Winter 2016 Health Ministers' Meetings

PT Health Ministers' Meeting
January 20, 2016

FPT Health Ministers' Meeting
January 21, 2016

Vancouver, BC
Last revised: January 18, 2016

At-A-Glance Agenda
BRITISH COLUMBIA

STRICTLY CONFIDENTIAL

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Meeting Overview – BC Perspective

How to use this document

- Agenda items marked with a red asterisk [*] in this document are for decision.
- Most headers in this document reference Tab numbers, which correspond to the binder, where common briefing materials, BC program notes, powerpoint presentations, and materials for approval can be found.

- Formal meeting agenda items and events open to all delegates are highlighted in blue.

- Private agenda items and Minister-only events are highlighted in green.

- Chair speaking notes are in red boxes.

- ***Recommended BC position statements are included in bold text underneath Chair speaking notes as suggestions to use in the discussion.***

- Speaking notes for BC-led items are in gray boxes.

Conference

- 17 Ministers are confirmed to attend. Additional Ministers with Health-related portfolios will attend from 3 jurisdictions: SK (via teleconference), MB, and ON. Participant list, photos, bios, and a seating chart are in the background materials binder at Tabs D through G.
- This is BC's last event as lead jurisdiction. After this meeting, Ontario takes over as the PT Co-Chair of the FPT health table.
- BC ADMs will attend the meeting to provide support if needed on agenda items falling within their portfolios.

PT HMM (January 20):

- BC is leading 6 PT agenda items:
    - Expensive Drugs for Rare Diseases (AB/BC/ON)
    - Mental Health and Substance Use (BC)
    - FPT Shared Health Agenda Preparation (BC/All) (preparation for FPT discussion on a shared health agenda/ health accord)
    - Review of the PT Communiqué (BC)
    - Access to Primary Care (BC)
    - Review of FPT HMM Agenda (BC)

- PT Ministers will have a private working lunch. While Ministers may propose additional discussion topics, the following two topics have been identified:
    - Interprovincial Health Coverage (ON)
    - Medicare: the Next 50 Years (ON)
- Stephen Brown will attend to take notes, and will provide a report-out on any decisions when the formal meeting resumes.

FPT HMM (January 21):

- The primary focus of the FPT agenda is a discussion on a "Shared Health Agenda."
- BC is co-leading 2 FPT agenda items:
    - Health System Challenges and Opportunities (BC/CAN) – part of the Shared Health Agenda discussion
    - Prescription Drug Abuse (NS/BC/CAN)
- FPT Ministers will have a private working lunch. While Ministers may propose additional discussion topics, the following four topics have been identified:
    - Cannabis (CAN)
    - Syrian Refugees – update (CAN)
    - Ebola (BC/NS/CAN)
    - Cochrane Collaborative (BC)
- The lunch will also include a 20-minute presentation from Dr. Julio Montaner on BC's successful HIV/AIDS work.
- Stephen Brown and the DM from Health Canada, Simon Kennedy, will attend to take notes, and will provide a report-out on any decisions when the formal meeting resumes.

Additional events:

- The Canadian Federation of Nurses Unions has scheduled a breakfast for Ministers on January 20 from 7:00 to 8:30.
- The CMA and Doctors of BC are holding a briefing for Ministers on January 20 from 4:30 to 5:30 at the Hyatt Hotel. It is expected that this will be rescheduled – new date and time to be confirmed.
- Both events are separate from the HMM, and attendance is at the discretion of Ministers.
- A meeting between Health Ministers and Indigenous Leaders has been arranged on January 20 at 4:15.
- Two additional meetings with other Ministers have been set up: a private dinner with Minister Hoskins (ON) on January 19 and a meeting regarding e-cigarettes with Ministers Damerla (ON), Crothers (MB), and Glavine (NS) on January 20.
- The Canadian Organization for Rare Disorders (CORD) is organizing a patient rally outside the Hotel Vancouver on January 20-21 to highlight "Health Ministers' unfulfilled promise."

- A CTV interview with Ministers Lake and Philpott is being planned. Date and time to be confirmed.

Special Notes/Considerations

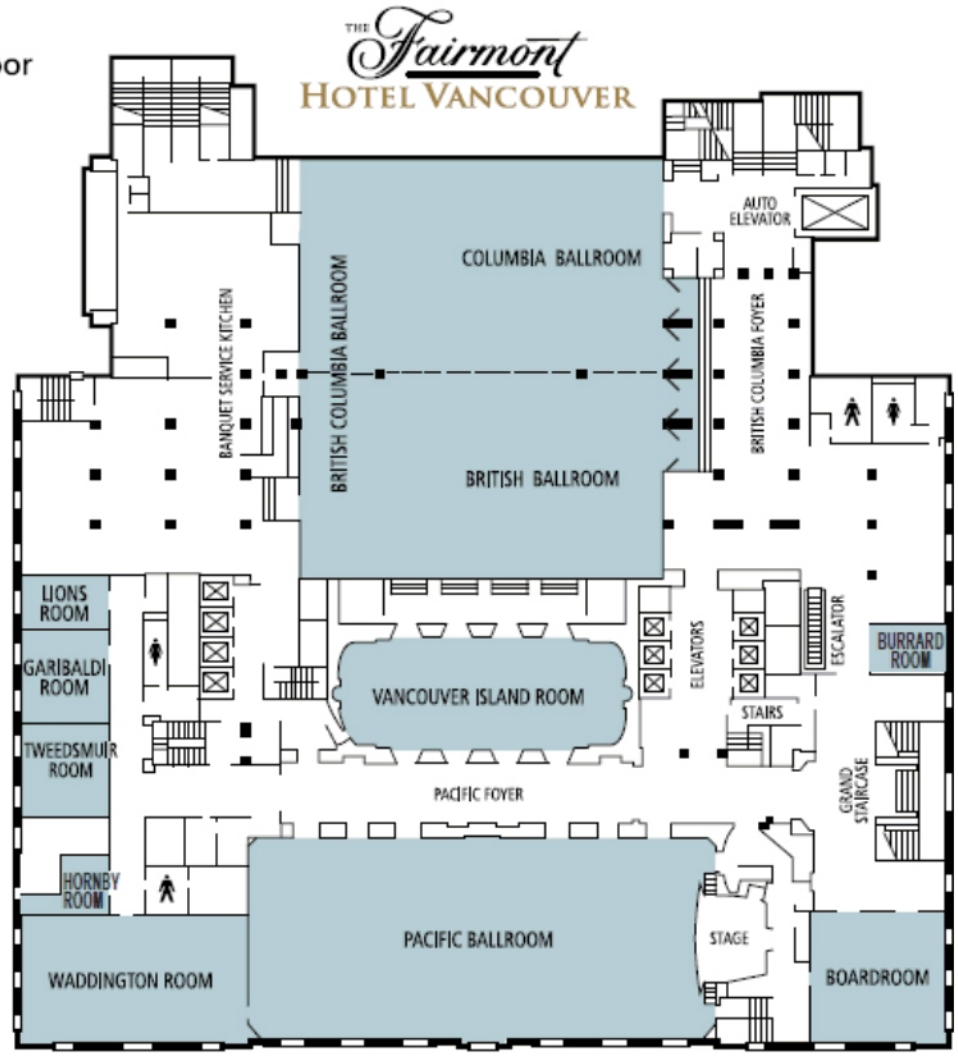
Recent Elections:

- NWT held an election on November 23. Bob MacLeod remains the Premier, and Glen Abernethy remains the Minister of Health and Social Services (and also holds the portfolios of Minister of Human Resources, Minister Responsible for Seniors, Minister Responsible for Persons with Disabilities, and Government House Leader).
- NL held an election on November 30, electing a Liberal majority government. NL has had a Progressive Conservative government since 2003. The new Premier is Dwight Ball, Dr. John Haggie is the new Minister of Health and Community Services, and Sherry Gambin-Walsh is the new Minister of Seniors, Wellness and Social Development.
- Since the 2014 HMM in Banff, AB, there are nine new Health Ministers (Health Canada, AB, MB, QC, NB, PEI, NL, YK, and NU).

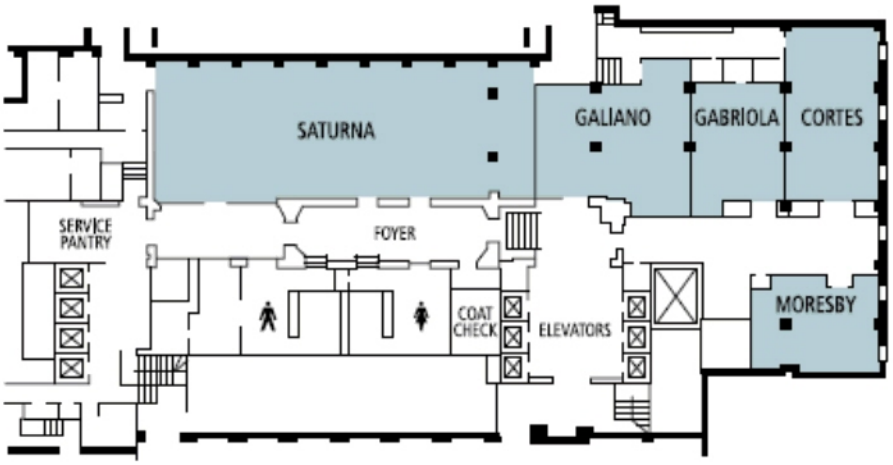
Upcoming Elections:

- SK – April 4, 2016
- MB – April 19, 2016

Conference Floor



Discovery Floor



Tuesday, January 19, 2016

Registration
Location: outside the Waddington Room
4:30 – 5:30 p.m.

- Access to conference events is controlled by use of admission passes. Admission passes are available outside of the reception room.

PT Welcome Reception
Location: Waddington Room
5:00 p.m. – 7:00 p.m.

- There is no program for the informal welcome reception.
- Appetizers and non-alcoholic beverages are provided, and one BC wine or beer is complimentary; there is also a cash bar.

Private Dinner between Minister Lake and Minister Hoskins
Location: Italian Kitchen, 1037 Alberni Street
6:30 p.m. – 8:00 p.m. **Tab H**
Binder pull-out

- **All materials are available in the pull-out folder at Tab H.**

Wednesday, January 20, 2016

All Delegates' Breakfast
Location: Waddington Room
7:00 – 8:30 a.m.

Canadian Federation of Nurses Unions (CFNU) breakfast
Location: Moresby Room
7:00 – 8:30 a.m. **Tab I**
Binder pull-out

- The Canadian Federation of Nurses Unions has invited Ministers to a breakfast meeting.
- As Deputy Minister of the lead province, Stephen Brown will also attend.
- Several other Ministers are confirmed to attend.
- Minister Lake will provide opening remarks.
- **All materials, including speaking notes, are available in the pull-out folder at Tab I.**

Provincial/Territorial (PT) Health Ministers' Meeting

Welcome and Opening Remarks (BC)
Location: Pacific Ballroom
8:30 – 8:35 a.m. (5 min)

- Media photographers will be in the meeting room for 5 minutes as Ministers take their places and before the meeting begins.

Chair Notes

- ***Hello, and welcome to Vancouver.***
- ***I would like to acknowledge that we are meeting today on the traditional territory of the Coast Salish people.***
- ***I'd like to thank you all for travelling here, and thanks as well to all of our respective staff who have worked hard to prepare for this meeting.***
- ***Before we begin, I'll ask Carmen Kantchono [kan-CHO-no] from the Canadian Intergovernmental Conference Secretariat to go over some housekeeping and logistical details with us.***

[CICS to provide information on services provided and instructions on simultaneous translation]

- ***Thank you, Carmen.***
- ***There are some new faces around the table since the last time we met. Before we begin, let's do a quick round of introductions.***

Review of the Agenda (BC)
8:35 – 8:40 a.m. (5 min) **Tab J**

Chair Notes

- ***I'll now ask if there are any comments or additions to the agenda.***

Item 1: Report on Commitments from 2014 HMM – *for discussion/decision**
8:40 – 9:20 a.m. (40 min) **Tab 1**

Chair Notes

- ***Our first agenda item is a report back on three commitments that we made at our last meeting in Banff.***

1a. Expensive Drugs for Rare Diseases (AB/BC/ON) – *for discussion/decision** **Tab 1a**

Chair Introductory Notes ***(BC – led item)***

- ***We'll start with Expensive Drugs for Rare Diseases (EDRDs).***
- ***I will speak to this item.***
- ***The purpose today is discussion and approval of a deliverables framework***

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Chair Closing Notes

- ***Thank you for the discussion.***
- ***I will now seek to confirm the Ministers' decision.***

s.16

1b. Mental Health and Substance Use (BC) – *for discussion/decision** **Tab 1b**

Chair Introductory Notes (BC – led item)

- ***The next item on our agenda is Mental Health and Substance Use, which BC is bringing forward.***
- ***The purpose today is to seek Ministers' approval of the resource document and recommendations developed by the Provincial-Territorial Working Group on Mental Health and Substance Use.***

Speaking Notes

[Title slide]

[Slide 2]

- ***As you may remember, at the last Health Ministers' Meeting, we agreed to bring forward a discussion on mental health and substance use.***

- ***BC has been leading a working group to deliver on this commitment. Included in your materials for this meeting, and presented to us for endorsement, is a compendium of programs and best practice information and recommendations to support PTs in improving services for youth and young adults.***

[Slide 3]

- ***Why focus on youth and young adults, also known as transition-aged youth or emerging adults?***
- ***We know that half of all mental disorders will manifest by age 14, and three quarters by age 24.***
- ***Additionally, we are seeing that half of all substance use issues appear by age 20.***
- ***Youth in rural and remote communities are at a particular disadvantage.***
- ***The Canadian Institute for Health Information (CIHI) has found that the suicide rate for rural males under 20 is more than four times higher than it is for their urban counterparts, and 6.5 times higher for rural females under 20.***
- ***This is in addition to an overall increased risk for mental health and substance use problems compared to those living in urban areas.***

- ***The transitional period between youth and adulthood is clearly an important stage for targeting intervention. But youth and young adults are struggling to get the services and supports they need.***

s.22

[Slide 4]

- ***The problems experienced by transition-aged youth are compounded by the lack of service integration between the child and youth and adult mental health and substance use systems.***
- ***Service integration isn't just important when it comes to the transition from child and youth to adult services.***
- ***It is also important to ensure that mental health and substance use care is well integrated with primary care.***
- ***This is particularly important in rural areas where specialized services are less likely to be available.***

- ***In BC, integrated primary care is a strategic priority, particularly for people experiencing mental health and substance use issues.***
- ***We are introducing a number of initiatives including the BC Integrated Youth Services Initiative, which we plan to announce in the coming months.***
- ***Under the initiative, we are partnering with communities and community agencies to support youth access to services including primary care, mental health, substance use, and social services, as well as youth and family navigation supports.***

[Slide 5]

- ***A number of provinces and territories are undertaking work on this front and there is a lot we can learn from each other.***
- ***The primary outcome of this work so far has been the development of a compendium of best practices for improving service integration for youth and young adults.***
- ***The compendium includes a literature review and scan of existing provincial and territorial initiatives, which were used to help identify best practices and opportunities in the rural and remote context.***
- ***The document is intended to be a resource for provincial and territorial officials in their efforts to improve services for youth and young adults.***
- ***A supporting overview document, which was included in your packages, provides a quick snapshot.***

[Slide 6]

- ***There are several recommendations in this document, falling into two categories: the pan-Canadian level and individual PT level.***
- ***On a national scale, the Working Group recommends that PTs continue to work together to facilitate knowledge exchange and shared learnings in order to improve services for youth and young adults.***

s.16

[End of Slide Deck]

s.16

- ***With that, I'd like to turn it over to you for discussion.***

[Ministers to discuss]

<u>Chair Closing Notes</u>

- ***Thank you for the discussion.***
- ***I will now seek to confirm Ministers' decision.***

s.16

[Note any exceptions or changes to the decision point, and summarize any other key actions or directions for the record.]

1c. Newborn Screening (ON) – *for discussion/decision** **Tab 1c**

Chair Introductory Notes

- ***The next item is a discussion on the work and recommendations of the Provincial/Territorial Newborn Screening Working Group.***
- ***I will ask Minister Hoskins to lead the discussion.***

[Presentation by Ontario and discussion by Ministers.]

BC Recommended Program Area Position/Key Messages

s.13,s.16

Chair Closing Notes

- ***Thank you for the discussion, and thank you to Ontario for your leadership on this file.***
- ***I will now seek to confirm the decisions.***
    - ***Do we have PT Ministers' acceptance of the Intergovernmental Working Group's Report and four recommendations, as well as the three recommended areas for ongoing collaboration?***

[Note any exceptions or changes to the decision point, and summarize any other key actions or directions for the record.]

Item 2: Physician Assisted Dying (ON) – *for discussion*
9:20 – 10:00 a.m. (40 min) **Tab 2**

Chair Introductory Notes

- ***Next on the agenda is Physician Assisted Dying.***
- ***As you are all aware, last week the Supreme Court granted a four-month extension on the deadline to implement legislation respecting physician assisted dying.***
- ***I want to thank Ontario and Minister Hoskins for the tremendous amount of work they have done on this file over the past year on behalf of provinces and territories.***
- ***I will now turn it over to Minister Hoskins to lead the discussion on Physician Assisted Dying.***

[Presentation by Ontario and discussion by Ministers.]

BC Recommended Program Area Position/Key Messages

- ***BC is supportive of the move by the Supreme Court of Canada to grant an extension to the federal government, as they work to develop legislation around physician assisted dying.***
- ***BC supports ongoing collaboration with the Government of Canada and provinces and territories to develop a consistent national approach to Physician Assisted Dying.***
- ***BC recognizes and appreciates the findings and recommendations of the P/T Expert Advisory Group.***
- ***Jurisdictions should consider the Advisory Group's recommendations as a basis for the development of a Pan-Canadian approach for the oversight and implementation of Assisted Dying.***
- ***Clarification is required from the Government of Canada on any plans to amend the Criminal Code.***
- ***Clarification is required from the Government of Canada on which aspects of Physician Assisted Dying legislation will be federal and which will be provincial/territorial.***

Chair Closing Notes

- ***Thank you for the discussion.***

[This is not a decision item; however, summarize any key actions or directions for the record.]

Health Break
Location: Pacific Foyer
10:00 – 10:30 a.m. (30 min)

Chair Notes

- ***We will now take a 30-minute break and resume our meeting at 10:30 a.m. with a discussion on Aboriginal Health.***
- ***Refreshments are available in the Pacific Foyer.***

Item 3: Aboriginal Health (YK) – *for information*
10:30 – 11:00 a.m. (30 min) **Tab 3**

Chair Introductory Notes

- ***Our next item on the agenda is Aboriginal Health.***
- ***This discussion might be a good opportunity for us to talk about the meeting this afternoon with Indigenous Leaders.***
- ***I'll now ask Minister Nixon to lead the discussion.***

[Presentation by Yukon and discussion by Ministers.]

BC Recommended Program Area Position/Key Messages

- ***BC recognizes the gap in health status between Aboriginal and non-Aboriginal people, and is strongly committed to improving health outcomes through the Tripartite Health Partnership.***
- ***BC is willing to work with PTs to support efforts to work in partnership with First Nations and the federal government to improve how health services are delivered to First Nations.***
- ***BC is strongly supportive of meaningful participation of First Nations and Aboriginal people in any discussion regarding the health of their people and communities.***

Chair Closing Notes

- ***Thank you for the discussion.***

[This is not a decision item; however, summarize any key actions or directions for the record.]

Item 4: FPT Shared Health Agenda Preparation (BC/All) – *for discussion*
11:00 – 12:15 p.m. (1 hr 15 min) **Tab 1, FPT Section**

Chair Introductory Notes (BC – led item)

- ***Our next item for discussion is the FPT Health Agenda.***
- ***As you know, most of our meeting tomorrow will be dedicated to discussing a new Shared Health Agenda with the federal government.***
- ***Minister Philpott's mandate letter from the Prime Minister included some clear commitments with respect to starting negotiations on a new health accord with provinces and territories, and she will be looking to start off that discussion tomorrow.***

s.16

Page 028

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[Pause for feedback.]

s.16

[Pause for feedback.]

Chair Closing Notes

- ***Thank you for the discussion.***

[This is not a decision item; however, summarize any key actions or directions for the record.]

Review of Draft PT Communique (BC)
12:15 – 12:30 p.m. (15 min) **Tab K**

Chair Introductory Notes ***(BC – led item)***

- ***The next item on the agenda is an initial review of the PT communique.***

[Communique will be up on the screen.]

- ***A rough draft is up on the screen.***
- ***We've got 15 minutes now, and some time at the end of our meeting as well, to work this through.***
- ***Let's walk through this now together. I'll read it out, and if you have any comments please jump in.***
- ***BC's Communications Director, Sarah Plank, is in the room, and she will update the document according to our comments.***
- ***Sarah and her team will work over the next couple of hours on an updated draft for us to review at the close of our meeting.***

[Read out draft communique line by line, pausing for Ministers to provide feedback or revisions.]

Chair Closing Notes

- ***That concludes the morning portion of our meeting.***
- ***A working lunch for Ministers will be in the Moresby Room.***
- ***Deputy Minister Stephen Brown will attend to take notes, and will provide a report-out on any decisions for the formal meeting record.***
- ***The remainder of the conference delegates will have lunch in the Waddington Room.***

PT Ministers' Private Lunch
Location*: Moresby Room*
12:30 – 1:45 p.m. (1 hr 15 min) **Tab L**
Binder pull-out

- While a small number of agenda items have been identified for this discussion, it is intended to be less formal than the full meeting. Ministers may bring up additional topics.
- Pre-identified topics are:
  - Interprovincial Health Coverage
  - Medicare: the next 50 years
- **All materials, including speaking notes, are available in the pull-out folder at Tab L.**

Chair Notes

- ***Welcome to the private working lunch.***
- ***We have two topics for discussion today: Interprovincial health coverage; and the 50th Anniversary of Medicare.***
- ***If there are other issues Ministers would like to raise, please let me know and we will make time.***
- ***I'd like to try to end the lunch 10 minutes early (by 1:35) to allow time to coordinate the report-out.***

a. Interprovincial Health Coverage (SK/ON) **a**

Chair Introductory Notes

- ***I will now turn it over to Minister Hoskins to lead the discussion on interprovincial health coverage.***

Recommended Program Area Position / Key Messages

s.13,s.16

Chair Closing Notes

- ***Thank you Minister Hoskins.***

b. Medicare: the next 50 years (ON) **b**

Chair Introductory Notes

- ***The next item is a discussion on the 50th Anniversary of Medicare, and looking forward to the next 50 years.***
- ***This was also proposed by Minister Hoskins, so I will invite him to start it off.***

Recommended Program Area Position / Key Messages

s.13,s.16

Chair Closing Notes

- ***Thank you Minister Hoskins.***
- ***Thank you everyone for the discussion. We will reconvene the formal meeting in the Pacific Ballroom at 1:45 p.m.***

Report back from Private Lunch (BC) – *for information*
1:45 – 1:50 p.m. (5 min)

Chair Notes (BC – led item)

- ***Welcome back. I hope everyone enjoyed their lunch.***
- ***I'll now ask Deputy Minister Stephen Brown to provide a brief report-out from the Ministers' private working lunch, for the meeting record.***

[Steve to report key points and any decisions.]

- ***Thank you Steve. Does anyone have anything to add?***

Item 5: Access to Primary Care (BC) – *for discussion*
1:50 – 2:10 p.m. (20 min) **Tab 5**

Chair Introductory Notes (BC – led item)

- ***Next up is a discussion on access to primary care.***
- ***I requested that this topic be added to our agenda today.***

Speaking Notes

[Introduction]

- ***Primary care is the first point of contact people have with the health care system. It serves as the vehicle for ensuring continuity of care across the system.***
- ***A strong system of primary care is foundational to a sustainable health system and a healthy population.***
- ***And yet, access to primary care is the one of the biggest challenges I hear about in my roles as both MLA and Health Minister, as I'm sure it is for others around the table as well.***

[Slide 1]

- *I have a couple of slides here to illustrate the challenges.*
- *Issues with access and patient attachment to a family doctor are not unique to BC.*
- *I know that getting people attached to primary care physicians is a priority in many of our jurisdictions, but as you can see from the charts up on the screen, the percentage of people without a primary care physician hasn't changed a lot in the past five years.*
- *We know many factors influence patients' access to primary care: geography, socio-economic status, and socio-cultural factors, to name just a few.*
- *And our systems' capacity to provide primary care is influenced by factors like:*
    - *Number and geographic distribution of primary care providers,*
    - *Supply of new providers,*
    - *Changing practice styles and patterns, and*
    - *Demographics.*
- *For those who do have a family doctor, access to same day and 'after hours' appointments for urgent but non-emergency needs is not the norm – nor is access by phone or email.*
- *Not only are access issues detrimental to patient health, but to the system.*
- *When people don't have reliable access to primary care, they end up using emergency departments or walk-in clinics, and contributing to congestion in*

those parts of the health system.

[Slide 2]

- ***We know that there are a lot of people out there without a family doctor. But we also know, as illustrated by the chart on this slide, the number of doctors in our system is actually going up.***
- ***There are more doctors graduating in Canada than ever before. But we continue to hear of physician shortages in various communities, as well as high wait times for services.***
- ***This tells me that the solution isn't necessarily in numbers, but in how we actually deliver primary care.***
- ***In BC alone, 46 percent of our family physicians plan on retiring within the next 10 years, while reducing work hours in their pre-retirement years.***
- ***I know we're all working on initiatives. BC for example, is focused on integrating or linking family practices with health authority primary care services to create a "primary care home."***
- ***I feel that this is an important issue, deserving of discussion at this table. I'd like to open it up now for discussion, to hear from you about your experiences and any promising results in improving access to primary care through primary care reforms.***

<u>Chair Concluding Notes</u>

- ***Thank you all for the discussion.***

[This is not a decision item; however, summarize any key actions or directions for the record.]

Item 6: Council of the Federation/Health Care Innovation Working Group (YK/ON)
*– for discussion and decision**
2:10 – 2:35 p.m. (25 min) **Tab 6**

Chair Introductory Notes

- ***Our next item is an update on the Council of the Federation and the Health Care Innovation Working Group.***
- ***As you recall, following the Premiers' meeting last summer, they directed Health Ministers to undertake work in a number of areas:***
  - ***Identify areas of collaboration in primary health care with a focus on mental health and substance use;***
  - ***Commission a research body to look at pharmacare approaches;***
  - ***Implement federal participation in the pan-Canadian Pharmaceutical Alliance; and***
  - ***Prepare options for new areas of work for a potential new Health Care Innovation Working Group mandate.***
- ***We covered the first area in our discussion on mental health and substance use this morning.***
- *[Following statement is TBD – depending on Ministers' decision on MHSU agenda item.]*

s.16

- ***I will now invite Minister Hoskins to update us on the pharmacare research project and federal participation in the pan-Canadian Pharmaceutical Alliance, and Minister Nixon to lead a discussion on the Health Care Innovation Working Group.***

[Presentation and discussion.]

BC Recommended Program Area Position/Key Messages

s.13,s.16

Chair Closing Notes

- ***Thank you for the discussion.***
- ***I will now confirm the decisions.***

s.16

[Note any exceptions or changes to the decision point, and summarize any other key actions or directions for the record.]

Item 7: Review FPT Health Ministers' Meeting Agenda (BC) – *for discussion*
2:35 – 2:50 p.m. (15 min) **Tab 7**

Chair Introductory Notes (BC – led item)
[A copy of the FPT agenda is located at Tab 7 of the binder.]

- ***The next item on the agenda is a review of tomorrow's FPT agenda.***
- ***This is an opportunity to identify any concerns or anything we need to discuss as provinces and territories before our meeting tomorrow that includes the federal Minister.***

Speaking Notes

- ***It has been approximately 16 months since FPT Health Ministers last met face-to-face to discuss health priorities.***
- ***I'm looking forward to our discussions with the new federal health minister.***
- ***Tomorrow we'll have an early start, and the FPT Conference of Health Ministers will commence at 8:00am here in the Pacific Ballroom.***

- ***The first agenda item is the Shared Health Agenda. We've already discussed this at some length this afternoon, so I won't go into more detail now.***
- ***The formal agenda also includes discussions on Indigenous Health, Physician Assisted Dying, and Prescription Drug Abuse.***
- ***The private lunch will include a presentation from Dr. Julio Montaner, Director of British Columbia's Centre for Excellence in HIV and AIDS.***
- ***Some private discussion topics have also been identified for the lunch, including:***
    - ***An update on federal commitments with respect to marijuana,***
    - ***An update on Syrian Refugees,***
    - ***A discussion on pan-Canadian outbreak responses, particularly the response to the Ebola outbreak, and***
    - ***A discussion on the Cochrane Collaboration.***
- ***Is there anything on the agenda for tomorrow, either formal or private, that Ministers would like to discuss now?***

<u>Chair Concluding Notes</u>

- ***Thank you.***

[Summarize any key actions or directions for the record.]

Closing Remarks (BC)
2:50 – 3:00 p.m. (10 min)

***Chair Notes** (BC – led item)*

- ***Thanks to everyone for a productive meeting today.***
- ***That concludes our formal PT agenda. Before closing, we have a few final pieces of business.***

- ***First, let's now review the PT communique.***

[Communique will be up on the screen.]

- ***The draft has been updated since we looked at it earlier.***
- ***Let's walk through this now together. I'll read it out, and if you have any comments please jump in.***
- ***Sarah Plank will take any last minute revisions we have now, and work up the final version.***

[Read out draft communique line by line, pausing for Ministers to provide feedback or revisions.]

- ***Our final piece of business is paper items. I'd like to read into the record the receipt of one paper item, a status update on the ongoing activities of the Health Care Innovation Working Group under the current theme areas of Seniors, Appropriateness, and Pharmaceuticals.***

- ***Following a short break, we'll reconvene in the Saturna Island Room at 3:15 for a PT Press Conference.***

- ***After the Press Conference, we come back to this room for a meeting between FPT Health Ministers and Indigenous Leaders.***
- ***Following that meeting, all delegates are invited to attend a reception in the Vancouver Island Ballroom from 6:00 – 7:30pm.***
- ***Following the reception, FPT Ministers are invited to attend a private social dinner from 7:30-9:30pm at the Hawksworth Restaurant, in the York Room. The restaurant is located just across the street at 801 West Georgia Street. BC staff will be here to show you the way.***
- ***An all delegates' dinner has also been scheduled during this time in the Fairmont Hotel Boardroom. Check in with one of the BC staff if you have any questions.***
- ***For now, I understand there are refreshments available in the Pacific Foyer until 4:30.***
- ***Thanks again, and we'll meet in the Saturna Room at 3:15.***

Paper Item: COF HCIWG (YK/ON) – *for information* **Tab 8**

- Ministers have received an update on the activities of the Health Care Innovation Working Group (HCIWG), in the theme areas of Seniors, Pharmaceuticals, and Appropriateness.

Media Event
Location: Saturna Island Room
3:15 - 3:45 p.m. (30 min) **Tab M**
Binder pull-out

- **All materials, including speaking notes, are available in the pull-out folder at Tab M.**

Meeting with ON, MB, NS Ministers regarding e-cigarettes
Location: TBD **Tab N**
3:45 – 4:00 p.m. (15 min) Binder pull-out

- Minister Dipika Damerla (Associate Minister of Health and Long-Term Care, ON) has organized a meeting with Deanne Crothers (Minister of Healthy Living and Seniors, MB); Leo Glavine (Minister of Health and Wellness, NS); and BC to discuss e-cigarette issues.
- **All materials are available in the pull-out folder at Tab N.**

CMA/Doctors of BC Physician Assisted Dying Briefing
Location: Hyatt Regency Hotel, 655 Burrard St, English Bay Room **Tab O**
4:30 – 5:30 p.m. (60 min) New time TBD Binder pull-out

- The CMA and Doctors of BC have organized a briefing for Ministers on Physician Assisted Dying.
- **All materials are available in the pull-out folder at Tab O.**

Meeting with Indigenous Leaders
Location: Pacific Ballroom **Tab P**
4:15 – 5:30 p.m. TBD Binder pull-out

- Health Canada has arranged a meeting of Health Ministers with Indigenous Leaders, to take place following the PT press conference.
- **All materials are available in the pull-out folder at Tab P.**

All Delegates' Reception

Location: Vancouver Island Ballroom

6:00 – 7:30 p.m. **Tab Q**

Binder pull-out

- The FPT reception is a closed event, attended by only FPT Ministers and officials.
- Indigenous Leaders and their staff will also be invited to the reception.
- The program for the event includes:
  - Traditional Territorial Welcome from Elder Larry Grant of the Musqueam Nation
  - Introductory remarks by Minister Lake and Minister Philpott
  - A performance by the Chinook Songcatchers (First Nations singing/dancing)
  - Presentation of the CIHR Barer-Flood Prize to Dr. Julio Montaner and Dr. John Lavis
  - BC video presentation (First Nations Health Authority)
- Appetizers and non-alcoholic beverages are provided, and one BC wine or beer is complimentary; there is also a cash bar.
- **All materials, including speaking notes, are available in the pull-out folder at Tab Q.**

Ministers' Private Dinner

Location: Hawksworth Restaurant, York Room, 801 West Georgia Street

7:30 - 9:30 p.m. **Tab R**

Binder pull-out

- A social dinner for Ministers will be held at Hawksworth Restaurant, a short walk from the hotel. BC staff will be on hand to guide Ministers to the location.
- The Co-Chair Deputy Ministers, Stephen Brown and Simon Kennedy, will attend to take notes. While there is no agenda for the dinner s.16
s.16
- Deputy Ministers will be having a separate private dinner in the Waddington Room.
- All other delegates will be having dinner in the Fairmont Hotel Boardroom.
- **Logistical and hosting information is available in the pull-out folder at Tab R.**

Federal/Provincial/Territorial (FPT) Health Ministers' Meeting
Thursday, January 21, 2016

Delegates' Breakfast (Including Ministers)
Location: Waddington Room
6:45 – 7:45 a.m.

- FPT Deputy Ministers will have a private working breakfast to work on the FPT communique in the Moresby Room.

Interlude
7:45 – 7:55 a.m.

Photo Opportunity
Location: Pacific Ballroom
7:55 – 8:00 a.m.

- Ministers will gather for a group photo in the main meeting room.
- After Ministers are seated, media will remain for a photo opportunity of Ministers around the table, before the meeting begins.

Opening remarks, review of agenda, and report out from private dinner (BC/CAN)
Location: Pacific Ballroom
8:00 – 8:05 a.m. (5 min)

Chair Notes

[Minister Lake will welcome colleagues to the meeting and provide brief comments on the Private Dinner, and then turn to Minister Philpott to provide introductory remarks.]

- ***Before we begin, I would like to acknowledge that we are meeting today on the traditional territory of the Coast Salish people.***
- ***I also want to welcome Minister Philpott to the table. As PT Co-Chair, I am looking forward to engaging with the federal government in a spirit of partnership, as we work together to advance our common goals.***

- ***We have an opportunity once a year to come together as Ministers and discuss the work we can do collaboratively to improve the health of Canadians.***
- ***This is valuable time, and I hope that we can use it today to have a real dialogue on health care in Canada and the opportunities in front of us.***
- ***At our dinner last night we had some engaging and interesting discussions, and I'm looking forward to continuing along the same lines today.***

[Provide brief overview if applicable of the private dinner discussions.]

- ***I will invite Minister Philpott now to provide some opening remarks.***

[Following Minister Philpott's opening, she will turn it back to Minister Lake for the Challenges and Opportunities discussion.]

Item 1: Shared Health Agenda **Tab 1**

1a. Health System Challenges and Opportunities (BC/CAN) **Tab 1a**
8:05 – 8:30 a.m. (25 min)

[BC to Chair]

<u>Chair Introductory Notes</u> (BC-led item)

- ***Our health systems are challenged by changing patient needs, technological advancements and increasing demands for health services while ensuring sustainability and quality.***

- ***To provide context for our discussion, we will start with a presentation on health system challenges and opportunities to be led off by Stephen Brown, my deputy minister of health, and Deputy Minister Simon Kennedy from Health Canada.***
- ***Over to you Stephen.***

[Stephen Brown and Simon Kennedy to present]

Chair Closing Notes

[Minister Philpott will provide the first remarks following the presentation, then open it up to Ministers for discussion. Following discussion, Minister Lake will close.]

- ***Thank you for the discussion.***

[This is not a decision item; however, summarize any key actions or directions for the record.]

1b. Pharmaceuticals (ON/CAN) **Tab 1b**
8:30 – 9:10 a.m. (40 min)

[Canada to Chair]

BC Recommended Program Area Position/Key Messages
s.13

Chair Closing Notes

[Minister Lake will provide the first remarks following the presentation, then open it up to Ministers for discussion.]

- ***Thank you for the presentation.***
- ***I'll now open it up for discussion.***

[Following discussion, Minister Philpott will close.]

1c. Community Care (MB/CAN) **Tab 1c**
9:10 – 9:50 a.m. (40 min)

[BC to Chair]

Chair Introductory Notes

- ***The next presentation is on Community Care, and our presenters are Deputy Minister Karen Herd from Manitoba and Assistant Deputy Minister Abby Hoffman from Health Canada.***

BC Recommended Program Area Position/Key Messages
s.13

Chair Closing Notes

[Minister Philpott will provide the first remarks following the presentation, then open it up to Ministers for discussion. Following discussion, Minister Lake will close.]

- ***Thank you for the discussion.***

[This is not a decision item; however, summarize any key actions or directions for the record.]

Break
Location: Pacific Foyer
9:50 – 10:00 a.m. (10 min)

1d. Service Delivery Innovation (ON/NS/CAN) **Tab 1d**
10:00 – 10:40 a.m. (40 min)

[Canada to Chair]

BC Recommended Program Area Position/Key Messages
s.13

Chair Closing Notes

[Minister Lake will provide the first remarks following the presentation, then open it up to Ministers for discussion.]

- ***Thank you for the presentation.***
- ***I'll now open it up for discussion.***

[Following discussion, Minister Philpott will close.]

Item 2: Indigenous Health (YK/AB/CAN) **Tab 2**
10:40 – 11:20 a.m. (40 min)

[BC to Chair]

Chair Introductory Notes

- ***Indigenous Health is an important topic to Canadians, and I am glad it is on our agenda today.***
- ***I'll invite Deputy Minister Paddy Meade from Yukon, and Associate Deputy Minister Paul Glover from Health Canada to present.***

BC Recommended Program Area Position/Key Messages

s.13,s.16

Chair Closing Notes

[Minister Philpott will provide the first remarks following the presentation, then open it up to Ministers for discussion. Following discussion, Minister Lake will close.]

- ***Thank you for the discussion.***

[This is not a decision item; however, summarize any key actions or directions for the record.]

Item 3. Prescription Drug Abuse (NS/BC/CAN) **Tab 3**
11:20 – 11:40 a.m. (20 min)

[BC to Chair]

Chair Introductory Notes (BC-led item)

- ***Now we will turn to a discussion on prescription drug abuse.***
- ***I'd like to thank Nova Scotia and Canada, the leads of the Prescription Drug Abuse Working Group, for the work they are doing in this area, and also for accommodating my request to say a few words on this topic.***
- ***I'll turn it over to Nova Scotia first, to provide the group with an update on the Prescription Drug Abuse Working Group, and then I'd like to take an opportunity to talk to you about some promising work in this area that could inform our FPT efforts.***

[Nova Scotia to provide update.]

Speaking Notes

- ***BC is aware of the risks posed by pharmaceutical drugs, especially opioids, and we know that this is an issue for most PTs.***
- ***I want to acknowledge the important work that Nova Scotia and the federal government have been co-leading to address problematic pharmaceutical drug use and associated harms through the FPT Prescription Drug Abuse Working Group***
- ***This work includes the assistance provided to the Canadian Institute for Health Information as it develops a national surveillance plan for problematic prescription drug use and harms.***
- ***I would also like to take this opportunity to thank the federal government for taking steps to re-classify naloxone as non-prescription, which PTs had requested. This is an important step, and one that has the potential to save many lives.***
- ***During today's discussion, I would like to focus on whether any additional actions could be taken by FPT governments to address this issue.***
- ***As we consider potential future actions, I would like to draw your attention to a study, "Together We Can Do This," included in your meeting packages.***
- ***This report was recently published by the BC Node of the Canadian Research Initiative on Substance Misuse, which is part of a national research consortium established by the Canadian Institute for Health Research.***

- ***Many of the recommendations are the responsibility of provincial jurisdictions, but there are a few that could be the basis of further cross-jurisdictional work.***

s.16

- ***I am interested in hearing your thoughts on these proposals, as well as any suggestions for additional activities that you think could benefit from jurisdictional collaboration.***
- ***Before opening it up for discussion, I'll invite Minister Philpott to provide some commentary.***

Chair Concluding Notes

- ***Thank you all for the discussion. Thank you, again, Minister Glavine and Minister Philpott for your support in having this discussion.***

[This is not a decision item; however, summarize any key actions or directions for the record.]

Item 4: Public Communications – Initial Review **Tab 4**
11:40 – 11:55 a.m. (15 min)

[Canada to Chair]

[Minister Philpott will lead Ministers through the draft FPT communique. Ministers will have already provided feedback on the "proposed commitment" language included at the end of each Shared Health Agenda presentation.]

Chair Closing Notes

- ***Thanks everyone.***
- ***I'm sure our communications staff will be working hard over the next couple of hours to input the feedback we've just given, and I look forward to seeing the next iteration of the communique.***
- ***That concludes the morning portion of our meeting.***
- ***Next up, Ministers will have a private working lunch in the Moresby Room.***
- ***Deputy Ministers Stephen Brown and Simon Kennedy will join us to take some notes.***
- ***All other conference delegates will have lunch in the Waddington Room.***
- ***We'll see everyone back here at 1:15.***

FPT Ministers' Private Lunch
Location*: Moresby Island Room*
11:55 a.m. – 1:15 p.m. (1 hr 20 min) **Tab T**
Binder pull-out

- DMs Stephen Brown and Simon Kennedy will attend to take notes, and will provide a report-out on any decisions for the formal meeting record.
- While agenda items have been identified for this discussion, it is intended to be less formal than the full meeting. Ministers may bring up additional topics.
- Pre-identified topics are:
    - Presentation by Dr. Julio Montaner
    - Marijuana and federal commitments
    - Syrian refugee update
    - Ebola outbreak
    - Cochrane Collaborative funding
- All other delegates will be having lunch in the Waddington Room.
- **All materials, including speaking notes, are available in the pull-out folder at Tab T.**

Chair Notes

- ***Welcome everyone to our private working lunch.***
- ***A few topics for discussion have already been identified, and If there are other issues Ministers would like to raise, please let me know and we will make time.***

[Minister Philpott to speak]

a. Presentation by Dr. Julio Montaner (BC) **a**

Chair Introductory Notes

- ***I'd like to introduce Dr. Julio Montaner, director of the BC Centre for Excellence in HIV/AIDS, to deliver a presentation on BC's STOP HIV/AIDS initiative.***
- ***Dr. Montaner has authored over 650 scientific publications on HIV/AIDS throughout his career.***
- ***His research focuses on the development of antiretroviral therapies and management strategies.***
- ***He has received a number of honours for his work, including the Order of Canada and the Order of British Columbia, and yesterday, the CIHR Barer-Flood Prize.***
- ***It's a pleasure that Dr. Montaner is able to be here.***
- ***With that, I would like to turn it over to Dr. Montaner.***

Recommended BC Position/Key Messages

- ***BC is committed to reducing the incidence of HIV/AIDS-related mortality and is highly supportive of the work of Dr. Julio Montaner and the BC Centre for Excellence in HIV/AIDS in addressing this public health issue in collaboration with our health system partners.***
- ***BC recognizes the burden that HIV/AIDS places on jurisdictions around the world and would like to highlight the success of the STOP HIV/AIDS initiative in improving people's health, and curbing the incidence of HIV/AIDS in BC.***
- ***Enhancing the reach of HIV treatment has reduced new HIV infections and HIV/AIDS-related mortality in BC since the availability of Highly Active Anti-retroviral Therapy.***

b. Marijuana and federal commitments (CAN) **b**

Chair Notes

- ***Next up is an update on federal commitments with respect to marijuana. I'll ask Minister Philpott to start.***

Recommended BC Position/Key Messages

- ***BC recognizes that this initiative may have significant implications for health outcomes, the health system, other parts of government, and society at large.***
- ***BC supports, in principle, the federal government's proposal to engage PTs. However, more information is needed on the federal government's goals and objectives, and the process they will be proposing to engage PTs, municipalities, non-government organizations, industry, and the public.***
- ***In particular, BC emphasizes the importance of engaging public health officials during this process.***

c. Syrian refugees – update (CAN) **c**

Chair Notes

- ***Next on the agenda is an update on Syrian Refugee Resettlement.***
- ***I will now turn it over to Minister Philpott to provide us with an update on this topic***

BC Recommended Program Area Position/Key Messages

- ***BC is ready to settle Syrian refugees and provide support services that include: Medical Services Plan coverage, enrollment in our schools, employment programs, child care subsidies and student aid.***

d. Ebola outbreak (NS/NL/CAN) **d**

Chair Notes

- ***As you recall, Health Ministers participated in a number of calls, and a tremendous amount of work was done in 2014 in response to the Ebola outbreak.***
- ***I'll ask Newfoundland for an update on lessons learned with respect to Ebola.***

Recommended Program Area Position / Key Messages
s.13,s.16

e. Cochrane Collaboration (BC) **e**

Chair Notes

- ***The next item for discussion is one that I requested, on funding for the Cochrane Collaboration.***

Speaking Notes

- ***Cochrane Canada is an international, not-for-profit organization that prepares systematic reviews to help people to use evidence when making decisions about health care.***
- ***Cochrane Canada's primary funder has been the Canadian Institutes of Health Research (CIHR), at around $1.9 million per year in support.***
- ***However, recent changes in CIHR funding policy have meant that Cochrane Canada is no longer eligible for CIHR funding.***
- ***This will have a significant impact on the work of Cochrane Canada and evidence-based health care.***

s.16

BC Recommended Program Area Position/Key Messages

- s.16

- ***Changes in Canadian Institutes of Health Research (CIHR) funding policy will have a significant impact on the work of Cochrane Canada and evidence-based health care.***

[End of Private Lunch. Meeting resumes at 1:15.]

Item 5. Physician Assisted Dying (ON/CAN) **Tab 5**
1:15 – 1:55 p.m. (40 min)

[Canada to Chair]

[Prior to the first agenda item, Co-Chair DMs may provide a report-out on any decisions and major discussion points from the Ministers' private lunch.]

BC Recommended Program Area Position/Key Messages

- ***BC is supportive of the move by the Supreme Court of Canada to grant an extension to the federal government, as they work to develop legislation around Physician Assisted Dying.***
- ***BC supports ongoing collaboration with the Government of Canada and provinces and territories to develop a consistent national approach to Physician Assisted Dying.***
- ***BC recognizes and appreciates the findings and recommendations of the P/T Expert Advisory Group.***
- ***Jurisdictions should consider the Advisory Group's recommendations as a basis for the development of a Pan-Canadian approach for the oversight and implementation of Assisted Dying.***
- ***Clarification is required from the Government of Canada on any plans to amend the Criminal Code.***
- ***Clarification is required from the Government of Canada on which aspects of Physician Assisted Dying legislation will be federal and which will be provincial/territorial.***

Item 6. Communications (BC/CAN) **Tab 6**
1:55 – 2:10 p.m. (15 min)

[Canada to Chair]

Closing remarks (BC/CAN)
2:10 p.m.

[Ministers Philpott and Lake thank colleagues for attending the meeting. Minister Lake reads the receipt of paper items into the record.]

Chair Notes

- ***Before we conclude our meeting, I would like to read into the record receipt of the following items that have been provided to us:***
  1. ***First, that we receive the Healthy weights e-Report for our endorsement.***
- ***The next three items are received for information:***
  2. ***Antimicrobial resistance update***
  3. ***Progress update on the Multi-Stakeholder Working Group on Medical Isotopes work plan***
  4. ***Pan-Canadian Joint Consortium on School Health (JCSH) 2015 Annual Report***
- ***I also want to note that following today's meeting, BC steps down as Chair Province, and Ontario assumes that role.***
- ***I know I speak for the rest of the BC team in wishing Minister Hoskins and the Ontario team good luck in their lead year.***
- ***Thanks to everyone here for coming to Vancouver, and for your contributions to make this a productive meeting.***
- ***I look forward to seeing everyone again at our next meeting.***

Paper Items

Healthy Weights (NS/CAN/NL) Tab 7

Recommended BC Position/Key Messages

- ***BC is supportive of the e-report and continuing to focus attention on the need for multi-sectoral action to support environments that promote healthy living and healthy weights.***
- ***BC is pleased that several of the federal Minister of Health's mandate letter commitments support the Healthy Weights Framework, including tougher trans fats regulations, restrictions on advertising of unhealthy foods and beverages to children, and improved food labeling.***

Antimicrobial Resistance (NS/CAN/NL) Tab 8

Recommended BC Position/Key messages

s.13,s.16

Multi-Stakeholder Working Group on Medical Isotopes (MB/CAN) Tab 9

BC Recommended Program Area Position/Key Messages

s.13

Pan-Canadian Joint Consortium on School Health (JCSH) 2015 Annual Report (PE) Tab 10

Recommended BC Position/Key Messages

- ***BC supports the JCSH's 2015 Annual Report.***

Intermission
2:10 – 2:20 p.m. (10 min)

Press Conference
Location: Saturna Island Room
2:20 – 2:50 p.m. (30 min) **Tab U**
Binder pull-out

- **All materials, including speaking notes, are available in the pull-out folder at Tab U.**

AT-A-GLANCE AGENDA – PT MINISTERS' PRIVATE LUNCH

January 20, 2016

PT Ministers' Private Lunch
Location: *Moresby Room*
12:30 – 1:45 p.m. (1 hr 15 min) **Tab L**
Binder pull-out

- While a small number of agenda items have been identified for this discussion, it is intended to be less formal than the full meeting. Ministers may bring up additional topics.
- Pre-identified topics are:
  - Interprovincial Health Coverage
  - Medicare: the next 50 years
- **All materials, including speaking notes, are available in the pull-out folder at Tab L.**

Chair Notes

- ***Welcome to the private working lunch.***
- ***We have two topics for discussion today: Interprovincial health coverage; and the 50th Anniversary of Medicare.***
- ***If there are other issues Ministers would like to raise, please let me know and we will make time.***
- ***I'd like to try to end the lunch 10 minutes early (by 1:35) to allow time to coordinate the report-out.***

a. Interprovincial Health Coverage (SK/ON) **Tab A**

Chair Introductory Notes

- ***I will now turn it over to Minister Hoskins to lead the discussion on interprovincial health coverage.***

Recommended Program Area Position / Key Messages

s.13,s.16

s.13,s.16

Chair Closing Notes

- ***Thank you Minister Hoskins.***

b. Medicare: the next 50 years (ON) **Tab B**

Chair Introductory Notes

- ***The next item is a discussion on the 50th Anniversary of Medicare, and looking forward to the next 50 years.***
- ***This was also proposed by Minister Hoskins, so I will invite him to start it off.***

Recommended Program Area Position / Key Messages

s.13,s.16

Chair Closing Notes

- ***Thank you Minister Hoskins.***
- ***Thank you everyone for the discussion. We will reconvene the formal meeting in the Pacific Ballroom at 1:45 p.m.***

AT-A-GLANCE AGENDA – FPT MINISTERS' PRIVATE LUNCH

January 21, 2016

FPT Ministers' Private Lunch
Location*: Moresby Island Room*
11:55 a.m. – 1:15 p.m. (1 hr 20 min) **Tab T**
Binder pull-out

- DMs Stephen Brown and Simon Kennedy will attend to take notes, and will provide a report-out on any decisions for the formal meeting record.
- While agenda items have been identified for this discussion, it is intended to be less formal than the full meeting. Ministers may bring up additional topics.
- Pre-identified topics are:
  - Presentation by Dr. Julio Montaner
  - Marijuana and federal commitments
  - Syrian refugee update
  - Ebola outbreak
  - Cochrane Collaborative funding
- All other delegates will be having lunch in the Waddington Room.
- **All materials, including speaking notes, are available in the pull-out folder at Tab T.**

Chair Notes

- ***Welcome everyone to our private working lunch.***
- ***A few topics for discussion have already been identified, and If there are other issues Ministers would like to raise, please let me know and we will make time.***

[Minister Philpott to speak]

A. Presentation by Dr. Julio Montaner (BC)

Chair Introductory Notes

- ***I'd like to introduce Dr. Julio Montaner, director of the BC Centre for Excellence in HIV/AIDS, to deliver a presentation on BC's STOP HIV/AIDS initiative.***
- ***Dr. Montaner has authored over 650 scientific publications on HIV/AIDS throughout his career.***
- ***His research focuses on the development of antiretroviral therapies and management strategies.***
- ***He has received a number of honours for his work, including the Order of Canada and the Order of British Columbia, and yesterday, the CIHR Barer-Flood Prize.***
- ***It's a pleasure that Dr. Montaner is able to be here.***
- ***With that, I would like to turn it over to Dr. Montaner.***

Recommended BC Position/Key Messages

- ***BC is committed to reducing the incidence of HIV/AIDS-related mortality and is highly supportive of the work of Dr. Julio Montaner and the BC Centre for Excellence in HIV/AIDS in addressing this public health issue in collaboration with our health system partners.***
- ***BC recognizes the burden that HIV/AIDS places on jurisdictions around the world and would like to highlight the success of the STOP HIV/AIDS initiative in improving people's health, and curbing the incidence of HIV/AIDS in BC.***
- ***Enhancing the reach of HIV treatment has reduced new HIV infections and HIV/AIDS-related mortality in BC since the availability of Highly Active Anti-retroviral Therapy.***

B. Marijuana and federal commitments (CAN)

Chair Notes

- ***Next up is an update on federal commitments with respect to marijuana. I'll ask Minister Philpott to start.***

Recommended BC Position/Key Messages

- ***BC recognizes that this initiative may have significant implications for health outcomes, the health system, other parts of government, and society at large.***
- ***BC supports, in principle, the federal government's proposal to engage PTs. However, more information is needed on the federal government's goals and objectives, and the process they will be proposing to engage PTs, municipalities, non-government organizations, industry, and the public.***
- ***In particular, BC emphasizes the importance of engaging public health officials during this process.***

C. Syrian refugees – update (CAN)

Chair Notes

- ***Next on the agenda is an update on Syrian Refugee Resettlement.***
- ***I will now turn it over to Minister Philpott to provide us with an update on this topic***

BC Recommended Program Area Position/Key Messages

- ***BC is ready to settle Syrian refugees and provide support services that include: Medical Services Plan coverage, enrollment in our schools, employment programs, child care subsidies and student aid.***

D. Ebola outbreak (NS/NL/CAN)

Chair Notes

- ***As you recall, Health Ministers participated in a number of calls, and a tremendous amount of work was done in 2014 in response to the Ebola outbreak.***
- ***I'll ask Newfoundland for an update on lessons learned with respect to Ebola.***

Recommended Program Area Position / Key Messages

s.13,s.16

E. Cochrane Collaboration (BC)

Chair Notes

- ***The next item for discussion is one that I requested, on funding for the Cochrane Collaboration.***

Speaking Notes

- ***Cochrane Canada is an international, not-for-profit organization that prepares systematic reviews to help people to use evidence when making decisions about health care.***
- ***Cochrane Canada's primary funder has been the Canadian Institutes of Health Research (CIHR), at around $1.9 million per year in support.***
- ***However, recent changes in CIHR funding policy have meant that Cochrane Canada is no longer eligible for CIHR funding.***
- ***This will have a significant impact on the work of Cochrane Canada and evidence-based health care.***

s.16

BC Recommended Program Area Position/Key Messages

- s.16

- ***Changes in Canadian Institutes of Health Research (CIHR) funding policy will have a significant impact on the work of Cochrane Canada and evidence-based health care.***

[End of Private Lunch. Meeting resumes at 1:15.]

Conference of Federal, Provincial, Territorial Ministers of Health

Vancouver, British Columbia, January 20-21, 2016

JURISDICTION	PROVINCIAL AND TERRIRORIAL DELEGATION
BRITISH COLUMBIA	**Honourable Terry Lake, Minister of Health** **Stephen Brown, DM** **Lynn Stevenson, Associate DM** **Sabine Feulgen, Associate DM** Emile Scheffel, Ministerial Assistant Derek Robertson, Executive Assistant Heather Davidson, ADM Ann Marr, Executive Director Tricia Poilievre, Director May Robson, Project Administrator Sarah Plank, Communications Director
ALBERTA	**Honourable Sarah Hoffman, Minister of Health** **Carl Amrhein, DM** Denise Perret, ADM Greta Levy, Deputy Chief of Staff Scott Harris, Executive Assistant to Minister Gordon Vincent, Executive Director Lyn Bilida, Director
SASKATCHEWAN	**Honourable Dustin Duncan, Ministry of Health** **Honourable Greg Ottenbreit, Minister Rural & Remote Health (*via t/c*)** **Max Hendricks, DM** Morgan Bradshaw, Chief of Staff Michael Kindrachuk, Chief of Staff Mark Goossens, A/Director
MANITOBA	**Honourable Sharon Blady, Minister of Health** **Honourable Deanne Crothers, Minister of Healthy Living & Seniors** **Karen Herd, DM** Lise Fenton, Special Advisor Jennifer Moszynski White, Director
ONTARIO	**Honourable Eric Hoskins, Minister of Health & Long Term Care** **Honourable Dipika Damerla, Associate Minister** **Bob Bell, DM** **Sharon Lee Smith, Associate DM** Patrick Dicerni, ADM Ernie Bartucci, ADM Shae Greenfield, Press Secretary Catherine Gapp, Chief of Staff Omar Khan, Chief of Staff Andrew Boozary, Special Advisor Alicia Neufeld, Manager

QUEBEC	**Honorable Gaétan Barrette, Ministre de la Santé et des Services sociaux** **Luc Castonguay,** Sous-ministre adjoint Sébastien Côté, Conseiller en affaires intergouvernementales Nicholas Seney, Conseiller en affaires intergouvernementales
NEW BRUNSWICK	**Honourable Victor Boudreau, Minister of Health** **Tom Maston, DM** Dave Dell, Director Bruce MacFarlane, Director
NOVA SCOTIA	**Honourable Leo Glavine, Minister of Health & Wellness** **Peter Vaughan, DM** Andrew Coates, Strategic Initiatives Analyst Sheila MacLeod, Manager
PRINCE EDWARD ISLAND	**Honourable Robert L. Henderson, Minister of Health & Wellness** **Michael Mayne, DM**
NEWFOUNDLAND & LABRADOR	**Honourable John Haggie, Minister of Health & Community Services** **Beverley Clarke, DM** Michael Harvey, ADM
YUKON	**Honourable Mike Nixon, Minister of Health & Social Services** **Patricia (Paddy) Meade, DM** Jess Staffen, Executive Assistant to Minister Violet Van Hees, Senior Policy Analyst Skylan Parker, Senior Policy Analyst
NORTHWEST TERRITORIES	**Honourable Glen Abernethy, Minister of Health & Social Services** **Debbie DeLancey, DM** Denise Canuel, Director
NUNAVUT	**Honourable Paul Okalik, Minister of Health** **Colleen Stockley, DM** Linnea Ingebrigtson, A/Director

FEDERAL DELEGATION		
HEALTH CANADA	**Honourable Jane Philpott, Minister of Health** **Simon Kennedy, DM** **Paul Glover, Associate DM** Abby Hoffman, ADM Marcel Saulnier, Director General Genevieve Hinse, Chief of Staff Caroline Pitfield, Director of Policy Luke Carter, A/Director Brent Lawlor, A/Assistant Director Joelle Bellfoy, A/Office and Conference Manager	<u>Communications and Public Affairs</u> Sherri Todd, A/Director Eric Morrissette, Chief Media Relations Glenn Scott, Communications Anne Deslauriers, Regional Director Erik Bruns, Communications Advisor <u>Privy Council Office</u> Lindsay Hitchcock, Senior Analyst
Canadian Institute of Health Research	**Michel Perron, Vice President** Jessica Nadigel, A/Assistant Director Robyn Tamblyn Julio Montaner	

	John Lavis	

CANADIAN INTERGOVERNMENTAL CONFERENCE SECRETARIAT (CICS)	
PARTICIPANTS	Carmen Kantchono, Conference Manager Joanne Chretien, Conference Administrative Officer Nathalie Houle, Conference Administrative Officer Conference Procurement and Technical Services Officer

Hon. Gaétan Barrette
Ministre de la Santé et des Services sociaux
Quebec

Hon. Dr. Jane Philpott
Minister of Health
Government of Canada

Hon. Dr. Terry Lake
Minister of Health
British Columbia

Hon. Dr. Eric Hoskins
Minister Of Health & Long-Term care
Ontario

Hon. Victor Boudreau
Minister of Health
New Brunswick

Hon. Dipika Damerla
Associate Minister of Health and Long-Term Care (Long-Term Care and Wellness)
Ontario

Federal/Provincial / Territorial Conference of Ministers of Health

Fédéral / provincial / territo-rial Conférence des Ministres de la Santé

Hon. Dustin Duncan
Minister of Health
Saskatchewan

Hon. Leo A. Glavine
Minister of Health and Wellness
Nova Scotia

January 20 - 21, 2016 / Le 20 - 21 Janvier 2016

Hon. Greg Ottenbreit
Minister Responsible for Rural and Remote Health
Saskatchewan

Hon. Sharon Blady
Minister Of Health
Manitoba

Vancouver BC

Hon. Dr. John Haggie
Minister of Health and Community Services
Newfoundland & Labrador

Hon. Deanne Crothers
Minister Of Healthy Living & Seniors
Manitoba

Hon. Glen Abernethy
Minister of Health and Social Services
Northwest Territories

Hon. Robert Henderson
Minister of Health and Wellness
Prince Edward Island

Hon. Paul Okalik
Minister of Health
Nunavut

Hon. Mike Nixon
Minister of Health and Social Services
Yukon

Hon. Sarah Hoffman
Minister of Health
Alberta

P/T Health Ministers' Meeting

January 20, 2016

The Fairmont Hotel Vancouver

Vancouver, British Columbia

AGENDA

Welcome Reception: Tuesday, January 19 from 5:00 pm to 7:00 pm (Location: Waddington Room)

P/T Health Ministers Meeting: Wednesday, January 20 from 8:30 am to 3:00 pm (Location: Pacific Ballroom)

7:00 – 8:30 am	**BREAKFAST** (Location: Waddington Room)
8:30 am	**P/T Ministers' Meeting Commences** (Location: Pacific Ballroom)
8:30 – 8:35 am	**Welcome and Opening Remarks (BC)**
8:35 – 8:40 am	**Review of the Agenda (BC)**
8:40 – 9:20 am	1. **Report on Commitments from 2014 HMM** – For discussion and decision ➢ Expensive Drugs for Rare Diseases (AB/BC/ON) – Receive and endorse a framework of deliverables and recommendations to further advance consistent P/T approaches to rare disease drug therapies ➢ Mental Health and Substance Use (BC) – Receive and endorse a compendium and recommendations on mental health and substance use focused on improving continuity of care for transition-aged youth ➢ Newborn Screening (ON) – Receive and endorse a report and recommendations on newborn screening, including a recommended list of primary conditions for newborn blood spot screening in Canada
9:20 – 10:00 am	2. **Physician Assisted Dying (ON)** – For discussion ➢ Discuss the final report of the P/T Expert Advisory Group on Physician Assisted Dying
10:00 – 10:30 am	**HEALTH BREAK** (Location: Pacific Foyer)
10:30 – 11:00 am	3. **Aboriginal Health (YK)** – For discussion ➢ Discuss P/T expectations on scope of and process for F/P/T Aboriginal Health work

11:00 – 12:15 pm	4. **FPT Shared Health Agenda Preparation (BC/All)** – For discussion ➢ Discuss P/T priorities for shaping a shared agenda on health, including transformational shift in care from acute to community, pharmaceuticals, and innovation, in preparation for the F/P/T HMM
12:15 – 12:30 pm	**Review of Draft P/T Communiqué (BC)**
12:30 – 1:45 pm	**P/T Ministers' Private Lunch** (Location: Moresby Room) **P/T All Delegates' Lunch** (Location: Waddington Room)
1:45 – 1:50 pm	**Report Back from Private Lunch (BC)**
1:50 – 2:10 pm	5. **Access to Primary Care (BC)** – For discussion ➢ Discuss common challenges facing PTs in ensuring access to primary care, including access to primary care physicians
2:10 – 2:35 pm	6. **Council of the Federation/Health Care Innovation Working Group (YK/ON)** – For information and decision ➢ Discuss and approve progress reports to COF on the work directed by Premiers in July 2015 (MHSU, pharmacare analysis, federal participation in the pCPA, options for a potential new HCIWG mandate)
2:35 – 2:50 pm	7. **Review F/P/T Health Ministers' Meeting Agenda (BC)** – For discussion ➢ Review the F/P/T HMM agenda and discuss any remaining items in preparation for the F/P/T HMM
2:50 – 3:00 pm	**Closing Remarks (BC)** ➢ Summary of discussions ➢ Review of Final P/T Communiqué
3:00 – 3:15 pm	**HEALTH BREAK** (Location: Pacific Foyer)
3:15 – 3:45 pm	**P/T Press Conference** (Location: Saturna Island Room)

Paper item: **COF Healthcare Innovation Working Group (YK/ON)** For information – Update on progress in Year 3 of appropriateness, seniors care and pharmaceutical theme area initiatives

Evening Program:

F/P/T Reception: Wednesday, January 20 from 6:00 pm to 7:30 pm (Location: Vancouver Island Ballrooom, Hotel Vancouver)

F/P/T Ministers' Private Dinner: Wednesday, January 20 from 7:30 pm to 9:00 pm (Location: Hawksworth Restaurant, 801 West Georgia Street)

F/P/T All Delegates Dinner: Wednesday, January 20 from 7:30 pm to 9:00 pm (Location: The Boardroom, Hotel Vancouver)

BC Program Note

Agenda Item	Expensive Drugs for Rare Diseases

Issue: Stronger, longer-term solutions are needed to address Expensive Drugs for Rare Diseases (EDRDs) and the ongoing challenges related to limited evidence, exorbitant pricing, inconsistent access across Canada and poor public awareness of health system impacts. This broader approach will be accomplished through ongoing P/T work through the EDRD Working Group.

Anticipated Outcome

To obtain input and approval from the Deputy Ministers and Ministers of Health to proceed with the work of the P/T EDRD Working Group

Recommended BC Position/Key Messages

s.13,s.16

BC Program Note

s.16

Prepared by:

Eric Lun, Executive Director, 250 952-2272
Drug Intelligence & Optimization, MBPSD

Approved by:

Barbara Walman, ADM

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Withheld pursuant to/removed as

s.16

Page 087 to/à Page 088

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s.16;s.13

BC Program Note

Agenda Item	Newborn Screening

Issue: Pan-Canadian Co-operation in Newborn Screening

Anticipated Outcome

s.13,s.16

Recommended BC Position/Key Messages

s.13,s.16

BC Program Note

s.13,s.16

Position of Other Jurisdictions

s.16

Background and Analysis

- Collaborative work on newborn screening and the development of a pan-Canadian list or benchmark of diseases for newborn screening was initiated by Ministers at the October 2013 HMM, with Ontario as lead.
- Ministers are asked to approve the Newborn Screening Working Group's report, which includes four specific consensus proposals (recommendations), as well as the proposal to continue this initiative and endorse the working group's proposed Phase II priorities.
- BC sees the value in continuing the collaboration between provincial newborn screening programs; however, thinks this work no longer requires the ongoing oversight of Deputies and Ministers except where additional funding may be requested of PTs.
- Two of the four recommendations are completed work for approval:
    - Approval of the list of 22 diseases for the recommended national core panel (Canadian Newborn Screening List); noting each jurisdiction may apply their own criteria (e.g., feasibility, acceptability, regional epidemiology) and relevant processes for determining changes to their newborn screening program.
    - Adoption of national guidelines for the retention and secondary use of NBS blood samples
- Two of the four recommendations are for endorsement on work that has already been started by the working group, and which would comprise Phase II activities:
    - Agreement to develop and maintain an online clearing-house for information sharing between provincial screening programs
    - Agreement to develop contingency screening plans in the event of an emergency in one or more jurisdictions
- Ministers will be asked to direct officials to continue this initiative, focused on the following three Phase II activities:
    - Accelerate progress on the online clearing house being developed by Newborn Screening Ontario
    - Accelerate progress on the development of jurisdictional contingency screening plans, and
    - Additionally, develop an ongoing process to evaluate, add, or remove conditions on the Canadian Newborn Screening List

BC Program Note

Canadian Newborn Screening List

- The Canadian Newborn Screening List does not preclude jurisdictions from applying their own criteria and/or screening for additional conditions (e.g., based on regional population differences).
- BC currently does not screen for three diseases listed in the recommended national panel: Severe Combined Immune Deficiency Syndrome (SCIDS), Biotinidase Deficiency, and Carnitine Uptake Disorder.
    - BC initiated a review of SCIDS screening several years ago, but decided to postpone completion until publication of a sizable newborn screening study in 2013. Development of the business case for SCIDS screening began following publication of this study. Currently, Ontario is the only Canadian jurisdiction to screen for SCIDS.
    - Screening for Biotinidase Deficiency was reviewed in 2008, but rejected due to poor reviews of the technology available for this assay. The technology has since been improved.
    - Screening for Carnitine Uptake Disorder was reviewed in 2008, but rejected due to limited evidence surrounding symptoms in infants. Such evidence has since been uncovered.
- Perinatal Services BC has recently approved a business case for screening for these three conditions. The business case will be assessed using provincial criteria for screening. If any or all of the three conditions meet BC's rigorous screening criteria, BC has no concerns with an 18-24 month timeframe.
- BC uses a rigorous, transparent, and consistent methodology which includes assessing clinical effectiveness, cost effectiveness, and the population health impact of screening services. This approach differs from the consensus based approach that was used to develop the recommended national core panel of diseases for newborn screening.
- BC will apply this methodology prior to any funding decisions for additional screening, and is supportive of phase II activities for ongoing evaluation of the Canadian Newborn Screening list.
- BC's screening criteria were implemented after most of the Working Group's work on establishing a benchmark list was complete. This information was not available to the Working Group at the time that it developed the benchmark list.

National Guidelines on the Retention and Secondary Use of Blood Samples

- Nova Scotia led additional work on national guidelines for the retention and secondary use of blood samples, and Newborn Screening Ontario worked on the development of sharing protocols among PTs.
- BC already has a Storage and Use Policy in place that is consistent with the National Guideline. BC stores cards for 10 years, discards them appropriately, and has an "Opt Out of Storage" process. There are no additional resource implications for the Ministry.

s.16

BC Program Note

s.16

- BC is supportive of the collaborative work and clarifying key issues that would enable the development of formal contingency plans, however, specific details on what a plan or formal agreement could look like are much further down the road.

Online Clearinghouse
s.16

Prepared by:
Melanie Foster, Public Health Services

Stephanie Taylor, Intergovernmental Relations

Approved by: Arlene Paton, ADM, Population and Public Health Division
January 13, 2016

BC Program Note

Agenda Item	Physician Assisted Dying

Issue: Physician Assisted Dying

Anticipated Outcome

- Ministers are briefed on the final report of the PT Expert Panel Advisory Group (Advisory Group) and discuss collaboration on this issue.

Recommended BC Position/Key Messages

- BC supports ongoing collaboration with the Government of Canada, provinces and territories to develop a consistent national approach to physician assisted dying.
- Clarification is required from the Government of Canada on any plans to amend the Criminal Code and which aspects of legislation will be federal and which will be provincial and territorial.
- BC encourages provinces and territories to strongly consider the Advisory Group's recommendations as a basis for the development of a Pan-Canadian approach for the oversight and implementation of physician assisted dying.

Position of Other Jurisdictions

- **Quebec** is the first and only jurisdiction in Canada to legislate Assisted Dying.
  - Quebec's Bill 52 ("an Act respecting end-of-life care") came into effect on December 10, 2015 with some provisions within the Act suspended following court proceedings.
  - Bill 52 allows capable adults near the end-of-life, and suffering from a serious and incurable illness, and/or an advanced state of irreversible decline in capacity, and/or constant and unbearable physical or psychological suffering to request physician assisted dying.
  - On December 1, 2015, a Quebec Superior Court made a ruling to postpone the implementation of the Quebec act respecting end-of-life care, until at least February. The Court cited that key acts in the Quebec end-of-life care law cannot take effect as they contradict provisions of Canada's Criminal Code on medically assisted suicide that are still the law until February 2016. Quebec government appealed this decision.
- Some P/Ts have been drafting operational and procedural policies to support the implementation of the College of Physicians and Surgeons guidelines/ standards/regulations on physician assisted dying to fill the regulatory/legislative gap in the event an extension was not granted.

British Columbia

- In advance of federal direction, the Province and health organizations across BC have been actively engaged in this issue. For example:

- The Ministry of Health has completed a jurisdictional scan and preliminary discussion of key items that will need to be considered by the Province.
- The Ministry is also reviewing the final report from the Advisory Group.
- The College of Physicians and Surgeons of BC has been discussing this issue to determine what impact it will have on doctors, and has been engaging with its provincial counterparts on how to assist the profession once the Supreme Court of Canada (SCC) decision is put into practice.
- Doctors of BC are working closely with the Canadian Medical Association and have provided input as part of the CMA's recommendations to the Advisory Group.

Background and Analysis

Supreme Court Decision

- On February 6, 2015, the SCC struck down the *Criminal Code* prohibitions against physician assisted dying on the basis that they violate the *Canadian Charter of Rights and Freedoms*.
- The SCC ruling was stayed until February 2016, giving the federal and P/T governments one year to enact legislation or policies to clarify the rules and safeguards around physician assisted dying, should they choose to do so.
- Federal and P/T governments have the ability to legislate on physician assisted dying. The Federal government may enact legislation on health matters as they relate to criminal law. P/T governments may legislate on physician assisted dying as it relates to health insurance, health professions, medical consent, and hospitals.
- The SCC noted in its ruling that the risks associated with physician assisted dying can be "limited through a carefully designed and monitored system of safeguards".

Motion for Deadline Extension Granted

- On January 15, 2016, the Supreme Court of Canada granted the federal government a four month extension in the case of *Carter v. Canada*.
- As stated in the decision, the four months reflect the time "lost" as a result of the federal election, Quebec was granted an exemption, and individuals have the ability to seek an exemption by applying to the superior court of their jurisdiction.
- On December 3, 2015, the Attorney General (AG) of Canada filed a motion for a six-month extension of the Supreme Court's decision on physician assisted dying. BC, SK, MB, NS, PEI and ON supported the motion. BC sent a letter addressed to the Registrar of the Court, signed by counsel on behalf of the BC AG. An oral hearing on the motion was held on January 11, 2016. BC did not make a submission at this hearing.

Federal Special Joint Committee on Assisted Dying

- On December 11, 2015, the House of Commons adopted a motion to strike a Special Joint Committee of the Senate and the House of Commons to review the issues related to assisted dying.
- The Committee has been directed to make recommendations on the framework of a federal response on Assisted Dying.

BC Program Note

- The committee has also been directed to review the report of the federal *External Panel on Options for a Legislative Response to Carter v. Canada*, consult broadly with Canadians, experts and stakeholders, examine relevant research studies and review models being used or developed in other jurisdictions.
- Health Canada's expectation is that a very early intervener in the all-party committee would be the PT Expert Advisory Group.
- The Committee is required to deliver its final report no later than February 26, 2016.
- The sixteen member committee is scheduled to hold its first meeting on January 18.

Federal External Panel on Assisted Dying

- In July 2015, the Government of Canada established a 3-member External Panel on Physician Assisted Dying (the External Panel).
  - The External Panel's mandate is to prepare a report summarizing the results and key findings of its consultations with Canadians on physician assisted dying issues.
  - On December 15, 2015, the External Panel shared its final report with the Federal Ministers of Health and Justice. The report is to be released publicly in late January.

P/T Expert Advisory Group

- In August 2015, a P/T Expert Advisory Group on Physician Assisted Dying (the Advisory Group) was launched by Ontario on behalf of participating PT Ministers of Health and Justice. BC participated on the Advisory as an observer.
  - The Advisory Group was mandated to provide non-binding advice to Ministers of Health and Justice on a recommended approach for implementing physician assisted dying in their respective jurisdictions.
  - The Advisory Group's Final Report with recommendations was released to the public on December 14, 2015.
- The Advisory Group recommended that P/Ts advocate for changes to Federal legislation, including clarifying the role of non-physicians in the provision of Assisted Dying and allowing patients to request Assisted Dying in advance of their suffering becoming intolerable.
- The Advisory Group recommended that P/Ts work with the Federal government to establish a pan-Canadian palliative care and end-of-life strategy.
- Recommendations covered a system for conscientious objection and a clear pathway for the provision of Assisted Dying including who should have access, how patients may make a request, the assessment of eligibility criteria, and the locations in which physician assisted dying may be provided.

Prepared by:
Brian Sagar & Mike Chandler, Health Services Policy Division - Sarah Omware, IGR

Approved by:
Doug Hughes, ADM, Health Services Policy Division, December 21, 2015

BC Program Note

Agenda Item	Aboriginal (First Nations, Métis and Inuit) Health

Issue: Aboriginal Health

Anticipated Outcome

Recommended BC Position/Key Messages

s.13,s.16

Position of Other Jurisdictions

- Past cuts to federal programs supporting health and other funded services for First Nations people have differentially impacted other provinces when compared to BC, where there are multi-year funding guarantees in the BC Tripartite agreements. While anecdotally there are many provincial experiences of shifting of responsibilities by the federal government, there have been limited details available to date as to how these cuts have specifically impacted provincial systems.

BC Program Note

- Unique to BC, the First Nations Health Authority (FNHA) and Health Canada have entered into a shared vision and common understanding to ensure the long-term success, sustainability and productivity of their federal partnership and recognition of their shift in roles in relation to First Nations health services.

s.16

Background and Analysis

- On October 13, 2011, the British Columbia Tripartite Framework Agreement on First Nation Health Governance was signed by the Government of Canada, the Government of BC and BC First Nations, committing the partners to work together in the planning, design, management and delivery of health service for First Nations people, and which signaled the creation of the FNHA, which became fully operational in October of 2013.
- The Tripartite Committee on First Nations Health is made up of senior representatives from Canada, BC, and First Nations, as well as the CEOs of each of the regional health authorities, and is mandated to oversee, coordinate and align planning, program and service delivery among all of the partners. On July 16, 2015 CEOs, MoH and FNHA signed a Declaration of Commitment to 'Cultural Safety and Humility in Health Services Delivery for First Nations and Aboriginal People in British Columbia'.
- In addition to governance actions, the tripartite partners have taken significant steps to develop strategies under several priority action areas identified under the 2007 Tripartite First Nations Health Plan, and more recently have started to shift the focus from provincial planning to regional implementation. Regional Partnership Accords were signed among the tripartite partners that describe the broad and enduring relationship; outline the political commitments that form its foundation; and renew the commitment to work together to eliminate disparities between the health status of First Nations and other British Columbians. The Ministry of Health is also working to respond to the health needs of the significant proportion of the Aboriginal population who reside off-reserve through collaborative Regional Health and Wellness Plans and partnership accords with regional health authorities. Advancements continue to be made in support of primary care and public health, maternal and child health, mental wellness and substance use, and health human resources.
- Engagement with First Nations occurs at all levels within the Ministry of Health, from a shared Minister/DM and FNHA Board Chair/CEO agenda through a Letter of Mutual Accountability, to a senior executive - led Joint Project Board. This supports timely progress

and collaborative decision making regarding advancement of, and investment in, integrated strategies and innovative health services to address regional needs and priorities.

- The Ministry of Health continues to work with other Ministries, with our partners and colleagues, to bring an Aboriginal lens to the work of the Province, and in engagement with federal departments on shared agenda items. BC has mandated our health authority partners to ensure Aboriginal Health is one of their key priorities. The Ministry is also discussing other priorities to improve the health of First Nations and Aboriginal people in BC, which may include focus on rural and remote health and mental health and substance use, among others. BC has also committed to annual meetings between the Deputy Minister of Health, the FNHA, and mutually agreed upon Deputy Ministers from other ministries, to discuss policies and activities which may impact the health of First Nations people.
- There are 14 Calls to Action in the Truth and Reconciliation Commission's report that fall under the purview of the Ministry of Health: eight specifically address Aboriginal health and six others require a Ministry response in conjunction with other provincial portfolios. The Ministry of Health is taking steps to address these Calls to Action.

s.16

Prepared by: Clint Kuzio, Director, Rural, Remote and Aboriginal Health Branch, Population and Public Health Division.

Approved by:

Arlene Paton, ADM, Population and Public Health
November 24, 2015

BC Program Note

Agenda Item	Interprovincial Health Coverage (SK/ON) – Discussion Item

Issue: Update on issues with the current interprovincial billing system in advance of further discussion at the January 2016 Health Ministers Meeting

Anticipated Outcome

Provincial Territorial (PT) Ministers direct health officials to review current interprovincial health care coverage and recommend priorities for consideration by Ministers at the next HMM.

Recommended BC Position/Key Messages

s.13

Position of Other Jurisdictions

s.16

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s.16;s.13

BC Program Note

s.13,s.16

Prepared by:

Gordon Cross, Executive Director, 250-952-1120
Regional Grants and Decision Support

Approved by:

Manjit Sidhu, ADM, Finance and Corporate Services Division
November 19th, 2015 (updated January 11, 2016)

BC Program Note

Agenda Item	50th Anniversary of Medicare

Issue: Ontario's proposed symposium to recognize the 50th anniversary of Medicare in Canada.

Anticipated Outcome

- Ministers discuss Ontario's plan for a symposium to recognize the 50th anniversary of Medicare in Canada.

Recommended BC Position/Key Messages

s.13

Position of Other Jurisdictions

s.16

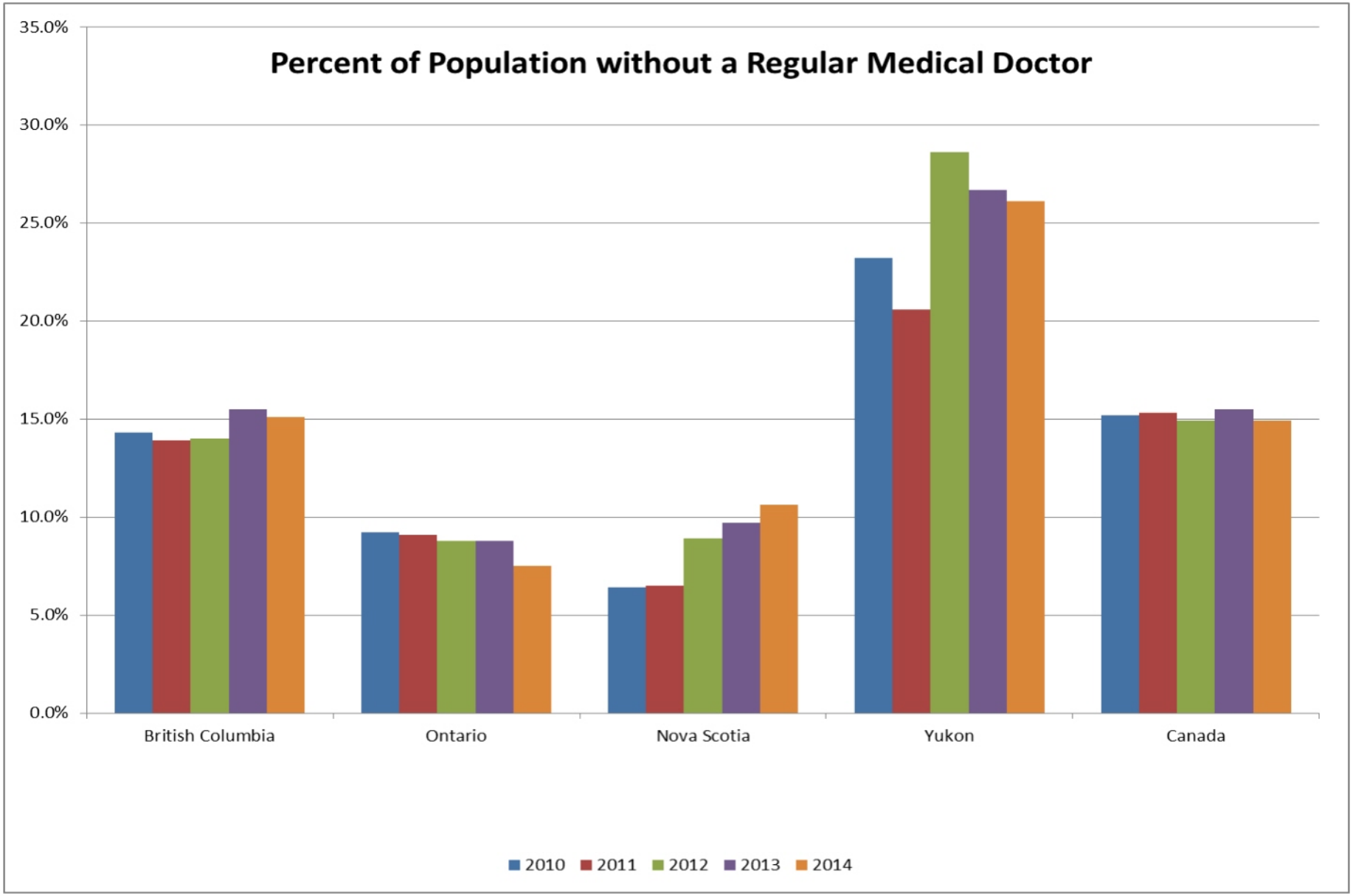
Background and Analysis

- 2016 marks the 50 anniversary of Medical Care Act (1966) in Canada. Ontario is proposing to host a symposium on Medicare on behalf of PTs.
- Ontario proposes the event would include health ministers and health experts to identify current challenges and focus on addressing future challenges.
- It is proposed that the symposium span two days with the following suggested format:
  - Presentations on four different topics: pharmacare, home and community care, advancements in health technology and innovation, social determinants of health.
  - Participants for the symposium include FPT stakeholders and international stakeholders.
  - The Canadian Medical Association Journal could be asked to compile a brief report to summarize the topics and ideas discussed during the symposium.
- The format would be refined with input from PTs following the January 2016 Health Ministers' Meeting.

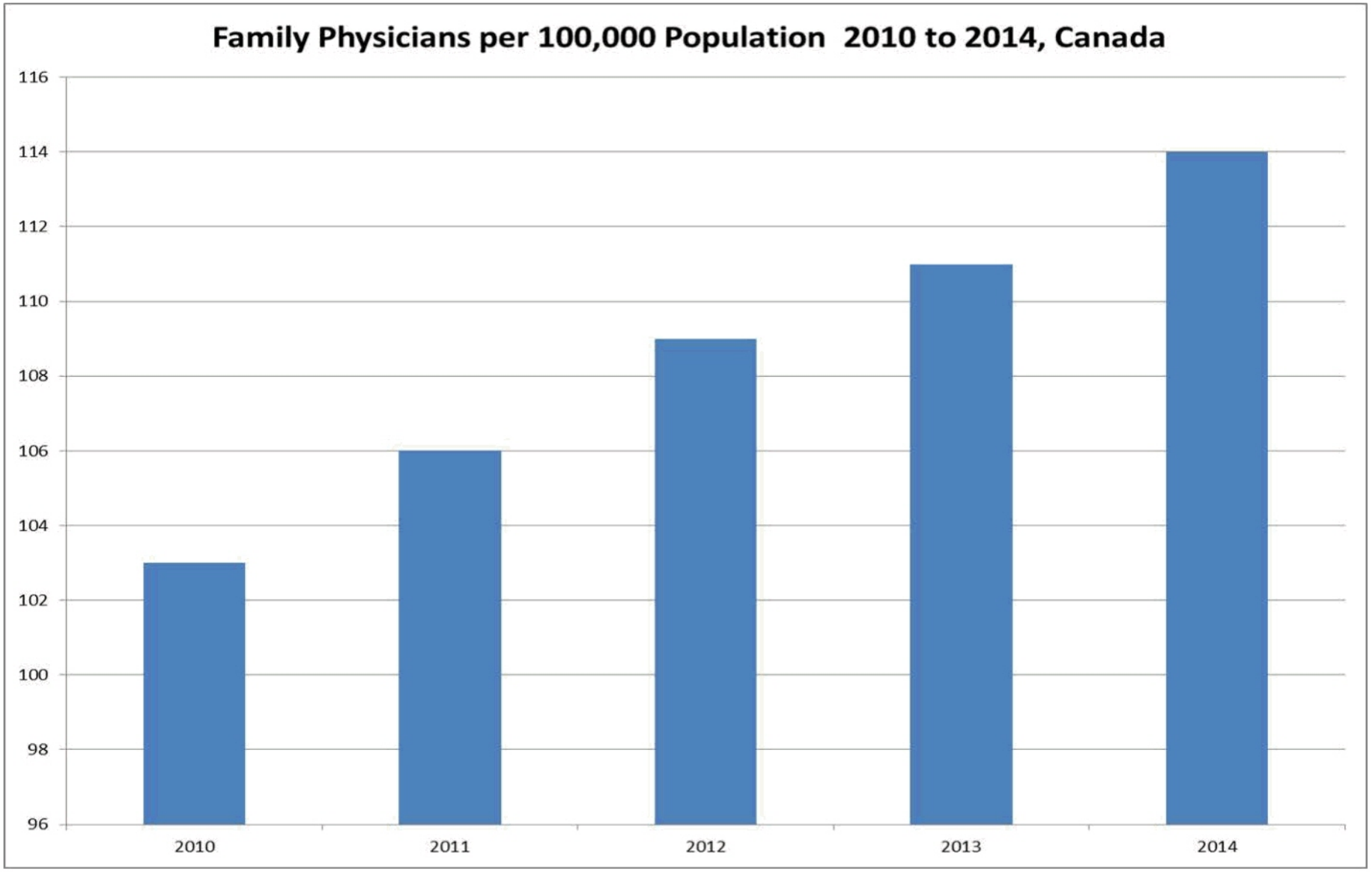
s.13,s.16

Prepared by: Richard Almond, IGR, 250.952.3631, January 11, 2016

ACCESS TO PRIMARY CARE



Source: Statistics Canada, Canadian Community Health Survey, CANSIM Table 105-0501



Source: CIHI Supply, Distribution and Migration of Canadian Physicians, 2014

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FPT Health Ministers' Meeting

FPT MINISTERS' PRIVATE DINNER

JANUARY 20, 2016
HAWKSWORTH RESTAURANT, YORK ROOM
801 WEST GEORGIA ST
VANCOUVER, BC

EVENT DETAILS

- Following the FPT All Delegates' Reception at the Hotel Vancouver, FPT Ministers will walk to Hawksworth Restaurant for the FPT Ministers' Private Dinner.
- BC staff will guide Ministers from the hotel to the restaurant.
- Deputy Ministers Stephen Brown and Simon Kennedy will attend dinner to take notes on any business items that are discussed.
- No specific agenda items have been discussed; however, it is anticipated that Minister Philpott will want to have a preliminary discussion with Ministers on the Shared Health Agenda, which is on the formal FPT meeting agenda.

HOSTING INFORMATION

- Dinner is provided to Ministers by the host province.
- As per BC protocol, BC wine and beer are complimentary. BC wine pairings will be offered for three dinner courses. Ministers will also be offered a complimentary glass of Prosecco upon arrival.
- Cash bar is available for other alcoholic beverages.
- May Robson (BC Intergovernmental Relations; **250-217-4690**) will be at the restaurant in case staff support is needed, and will take care of payment at the end of dinner.

RESTAURANT INFORMATION

- Four-time winner of Vancouver Magazine Restaurant Award's Best Upscale Restaurant, Hawksworth Restaurant is elegant yet relaxed with warm and attentive service.
- The York Room overlooks the grounds of the Vancouver Art Gallery and offers one of the city's most historic and exceptional private dining experiences.

DINNER MENU*

Starter (choice of)

blackened albacore tuna - green harissa, papaya, lemongrass, spiced pumpkin seed, watercress

(OR)

alberta beef carpaccio - roast carrot, ricotta, sprouted grains, jalapeno, dill, truffle sherry vinaigrette

Mid-Course

roasted potato and leek velouté - lobster, charred scallion crème, espellette

Main Course (Choice of)

slow braised beef shortrib - broccolini, wild mushroom potato press, carrot, natural jus

(OR)

sesame crusted pacific cod - shiitake, avocado, black bean vinaigrette, cilantro (OR)

confit lamb shoulder - roast cauliflower yogurt, cucumber, curried rice cracker, dukkah

Dessert (choice of)

dark chocolate fondant - orange, hazelnut

(OR)

black currant cremeux - lime, vanilla

*Special meals have been arranged for Ministers with dietary restrictions.

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BC Program Note

Agenda Item	Aboriginal (First Nations, Métis and Inuit) Health

Issue: Aboriginal Health

Anticipated Outcome

- Ministers will be provided with a short information presentation to set the stage to consider further work together, and with Indigenous leaders, to address challenges and gaps related to Indigenous health.
- Ministers will have the opportunity to discuss the current context and their interests in relation to Indigenous health.
- Ministers are requested to:
    - Direct officials to address the following matters and provide an update at the next HMM:
        - Clarify which level of government is "covering which bases" for Indigenous health (e.g. through funding, programs, service delivery), and identify any gaps.
        - Propose how the FPT health table can serve as a lens to look at how our governments are taking a population health approach to improve Indigenous health status.
    - Continue to have officials to engage as appropriate with Indigenous leaders and organizations and/or governments in their respective jurisdictions, to determine and work on areas of shared priority.

s.13,s.16

Recommended BC Position/Key Messages

s.16

BC Program Note

s.16

Position of Other Jurisdictions

- Past cuts to federal programs supporting health and other funded services for First Nations people have differentially impacted other provinces when compared to BC, where there are multi-year funding guarantees in the BC Tripartite agreements. While anecdotally there are many provincial experiences of shifting of responsibilities by the federal government, there have been limited details available to date as to how these cuts have specifically impacted provincial systems.
- Unique to BC, the First Nations Health Authority (FNHA) and Health Canada have entered into a shared vision and common understanding to ensure the long-term success, sustainability and productivity of their federal partnership and recognition of their shift in roles in relation to First Nations health services.

s.16

Background and Analysis

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- The Tripartite Committee on First Nations Health is made up of senior representatives from Canada, BC, and First Nations, as well as the CEOs of each of the regional health

authorities, and is mandated to oversee, coordinate and align planning, program and service delivery among all of the partners. On July 16, 2015 CEOs, MoH and FNHA signed a Declaration of Commitment to 'Cultural Safety and Humility in Health Services Delivery for First Nations and Aboriginal People in British Columbia'.

- In addition to governance actions, the tripartite partners have taken significant steps to develop strategies under several priority action areas identified under the 2007 Tripartite First Nations Health Plan, and more recently have started to shift the focus from provincial planning to regional implementation. Regional Partnership Accords were signed among the tripartite partners that describe the broad and enduring relationship; outline the political commitments that form its foundation; and renew the commitment to work together to eliminate disparities between the health status of First Nations and other British Columbians. The Ministry of Health is also working to respond to the health needs of the significant proportion of the Aboriginal population who reside off-reserve through collaborative Regional Health and Wellness Plans and partnership accords with regional health authorities. Advancements continue to be made in support of primary care and public health, maternal and child health, mental wellness and substance use, and health human resources.
- Engagement with First Nations occurs at all levels within the Ministry of Health, from a shared Minister/DM and FNHA Board Chair/CEO agenda through a Letter of Mutual Accountability, to a senior executive - led Joint Project Board. This supports timely progress and collaborative decision making regarding advancement of, and investment in, integrated strategies and innovative health services to address regional needs and priorities.
- The Ministry of Health continues to work with other Ministries, with our partners and colleagues, to bring an Aboriginal lens to the work of the Province, and in engagement with federal departments on shared agenda items. BC has mandated our health authority partners to ensure Aboriginal Health is one of their key priorities. The Ministry is also discussing other priorities to improve the health of First Nations and Aboriginal people in BC, which may include focus on rural and remote health and mental health and substance use, among others. BC has also committed to annual meetings between the Deputy Minister of Health, the FNHA, and mutually agreed upon Deputy Ministers from other ministries, to discuss policies and activities which may impact the health of First Nations people.
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s.16

BC Program Note

Prepared by: Clint Kuzio, Director, Rural, Remote and Aboriginal Health Branch, Population and Public Health Division.

Approved by:

Arlene Paton, ADM, Population and Public Health
November 24, 2015

BC Program Note

Agenda Item	Prescription Drug Abuse

Issue: Coordinated action on the prevention of pharmaceutical drug-related harms (e.g., fatal overdose, addiction)

Anticipated Outcome
Ministers will receive an update on progress and next steps on pharmaceutical drug-related harms, including the work of the FPT Prescription Drug Abuse (PDA) Working Group, and discuss additional pan-Canadian priority actions to reduce pharmaceutical drug-related harms.

Recommended BC Position/Key Messages

- BC is aware of the health risks posed by pharmaceutical drugs, especially opioids and benzodiazepines, and appreciates that this is an issue for most PTs.
- BC recognizes the important work that Nova Scotia and the federal government has been leading to address problematic pharmaceutical drug use and associated harms through the FPT PDA Working Group.
- BC is supportive of Health Canada expediting the review on changing naloxone from prescription to non-prescription status.

s.13

Position of Other Jurisdictions

- In September 2012, F/P/T Health Ministers agreed to work together on pharmaceutical drug-related harms. In 2013, F/P/T Health Ministers agreed on three priorities for addressing harms from pharmaceutical drugs, which are the current focus of the FPT PDA Working Group:
    - Establish a national Prescription Monitoring Program Network
    - Build a foundation for a national surveillance plan
    - Coordinate activities on health practitioner education
- In June 2015, PTs wrote to the federal Minister of Health requesting that naloxone be reviewed for non-prescription status. Health Canada announced its intention to reclassify naloxone on January 14, 2016, and is accepting comments from the public until March 19, 2016.
- The federal government has also identified pharmaceutical drug harms as a priority. Pharmaceutical associated health harms have been the subject of two recent national symposia hosted by the federal Minister of Health (2014 and 2015).

BC Program Note

Background and Analysis

- Problematic prescription drug use was added to the Health Ministers Meeting at the request of BC. In particular, BC would like to highlight the recommendations put forward by the BC node of the Canadian Research Initiative in Substance Misuse (CRISM).
- s.13,s.16

- In November 2015, the BC node of CRISM (the BC Addiction Network) released a report with recommendations for addressing problematic opioid use in BC. The recommendations fall under three categories: strategies for improving prescribing practices, strategies for improving opioid addiction care, and long-term strategies for improving prescriber knowledge.
- s.13,s.16

- In addition to the BC node, CRISM also has teams in Ontario, the Prairies, and Quebec/the Maritimes.
- In May 2015, the Canadian Institutes of Health Research announced an investment of $7.2 million over five years to support four regional "nodes" of the Canadian Research Initiative in Substance Misuse (CRISM), a new clinical trials network for addiction research in Canada. Subsequently, Health Canada granted the CRISM network $4.4 million for a multi-site randomized controlled trial to research treatments for pharmaceutical opioid dependence (although not yet publicly announced).
- There are a number of initiatives underway in BC designed to address harms related to pharmaceutical drugs that the Minister could highlight (Appendix A). Among the most noteworthy are:
    - BC's Take-Home Naloxone program, which provides overdose awareness and response training as well as naloxone kits. To date, 2,983 naloxone kits have been distributed, resulting in at least 256 overdose reversals.

        - BC continues to highlight the urgency of Health Canada's response to the PT request for changes to the current prescription status of naloxone.
    - The addition, in October 2015, buprenorphine/naloxone formulation, which is a partial opioid agonist used in treatment for opioid use disorders, was designated as a regular coverage benefit under the PharmaCare program.
        - This will allow physicians to prescribe buprenorphine/naloxone (also known by the brand name version Suboxone) as a first-line treatment for opioid use disorder. This treatment option is considered as effective as and safer than methadone.
    - The Provincial Academic Detailing program module on opioid prescribing, which is funded by the Ministry of Health.
    - Efforts to improve uptake of the PharmaNet prescription monitoring tool among physicians, fewer than 30 percent of whom currently access the system. The BC Ministry of Health and the BC College of Physicians and Surgeons are working to increase usage rates among this group.
- In September 2015, the Proceedings of the National Academy of Sciences published a study about rising morbidity and mortality among middle-aged Caucasians in the US. The study found that midlife mortality was rising only for Caucasians, and attributed this rise to the increasing death rates from overdoses and suicide.
    - While the study focused exclusively on the American population, there may be some similarities with Canadian jurisdictions such as Alberta and Ontario, which have high opioid prescribing rates and have recently experienced below-average economic conditions.
- In November 2015, the Canadian Medical Association Journal (CMAJ) published a study on the use of vital statistics data for monitoring prescription opioid-related deaths. The study called for Canada to implement a national surveillance system in order to monitor and reduce deaths associated with prescription opioid use.
    - The PDA WG, which was formed in 2013, has a mandate to build a foundation for a national surveillance plan. The PDA WG is currently providing advice to the Canadian Institute for Health Information (CIHI), which is currently engaging with experts on the subject. Health Canada has provided $4.3 million over five years to CIHI to support this initiative.
    - CIHI will be exploring the use of a number of different data sets, including Vital Statistics, hospitalizations, and pharmaceutical drug dispensing.
- Opioids and benzodiazepines, both on their own and used concurrently,[i] are associated with significant harms, and are the focus of most current prevention efforts.
- Recent research in BC shows that between 2004 and 2013, there were a total of 1,674 deaths associated with pharmaceutical opioids, with a mortality rate of 3.9 deaths per 100,000 population per year.[ii]
- Unlike other parts of Canada, opioid-related mortality rates in BC have been relatively stable over time (i.e., not increasing significantly over the past decade).[iii]
- In recent years, BC has been experiencing an increase of fentanyl-detected deaths;[iv] however, according to law enforcement officials in BC, these fentanyl overdoses do not

seem to be associated with diverted pharmaceutical medication, but rather with illicitly manufactured fentanyl (either produced locally or imported from abroad).[v]

- In December 2015, Ontario passed a law requiring users of prescription fentanyl patches to trade in their used patches before receiving a new prescription. While BC supports this concept, it will not be implementing a similar program due to the differing nature of the fentanyl problem in BC.

Prepared by:
Kathleen Perkin, Kenneth Tupper, Brian Emerson, Public Health Services, Population and Public Health
Stephanie Taylor, Intergovernmental Relations

Approved by:

BC Program Note

Appendix A – BC Initiatives

BC Take Home Naloxone Program

- Provincial Health Services Authority (PHSA) and regional health authorities are currently expanding the Take Home Naloxone program, which distributes a medication that can quickly reverse opioid overdoses. As of August 2015, over 256 overdoses had been reversed by the administration of naloxone provided since the program began in August 2012.

Controlled Prescription Program (formerly known as Duplicate Prescription Program)

- Prescriptions for designated controlled drugs must be written on a special Controlled Prescription Program duplicate prescription pad.

College of Physicians and Surgeons of BC's "Prescription Review Panel Prescribing Principles for Chronic Non-Cancer Pain"

- The College of Physicians and Surgeons, as part of its quality assurance function, has issued "Prescription Review Panel Prescribing Principles for Chronic Non-Cancer Pain" to guide physicians in safer prescribing of opioid analgesics and encourage the use of PharmaNet prior to prescribing opioids.

Canadian Research Initiative in Substance Misuse 2015 report on pharmaceutical opioid harms

- In November, 2015 the BC node of the Canadian Research Initiative in Substance Misuse (or CRISM, a health research network funded by the Canadian Institutes of Health Research) released a report identifying opioid- and benzodiazepine-related harms as a significant health issue for the province. The Ministry of Health is reviewing the report's recommendations.

Suboxone as a regular coverage benefit under PharmaCare

- Improved treatment options for British Columbians with opioid dependence are available as of October 2015, with the addition of Suboxone as a regular coverage benefit under PharmaCare.

BC provided feedback on proposed federal opioid medication tamper resistance regulations

- British Columbia has provided feedback on proposals by Health Canada for new regulations under the *Controlled Drugs and Substances Act* that would allow the federal government to require specific controlled substances to have tamper-resistant properties in order to be sold in Canada.

British Columbia was among the provinces that in 2015 requested Health Canada review naloxone's prescription only status.

- BC has provided data from its Take Home Naloxone program, and the review is ongoing. Making naloxone available without a prescription would increase its availability, potentially reducing fatalities from pharmaceutical opioid overdose.

BC Program Note

Medications Return Program

- A program to encourage patients to return expired and/or unused medications to community retail pharmacies for safe disposal.
- The program is administered by the Post-Consumers Pharmaceutical Stewardship Association and is funded by brand-name pharmaceutical manufacturers.

Public Education and Social Marketing

- HealthlinkBC has a number of pages on topics including problematic substance use and various medications (e.g. fentanyl, hydromorphone, methadone, morphine, and oxycodone).

Provincial Academic Detailing (PAD) Service

- PAD is part way through delivering an academic detailing program entitled Opioids in Chronic Non-Cancer Pain (CNCP): The Basics to educate physicians and health professionals on the safe and appropriate use of opioids.

Pain and Suffering Symposium

- An annual symposium on the management of patients with complex chronic pain presented by the Foundation of Medical Excellence in cooperation with the College of Physicians and Surgeons of BC.

Professional Support Program (PSP)

- A program of the General Practice Services Committee (GPSC), a partnership between the BC Medical Association and the Ministry, offering training sessions for physicians and their medical office assistants (MOAs) to help improve practice efficiency and enhance the delivery of patient care.
- The program is currently developing a program on managing chronic pain. The program is scheduled to be launched in late spring to early summer 2014.

Prescription Review Program

- A practice quality assurance program administered by the College of Physicians and Surgeons of BC to ensure opioids, benzodiazepines, and other psychoactive medications are prescribed with appropriate caution.

Appendix B - References

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[i] For example, Park, T. W., Saitz, R., Ganoczy, D., Ilgen, M. A., & Bohnert, A. S. (2015). Benzodiazepine prescribing patterns and deaths from drug overdose among US veterans receiving opioid analgesics: case-cohort study. bmj, 350, h2698.

[ii] Gladstone, E. J., Smolina, K., & Morgan, S. G. (2015 in press). Trends and sex differences in prescription opioid deaths in British Columbia, Canada. *Injury Prevention*. doi:10.1136/injuryprev-2015-041604

[iii] Gladstone, E. J., Smolina, K., Weymann, D., Rutherford, K., & Morgan, S. G. (2015). Geographic variations in prescription opioid dispensations and deaths among women and men in British Columbia, Canada. *Medical Care*, 53(11), 954-959.

[iv] CCSA (2015) CCENDU Bulletin: Deaths Involving Fentanyl in Canada, 2009-2014.

[v] E-mail from Kjerstine Holmes, Director, Public Safety Initiatives, Ministry of Justice Kjerstine.Holmes@gov.bc.ca – Aug. 21, 2015

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Withheld pursuant to/removed as

s.16;s.13

BC Program Note

Agenda Item	HIV/AIDS

Issue: The Seek and Treat for Optimal Prevention of HIV/AIDS (STOP HIV/AIDS) initiative.

Anticipated Outcome: Ministers will receive a presentation from Dr. Julio Montaner on the BC Centre for Excellence in HIV/AIDS' STOP HIV/AIDS initiative.

Recommended BC Position/Key Messages

- ***BC is committed to reducing the incidence of HIV/AIDS-related mortality and is highly supportive of the work of Dr. Julio Montaner and the BC Centre for Excellence in HIV/AIDS in addressing this public health issue in collaboration with our health system partners.***
- ***BC recognizes the burden that HIV/AIDS places on jurisdictions around the world and would like to highlight the success of Treatment as Prevention in improving people's health, and curbing the incidence of HIV/AIDS in BC.***
- ***Enhancing the reach of HIV treatment has reduced new HIV infections and HIV/AIDS-related mortality in BC since the availability of Highly Active Anti-retroviral Therapy.***

Position of Other Jurisdictions

- In 2005, the federal government provided funding to Health Canada, the Public Health Agency of Canada, Correctional Service Canada, and the Canadian Institutes of Health Research to establish the Federal Initiative to Address HIV/AIDS in Canada. The goals of the Federal Initiative are to prevent the acquisition and transmission of new infections, slow the progression of the disease and improve quality of life, reduce the social and economic impact of HIV/AIDS, and contribute to the global effort to reduce the spread of HIV. Planned spending under the Federal Initiative for 2015-16 is approximately $70.5-million.
- During the 2015 federal election campaign, the Liberal Party of Canada expressed support for Dr. Montaner's efforts to address HIV/AIDS and vowed to take aggressive action to combat the disease as well as the stigma suffered by those diagnosed with it.

Background and Analysis

- Since 1996, HIV/AIDS-related deaths in BC have decreased by more than 95 percent, and new infections have dropped from 850 per year in the mid-1990s to 260 in 2014.
- This is due in large part to the province's development and implementation of the HIV Treatment as Prevention approach.
- When people are well engaged in treatment and support, HIV drugs are highly effective in reducing the amount of virus in someone's body. The drugs not only keep the individual healthy and delay or prevent the onset of advanced HIV disease, but also prevent the virus from being passed on to others.

BC Program Note

- STOP HIV/AIDS is a real-world example of the Treatment as Prevention concept. The provincially-funded program aims to better reach and engage people vulnerable to or living with HIV in order to provide prevention, testing, treatment, care and support. HIV drugs are free to any British Columbian through the BC Centre for Excellence's HIV/AIDS HIV Drug Treatment Program.
- STOP HIV/AIDS began as a provincially funded $48-million pilot project in the cities of Vancouver and Prince George in 2009, and expanded across BC in 2013.
- Province-wide implementation of the STOP HIV/AIDS program is supported by annual provincial funding totaling $19.9 million, in addition to existing HIV funding provided through regional base budgets. Partners include the regional and provincial health authorities (including the BC Centre for Disease Control), Providence Health Care, BC Centre for Excellence in HIV/AIDS, the First Nations Health Authority and community partners.
- In December 2012, the BC Ministry of Health released a strategic framework for health authorities, *From Hope to Health: Towards an AIDS-free Generation*[1], to guide the implementation of the successes of the pilot into existing HIV/AIDS prevention services (such as harm reduction) in BC. The five goals of the strategic framework are:
    - Reduce the number of new HIV infections in BC;
    - Improve the quality, effectiveness, and reach of HIV prevention services;
    - Diagnose those living with HIV as early as possible in the course of their infection;
    - Improve quality and reach of HIV support services for those living with and vulnerable to HIV; and
    - Reduce the burden of advanced HIV infection on the health system.
- In September 2015, Dr. Montaner sent an open letter to the federal government and all major federal party leaders calling for endorsement of a global 90-90-90 target developed by the Joint United Nations Programme on HIV/AIDS (UNAIDS). The 90-90-90 target states that by 2020:
    - 90 percent of all people living with HIV will know their HIV status;
    - 90 percent of all people diagnosed with HIV will receive ongoing antiretroviral therapy; and
    - 90 percent of all people receiving antiretroviral therapy will have viral suppression.
- In October 2015, Justin Trudeau responded to Dr. Montaner's letter, expressing support for the 90-90-90 target.
- In July 2015, the BC Government provided St. Paul's Hospital Foundation with $2-million to support the expansion of the Hope to Health Research Clinic. Hope to Health is a research clinic in downtown Vancouver that houses research undertaken by the BC Centre for Excellence in HIV/AIDS on HIV, at-risk youth, gender and sexual health, strategies for viral hepatitis, and addictions. The clinic is co-led by Dr. Julio Montaner and Dr. Evan Wood.

Prepared by:

[1] http://www.health.gov.bc.ca/library/publications/year/2012/from-hope-to-health-aids-free.pdf

BC Program Note

Stephanie Taylor, Intergovernmental Relations

Gina McGowan, Blood Borne Pathogens

Approved by: Arlene Paton, ADM, Population and Public Health Division
January 14, 2016

BC Program Note

Agenda Item	Cannabis (Marijuana) Regulation

Issue: To discuss the federal commitments regarding regulation of cannabis.

Anticipated Outcome

To receive an update from the federal Minister of Health on the status of their commitment to regulate cannabis, followed by the opportunity for discussion.

Recommended BC Position/Key Messages

- BC recognizes that this initiative may have significant implications for health outcomes, the health system, other parts of government, and society at large.
- BC believes the proposed policy change should be an opportunity to reduce cannabis-related harms and maximize benefits by taking a public health approach to cannabis regulation. In order to establish a system that protects and promotes health, BC would like to emphasize that this must be a carefully designed process, with adequate time for planning and implementation, and with careful monitoring and surveillance built in.
- BC supports, in principle, the federal government's proposal to engage PTs. However, more information is needed on the federal government's objectives and their proposed process to engage PTs, municipalities, non-government organizations, industry, and the public.
- In particular, BC emphasizes the importance of engaging public health officials during this process and suggests that the federal Minister of Health act as a co-lead for this.
- BC would appreciate more details on the division of responsibilities between the federal and PT governments, and the future of the federal medical cannabis program.
- BC is interested to know the federal perspective on the United Nations drug control conventions and relationship to cannabis regulation in anticipation of the April 2016 United Nations General Assembly Special Session on the World Drug Problem (UNGASS 2016).
- The BC Ministry of Health is initiating an inter-ministry process to define BC government interests in developing a coherent, public health oriented government perspective.

Position of Other Jurisdictions

- In 2011, the FPT Council of Chief Medical Officers of Health has expressed support for a public health-focused approach to regulating psychoactive substances, including cannabis.
- The Ontario and Manitoba Premiers have publicly mentioned liquor stores as one possible location for retailing cannabis. In BC, the BCGEU and Private Liquor Store Association have proposed a similar model.
- In the media, Prime Minister Justin Trudeau has suggested that government revenues from cannabis taxation be earmarked for addiction treatment, mental health support and education programs. BC has not taken a position on earmarking cannabis taxation at this time.

BC Program Note

Background and Analysis

- Despite longstanding criminal prohibition, cannabis is widely used for both medical and non-medical purposes in BC.
- The federal government commitment to legalize, regulate and restrict access to cannabis will have significant health, social and other implications for British Columbians.
- BC may see a range of health and social benefits including diminished prohibition-related harms, improved access and results from cannabis use for medical purposes, and reduced use of opioid pain medications, alcohol and illegal drugs.
- Potential harms include increased impaired driving and injuries, smoking-related illnesses, adverse mental health effects and impaired cognition (particularly a concern among youth).
- The federal government has committed to creating a FPT process, with involvement from the Ministers of Justice, Health, and Public Safety and Emergency Preparedness, to design a new regulated cannabis system, including to set up an FPT task force and, with input from experts in public health, substance use, and law enforcement, to design a new system of strict cannabis sales and distribution with appropriate federal and provincial excise taxes applied.
- A well-developed evaluation plan, starting with obtaining good baseline data and careful tracking of a number of indicators, will be important. In addition, more research is needed on the potential benefits and harms of cannabis, including medical uses, and how public policies can influence population-level outcomes.
- Much may be learned from jurisdictions that have recently established legal cannabis policy regimes. Uruguay, and several US states (Washington, Oregon, Alaska, Colorado) have taken different approaches to regulating cannabis, providing a range of policy options to examine.
- The Canadian Centre on Substance Abuse (CCSA) recently published recommendations based on fact-finding delegations to Colorado and Washington State. The overarching lesson they learned was the importance of identifying a clear purpose to drive the overall regulatory approach, define the policy problems to be solved and the particular goals to be achieved. The CCSA's recommendations are in Appendix 1.
- The Centre for Addiction and Mental Health (CAMH) in Ontario has outlined many of the considerations that a public health focused regulatory regime should include (Appendix 2).
- The many policy issues that will need to be considered include:
    - Balancing public health, public safety and economic values/goals.
    - Cannabis use disorder (i.e., addiction) – potential increased demand for treatment services.
    - Future of the federal medical cannabis system.
    - Age limits, including exemptions for medical purposes.
    - School-based, professional and public education will need to be expanded.
    - Different forms of cannabis regulatory issues – e.g., refined/concentrated products and food containing active ingredients; implications for food safety programs.
    - Impaired driving and machinery operation regulation and enforcement.

- Production (both commercial and personal) regulation; agriculture implications;
- Retail outlet licensing, consumption sites, distribution and density, including local government considerations.
- Growing standards and environmental considerations.
- Monitoring and evaluation – a robust data collection and analysis system will be needed to evaluate impacts and justify policy course correction.
- Limits/bans on product promotion/marketing/advertising.
- Product labelling and quality standards (i.e., consumer safety measures)

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- BC MoH recently began reaching out to other ministries to determine what their interests and objectives are with respect to the federal government's commitment to legalize and regulate cannabis. The first meeting of the inter-ministerial group will be in February 2016.
- The inter-ministerial group will develop a BC-focused policy issues paper and provide input to the federal government once they begin their stakeholder consultation process.
- BC anticipates being consulted on the federal perspective that they will be taking to the UNGASS in April 2016; however, to date has not yet seen a draft.
- Canada's plans are in contravention of three UN treaties, all of which criminalize the possession and production of cannabis: The Single Convention on Narcotic Drugs of 1961, the Convention on Psychotropic Substances of 1971, and the Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.

s.16

- The public health community is increasingly using the botanical genus name "cannabis" rather than the Americanized term "marijuana." Cannabis, as a scientific term, is more neutral and is the term more generally used in legislation such as the *Controlled Drugs and Substances Act* and the United Nations Single Convention on Narcotic Drugs.

Prepared by:
Dr. Brian Emerson, T. 250-952-1701, C. 250-514.2219; Population and Public Health
Approved by: Arlene Paton, ADM, Population and Public Health Division – January 12, 2016

BC Program Note

Agenda Item	Syrian Refugee Resettlement

Issue: Syrian Refugee Resettlement

Anticipated Outcome

- FPT Ministers of Health to receive an update on the status of Syrian Refugee resettlement in Canada.

Recommended BC Position/Key Messages

- ***BC is ready to settle Syrian refugees and provide support services that include: Medical Services Plan coverage, enrollment in our schools, employment programs, child care subsidies and student aid.***
- ***BC is able to absorb the costs of refugees within the current system***

Background

- The Government of Canada committed to identify and resettle 25,000 Syrian refugees by February 29, 2016. All the Syrian refugees will be permanent residents upon arrival in Canada.
- The Government of Canada is responsible for admitting and processing refugees.

Status of Syrian Refugee resettlement – Federal Government

- A federal ad-hoc committee developed an *Operation Syrian Refugees National Strategic Plan* to provide strategic direction to support and sustain a national response to implement government's plan to resettle Syrian refugees.
- On December 1, 2015 FPT Ministers Responsible for Immigration met to discuss Syrian refugee resettlement.
- FPT Ministers of Health, Deputy Ministers of Health, the Public Health Agency and the Council of Chief Medical Officers of Health had a series of teleconference calls in November 2015 to discuss specific details of Canada's Syrian Refugees resettlement strategy.

<u>Interim Federal Health Program</u>

- All Syrian refugees, both Government Assisted Refugees(GARs) and Privately Sponsored Refugees(PSRs) are covered under the Government of Canada's Interim Federal Health Program (IFHP) Type 1 benefits. Coverage is for up to a year, starting immediately upon arrival at point of entry.
- Type 1 benefits include basic coverage, supplemental coverage, and prescription drug coverage.

- PSRs under 19 years of age receive the same level of coverage as GARs, and in the case of pregnant PSRs the medication coverage is increased to include all medications that a Province or Territory would provide to a resident on social assistance.

Status of Refugee resettlement – British Columbia

- Provincial services for **all** refugees include:
  - Medical Services Plan (MSP) coverage
  - Enrollment in our schools
  - Employment programs
  - Child care subsidies
  - Student aid
- Based on the Federal commitment to bring 25,000 syrian refugees to Canada, B.C. expects between 2,700 and 3,500 refugees to settle in the province. These numbers are based on historical patterns.
- B.C. announced a $1-million Refugee Readiness Fund. The fund is to be used to complement the federal approach and existing services for resettling refugees
- An Inter-Ministry Assistant Deputy Ministers level working group on refugees was struck in November 2015. Ministries represented in the working group are: Health, Housing, Education, Social Development and Social Innovation, Justice, and Children and Family Development.
- Doug Hughes is the Ministry of Health representative on the Inter-Ministry Assistant Deputy Ministers working group.
- A Ministry of Health steering committee on Syrian Refugee Resettlement was formed in November 2015. The Committee has membership from Population and Public Health Division, Health Services Policy Division, Provincial Health Office, Health Link BC and Emergency Management Unit.
- BC Ministry of Health also established an operational committee on Syrian Refugee Resettlement . The committee has members drawn from Health Authorities, the Canadian Red Cross, and Canadian Forces. The Committee connects every week to receive and share updates on the Status of Syrian Refugees resettlement in B.C.
- All the Health Authorities are reporting full readiness to assess the health and well-being of the refugees who will be settling into their communities.

<u>Medical Services Plan (MSP) coverage</u>

- The incoming Syrian refugees have immediate coverage under MSP. Enrollment forms and documentation are processed through Health Insurance BC.
- The benefits for which Syrian refugees qualify include:
  - Immediate eligibility for MSP benefits (no wait period) and
  - MSP premiums are waived for up to one year or until an individual begins working, whichever comes first.

Prepared by:
Sarah Omware, Intergovernmental Relations
January 11, 2015

BC Program Note

Agenda Item	Ebola

Issue: Ebola

Anticipated Outcome

Health Ministers will:

- Receive an update on Canadian pandemic preparedness and response, with specific reference to Ebola.
- Direct officials to report back to Deputy Ministers and/or Ministers on the Ebola lessons learned exercise at their next meeting.

Recommended BC Position/Key Messages

- BC appreciates the extraordinary efforts of the Public Health Network Special Advisory Committee (SAC), the Public Health Agency of Canada (PHAC) and of health care workers in lending support in West Africa and ensuring Canada is prepared for a potential case of Ebola Virus Disease (EVD).
- BC continues to develop capacity to respond to potential cases of the EVD, but also ensure preparedness work done to date informs a broader, integrated preparedness for any novel pathogens that may emerge.
- BC is supportive of the Ebola lessons learned exercise that is underway at the Public Health Network Council (PHN) and looks forward to reviewing the final report.
- BC appreciates the opportunity to receive an informal update on the outcomes from the EVD experience as well as have a conversation about what we are doing to improve our collective capacity to response to outbreaks in the future.
- BC is highly supportive of efforts to develop an inter-jurisdictional collaborative care model and would like to highlight the importance of developing a coordinated FPT approach that supports the sustainability and interoperability of regional treatment centres.

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Position of Other Jurisdictions

- PHAC is currently leading the development of a report on Ebola lessons learned on behalf of the PHN.

s.16

BC Program Note

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Background and Analysis

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- As of December 18, 2015, the WHO continues to consider the EVD outbreak in West Africa a public health emergency of international concern. There have been no cases of EVD in Canada and the risk remains low.

FPT Collaboration

- Between October and November 2014, five FPT Health Ministers teleconferences were held on EVD.
- On October 27, 2014, Health Ministers approved the creation of the Special Advisory Committee (SAC) on EVD and asked public health officials to work collaboratively on treatment options for jurisdictions that don't have capacity, transportation (medevac options), bulk purchasing of supplies (E.g. personal protective equipment) and communications protocols.
- In May 2015, the Pan Canadian Public Health Network Council (PHN) developed options for the Conference of FPT Deputy Ministers of Health on a pan-Canadian treatment approach for EVD, and recommended a regionalized collaborative treatment approach. During this process, BC led the development of a communications protocol.
- At the June FPT Conference of Deputy Ministers, DMs approved the pan-Canadian treatment approach for EVD and directed the SAC to develop a concept of operations. The development of the concept of operations is currently underway by a sub-committee of the SAC
- In December 2015, PHAC published an article in the Canada Communicable Disease Report about the development of rapid response teams (RRTs) as part of the Canadian response to the EVD outbreak. BC supports the idea of RRTs, and has previously recommended to PHAC that it make communications, epidemiology and senior PHAC staff available to PTs on a request basis in order to better facilitate inter-jurisdictional cooperation in the event that a case of EVD is identified.

BC Approach

BC Program Note

- In October 2014, BC formed a Provincial Ebola Preparedness Task Force to address gaps in policy, procedures, and infection control training. The Task Force has developed a series of policies and procedures to ensure quality of care for patients and appropriate protection for health care workers and the wider community.
- The Task Force is currently developing a framework for responding to all hazards with health system implications in order to ensure lessons learned from the EVD preparedness work are embedded in existing emergency management and health system structures.
- The framework will contain the following elements:
    - A governance and maintenance structure for ongoing accountability;
    - A Biocontainment and Treatment Centre, located at Surrey Memorial Hospital;
    - An all-hazards training framework;
    - A sustainable laboratory framework; and
    - Alignment of regional and provincial health authority emergency management response structures.

Prepared by:

Stephanie Taylor, Intergovernmental Relations

Approved by: Arlene Paton, ADM, Population and Public Health Division
January 12, 2016

BC Program Note

Agenda Item	Cochrane Canada

Issue: Changes in Canadian Institutes of Health Research (CIHR) funding policy have meant that Cochrane Canada is no longer eligible for CIHR funding.

Anticipated Outcome

s.13

BC Recommended Program Area Position/Key Messages

s.16

- Changes in CIHR funding policy will have a significant impact on the work of Cochrane Canada and evidence-based health care.

Background

- Cochrane is an international, not-for-profit organization that helps people to use evidence when making decisions about health care. The Cochrane Collaboration does this by preparing and promoting the use of Cochrane Systematic Reviews, which are published in the Cochrane Library.
- Internationally, Cochrane reviews are the gold standard for trustworthy evidence about interventions and diagnostic/screening tests.
- Cochrane Canada is one of 14 Cochrane Centres worldwide and was established in 1993 and includes;
    - the Canadian Cochrane Centre and Policy Liaison Office
    - 6 Cochrane review groups (CRGs): Back; Effective Practice and Organization of Care; Hypertension; Inflammatory Bowel Disease and Functional Bowel Disorders; Musculoskeletal; Upper Gastrointestinal and Pancreatic Diseases
    - 1 Cochrane Field: Child Health
    - 2 Cochrane Methods Groups: Bias; Equity
- Cochrane Canada's primary funder from 2005 to September 2015 has been Canadian Institutes for Health Research which has provided $1.9 million per year in support, including $200,000/year to the Therapeutics Initiative at UBC which runs the hypertension review group.
- In 2015, CIHR announced that they would not renew the Cochrane Canada grant when the current 5 year grant ended in September 2015. The Cochrane Canada Advisory Board has been working over the past year to get CIHR to revisit their decision and to seek other sources of funding.
- Through the SPOR Support Units, provinces are working with CIHR to explore options for funding Cochrane Canada.

BC Program Note

Prepared by:
Sarah Omware, Intergovernmental Relations
January 11, 2015

BACKGROUNDER – Cochrane Canada

Issue: Changes in Canadian Institutes of Health Research (CIHR) funding policy have meant that Cochrane Canada is no longer eligible for CIHR funding.

Purpose:

- Cochrane Collaboration leadership is holding a meeting in Vancouver from January 15-17.
- BC's Minister received an invitation to attend a briefing by the international leadership of the Cochrance Collaboration. An Ministry Health ADM will attend the event on his behalf.
- BC'sMinister wishes to discuss, with his FPT colleagues, recent changes in CIHR funding policy that have resulted in Cochrane Canada no longer being eligible for CIHR funding and how this will have significant impact on the work of Cochrane Canada and evidence-based health care.
- BC, by no means, will suggest PTs provide funding but is hopeful that the federal government will revisit the the funding policy decision.

Background

- Cochrane is an international, not-for-profit organization that helps people to use evidence when making decisions about health care. The Cochrane Collaboration does this by preparing and promoting the use of Cochrane Systematic Reviews, which are published in the Cochrane Library.
- Internationally, Cochrane reviews are the gold standard for trustworthy evidence about interventions and diagnostic/screening tests.
- Cochrane Canada is one of 14 Cochrane Centres worldwide and was established in 1993 and includes;
    - the Canadian Cochrane Centre and Policy Liaison Office
    - 6 Cochrane review groups (CRGs): Back; Effective Practice and Organization of Care; Hypertension; Inflammatory Bowel Disease and Functional Bowel Disorders; Musculoskeletal; Upper Gastrointestinal and Pancreatic Diseases
    - 1 Cochrane Field: Child Health
    - 2 Cochrane Methods Groups: Bias; Equity
- Cochrane Canada's primary funder from 2005 to September 2015 has been Canadian Institutes for Health Research which has provided $1.9 million per year in support, including $200,000/year to the Therapeutics Initiative at UBC which runs the hypertension review group.
- In 2015, CIHR announced that they would not renew the Cochrane Canada grant when the current 5 year grant ended in September 2015. The Cochrane Canada Advisory Board has been working over the past year to get CIHR to revisit their decision and to seek other sources of funding.
- Through the SPOR Support Units, provinces are working with CIHR to explore options for funding Cochrane Canada.

Ministry of Health
HMM – PT – Jan 20 Press Conference
Conference of FPT Ministers of Health 2016

Saturna Island room
Hotel Vancouver
900 W. Georgia
Vancouver, B.C.

Date: Wed, Jan 20, 2016 **Time: 3:15 p.m.**

Time	Event Itinerary
3:10 p.m.	Minister Lake and colleagues move from Pacific Ballroom to Saturna Island Room led by Hannah Glover.
3:14 p.m.	Upon arrival at Saturna Island room, **Minister Lake** takes his place at the podium at stage right. The other Provincial and Territorial Ministers will take their places in front of their home province/territory flag behind the podium.
3:15 p.m.	**Minister Lake** delivers welcoming remarks and opens it up to questions for himself and the other Provincial and Territorial Ministers. **Note:** there will be a dial-in with English and French media lines.
3:18 p.m.	Media availability begins. Moderated by Karen van Marum, Director, Media Relations BC Government Communications and Public Engagement. **Note:** Questions will be alternated from media in the room and media on the line. **Note:** If a question is directed to a minister other than Minister Lake, then Minister Lake will invite that minister to the 2nd podium.
Interpretation headset	**Note:** There will be a headset on the podiums for use by the speakers if needed for interpretation of English and French questions.
3:45 p.m.	Media event concludes.

DEB BRENDELAND - CELL: 250-213-3272
DIRECTOR, EVENT SERVICES

BRITISH COLUMBIA

SPEAKING POINTS FOR

Terry Lake
Health Minister

Provincial/Territorial Health Ministers' Meeting
P/T Day news conference

Saturna Island Room
The Fairmont Hotel Vancouver
900 West Georgia St.
Vancouver, B.C.

Wednesday, Jan. 20, 2016
3:15 p.m. – 3:45 p.m.

3:14 p.m. (arrival time)
3:15 p.m. (speech)

Event Profile:

The news conference for the Provincial/Territorial Health Ministers Meeting is the conclusion of the first day of meetings between health ministers. The second day of meetings will include federal health minister Dr. Jane Philpott.

British Columbia is the host of the provincial/territorial meeting; as such, B.C. health minister Terry Lake will be the speaker at the concluding news conference.

Other provincial and territorial health ministers will be on stage with Minister Lake, and available to answer questions after his remarks.

Journalists will join the press conference in person, or via teleconference line.

Audience:

The main audience is the reporters in attendance and on the teleconference line, with the public as the eventual audience for all communication. Delegates and officials, such as deputy ministers and assistant deputy ministers of health, will also be in attendance.

What does the audience want to hear?

The audience wants to hear what was accomplished today between the provincial and territorial health minsters, as well as what the ministers have planned for their discussions with federal health minister Dr. Jane Philpott tomorrow.

Will anyone from the ministry be in attendance?

Stephen Brown, deputy minister, 250 217-0783 (mobile)

Lynn Stevenson, associate deputy minister, health services 250 507-6090 (mobile)

Heather Davidson, assistant deputy minister, partnerships & innovation, 250 216-7333 (mobile)

Ann Marr, executive director, intergovernmental relations, 250 514-9155 (mobile)

Sarah Plank, communications director, 250 208-9621 (mobile)

Cindy MacDougall, senior public affairs officer, 250 920-8534 (mobile)

Event Details:

Fairmont Hotel Vancouver is the location of the health ministers meeting, Jan. 19-21. News conference to be held in the Saturna Island Room.

Time	Event Itinerary
3:10 p.m.	Minister Lake and colleagues move from Pacific Ballroom to Saturna Island Room led by Hannah Glover.
3:14 p.m.	Upon arrival at Saturna Island room, **Minister Lake** takes his place at the podium at stage right. The other Provincial and Territorial Ministers will take their places in front of their home province/territory flag behind the podium.
3:15 p.m.	**Minister Lake** delivers welcoming remarks and opens it up to questions for himself and the other Provincial and Territorial Ministers. **Note:** there will be a dial-in with English and French media lines.
3:18 p.m.	Media availability begins. Moderated by Karen van Marum, Director, Media Relations BC Government Communications and Public Engagement. **Note:** Questions will be alternated from media in the room and media on the line. **Note:** If a question is directed to a minister other than Minister Lake, then Minister Lake will invite that minister to the 2nd podium.
Interpretation headset	**Note:** There will be a headset on the podiums for use by the speakers if needed for interpretation of English and French questions.
3:45 p.m.	Media event concludes.

Event Contact:

Deb Brendeland
Director, Event Services,
B.C. Government Communications and Public Engagement
250 213-3272 (mobile)
250 356-2087 (office)
deb.brendeland@gov.bc.ca

Key Messages:

- I enjoyed meeting with my counterparts from across the country to discuss health care needs and issues we all face.

- These meetings are a chance for the provincial, territorial and federal health ministers to work collaboratively towards solutions to common problems and concerns.

- It's also a chance to share good ideas, as well as learn from each other's innovative programs or services that are working well.

- We are looking forward to establishing a new relationship with the federal government and each other, with a more collaborative approach.

INTRODUCTION

[*News conference moderator Karen van Marum:* Welcome to the concluding news conference for the meeting of the provincial and territorial ministers of health. I'd like to introduce the meeting's host and chair, British Columbia Health Minister Terry Lake. Minister Lake will give a few opening remarks, followed by questions from the floor and the phone lines. Minister Lake?]

- Thank you very much.

- I'd like to welcome my fellow ministers of health to beautiful British Columbia, as well as delegates and officials from the provinces and territories. Bienvenue.

- I would also like to acknowledge with respect the history, customs and culture of the Coast Salish

people, on whose traditional lands and home we meet today.

- Welcome also to journalists joining us today from throughout the country.

BENEFIT OF HMM

- I always greatly appreciate these meetings between health ministers.

- Meeting together as colleagues reminds us that we face common challenges and opportunities together.

- It also gives us a chance to share innovations, ideas and expertise – because there is so much good work going on across the country to improve health care for Canadians.

- In this way, we can learn from each other and work to build stronger, more sustainable health care systems for Canadians in every jurisdiction.

Today's meeting

- Today's discussions touched on many aspects of Canadians' health and the overall health care system.

- Out of those discussions, we as provincial and territorial ministers of health have committed to further cooperation and collaboration.

- We continue our commitment to improving health care throughout Canada by working together.

- This commitment is an excellent foundation for our discussions with federal health minister Dr. Jane Philpott tomorrow.

- Those talks will help build a new relationship between levels of government for the benefit of health care systems and Canadians.

HIGHLIGHTS OF MEETING

- Today has been a productive meeting, and I'd like to highlight some of the work we've done together.

- First, we discussed a new way forward on health in Canada.

- The health ministers envision more sustainable health care systems that provide high quality, easy to access, patient-centred care that is more efficient throughout the country.

- And we agree Canadians expect their governments to work in alignment when it comes to health care.

- We look forward to discussing this vision with federal health minister Dr. Jane Philpott tomorrow.

- We once again spent time discussing the issue of expensive drugs for rare diseases, also known as orphan drugs.

- The provincial and territorial health ministers have agreed to work toward more consistent assessments of these drugs and coverage decisions, and a fair pricing strategy.

- A working group led by B.C., Alberta and Ontario studied this issue for the ministers, looking at issues of access, evidence of efficacy,

communication with doctors and patients, and pricing.

- Québec is participating in this effort through sharing information and best practices.
- We also looked at newborn screening practices, which are blood tests done shortly after birth.
- We accepted four recommendations from an intergovernmental working group to improve newborn screening practices in Canada.
- Ministers also received a Canadian newborn screening guide, and also directed officials to continue working together, focusing on access, equity, and sharing information.

- Québec is also doing some work in this area, and will share results with me and my colleagues.
- On the other end of the life spectrum, we discussed physician-assisted dying.
- The ministers agree that collaboration and alignment between the provinces and territories, working with the federal government, is fundamental in approaching this issue.
- This will be another topic of discussion tomorrow with the federal minister.
- Mental health care for young people is an important topic for all the provinces and territories.

- We spent some time talking about how we can improve care for young people at that transition stage, where they are outgrowing child and youth mental health services, and moving into the adult system.

- We've endorsed a compendium of best practices for improving service integration for youth and young adults, and are committed to keeping this as a priority over the next year.

- Access to primary community care is also an issue facing us all, and one that I have made a focus of my time as B.C.'s health minister.

- We discussed this challenge, as well as innovations being developed in various provinces and territories, and we agree to share information about successful innovation in this area.
- Finally, we discussed the health and wellness of Indigenous people in Canada.
- We looked at the role of provinces and territories to support and promote health and deliver health services with Indigenous partners and to Indigenous communities.
- The provinces and territories look forward to discussing this topic further with the federal health minister tomorrow.

CONCLUSION

- The ministers of health for the provinces and territories feel we've made good progress today, and are eager to continue our collaboration on these issues.
- We look forward to productive discussions with Dr. Philpott tomorrow.
- Thank you very much.

[Moderator: The health ministers will now take questions from the floor and the phone lines.]

Ministry of Health
HMM – FPT – Jan 21 Press Conference
Conference of FPT Ministers of Health 2016

Saturna Island room
Hotel Vancouver
900 W. Georgia
Vancouver, B.C.

Date: Thus, Jan 21, 2016 **Time: 2:20 p.m.**

Time	Event Itinerary
2:15 p.m.	Minister Philpott, Minister Lake and other ministers move from Pacific Ballroom to Saturna Island Room led by Hannah Glover.
2:19 p.m.	Upon arrival at Saturna Island Room, Minister Philpott takes her place at the podium at stage left and Minister Lake takes his place at the podium at stage right. The other Provincial and Territorial Ministers will take their places in front of their home province/territory flag behind the podium.
2:20 p.m.	**Minister Lake** delivers welcoming remarks and introduces Minister Philpott.
2:21 p.m.	**Minister Philpott** delivers her remarks.
2:26 p.m.	**Minister Lake** thanks Minister Philpott and delivers his remarks. Once his remarks are concluded, Minister Lake opens it up to questions from media. **Note:** there will be a dial-in with English and French media lines.
2:30 p.m.	Media availability begins. Moderated by Karen van Marum, Director, Media Relations, BC Government Communications and Public Engagement (English media) and Eric Morissette, A/Chief of Media Relations, Health Canada (French media). **Note**: Questions will be alternated from media in the room and media on the line. **Note:** If a question is directed to a minister other than Minister Philpott or Minister Lake, then Minister Lake will invite that minister to speaker from his podium.
Interpretation headset	**Note:** that there will be a headset on the podiums for use by the speakers if needed for interpretation of English and French questions.
2:45 p.m.	Media availability concludes.

DEB BRENDELAND - CELL: 250-213-3272
DIRECTOR, EVENT SERVICES

BRITISH COLUMBIA

SPEAKING POINTS FOR

Terry Lake
Health Minister

Federal/Provincial/Territorial Health Ministers' Meeting News Conference

Saturna Island Room
The Fairmont Hotel Vancouver
900 West Georgia St.
Vancouver, B.C.

Thursday, Jan. 21, 2016
2:20 p.m. – 2:50 p.m.

2:19 p.m. (arrival time)
2:25 p.m. (speech)

Event Profile:

The news conference for the Federal/Provincial/Territorial Health Ministers' Meeting is the conclusion of the final day of meetings between health ministers.

British Columbia is the co-host of the federal/provincial/territorial meeting with the Government of Canada. Federal health minister Dr. Jane Philpott will give the main remarks at this news conference. B.C. health minister Terry Lake will act in an MC role, as well as giving remarks.

Other provincial and territorial health ministers will be on stage with ministers Philpott and Lake, and available to answer questions after the remarks.

Journalists will join the press conference in person, or via teleconference line.

Audience:

The main audience is the reporters in attendance and on the teleconference line, with the public as the eventual audience for all communication. Delegates and officials, such as deputy ministers and assistant deputy ministers of health, will also be in attendance.

What does the audience want to hear?

The audience wants to hear what was accomplished today between the federal, provincial and territorial health minsters, as well as what the next steps will be for any agreements or other work.

Will anyone from the ministry be in attendance?

Stephen Brown, deputy minister, 250 217-0783 (mobile)

Lynn Stevenson, associate deputy minister, health services 250 507-6090 (mobile)

Heather Davidson, assistant deputy minister, partnerships & innovation, 250 216-7333 (mobile)

Ann Marr, executive director, intergovernmental relations, 250 514-9155 (mobile)

Sarah Plank, communications director, 250 208-9621 (mobile)

Cindy MacDougall, senior public affairs officer, 250 920-8534 (mobile)

Event Details:

Fairmont Hotel Vancouver is the location of the health ministers meeting, Jan. 19-21. News conference to be held in the Saturna Island Room.

Time	Event Itinerary
2:15 p.m.	Minister Philpott, Minister Lake and other ministers move from Pacific Ballroom to Saturna Island Room led by Hannah Glover.
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Interpretation headset	**Note:** that there will be a headset on the podiums for use by the speakers if needed for interpretation of English and French questions.
2:45 p.m.	Media availability concludes.

Event Contacts:

Sarah Plank
B.C. Ministry of Health
250 208-9621

Carmen Kantchono
Canadian Intergovernmental Conference Secretariat
613 601-0632 (cell)

Anne Deslauriers
Health Canada
604-360-3868 (cell)

Sheri Todd

Health Canada
613-797-2719 (cell)

Glenn Scott
Health Canada
778-837-3164

Deb Brendeland
Director, Event Services,
B.C. Government Communications and Public Engagement
250 213-3272 (mobile)

Key Messages:

- I enjoyed these meetings with my counterparts from across the country to discuss health care needs and issues we all face.
- These meetings are a chance for the provincial, territorial and federal health ministers to work collaboratively towards solutions to common problems and concerns.
- It's also a chance to share good ideas, as well as learn from each other's innovative programs or services that are working well.
- We are looking forward to establishing a new relationship with the federal government and each other, with a more collaborative approach.

PARTICIPANTS

Dr. Jane Philpott – Minister of Health, Government of Canada

Dr. Jane Philpott is a family physician and was the Chief of the Department of Family Medicine at Markham Stouffville Hospital. She was also an Associate Professor at the University of Toronto's Department of Family and Community Medicine.

Between 1989 and 1998, Jane worked in the West African country of Niger, where she practised general medicine and helped to develop a training program for village health workers. In 2004, she founded Give a Day to World AIDS, which has raised over $4 million to help those affected by HIV/AIDS in Africa.

Jane also served as co-curator of TEDxStouffville, a video and speakers series, and was family medicine lead at the Toronto Addis Ababa Academic Collaboration, where she was instrumental in helping Addis Ababa University develop Ethiopia's first training program for family medicine.

INTRODUCTION

- Welcome to the concluding news conference for the meeting of the federal, provincial and territorial ministers of health.

- My name is Terry Lake, and I am the Minister of Health for British Columbia.

- I am co-chair of today's meeting, along with my federal counterpart, Health Minister Dr. Jane Philpott.

- Dr. Philpott will begin today's news conference with some opening remarks; I will offer some

thoughts as well, and then we will open the floor and the phone lines for questions.

- Before we begin, I'd like to acknowledge my provincial and territorial ministerial colleagues, and thank them for their time, ideas and energy shared this week.

- I would also like to acknowledge with respect the history, customs and culture of the Coast Salish people, on whose traditional lands and home we meet today.

- I'd now like to introduce Canada's health minister, Dr. Jane Philpott.

[Dr. Philpott gives her remarks, approx. 5 minutes.]

- Thank you very much, Dr. Philpott.

- I'd like to touch on a few topics from today's meeting as well, from a provincial perspective.

- The agreement we've reached today to move ahead on several areas together, as a key first step to other collaborations we expect to work on together in the coming years.

- As ministers of health, we have committed to transforming and strengthening Canada's health

care systems so they can continue to provide high quality services, and be sustainable.

- The priority areas for the shared health agenda get to the heart of some of our most pressing challenges.

- Take prescription drugs, for example.

- The provinces and territories have worked hard together over the past few years to lower prices for public drug plans, and increase access for patients, through the pan-Canadian Pharmaceutical Alliance.

- Even with that work, prescription drugs are still too expensive in this country, for patients and for public drug plans.

- For example here in British Columbia, our public drug plan, PharmaCare, spends more than $1 billion a year on prescription drugs, even as we have brought in price regulations and negotiated price deals.

- I'm confident that further collaboration will help all of us in this area, lowering prices and increasing access.

- Improving care in the community is another challenge we're all facing.

- Community care includes things like home care for seniors, and care for people in the community dealing with mental health issues.

- Health care in Canada is moving away from a hospital-based model, because community care is better for most patients, especially for seniors and people with mental health needs.

- It's also better for health care systems, and saves money.

- In B.C., we've been moving in this direction for at least the past five years, as we have re-evaluated priorities in our health care system.

- I commend the federal government for their commitment to invest in home care services, and I'm excited to work with my colleagues on expanding care in the community.

- Finally, looking at innovation as part of our shared agenda, I think this is where these meetings really shine.

- When we meet together as health ministers, we can share the innovative ideas for improving health care and creating more sustainable systems that have worked in our own jurisdictions, and we can learn from what worked elsewhere.

- That saves time and effort, and allows us to focus on what really works, spreading good ideas much more quickly than if we all work in isolation.

- For example, work done by health researchers here in B.C. has helped other provinces lower generic drug prices.

- B.C. researchers also discovered two HPV vaccines are just as effective as three, helping other health systems and bodies – including the World Health Organization – revise their vaccine schedules, and allowing vaccine programs to save money.

CONCLUSION

- We've made some good progress over the past two days, and there's been a true spirit of cooperation.

- The federal, provincial and territorial health ministers have started down the path of a truly new relationship, with a strong commitment to a more collaborative approach.

- I'd like to thank Dr. Philpott and all of my provincial and territorial colleagues for their open-mindedness and good will.

- We'll now open the floor and the phone line for questions for the health ministers.

- Thank you very much.