



Extended **Healthcare**
Professionals Coalition



Coalition des
professionnels de la santé



CAOT · ACE

Canadian Association of Occupational Therapists
Association canadienne des ergothérapeutes



CANADIAN ASSOCIATION OF OPTOMETRISTS
ASSOCIATION CANADIENNE DES OPTOMÉTRISTES



CASW ACTS
Canadian Association of Social Workers
Association canadienne des travailleuses et travailleurs sociaux

Association
chiropratique
canadienne



Canadian
Chiropractic
Association^{TM/AC}



CANADIAN
DENTAL
ASSOCIATION

ASSOCIATION
DENTAIRE
CANADIENNE



THE CANADIAN DENTAL
HYGIENISTS ASSOCIATION
L'ASSOCIATION CANADIENNE
DES HYGIÉNISTES DENTAIRE



Canadian
Pharmacists
Association

Association des
pharmaciens
du Canada

CANADIAN
PSYCHOLOGICAL
ASSOCIATION



SOCIÉTÉ
CANADIENNE
DE PSYCHOLOGIE



Canadian
Physiotherapy
Association

Association
canadienne de
physiothérapie



Dietitians of Canada
Les diététistes du Canada



**SAC
OAC**

Speech-Language & Audiology Canada
Orthophonie et Audiologie Canada
Communicating care | La communication à cœur

Recommendations

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

- **Recommendation 1:** Implement and Expand the Canada Student Loan Forgiveness Program (CSLFP)
- **Recommendation 2:** Invest in Sustainable, Pan-Canadian Health Workforce Data Collection Across Public and Private Sectors



Extended **Healthcare**
Professionals Coalition



Coalition des
professionnels de la santé

- **Recommendation 3:** That the Government of Canada introduce a sliding-scale tax credit for eligible small and medium employers to help them expand their coverage for extended health care benefits for their employees.
- **Recommendation 4:** That the federal government establish a Primary Health Care Transition Fund to improve access to interdisciplinary community team-based primary care that integrates services provided by extended healthcare professionals.

Contact

Francois Couillard
Chair, Extended Health Professionals Coalition
CEO, Canadian Association of Optometrists
fcouillard@opto.ca



Introduction

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

Recommendation 1: Implement and expand the Canada Student Loan Forgiveness Program (CSLFP)

The Extended Health Professions Coalition (EHPC) urges the Government of Canada to formally implement the changes to the CSLFP as announced in Budget 2024. These changes proposed expanding eligibility to include dentists, dental hygienists, pharmacists, physiotherapists, psychologists, and social workers. However, no steps have been taken to operationalize this commitment. We strongly recommend that the government not only implement these promised changes without delay but also further expand the program to include audiologists, dietitians, chiropractors, denturists, dental assistants, occupational therapists, optometrists, and speech-language pathologists.

Currently, approximately one-third of healthcare in Canada is delivered in privately funded settings, outside the publicly funded system. The shortage of healthcare professionals in rural and remote communities poses a significant barrier to care—forcing residents to travel long distances, sometimes hours, for routine and urgent health services. Although 20% of Canadians reside in rural areas, only 8% of healthcare providers serve these communities. The magnitude of this crisis demands a comprehensive, interdisciplinary response.

To begin addressing Canada's health workforce challenges, we must prioritize scalable, system-level solutions that reflect the realities of both publicly and privately funded care. Expanding eligibility under the CSLFP is a critical step toward ensuring a full complement of health and social service professionals is available to support timely, equitable care across the country.

This broader expansion directly supports the federal government's stated objective to improve health services in rural and remote communities. We commend commitment to primary care and stress the importance of including diverse providers within interdisciplinary care teams, which are vital to the effective management and prevention of chronic and recurrent health conditions.

Recommendation 2: Invest in Sustainable, Pan-Canadian Health Workforce Data Collection Across Public and Private Sectors

To support effective health system planning and workforce strategy, the Extended Health Professions Coalition (EHPC) recommends that the Government of Canada allocate ongoing funding to ensure comprehensive, pan-Canadian health workforce data collection across both



public and privately funded sectors. We are encouraged that the mandate of Health Workforce Canada will include a broad range of healthcare professionals, especially professions whose services are not covered by Medicare and much less is known. Existing data collected by CIHI primarily focuses on the number of health professionals per capita and does not capture the granular data that is needed to support effective system planning, recruitment and retention at the local level. To address this gap, EHPC asks that the Centre of Excellence collect and report data at a granular level on:

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

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

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

The cost of inflation and rising benefit plan expenses have made it increasingly difficult for small and medium-sized businesses to offer coverage with adequate levels of support. A recent study by Robert Half indicates that half of Canadian employees are seeking new employment, with the majority identifying improved employer benefits as a primary motivator. Assisting these employers to enhance their health coverage not only improves the health and wellbeing of employees but also supports retention and recruitment.

While some governments have been moving to either consider or expand public coverage for health services such as pharmacare, dental care, and mental health, progress has been slow. Many Canadians continue to pay out-of-pocket or forgo care altogether. In this context—where EHPC members provide healthcare services in both publicly and privately funded settings—there is a clear opportunity for federal tax policy to better support health policy by incentivizing employers to expand their benefit offerings. Reforms such as a sliding-scale tax credit for small and medium employees could help bridge the growing gap in private coverage and support a more equitable approach to access across sectors.

In addition to improving employee retention and recruitment, strengthening extended health benefits can improve the overall health status and productivity of the workforce, leading to quicker returns to work and reduced burdens on the broader healthcare system.



We know that there is strong potential for employers to expand coverage for a range of healthcare benefits (e.g., psychological, physiotherapy, occupational therapy, dietetic, speech-language pathology and chiropractic services, to name a few), thereby reducing the out-of-pocket burden on employees. Unfortunately, the average insurance plan has not kept pace with the cost of providing care. A few examples include:

- **Vision Care:** Approximately 74% of private vision care expenditures are paid out-of-pocket by Canadians, compared to 36% for drugs and 42% for dental care. The average vision benefit sits at only \$187.[1]
- **Mental Health Counseling:** The median and average employer coverage is \$750 and \$2,006 respectively—well below the \$3,500–\$4,000 range typically recommended for evidence-based services. Notably, 61% of employers cap coverage at \$1,000.[2]
- **Hearing Aids:** The average cost of a hearing aid in Canada is approximately \$1000–\$5500 with replacements needed every 3–5 years and support required from registered audiologists. Coverage amounts are often inconsistent with actual treatment costs, leading to considerable out-of-pocket expenses.[3]

Based on the most recent available data, small and medium-sized employers offer considerably more limited health benefits coverage than their larger counterparts.[4] As of 2022, Canada had approximately 1.2 million employer businesses:

- **Small businesses** (fewer than 100 employees) account for 1.19 million firms (97.8%) and employ 5.718 million workers—46.8% of the total workforce.
- **Medium-sized businesses** (100–499 employees) number 23,395 (1.9%) and employ 2.072 million workers, or 17% of the workforce.
- **Large businesses** (500+ employees) represent just 0.3% of Canadian firms but employ 4.397 million workers—36% of the workforce.

A targeted federal incentive could serve as an essential catalyst in shifting this coverage landscape—making employer-sponsored extended health benefits more robust and accessible for millions of Canadian workers.

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

While health care systems across the country continue to face a series of daunting challenges and unrelenting pressures, one area that must be addressed and is a prerequisite to having a high-performing health system⁵ is properly resourcing our primary health care delivery systems on a sustainable basis. Harnessing the expertise, experience, and full scope of practice of



Canada's extended health professionals can strengthen interdisciplinary, community-based primary care systems—ensuring timely, comprehensive care across the lifespan.

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

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

There is a clear need for a wider array of health care expertise that can practice collaboratively in team-based environments and practice to their full scope, ensuring timely care in response to a wide range of health care issues.⁶

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

Expanding team-based primary care would increase the system's capacity to provide timely care to those who need it—rather than contributing to growing wait times in a country where nearly 6.5 million Canadians lack access to a family physician. It would also serve to redirect care to more appropriate settings instead of placing a growing burden on hospitals and their emergency departments. Given the time that it takes to train a family physician, more must be done now with the current resource of regulated healthcare professionals who are ready and trained to provide timely expert primary care across the lifespan .

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

Sources

¹ Canadian Institute for Health Information “Who is Paying for These Services”
<https://www.cihi.ca/en/who-is-paying-for-these-services>

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



- ³ Among those employers citing finances as a reason for not increasing coverage, there was more than a sixfold difference between small to medium sized organizations than large. Mental Health Commission of Canada/ Canadian Psychological Association. *Extended Mental Health Benefits in Canadian Workplaces: Employee and Employer Perspectives*. Pages 7-9. June 2022.
- ⁴ Small employers have 5-99 employees; medium sized employers have 100-499 employees; and large employers have 500+ employees.
- ⁵ World Health Organization. *Declaration Alma-Ata*. 1978, which sets out a definition of primary care with an emphasis on multi-disciplinary provider teams.
- ⁶ In *Creating a High Performing Healthcare System for Ontario: Evidence Supporting Strategic Changes in Ontario* (GR Baker, R Axler, 2015) it states: "...researchers have shown that improved access to primary healthcare delivered by inter-professional teams can improve patient health and patient experiences." Page 13.
- ⁷ *Primary Health Care Transition Fund*, valued at \$1.2 billion. Canadian Medical Association, the College of Family Physicians of Canada, Canadian Association of Social Workers, and the Canadian Nurses Association.
-