provide direct care to patients in hospitals, long-term care facilities and in home and community care settings. Our members and their families also depend on public health care services in our Province. For both these reasons, CUPE members have a great deal of interest in Bill 144 *An Act Respecting the Funding and Provision of Health Services*. I want to thank the members of the Law Amendments Committee for this opportunity to speak to this important legislation.

CUPE believes that health care remains the number one priority of Nova Scotians and Canadians. The Canadian Union of Public Employees applauds the Government of Nova Scotia on their leadership to defend and improve our public health care system through this legislation.

Such a provincial initiative to protect a public one tier health care system is especially important at this time. Recent unilateral actions of the Federal Government to change the funding for major transfer programs, including Canada Health Transfer, Canada Social Transfer and equalization to the provinces are putting public services delivered by the provinces like health care at risk.

The social and economic differences that exist among the provinces are very real. The new federal per capita funding formula for the Canada Health Transfer will place a greater burden on poorer provinces with weaker economies and aging populations. The Province of Nova Scotia now contributes about 80 per cent of health-care funding for Nova Scotians, with the federal portion down to less than 20 per cent, when it was around 50 per cent originally.

CUPE Nova Scotia has asked Premier Dexter to continue to stand firm in opposition to this new "health transfer plan" which means the loss of significant funding to our Province. CUPE hopes that members of this Committee will also speak up and pressure the Federal Government to provide appropriate financial Resources for the health care Nova Scotia needs and deserves.

With respect to Bill 144, CUPE would respectfully make the following recommendations:

Commitment to the *Canada Health Act*

CUPE applauds the strong statement of support for public Medicare articulated in the Preamble of Bill 144.

We believe this commitment would be strengthened if the commitment to the five criteria and two conditions of the Canada Health Act was placed in the body of the legislation, not just in the preamble alone.

Defense Against Privatization

CUPE welcomes the measures in Bill 144 to protect our public health care from privatization through regulation of direct billing, extra billing, user fees, queue jumping and opted-out providers.

While many Canadians have private health insurance, rarely does it cover necessary physician and hospital care.

Many Canadians have private health insurance for dental services, drugs, eye care, home care, nursing homes and other health services that are not fully publicly funded. For the most part, however, no private insurance market exists in Canada for necessary physician or hospital services. This is true in the five provinces that prohibit private insurance for such services, and in the five provinces that do not.

Protecting Medicare as a single-payer system is critical. Private spending represents around 30 per cent of total health care spending in Canada, one of the highest levels among OECD countries.

Within that, private insurance is rising faster than other sources of finance. For all but a privileged few, private health insurance undermines access, choice, and cost-effectiveness.

Jurisdictions with parallel public and private insurance have developed complex and costly regulatory frameworks, and still there are negative impacts on the public system. Both the Romanow and Kirby Commissions soundly rejected the private insurance model.

The private insurance industry has formidable resources and influence. In the United States, we have seen this lobby frustrate even modest proposals to reform that country's hopelessly inefficient and inequitable health care system. Transnational insurance companies do not dominate the health care market in Canada as they do in the U.S. It would be prudent to keep it that way.

The provinces of Alberta, British Columbia, Manitoba, Ontario and Prince Edward Island prohibit provide insurers for necessary physician or hospital services. CUPE recommends that Nova Scotia follow this lead and prohibit providers from charging any person/entity other than the provincial plan for an insured service.

Regulate Block Fees

Patients in Nova Scotia are at times subjected to fees for "incidental" expenses for services such as telephone consultations, prescription renewals or the preparation of documents relating to employment or insurance. Some physicians charge for these services by way of annual block fees, which represent a significant financial barrier to accessing the publicly funded services offered by that provider.

This Nova Scotia legislation should regulate block fees by:

- . establishing a cap on block fees;
- . requiring that unutilized fees be returned to the patient;
- . requiring that patients have the option of paying for services only if and when they are required; and
- . prohibiting health care providers from withholding service to patients who decline to pay a block fee.

Whistleblower Protection

This Bill proposes welcome regulation to protect against abuse of the public health care system. CUPE therefore recommends that robust whistleblower protection be included. Patients are among the most vulnerable in society because of their deteriorated health status and, often, their lack of family to support and monitor their care. Workers should be encouraged to report on incidents or conditions that negatively affect care. Patients and workers have a significant role to ensure that rules and regulations are respected and enforced. They deserve protection when they come forward with a concern or complaint.

Without such protections, patients are reluctant to speak out and workers are held back from advocating for safe care.

Concluding Remarks

In conclusion, CUPE Nova Scotia Division reiterates our deep appreciation of the commitment to Medicare shown by this government. CUPE is committed to strengthening the public health care system and we look forward to continuing to work with this government and the Members of this Committee to do that.

Dianne Frittenburg

Secretary-Treasurer, CUPE Nova Scotia

kgp/cope491

c: Paul Moist, National President, CUPE
Jacquie Bramwell, Atlantic Regional Director, CUPE

Endnotes

LAW AMENDMENTS COMMITTEE

Red Room, Province House

Monday, December 3, 2012

Bill #151 - Workers' Compensation Act (amended)

8:00 p.m.

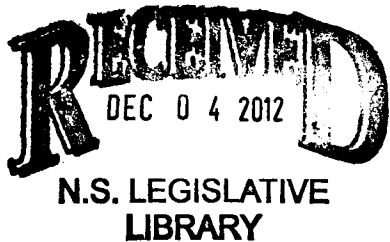
1. Nancy Barteaux, Counsel
Enterprise Cape Breton Corporation
2. Bobby Gillis, Board of Directors
Cape Breton Injured Workers Association
3. Bob Burchell, International Representative for Canada
United Mine Workers of America

Bill #153 - Community Interest Companies Act

(no representation)

Bill #150 - Residential Tenancies Act (amended)

(deferred from previous meeting)



Nova Scotia Citizens' Health Care Network



MEDICARE WORKS! KEEP IT PUBLIC. KEEP IT FAIR.

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URGENT – November 29, 2012

To Health Critics and Law Amendments Committee Members

We are writing today to urge you to bring forward an amendment to Bill 144 – The Insured Health Services Act. The final opportunities to do so will be in today's law amendments committee meeting and then in third reading of the bill, which has yet to be scheduled.

Very specifically, we are urging all of you to enshrine the five principles of the Canada Health Act – Universality, Public Administration, Comprehensiveness, Accessibility, and Portability – in the body of the legislation, not only in the preamble.

This has long been advocated by the Health Network and by other Medicare supporters across the country. It was even proposed by the Premier when he was NDP Health Critic in his Private Member's Bill (Bill 4) of March 23, 2001 called the "Medicare Protection Act".

We think that this change could be made quite simply by amending Section 2 of the Bill on page 2 to list the five basic principles of "public administration", "comprehensiveness", "universality", "portability" and "accessibility" after the clause "that satisfies the eligibility criteria for federal funding under the Canada Health Act". This is the purpose section and this would be an appropriate place to make this amendment.

These principles can be more effectively enforced if they are in the body of the Bill, and not just in its preamble. Courts have ruled that while the preamble provides for the government's intent, it is not legally enforceable.

Universal, single-tier public health care must be protected, strengthened and extended and we believe this change will further strengthen the proposed legislation.

Please review individual submissions made at Law Amendments yesterday for more

suggested amendments to the Bill. However we are all agreed in suggesting this enshrinement of the CHA principles into the body of Bill 144 as our number one priority suggestion for an amendment.

Please do not hesitate to contact us if you have any questions. We would be happy to work with you to advance this amendment.

Regards,

Kyle Buott
Provincial Coordinator
Mobile – (902) 478-0239

Lee Seymour
Chair