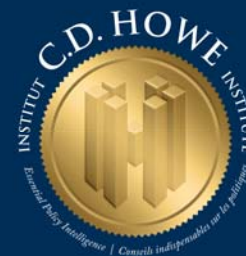


# MANDATE LETTERS



*As Canada forms its next government, the Prime Minister's Office will be preparing ministerial mandate letters. In this special Intelligence Memo series, policy experts highlight key challenges and priorities in each minister's portfolio.*

From: Rosalie Wyonch, Åke Blomqvist and Will Falk

To: Incoming Minister of Health

Date: November 14, 2019

The federal government must work with provinces to improve healthcare in Canada. It should respect provincial responsibility for the delivery of most healthcare, but there are common issues where Ottawa should take the lead.

For the next four years, your health policy priorities should include the following:

- **Moving Ahead with the Canada Drug Agency:** To set the foundation for Pharmacare, the government should move ahead with the Canada Drug Agency, which should absorb the functions of the Patented Medicine Pricing Review Board, the Canadian Agency for Drugs and Technologies in Health (CADTH) and the pan-Canadian Pharmaceutical Alliance (pCPA). Another priority should be to give private insurance companies access to the same drug prices, currently negotiated by the pCPA, as government plans. The Canada Drug Agency should also begin developing a national formulary – starting with essential medicines.
- **Achieving Universal Access to Pharmacare Coverage:** Improving Canadians' access to prescription drug coverage will require prudence, tact and compromise to negotiate among many conflicting interests. Over several years, negotiate with provincial health colleagues about implementing [universal pharmacare](#) in some form. [The main role for the federal government](#) should be to set a minimum floor for coverage and some maximum on insurance copayments and premiums for particular groups.
- **National Licensure: Improving Labour Mobility and Facilitating Virtual Treatment:** Currently, physicians are licensed provincially, which acts as a barrier to labour mobility and impedes progress on the development of virtual care services. National licensure is [strongly supported by physicians](#), would remove the existing barrier to physician labour mobility and, with the help of technology, could allow physicians to remotely treat patients in other provinces.
- **Reorganize Federal Health Agencies:** Over the past decade, several reports have commented on the confused organization of federal health agencies ([the Naylor Report](#) and [External Review of the federally funded Pan-Canadian Health Organizations](#)). Your mandate should include implementing a streamlined and more effective set of healthcare agencies. This will mean decommissioning some that have served their purpose and combining others and providing them with a renewed mandate to support research, innovation and to monitor quality and access in Canadian healthcare.
- **Growing Canada's Health Sector Through Export Development:** Healthcare is now a global knowledge industry and Canadians are among the leaders. The digital revolution in healthcare makes possible new ways to access this economic opportunity. Health Canada should work collaboratively with other federal departments to develop regulations, labour standards and product standards for the export of health services. National standards, digital modernization and national licensure would give us a way to improve Canada's leadership role in global healthcare and to build an improved and more national healthcare system domestically.
- **Modernize Digital and Virtual Access:** Canadians should have access to their health records in a usable digital form. This right needs to be reflected in regulation and legislation. All health services should be held to modern service standards on customer delivery and reporting. Given our great distances, no Canadian should be forced to make physical contact with the health system in order to receive routine or basic care; virtual care options should become a normal and covered part of health services.
- **Innovation in Compensation and Funding:** The federal government should support the adoption of new methods to fund doctors and hospitals in ways that would help all Canadians establish a stable relationship with a provider who serves as their 'medical home,' and promote more integrated and efficient management of the system's resources. It should encourage public debate on topics such as capitation in primary care and integrated, activity-based funding of hospitals and doctors, through the work of pan-Canadian agencies such as the [Canadian Foundation for Healthcare Improvement](#) and the [Canadian Institutes of Health Research, or their successors](#).
- **Improving Access and Outcomes for Indigenous and Inuit Communities:** Health Canada should work with Indigenous Services Canada and Crown-Indigenous Relations and Northern Affairs Canada to improve the delivery of care to these communities. Despite significant investment and improvement, Indigenous and Inuit people still face major gaps in access to high-quality healthcare.

*Rosalie Wyonch is a Policy Analyst at the C.D. Howe Institute, Åke Blomqvist is Adjunct Research Professor at Carleton University and Health Policy Scholar at the C.D. Howe Institute where Will Falk is a Senior Fellow.*

*To send a comment or leave feedback, email us at [blog@cdhowe.org](mailto:blog@cdhowe.org).*

*The views expressed here are those of the authors. The C.D. Howe Institute does not take corporate positions on policy matters.*