

6/10/2024

The Healthcare Employees' Benefits Plan Board of Trustees:

Shannon McAteer, Matt McLean, Bob Romphf, Bill Anderson, Keely Richmond, Shawn Hnidy, Dan Skwarchuk, Garry Gattinger, Charlene Lafreniere, Jane MacKay

Re: Benefits provided to healthcare employees' under HEBP

It is time for change. The benefits provided to healthcare employees' under HEBP in Manitoba pale in comparison to those provided to other public employees, both in Manitoba and in other provinces. We realize that in early 2023, HEB completed a cross jurisdictional review of benefits provided and as a result of that review, were compelled to recognize and acknowledge the disparity in benefit levels when compared with similar sectors in other jurisdictions. Despite that recognition, benefit levels have yet to be improved, and healthcare employees continue to suffer as a result.

We have been made aware of countless ways in which these poor benefits affect healthcare employees on a regular basis. Firstly, the \$650 prescription drug benefit limit per family per year, is thousands (if not tens of thousands) of dollars below what is standard for families under most other benefit plans. This, plus the fact that Manitoba has some of the highest pharma care deductible percentages in the country, leaves healthcare employees, or their family members, who require regular prescription medication, or who suffer from chronic illnesses with vast financial disparities when compared to their peers in other jurisdictions.

When reaching out to employees for personal stories, within days, we received countless testimonies of the ways in which these benefits failed to support them. Take for example, C, a 37-year-old nurse practitioner (NP) who was diagnosed with severe adult onset asthma 2 years ago, despite no history or risk factors for it. She has failed all treatments for her illness and now requires a biologic. Since she suffers from the rarest form of asthma, there is only one biologic available to her. With a household pharma care deductible of over \$15,000 and a drug company who refuses substantial compassionate coverage, she will be paying roughly \$8000 yearly for a medication that is essential to her health, wellbeing, and ability to keep working. With two small children, \$8000 yearly is an excessive amount to pay for an essential medication. What family of young professionals should have to bear this cost burden? Certainly not one in which a member is a healthcare employee and spends her days caring for our provinces sick and most vulnerable.

Another example is S, a type 1 diabetic who pays over \$700 per month to ensure her diabetes is managed enough so she can perform her nursing job safely. Despite recent introductions by the provincial government to help those with diabetes in funding their medications, she is still struggling to cover monthly costs, since benefits in her case are used up by the end of the first month of the year. In fact, families with anyone on regular prescription medication typically max out drug coverage just several months into the year, and those with chronic illnesses and more expensive medications may see their coverage lasting under one month of the year. Retirees pay even more for even less coverage.

Furthermore, those that require mental health medication, for example, ADHD prescription drugs, would be on track to max out drug coverage roughly four months into the year, then are left paying out of pocket at a rate of \$120 per month for a medication that allows them to function more efficiently both in their personal lives and at work.

Employees who had previously worked in other provinces then transferred to Manitoba were also shocked by how horrible our benefit coverage was. Across the board, benefits for healthcare employees under HEBP are noticeably and inexplicably much less than those in other jurisdictions. Many brought up stories of having had much better vision, dental, and drug coverage under plans that were entirely paid for by employers, including A, a nurse who worked in Saskatchewan for many years. J, a nurse who previously worked in Ontario stated '... we

had 100% coverage with no maximum for basic dental procedures. Vision we had a lot more. \$250 for every other year here is insane. It doesn't even cover more than your basic eye exam anymore, then if you need glasses you spend your whole health spending account on that. Massage only \$400 a year when the price of massage is \$85+ per hour is also crazy. In Ontario, we got compression socks covered at 6 pairs a year for free.'

K, a single mother, spoke of paying out of pocket for glasses for her 3.5-year-old, who has required 3 new pairs of glasses in the last 18 months – 'our coverage didn't even cover one of those pairs let alone getting an eye exam for myself'. She also worried about the day when her child would require orthodontics.

Experiences with poor dental benefits were also shared, including from S, an NP and mother of two who's son recently required \$6000 of dental work – which is \$4000 over the yearly maximum coverage for dental procedures.

K, a public health nurse, also spoke of difficulty accessing benefits while taking time off to care for her terminally ill father. Trouble in submitting paperwork which resulted from a poorly standardized and cumbersome application process set by HEBP led to her paperwork being received one day past the set deadline. As a result, her application was initially denied, something which she then had to appeal. This was a process which only added to her stress, as she had to spend hours on the phone arguing and crying for help, along with many more hours worrying about not being able to make essential payments when due, all the while trying to juggle funeral planning, estate sale, and wills.

Many more employees spoke of the lack of coverage for psychological services. L, a full time RN in home care with over twenty years of experience, spoke of challenges with benefits that became apparent once her husband retired from his job and her family was left with only her benefit plan. L expressed that her husband had been an MGEU civic service employee, with a blue cross plan way better than what health care employees are entitled to. L spoke of having a son with ADHD and dyslexia, and having to access a private psychoeducational assessment in order to receive those diagnoses. Generally, private psychoeducational assessments cost over \$2000. With a plan that provides only \$450 per year at 80% per family member for psychological services (not to mention, a refusal by blue cross to acknowledge hourly fees set by the Manitoba Psychological Society at \$240 an hour), this leaves any family having to access private psychological services for psychoeducation assessment or treatment with perhaps enough coverage for 1.5 visits with a clinical psychologist.

Healthcare employees under HEBP deserve better. They deserve competitive benefit packages which will support them and their families as they've dedicated their lives to providing health care to Manitobans.

As such, I've attached a petition signed by those who agree that healthcare employees under HEBP are deserving of better benefits.

Sincerely,



Chandra Hawkins, MN NP

Chair, Nurse Practitioner Association of Manitoba

Cc: NPAM Board of Directors and CEO