



Coalition des  
professionnels de la santé

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## Recommendations

The EHPC recommends the federal government take the following immediate steps:

- **Recommendation 1:** That the Government of Canada continue its expansion of the Canada Student Loan forgiveness program (CSLFP) to include audiologists, dietitians, chiropractors, denturists, occupational therapists, optometrists, and speech-language pathologists to help strengthen rural and remote care for Canadians.
- **Recommendation 2:** That the Government of Canada ensure the ongoing collection of pan-Canadian health sector workforce data across the public and private sectors.
- **Recommendation 3:** That the Government of Canada introduce a sliding-scale tax credit for eligible small and medium employers to help them expand their coverage for extended health care benefits for their employees.
- **Recommendation 4:** That the federal government establish a Primary Health Care Transition Fund to improve access to interdisciplinary community team-based primary care that integrates services provided by extended healthcare professionals.

## Contact

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## Introduction

The EHPC membership consists of organizations that represent the regulated health professions that make up Canada's healthcare landscape. We represent over 100,000 regulated healthcare professionals and speak with a unified voice to ensure that health services provided in the public and private sectors are fully recognized by stakeholders, employers and decision-makers and are accessible to the Canadian public.

### **Recommendation 1: That the Government of Canada continue its expansion of the Canada Student Loan forgiveness program (CSLFP) to include audiologists, dietitians, chiropractors, denturists, occupational therapists, optometrists, and speech-language pathologists.**

We applaud the federal government for expanding the CSLFP to include dentists, dental hygienists, pharmacists, physiotherapists, psychologists, and social workers in its Budget 2024, as it this investment will help provide Canadians with greater access to care in rural and remote communities. To support this ongoing policy expansion, the EHPC strongly recommends that the federal government continue its program expansion to include audiologists, chiropractors, denturists, dietitians, occupational therapists, optometrists and speech-language pathologists.

Approximately one-third of healthcare in Canada is provided through privately funded settings, outside the publicly funded system. Many EHPC members operate within this sector and function as small businesses. The shortage of healthcare professionals in rural and remote communities is a serious barrier to care, forcing many people to travel hours to access care, even for emergencies. Twenty percent of Canadians live in rural communities but are served by only eight percent per cent of Canadians live in rural communities but are served by only eight per cent of the physicians practicing in Canada. This crisis is currently deepening and cannot be solved by a few professions alone. To begin to address the issues of Canada's health workforce crisis, we must look at sustainable system-level solutions that focus on both public and privately funded healthcare providers.

The continued expansion of the CSLFP will ensure that there is a full spectrum of health and social service providers available to support better care and access in rural and remote areas. Expanding access to this broader set of professionals would support the federal government's stated commitment to better serve rural communities. We applaud the Federal government's commitment to supporting primary care as we know that Interdisciplinary care teams are especially important to the successful management and prevention of chronic and recurrent health conditions.

### **Recommendation 2: That the Government of Canada ensures the ongoing collection of pan-Canadian health sector workforce data across the public and private sectors.**

EHPC commends the government for its investment in establishing a Centre of Excellence on Health Workforce Data and Planning. We are encouraged that the mandate of Health Workforce



Canada will include a broad range of healthcare professionals, especially professions whose services are not covered by Medicare and much less is known. The current information collected by CIHI focuses only on the number of health professionals per capita and does not capture more granular data that is needed to support system planning, recruitment and retention at the local level. To this end, EHPC asks that the Centre of Excellence capture data at a granular level on:

- The number of professionals per capita working in urban, rural or remote settings
- The number and location of practice settings, such as within a hospital or private (community) practice
- The number of professionals leaving their professions and the reasons for leaving, such as remuneration and/or caseloads, etc.
- The average age of healthcare professionals and the average age of retirement
- The average wait list/times to access care by profession
- The supply capacity of Canadian education institutions and foreign-trained professionals

These detailed datasets across the entire health system would better support the provinces and territories in identifying the gaps in care, and the appropriate and sustainable solutions to address them.

**Recommendation 3:** That the Government of Canada introduce a sliding-scale tax credit for eligible small and medium employers to help them expand their coverage for extended health care benefits for their employees..

We know that there is the potential for employers to expand coverage for a range of health care benefits (e.g., psychological, physiotherapy, occupational therapy, dietetic and chiropractic services, to name a few) to offer benefits that reduce the out-of-pocket costs for employees. The average insurance plan has not kept pace with the cost of providing treatment. A few examples include:

- The out-of-pocket burden (as a proportion) for Canadians to access vision care is substantially higher than for other medical professional services. Approximately 74% of private vision care expenditures were incurred by Canadians as out-of-pocket expenses, versus 36% for drugs and 42% for dental. The average cost of a vision benefit is only \$187.<sup>1</sup>
- The median and average annual employer coverage for mental health counseling is \$750 and \$2,006, well below the recommended range of \$3,500–\$4,000 for evidence-based services. 61% of employers have an annual maximum coverage for mental health counseling of \$1,000.<sup>2</sup>
- The cost of an average set of hearing aids in Canada is \$400. Hearing aids typically need to be replaced every 3–5 years and require the support of a registered audiologist. The coverage amounts for hearing care were inconsistent with treatment costs, resulting in considerable out-of-pocket expenses for most consumer.<sup>2</sup>

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<sup>1</sup> “Coverage of Vision Care in Canada”, Canadian Association of Optometrists

<sup>2</sup> *Comparison of Health Insurance Coverage for Hearing Aids and Other Services in Alberta*, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7020805/>



The cost of inflation and [rising cost](#) of benefits plans have made it difficult for smaller businesses to provide benefits with adequate coverage. A recent [study](#) by Robert Half states that half of Canadian employees are looking for new employment with the majority saying they are looking for better employer benefits. Assisting small and medium benefits to improve their health coverage not only improves the health and wellbeing of employees but also assists with retention and recruitment.

While some governments have been moving to either consider or improve and expand public coverage for some health services, like pharmacare, dental care, and mental health, they are not moving quickly enough to address the fact that many Canadians continue to pay out-of-pocket or go without care all together.

In this context, where members of EHPC provide health care services funded through the public and private sectors, there is an opportunity to ensure that federal tax policy more effectively supports health policy by incentivizing employers to do more.

In addition to improving employee retention and recruitment, improving health benefits can improve the health status and productivity of their workforce and ensure they return to work in a timely manner.

Based on the most recent available data, it is our understanding that small and medium-sized employers have limited health benefits coverage compared to larger employers.<sup>3</sup>

As of 2022, there are 1.2 million employer businesses in Canada. Of those businesses:

- 1.19 million (97.8%) are small businesses and employ 5.718 million workers, or 46.8% of the workforce.
- 23,395 (1.9%) are medium sized businesses and employ 2.072 million workers, or 17% of the workforce.
- 3,128 (0.3%) are large businesses and employ 4.397 million workers, or 36% of the workforce.

**Recommendation 4: That the federal government establish a Primary Health Care Transition Fund to improve access to interdisciplinary community team-based primary care that integrates the services provided by extended healthcare professionals.**

While health care systems across the country continue to face a series of daunting challenges and unrelenting pressures, one area that must be addressed and is a prerequisite to having a high-performing health system<sup>5</sup> is properly resourcing our primary health care delivery systems on a sustainable basis. By leveraging the available expertise, experience, and scope of practice of Canada's extended health professionals, access to improved and more informed interdisciplinary community-based primary care delivery systems would provide timely care in full-service environments.



Having a well-resourced and fully integrated primary health care delivery system is essential to managing the overall health of Canadians and its relationship to:

- The increasing prevalence of chronic disease and complexity of care
- Referrals to, and from, our acute care system and specialist care
- Caring for an aging population at home and in long-term care/residential facilities
- Ensuring access to mental health and physical health programs and services

We know there is a need for a wider array of health care expertise that can practice in a team-based environment to its full scope of practice in providing timely care in response to a wide range of health care issues.<sup>6</sup>

While some provinces have recognized this reality and are moving in this direction (e.g., Quebec [CLSCs], Ontario [Family Health Teams], and Alberta [Primary Care Networks]), we know much more needs to be done in terms of scaling up new, innovative, and co-developed primary health care delivery models across the country. Depending on their structure, such models could include audiologists, chiropractors, dental hygienists, dentists, denturists, dietitians, occupational therapists, optometrists, pharmacists, physiotherapists, psychologists, speech-language pathologists, and registered social workers.

By doing so, the system would expand capacity to treat those in need when they need it, as opposed to growing wait times in a world where close to 6.5 million Canadians have no family physician. It would also serve to redirect care to more appropriate settings instead of placing a growing burden on hospitals and their emergency departments. Understanding the time that it takes to train a family physician, more must be done now with the current resource of regulated healthcare professionals who are ready and trained to provide timely expert primary care.

In the past, others have called on the federal government to establish a Primary Health Care Transition Fund.<sup>7</sup> In addition to supporting this call, EHPC would recommend continued support for [Team Primary Care](#) so they can continue to train health care practitioners in team-based comprehensive primary care.

## Sources

<sup>1</sup> Canadian Institute for Health Information “Who is Paying for These Services”

<https://www.cihi.ca/en/who-is-paying-for-these-services>

<sup>2</sup> Canadian Psychological Association. *Employees, Employers and the Evidence – The Case for Expanding Coverage for Psychological Services in Canada*. May 2023.

<sup>3</sup> Among those employers citing finances as a reason for not increasing coverage, there was more than a sixfold difference between small to medium sized organizations than large. Mental Health Commission of Canada/ Canadian Psychological Association. *Extended*



*Mental Health Benefits in Canadian Workplaces: Employee and Employer Perspectives.*  
Pages 7-9. June 2022.

- <sup>4</sup> Small employers have 5-99 employees; medium sized employers have 100-499 employees; and large employers have 500+ employees.
  - <sup>5</sup> World Health Organization. *Declaration Alma-Ata*. 1978, which sets out a definition of primary care with an emphasis on multi-disciplinary provider teams.
  - <sup>6</sup> In *Creating a High Performing Healthcare System for Ontario: Evidence Supporting Strategic Changes in Ontario* (GR Baker, R Axler, 2015) it states: "...researchers have shown that improved access to primary healthcare delivered by inter-professional teams can improve patient health and patient experiences." Page 13.
  - <sup>7</sup> *Primary Health Care Transition Fund*, valued at \$1.2 billion. Canadian Medical Association, the College of Family Physicians of Canada, Canadian Association of Social Workers, and the Canadian Nurses Association.
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