**Appendix 2**

**B 02 Long Term Health Care - modify as follows:**

* 1. **General Policy on Health**

 In **item 4** Reference a National Seniors Strategy -“……ACERCART supports a National Seniors Strategy and the establishment of a long term national plan….”

 In **item 5** remove “ACER-CART POLICIES 5 June 2013” and “to be created and implemented in a reasonable length of time”.

* 1. **Long Term Health Care:**

In the area of long term health care, Governments, federal and provincial, should provide a framework of basic national standards and regulations combined with adequate physical, financial and appropriately trained human resources which enable seniors to:

* + 1. receive long term care as long as possible in their own homes with publicly funded trained personnel and medication
		2. live in dignity in their own homes and maintain a standard of living, should spouses have to be institutionalized, that is not threatened by an assessment of income contributions that does not consider the necessary living expenses of the remaining spouse
		3. provide the same nursing care and medication delivery in long term care and nursing homes that would be available in a hospital setting
		4. be cared for in long term care/nursing homes with appropriate and adequate staffing and wages, ongoing staff training, and access to geriatric specialists and services

**Add as B 03 Non- Profit Residential Care Facilities**

1. ACER-CART believes that residential care facilities (nursing homes, long-term care, etc.) should be community based not-for-profit facilities.
2. ACER-CART believes that federal, provincial and territorial governments need to work together to establish a framework similar to the *Canada Health Act* to develop a universal, publicly funded long-term care residential care plan.
3. The National framework would ensure adequate levels of funding; tie funding to national criteria and care standards; establish a national workforce planning strategy to ensure the right health care workers are in the right place at the right time and recognize and support informal caregivers who can be crucial partners in delivering care to residents in residential care facilities.
4. The National framework would support the following:
5. The hiring of more staff to comply with the staff-to-resident ratio benchmark of 4.1 hours of direct care per person per day.
6. Provide better job security for staff by increasing wages and benefits, in particular paid sick leave.
7. Increase staff hours to provide full-time employment in only one nursing home.
8. Eliminate shared spaces, including bedrooms and bath rooms, in all residential facilities, except for couples.

**Change current B 03 (National Pharmacare and Pharmaceutical Formulary to B 04**

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