

Ontario Health Coalition URGENT UPDATE

With No Public Consultation Ontario's Government has Introduced Massive New Legislation that Lifts the Ban on Private Hospitals and Changes the Ambulance Act, Long-Term Care Homes Act and Retirement Homes Act, among others

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(November 13, 2017) *The government introduced the legislation last month and it has passed second reading. The Standing Committee on General Government is holding only four days of public hearings, only in Toronto. The Ontario Health Coalition will be presenting to the Standing Committee this Thursday. Timelines are extremely tight, but it is still possible to apply to present before the Standing Committee. The deadline is Wednesday (November 15) to apply for standing to make an oral presentation before the Standing Committee and noon on November 23 is the deadline to send in a written submission. Information on how to apply for standing and make a submission is here: http://www.ontla.on.ca/committee-proceedings/committee-hearings-notices/files_html/Ad%20Bill%20160.htm*

We have prepared our submission. It is linked below.

BILL 160: Manipulative PR

In reality the Bill a massive piece of legislation, repealing 4 Acts, enacting 3 new Acts and amending more than 30 Acts

Public media messaging about this legislation has focused on the elements of the Bill relating to transparency. However, in actuality Bill 160 is an Omnibus Bill with far-reaching implications. The legislation repeals four existing Acts, enacts three new Acts, and makes significant amendments to seven Acts and other amendments to more than thirty Acts in total. Most of its Bill 160's key sections have not received any public consultation prior to their introduction in legislation.

No Public Consultation

The process by which this Bill has been introduced is unacceptable. It is a massive piece of legislation impacting dozens of existing laws without proper public consultation and without appropriate time for the public to analyse and respond. There are four days of public hearings in Toronto only, though the Act impacts the liability of municipalities and ambulance services across Ontario, lifts the ban on private hospitals across the province, enables the introduction of an array of private clinics, changes conditions of care and work in all of Ontario's long-term

care homes impacting more than 77,000 Ontarians who reside in those homes and their families as well as tens of thousands of care workers, and enables private retirement homes to legally restrain or lock up residents, among many other provisions.

Part of the Act Would Usher in New Private For-Profit Hospitals and Clinics

Health Coalition calls for the urgent repeal of Schedule 9

As a matter of top urgency, we are calling for the repeal of Schedule 9 of this Act. This Schedule repeals the Private Hospitals Act, the Independent Health Facilities Act and the Healing Arts Radiation Act. By repealing the Private Hospitals Act, this Schedule removes the ban on private hospitals. It also dramatically widens the ability for Cabinet or for an appointee of the Minister, without going back to the Legislature, to usher in a whole array of private for-profit hospitals and clinics. There is no preference for non-profit ownership and no prevention of foreign ownership. There is no improvement to the safety regimes in the new Act as it is proposed here. Almost every meaningful item regarding quality of care, safety, monitoring and enforcement is left to regulations that can be decided by cabinet and changed easily with little public notice and input.

Part of the Act Legalizes Confinement of Residents in Retirement Homes

Health Coalition calls for repeal of Schedule 10

Schedule 10 must also be repealed. It enables private for-profit retirement homes to legally confine residents. Retirement homes are overwhelmingly private and for-profit. They are not health care facilities. They are governed under the Tenant Protection Act — the same legislation that covers apartment buildings. They have nowhere near the same regulatory regime and public interest protections as long-term care homes. They are self-regulating. There is nowhere in our society where we allow people to be locked up in private residences with minimal public interest or procedural protections.

Part of the Act Supports Further Cuts to Public Hospitals and Increased Liability for Paramedics Ambulance Operators

Health Coalition calls for amendments to Schedule 1

Schedule 1, which enables the Minister of Health to order all ambulance services in Ontario to transfer patients to non-hospital facilities (including the new array of private hospitals and clinics described above) and to treat patients in ambulances without taking them to public hospitals must be amended.

Part of the Act Improves Transparency and Protections for Long-term Care Residents

We support Schedule 4 which provides the Minister of Health with new powers to obtain information about financial relationships in the health care sector.

We also support Schedule 5 which limits the confining (including use of restraints and locked units) of residents in long-term care homes. However, this Schedule does not recognize in any way that the requirement to minimize confining must be accompanied with a level of care that is adequate to meet the needs of residents. While the acuity of residents (that is, the complexity and care needs) has increased dramatically with the cuts to psychogeriatric and chronic care hospital beds and population aging, the level of care in Ontario's long-term care homes has lagged far behind the increased need. As a result, the level of violence has increased. Homes are increasingly unsafe for residents, families and staff alike. This Schedule must be amended to include a minimum average care standard of 4 hours of hands-on daily care for residents, proper provisions for specialized care for those with behavioural issues, better monitoring and reporting, a reduction of temporary agency staff, and an increase in hospital beds for patients with care needs that are too heavy for long-term care.