AUGUST 2025

BUDGET 2025 RECOMMENDATIONS

STRENGTHENING CANADIAN COMMUNITIES THROUGH TARGETED HEALTH SYSTEM IMPROVEMENTS

ARNM
The Professional Voice of Manitoba Nurses

Our Recommendations

Recommendation 1: Create a Standardized Reporting Framework with clear and concrete reporting requirements for provinces receiving Canada Health Transfers.

Recommendation 2: Improve labour mobility for nurses and other healthcare practitioners by:

i. Convening the provinces to ensure regulatory harmonization across jurisdictions; and
ii. Addressing labour mobility challenges for federally employed healthcare practitioners

About ARNM

The Association of Regulated Nurses of Manitoba (ARNM) is the professional association representing licensed practical nurses (LPNs), registered psychiatric nurses (RPNs), nurse practitioners (NPs), registered nurses (RNs), graduate nurses, nursing students and former nurses in Manitoba. We believe in supporting and promoting nursing across all settings – practice, education, research, leadership and policy. We believe in doing what's best for our members and the health our communities.

Improving Healthcare through Enhanced Reporting Requirements

The Challenge

The Canada Health Transfer (CHT) is a crucial federal funding mechanism that supports provincial and territorial healthcare systems, providing over $50 billion annually to support publicly funded healthcare. Despite this significant investment, the federal government lacks the ability to comprehensively assess how these funds are used and whether they are achieving meaningful improvements in healthcare outcomes. A key reason for this is the absence of standardized, detailed reporting requirements across jurisdictions.

Currently, provinces and territories report health data according to different standards, formats, and frequencies. This fragmented approach makes it difficult to compile comparable data, evaluate trends across regions, and identify gaps or best practices. For example, wait times for key procedures, access to primary care, health human resources availability, and patient outcomes are measured differently, or in some cases not at all. As a result, both orders of government face challenges in developing targeted, evidence-based policies to address urgent system needs such as access to primary care, surgical backlogs, ER overcrowding, and long-term care shortcomings.

Moreover, the lack of transparency and accountability around how CHT funds are spent reduces public confidence and limits the ability of citizens, researchers, and decision-makers to understand the return on investment. Better data is essential for ensuring equity—without disaggregated information on how different populations (e.g., Indigenous communities, racialized groups, rural residents) are accessing care, health inequities remain hidden and unaddressed.

The Solution

Establishing a Standardized Reporting Framework

To close this accountability gap and support data-driven and economically sound policy, the federal government should work with provinces and territories to establish a Standardized Reporting Framework as a condition of receiving CHT funds. This Framework should be developed in collaboration with key partners—provincial and territorial governments, healthcare providers, providers, professional associations, and patient advocacy groups—to ensure alignment with existing infrastructure, improve efficiencies, and reduce red tape.

The Framework should:

- **Build on the Minimum Data Set** currently collected by CIHI, expanding it to include a broader set of metrics;

- **Specify uniform indicators** that all jurisdictions must report on, such as:
  - Wait times for primary, specialist, and surgical care;
  - Patient-reported experience and outcomes (PREMs and PROMs);
  - Availability and deployment of healthcare workers;
  - Spending breakdowns by sector (e.g., hospital, primary care, mental health); and
  - Health equity metrics (e.g., access by geography, income, race, and/ Indigenous status); and

- **Require regular and timely public reporting**, with disaggregated data where appropriate, to promote transparency and enable independent evaluation.

Collaboration is essential. Provinces and territories must be active partners in designing and implementing the Framework, ensuring it reflects local capacities while achieving national consistency.

By enhancing transparency, comparability, and access to reliable health data, this initiative would empower governments to make smarter investments, help close service gaps, and ultimately improve healthcare outcomes for all Canadians. Better data is a critical tool for building a healthcare system that is responsive, equitable, and sustainable.

Including Healthcare Workers in Labour Mobility Improvements

The Challenge

Canada faces persistent challenges in healthcare labour mobility, particularly for nurses and other regulated practitioners, despite increased federal efforts to address workforce shortages. Interprovincial barriers continue to limit the ability of healthcare professionals to move and practice across jurisdictions, exacerbating regional disparities in the ability to practice and subsequently access to care.

The core challenge lies in the fragmented regulatory environment. Each province and territory maintains its own licensing bodies and standards for healthcare professionals, resulting in inconsistent credential recognition and lengthy registration processes when practitioners move between jurisdictions. Nurses, for example, are often required to navigate complex and time-consuming re-certification processes that discourage labour mobility and create unnecessary administrative burdens. This regulatory patchwork stands in contrast to the pressing need for a flexible, mobile healthcare workforce, particularly in rural, remote, and underserved areas.

Compounding this issue is the mobility challenge faced by federally employed healthcare practitioners, such as those working with Indigenous Services Canada, Correctional Service Canada, and the Canadian Armed Forces. Despite operating under federal jurisdiction, these workers must often meet additional provincial or territorial licensing requirements when practicing across Canada, further complicating the deployment of critical healthcare services.

This regulatory overlap creates significant delays and administrative burdens, limiting the federal government's ability to quickly mobilize skilled practitioners to where they are most needed. These challenges are particularly acute in emergency or crisis situations, such as during natural disasters, infectious disease outbreaks, or humanitarian interventions, where rapid access to healthcare personnel is essential for timely and effective response.

The Solution

To address these challenges, the federal government must take a two-pronged approach to reduce barriers that are impacting nurses and other healthcare practitioners.

Convening The Provinces and Territories to Ensure Regulatory Harmonization Across Jurisdictions

While healthcare is largely a matter of provincial jurisdiction, the federal government has the ability to convene provinces and territories to harmonize regulatory standards for nurses and other healthcare practitioners.

This would build on the work that has been done on *Bill C-5, the One Canadian Economy Act,* while addressing concerns surrounding the lack of inclusion of healthcare workers in current actions being taken on labour mobility. A coordinated federal-provincial dialogue can support the creation of a pan-Canadian framework that streamlines credential recognition and simplifies interjurisdictional movement, while respecting provincial jurisdiction over healthcare. Areas of concern where discussions could focus include:

- **Harmonizing regulations** regarding practitioners' insurance so that nurses can practice across provincial lines without having to hold multiple insurance policies;

- **Standardizing licensing requirements** so that qualifications earned in one jurisdiction are automatically recognized across the country;

- The **development and maintenance of a combined registry** so workforce planners can understand how many nurses are practicing.

Addressing these issues is particularly necessary in the context of climate catastrophes such as wildfires. For example, nurses in Northern Manitoba volunteered to travel with and provide care to Saskatchewan residents who had been in a Manitoba hospital, but were unable to do so due to restrictions on inter-provincial labour mobility.

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Addressing Labour Mobility Challenges for Federally Employed Healthcare Practitioners

To address these labour mobility barriers, the federal government must work collaboratively with provincial and territorial regulatory authorities to develop special provisions or streamlined agreements that recognize federal licensure for specific categories of healthcare workers. This could include:

- **Reciprocity or mutual recognition agreements** that allow federally licensed practitioners to practice across jurisdictions without requiring full re-registration;

- **Federal-regional mobility frameworks** that outline clear pathways and expedited processes for licensing recognition when federal staff are deployed to underserved or remote communities, including Indigenous communities;

- **Bilateral agreements** with provinces and territories willing to lead on developing flexible models of cross-jurisdictional practice for federal healthcare workers; and/or

- **Emergency mobility protocols** that automatically permit federally employed practitioners to work in any province or territory during declared public health or national emergencies.

Addressing these regulatory challenges would enhance the delivery and efficiency of federal health services by fostering greater responsiveness, while strengthening the resilience of Canada's overall health system. Ensuring that federally employed practitioners can move easily between jurisdictions when required supports equity in access to care, improves surge capacity during emergencies, and enables better integration of services for populations that rely on federal healthcare systems.

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