Bait and switch:

How the Ford government's private clinics are taking away from local public hospitals, lengthening wait times & threatening Public Medicare

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Protecting public healthcare for all.

Introduction & Summary

In Ontario, private for-profit hospitals are banned and have been since the early 1970s. Of the handful that were grandfathered in when the ban took effect, only two that perform surgeries remain. For a hundred years, local communities have built their local public non-profit hospitals. Communities have fundraised to bring in equipment and advocated to improve local services. Though in the 1980s, legislation was brought in to govern private clinics, mostly the private clinics have not been expanded since then. However, in 2021, under cover of the pandemic, the Ford government began to make unprecedented plans to privatize Ontario's core public hospital services, including surgeries and diagnostic imaging.

Over the following five years, the government repeatedly increased public funding and resources to establish new private clinics, enlarge existing ones, and expand the two remaining private hospitals. Most recently, they announced $157 million to open 57 private MRI, CT and endoscopy clinics and another $125 million for four new private orthopedic surgery centres opening this year.

At the time of the initial announcement in 2021 and since, in response to public opposition and media questioning, the Ford government has repeatedly made a series of promises. The rationale given for privatization was to reduce wait lists.[1] Patients would be protected from user fees, extra-billing, poor quality and lack of oversight by strong "guardrails". No patient would pay to receive their needed surgery or test faster than anyone else, they said.[2] Premier Ford was featured in headlines claiming no one would be required to pay with their credit card, only their OHIP card.[3] Somehow, impossibly, staff was to come from somewhere other than existing public hospitals.[4] Privatization was framed as an "add on" to local hospitals, not a "take away".

Five years in, it is clear that those promises were a "bait and switch". The wait times claim was always a red herring. Local public hospitals already have the facilities: operating rooms and MRIs are sitting unused in local public hospitals because they are not given adequate funding to run them full time. Furthermore, the evidence is that the for-profit clinics have not reduced wait times for the majority, serving mostly a minority of high-income people while actually lengthening waits for the majority of patients. Promised strong guardrails never materialized. Instead, private clinics have been allowed to get away with charging patients an ever-proliferating set of fees – even lying about wait times in order to manipulate patients into paying more. Most of the patients impacted are seniors. They have been charged between hundreds and thousands of dollars for cataract surgeries and diagnostics for which they should never have to pay under our Public Medicare laws.

The evidence is irrefutable. Private clinics cost more than public hospitals and charge patients on top. While new surgical and MRI clinics are being given hundreds of millions of dollars in public money, local public hospitals have been funded at less than the rate of inflation and population growth – real dollar cuts, as economists call it-- purposely pushing them into deficit. The government then required them to find cuts. Geographical analysis of public hospital deficits conducted in 2026 found that hospitals in the northern and western parts of Ontario were more likely to be in deficit. For rural and northern communities, the private clinics have placed competing demands on scarce public funding and staffing resources. Hundreds of millions are being diverted away from local hospitals to clinics that locate almost exclusively in urban areas in the South.

In addition, the decision to privatize has slowed down increases in MRI and surgical volumes that could have

[1] See: https://news.ontario.ca/en/release/1000613/ontario-ramping-up-efforts-to-reduce-surgical-wait-times and https://news.ontario.ca/en/release/1006125/ontario-reducing-wait-times-for-mris-ct-scans-and-endoscopies

[2] https://news.ontario.ca/en/release/1006125/ontario-reducing-wait-times-for-mris-ct-scans-and-endoscopies

[3] https://www.cbc.ca/news/canada/toronto/ontario-doug-ford-private-clinics-health-care-1.6712444

[4] https://www.cbc.ca/news/canada/toronto/ontario-doug-ford-private-clinics-health-care-1.6712444

reduced wait times. The evidence shows that the provincial government tried to triple funding to private clinics (a 300% increase) but had to continually revise their spending projections because the bidding process took far longer than announced at every step of the way and the province has not managed to achieve the volumes it planned at the private clinics. Had they given funding to existing public hospitals, the capacity was already there to ramp up hours of operation and clear wait lists as has been done in the past.

Far from being an "add on", the Ford government's privatization is a "take away" from our public hospitals, from patients' wallets, and the private clinics are undermining the foundational principles that were supposed to protect patients from inequities and medical exploitation.

In this report, the Ontario Health Coalition has reported information community-by-community from across Ontario tracking the underuse (and underfunding) of local hospital MRIs while at the same time, the Ford government has announced the opening (and funding) of new publicly-funded private clinics. We have included a town-by-town list of underused operating rooms in local hospitals, while at the same time the Ford government has shifted millions to for-profit clinics. This report reviews a study of Ontario's cataract surgery wait times after the Ford government expanded the private clinics. It also contains information on local public hospital deficits compared to funding increases for private clinics. Finally, it contains information on user fees and extra-billing of patients.

The Ford government should be required to answer for why it is taking hundreds of millions in funding away from public hospitals that have facilities and equipment sitting there ready to use, why the private clinics have not been fined for levying illegal charges on patients, and why they are pursuing policy that further redirects resources away from local hospitals across the province, and in particular underserved, rural and northern communities.

100-years of history developing public non-profit hospitals

For 100 years, Ontarians built our system of local public hospitals that operate on a non-profit basis, in the public interest. For-profit hospitals were banned in 1973, shortly after OHIP was formalized. Under the Private Hospitals Act-- still in force today-- no new private hospitals were allowed, only the existing private hospitals at that time were grandfathered in and allowed to continue, and the expansion of those existing for-profit hospitals was barred. In the ensuing years, most of the pre-existing private hospitals closed, leaving only two remaining: the Shouldice Hospital which does hernia operations for healthy patients only who do not have more complex comorbidities and are not overweight; and Clearpoint (formerly Don Mills surgical) which performs uncomplicated outpatient operations.

Many of Ontario's public hospitals date back to the Spanish flu pandemic (1918-20), World War I, and World War II. The community hospitals with "memorial" in their names harken back to municipal and community-led efforts to provide care when the Spanish flu pandemic ripped through towns claiming the lives of thousands, followed by waves of injured veterans who returned from the wars.

Prior to this, in the 1800s and the first decade of the 1900s, hospitals were built by religious and charitable organizations and municipalities, mainly used by the poor and indigent, while the middle class and wealthy received what treatment there was at home or in small private hospitals or sanitoriums. With the advent of laboratories, x-ray machines, hospital child birth, and antiseptic surgery in the early 1900s, middle class and wealthier patients began to receive more care in hospitals; and as hospital bills became difficult for the middle class to afford, the movement for public hospital insurance and public medical coverage grew.[5] Through the 1920s, '30s, and '40s, the movement expanded.

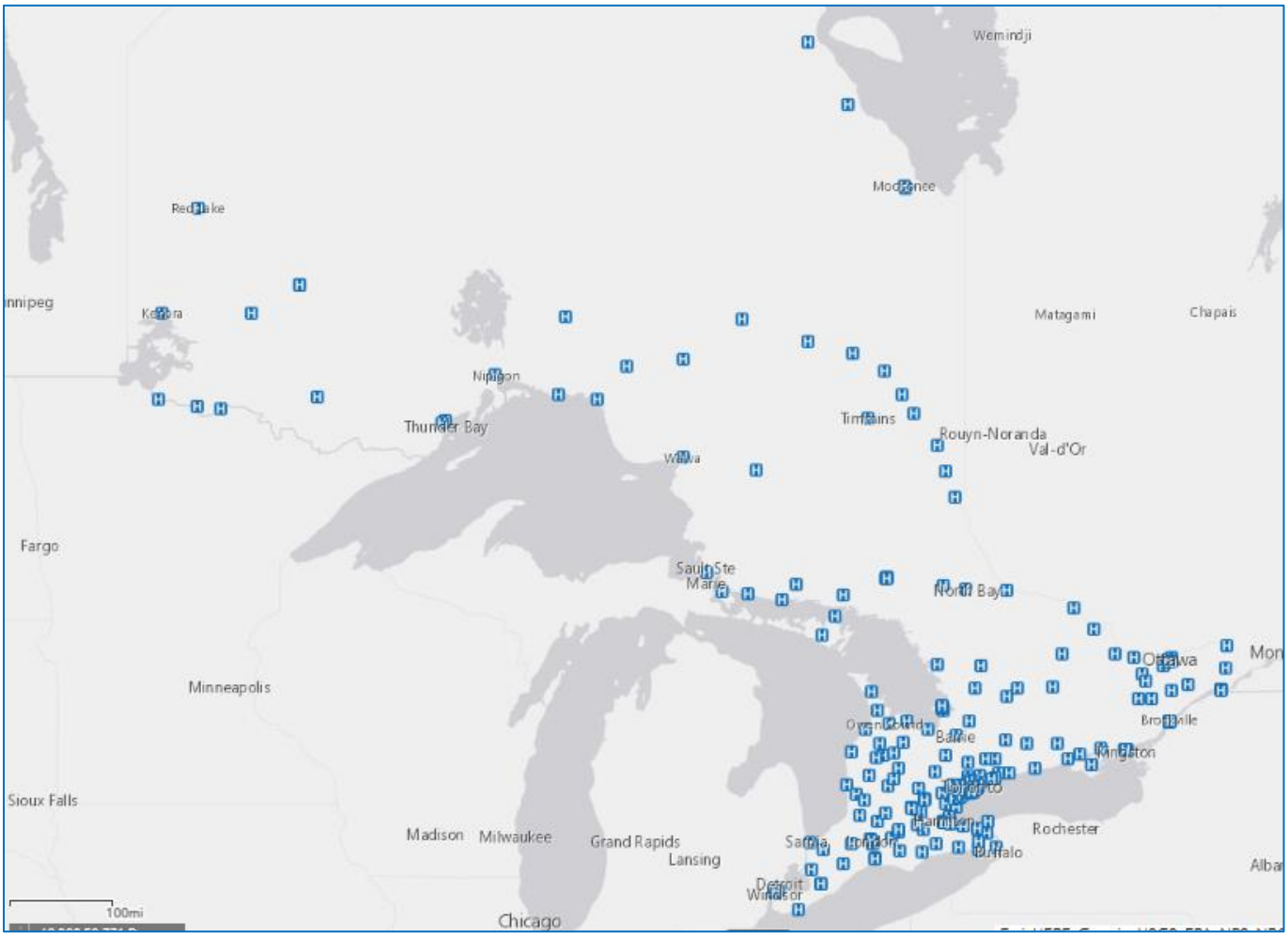
In hundreds of communities across Ontario, working people and the wealthy alike have donated, fundraised, and volunteered for generations to build their local public hospitals. The struggles to establish public hospitals and public health care coverage were inextricably linked. In Ontario, public hospital insurance was instituted in 1959, followed by voluntary public insurance covering physician care in 1966. (Universal medical coverage was established in 1969). The two programs were renamed and formalized under the Ontario Health Insurance Program (OHIP) at the beginning of the 1970s.

After the fightback against extra-billing of patients in the late 1970s and early 80s, the *Canada Health Act* was unanimously passed by the House of Commons in 1984. It established principles and criteria for health care across the country, requiring provinces to provide public insurance for hospital and physician care without user charges or extra-billing. Those provisions were strengthened under Ontario's Commitment to the Future of Medicare Act (CFMA, 2004) that further clarified the ban on queue jumping and the illegality of extra-billing and user fees. The CFMA gave new powers to Ontario's Minister of Health to fine private clinics and practitioners who contravened these protections for patients. Under it, the Minister is required to reimburse patients who have been wrongfully charged and the Ministry has the power to investigate contraventions and recover illegally charged amounts.

Over a century, Ontario built its public hospitals and public health care step by step. Public hospitals established oversight, reporting regimes, financial accountability, and continuous quality improvement. They expanded access to diagnostic imaging and new technologies for surgery. The federal government took action to uphold the Canada Health Act and the province periodically enhanced quality inspections and enforcement of medicare protection laws against offending private clinics.

[5] Canadian historian David Gagan, in a section of the book "Health and Canadian society: sociological perspectives", discusses the rise of the modern hospital in Ontario from 1880 to 1950, from which this information is derived.

Map showing the distribution of public hospitals across Ontario



Source:
Public Health Ontario Health Services Locator Map.

Independent Health Facilities

In the late 1980s, the Ontario government brought in legislation that they said was to expand community-based diagnostics and simple surgical procedures with sound oversight and quality protections. These independent health facilities, as they were euphemistically called, were private clinics, but the claim was that they were not going to be corporate chains. The new Independent Health Facilities Act was proposed in the context of the first Free Trade Agreement, and the ostensible plan was to protect Canadian ownership and stop U.S.-owned corporations from moving in, promote non-profit ownership and control and improve oversight. (In the end, those protections became preferences rather than meaningful requirements.)

When the "Independent Health Facilities" (IHF) Act was passed in 1998, it was widely opposed, by groups as disparate as the Ontario Medical Association to the Ontario Federation of Labour. According to the transcript of the legislative debate recorded in Hansard, the vast majority of the clinics were radiology clinics (ultrasound and x-ray) brought in by amendment that was proposed to ensure quality control in those settings.

The Act covered already existent clinics and after its passage, the number of "Independent Health Facilities" (a.k.a. private clinics) did not expand for decades, remaining mostly radiology (ultrasound and x-ray) clinics and staying at approximately 900-1,000. In fact, despite some initiatives to privatize under Liberal Health Minister Deb Matthews (which were reversed), from 2012-13 to 2021-22 the share of surgical procedures performed in IHFs was tiny and increased only marginally over that decade from one per cent to 1.3 per cent of the total surgeries performed in Ontario.

In one notable exception, under the Harris government in June 2002, there was an attempt by then-Health Minister Tony Clement to privatize hospitals using several different policies. Regarding Independent Health Facilities, Clement tried to expand for-profit MRI and CT clinics. Initially, the government announced plans for 20 private MRI and 5 private CT clinics. The previous year, they had already begun redirecting federal funding for diagnostics to for-profit clinics and had attempted to privatize cancer care (a move that was subsequently reversed). The Ontario Conservatives were split on the plan, and, after widespread public criticism, they backtracked. In the end, they brought in seven new private MRI and CT clinics.

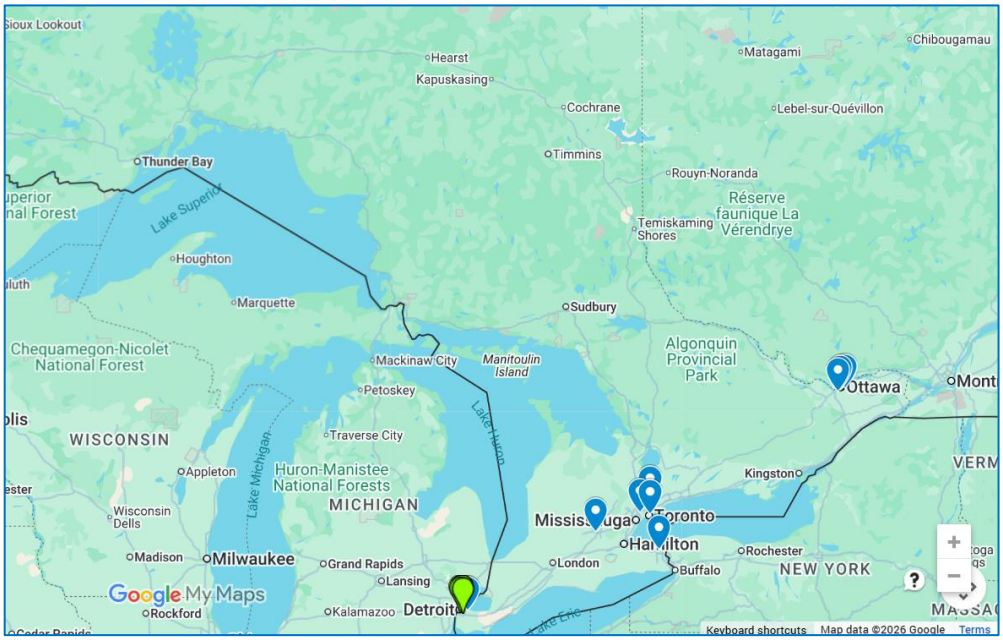
After the Harris government's largely unsuccessful attempt to expand them, the number of IHFs stayed stable until the Ford government began its push to privatize Ontario's hospitals. There were approximately 900 IHFs in Ontario in 2021, 95% of which were radiology (x-ray and ultrasound) clinics. There were 10 IHFs licensed to do outpatient surgeries in 2020/21. Seven of these IHFs offer plastic surgery, two offer ophthalmology surgeries, and one offers gynecology surgeries. More than 97% of the IHFs are for-profit, with less than 3% operating on a non-profit basis.

The Ford government's privatization of public hospitals

Under cover of the pandemic, the Ford government began to make plans to privatize Ontario's public hospital services, including surgeries and diagnostics. In July 2021, they increased funding to private clinics by $24 million. In January 2021, they announced new licenses for "independent health facilities" (which is the name for private clinics, 98% of which are for-profit) to perform eye surgeries in place of public hospitals. The Ministry of Health issued a "call for applications" and clarified applicants could be a "corporation" rather than a doctor: "The Applicant could be a corporation that operates a Health Facility that meets the criteria for submitting an Application." Over the next five years, the Ford government repeatedly increased public funding and resources to establish new private clinics and expand existing ones, and expand the two remaining private hospitals as follows:

- On January 16, 2023, Premier Doug Ford announced a plan to open new private for-profit clinics (essentially day hospitals) in three cities, expand other for-profit clinics and shunt tens of millions in public funding to private clinics and hospitals. The premier said that 50% of the surgeries done in our public hospitals could be cut and privatized.
- In 2023, they awarded thousands of surgeries to private clinics. The private clinics that were awarded the licenses are TLC Laser Eye Centres in Waterloo, Herzig Eye Institute and Focus Eye Centre in Ottawa, and Windsor Surgical Centre.
- In June 2024, the Ministry of Health opened applications to issue more licenses for private MRI and CT scan clinics in the fall. Once again, corporations could apply.
- In August 2024, the Ministry announced a new round of applications for clinic licenses to privatize 60,000 gastrointestinal endoscopies.
- In June 2025, the government announced it is planning to move forward with opening 57 new private MRI, CT and endoscopy clinics. Thirty-five are to be private MRI/CT clinics and 22 are to be new endoscopy clinics. The province says that they are spending $155 million in public money over the next two years on these private clinics and the plan is to further expand the privatization to orthopedic surgeries such as joint replacements.
- In Dec 2025, the Ford government announced licences for 4 new private orthopedic centres to be opened in 2026, paying $125 million over two years in public money to "create" them. The plan is to privatize 20,000 orthopaedic surgeries. The corporations receiving the licences are Toronto's OV Surgical Centre, Academic Orthopaedic Surgical Associates of Ottawa (AOAO), the Windsor Orthopaedic Surgical Centre, and the Schroeder Ambulatory Centre in Richmond Hill.

Map of New/Expanded Private Clinics Announced by Ford Government



The government has not made public a full list of the clinics to which they have given new funding but from the media releases and announcements from Premier Ford, the Health Minister and some MPPs, we have compiled the publicly-released clinics and their locations. The most recent private surgical clinics are in Toronto, Ottawa, Windsor and Richmond Hill.

The private MRI and diagnostic imaging clinics are in Windsor, Niagara, and Richmond Hill. The large contracts for cataract surgeries were given to private clinics in Waterloo, Windsor and Ottawa. They are clustered in the largest population centres, often in wealthy neighbourhoods. None of the clinics are in the North or rural communities.

Unused Capacity, Deficits and Cuts in Public Hospitals

Virtually every public hospital in Ontario has operating rooms that are closed for days, weeks, months, or even permanently due to lack of funding. The Ontario Health Coalition did a survey of hospitals including Freedom of Information Requests, informal information requests, and surveys of operating room staff. The results, published in 2024 show that the majority of public hospital operating rooms are closed the majority of the time due to underfunding. The town-by-town results are listed below. In response to the Ford government's announcement of new private and for-profit MRI clinics, the Health Coalition made a new round of information requests at all hospitals containing MRIs across the province. Like the operating rooms, public hospital MRIs are powered on and running, and the public has paid for both the infrastructure and the running costs, but they are not open to conduct scans for a significant proportion of the time due to inadequate funding from the province to staff and operate them.

The clear conclusion is this. The Ford government has chosen to fund private clinics and is now attempting to redirect hundreds of millions of dollars per year away from public hospitals. The claim that privatization was necessary to address wait times does not withstand scrutiny. Public hospitals have unused operating rooms and MRI suites. Why pay again to open new ones (only under private for-profit ownership) while public hospitals are underused? Moreover, as is reported in subsequent sections, costs are higher at private clinics.

Unused Public Hospital MRI Capacity by Region & Town

Across Ontario, local public hospitals have MRI machines that are underused due to lack of funding from the provincial government. Our study, conducted from November 2025 – September 2026, gathered hours of operation for 100 MRI machines at 51 public hospital corporations. We found that in every region, there is significant unused public hospital MRI capacity. Access to many public hospitals' MRIs is closed entirely on weekends, and in every region there are MRIs that close late afternoons or early evenings for the rest of the night. Most are closed overnight most or all nights. Only a small fraction operate 24/7. Even if the public hospital MRIs were to be funded to operate through the evenings and on weekends many thousands more scans would be done.

The main superconducting magnet in an MRI machine stays powered on 24/7 and the machines must be cooled for that entire period. Quenching -- or shutting down the magnet-- requires venting thousands of litres of liquid helium which is costly and complex. MRI machines are shut down only for necessary maintenance. We asked the hospitals why their MRIs are not open for scanning patients more hours and most answered that it is because they are only funded for the hours that they are running. In the words of one of the hospitals,

"The hours of MRI operation are aligned to the available funding. MRI [machine]s are only "shutdown" in order to perform emergency maintenance or manage unexpected system issues."

Another hospital clarified the reason for operating their MRI at less than full capacity as follows:

"Funding is the largest barrier to 100% utilization. The hospital is funded for [a set number of] hours of MRI service per year with the additional MRI volumes being funded from hospital global budgets. Secondary to this is MRT staffing, which is cyclical."
MRTs are Medical Radiation Technologists who run the machines.

The Ford government has never adequately explained this. Certainly, the availability of local public hospital MRI machines to reduce wait lists counters the Ford government narrative that they turned to private for-profit clinics to reduce wait lists. Paying $155 million in public money to open new private MRI and endoscopy clinics when public hospitals' MRIs are underused is something that should require public accountability and transparency.

Data on the underuse of our local public hospitals' MRI services was compiled by the Ontario Health Coalition, local health coalitions across the province, and the Ontario Public Service Employees Union's (OPSEU's) Hospital Professionals Division. The information is included here, organized by region, then town. The regions listed below are (in order):

- North
- East
- Central (Grey-Bruce and Simcoe Counties)
- Peterborough, the Kawarthas & Muskoka
- Toronto & the GTA
- Hamilton/Niagara
- West

North

There is significant unused MRI capacity in Northern Ontario. Of the eight MRI machines in the North about which we received information[6] two are entirely closed on weekends, two close at 3:30 or 4 p.m. on weekends, one is also closed all weekday evenings after 4:30 p.m., all are closed overnight most or all nights.

Kenora

Lake of the Woods District Hospital has one MRI machine. It closes at 4:30 p.m. on weekdays and it is closed on weekends.[7]

North Bay

North Bay Regional Health Centre has one large bore MRI machine. It closes overnight every day.[8]

Sault Ste. Marie

The Sault Area Hospital has one MRI machine. Weekdays it runs from 7 a.m. – 12 a.m. and weekends 7 a.m. – 11 p.m. It is closed overnights.[9]

Sudbury

Health Sciences North has two MRI machines, one of which is wide bore. One is open 24 hours on weekdays and closes at 4 p.m. on weekends. The other is run 24 hours on Tuesdays, and otherwise is closed for seven hours on Monday, Wednesday, Thursday, Friday, Saturday and Sunday nights.[10]

Thunder Bay

Thunder Bay Regional Health Sciences Centre has three MRI machines. They close overnight on weekdays. One is closed on weekends. The other two close at 3:30 p.m. on weekends.[11]

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[6] There is a new MRI opening in Sioux Lookout. It was not in operation at time of writing.
[7] Response to FOI filed by Ontario Health Coalition December 18, 2025.
[8] Response to FOI filed by Ontario Health Coalition January 6, 2025.
[9] Response to FOI filed by Algoma Health Coalition September 2, 2026.
[10] Response to FOI filed by Sudbury Health Coalition January 22, 2026.
[11] Response from OPSEU Hospital Professionals Division December 18, 2025.

East

There is significant unused MRI capacity in public hospitals in Eastern Ontario. Of the sixteen MRIs about which we received information, eleven close overnight, one also closes weekday evenings, two close entirely on most or all weekends, and five close in the afternoons on weekends and remain closed overnight. One portable MRI in Kingston is entirely ad hoc and does not have a schedule.

Belleville

Belleville General Hospital has one MRI machine. It closes overnight for seven hours on weekdays and closes for sixteen hours on weekends.[12]

Brockville

Brockville General Hospital has one MRI machine. It closes overnight for eight hours on weekdays and is closed on weekends.[13]

Cobourg

Northumberland Hills Hospital has one MRI machine. It closes overnight on weekdays and closes at 4 p.m. on weekends.[14]

Cornwall

Cornwall Community Hospital has one wide bore MRI machine.[15] It closes overnight on weekdays and is usually closed on weekends. On days when the part-time technologist is scheduled, the MRI operates for three more hours into the evening. A casual technologist occasionally provides coverage until 4 p.m. on weekends.[16]

Kingston

Kingston General Hospital has three MRI machines. Two operate 7 a.m. – 11 p.m. on weekdays and 8 a.m.- 4 p.m. on weekends, with staff on call for emergencies after hours. The other is a portable MRI that operates ad hoc with no set schedule.[17]

Ottawa

The Children's Hospital of Eastern Ontario has two MRI machines. One is used for cardiac MRIs. They close overnight with on call coverage for emergencies.[18]

L'Hôpital Montfort has one MRI at their main site and another at the Aline-Chrétien Health Hub in Orléans. The MRI at the main site operates 24 hours on weekdays and closes overnight on weekends. At the outpatient clinic, the MRI closes overnight every day.[19]

The Ottawa Hospital's General Campus has two MRI machines and the Civic Campus also has two. At both campuses, the MRIs are open 24 hours on weekdays and close overnight on weekends with staff on-call for emergencies.[20] The Ottawa Hospital also has 8 hours' use of the Cancer Program machine per week and one machine at The Heart Institute for cardiac cases.[21]

Queensway Carleton has two MRIs. One typically closes overnight. The other closes at 3 p.m. on weekdays and is closed on weekends.[22]

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[12] Response to FOI filed by Ontario Health Coalition December 23, 2025.
[13] Response to FOI filed by Ontario Health Coalition March 4, 2026.
[14] OPSEU Hospital Professionals Division Dec. 11/25.
[15] Response to FOI filed by Cornwall Health Coalition December 22, 2025.
[16] Response from OPSEU Hospital Professionals Division December 4, 2025.
[17] Response to FOI filed by Kingston Health Coalition November 25, 2025.
[18] Response from OPSEU Hospital Professionals Division December 12, 2025.
[19] Response to FOI filed by Ottawa Health Coalition December 12, 2025.
[20] Response to FOI filed by Ottawa Health Coalition January 27, 2026.
[21] OPSEU Hospital Professionals Division Dec. 5, 2025.
[22] Response to FOI filed by Ottawa Health Coalition December 9, 2025.

Central

Central Ontario has significant underused MRI capacity in the public hospitals. Of the seven MRIs about which we obtained information, none run 24/7. Five are closed overnight on weekdays and most weekends, Midland closes for two entire days per week and Collingwood closes 1/3 of weekends, two close in the afternoon on weekends and remain closed through the night as well as being closed on weeknights. Even the Royal Victoria in Barrie, the largest hospital in the region, is closed overnight on Fridays and Saturdays.

Owen Sound

Owen Sound Regional Hospital at Brightshores Health System has two MRI machines. They close overnight on weekdays and close at 5 p.m. on weekends.[23]

Barrie

Royal Victoria Regional Health Centre has two MRI machines, both of which are wide bore. They close overnight on Fridays and Saturdays.[24]

Collingwood

Collingwood General & Marine Hospital has one MRI machine. It closes overnight on weekdays and on 2/3 weekends. It is closed on 1/3 weekends.[25]

Midland

Georgian Bay General Hospital has one MRI machine. It is closed two days out of the week. On the days it is open, it is closed for eight hours.[26]

Orillia

Orillia Soldiers' Memorial Hospital has one wide-bore MRI machine. It closes overnight on weekdays and closes at 3 p.m. on weekends. It is closed on statutory holidays.[27]

[23] Response to FOI filed by Grey Bruce Region Health Coalition December 22, 2025.
[24] Response to FOI filed by Ontario Health Coalition January 5, 2026.
[25] Response to FOI filed by Ontario Health Coalition December 23, 2025.
[26] Response to FOI filed by Northern Simcoe County Health Coalition December 23, 2025.
[27] Hospital's response to inquiry from OPSEU Hospital Professionals Division December 14, 2025.

Peterborough, the Kawarthas & Muskoka

The public hospitals in Peterborough, the Kawarthas and Muskoka have significant unused MRI capacity. None of the MRIs operate 24/7. The MRI at Huntsville is entirely closed on weekends and the other two in Kawartha Lakes and Peterborough are closed in the afternoons and remain closed overnight on weekends. At all hospitals the MRIs are closed overnight on weekdays.

Huntsville

Huntsville District Memorial Hospital at Muskoka Algonquin Healthcare has one MRI machine. On February 19, 2026, it expanded hours to be closed overnight for eight hours on weekdays. It previously closed at 3:15 pm on weekdays.[28] It is not open on weekends.

Lindsay

Ross Memorial Hospital has one wide-bore MRI machine. It closes overnight on weekdays and is typically closed for sixteen hours on weekends.[29]

Peterborough

Peterborough Regional Health Centre has two MRI machines. They are wide bore. They close overnight on weekdays and close at 3 p.m. on most weekends.[30]

[28] Response to FOI filed by Ontario Health Coalition January 13, 2026

[29] Response to FOI filed by Ontario Health Coalition January 30, 2026.

[30] Response to FOI filed by Ontario Health Coalition January 12, 2026.

Toronto & the GTA

Though a number of the MRIs in Toronto are run for more hours per day than in other communities, both in Toronto and in the GTA, there remains significant underused MRI capacity. Of the 31 MRI machines about which we obtained information, only three operate 24/7. Three are closed entirely on weekends and an additional five close in the afternoon and are closed for the evenings on weekends. Nineteen are closed overnight on weekdays and twenty-seven are closed overnight on weekends, all or most of the time.

Ajax

The Ajax Pickering Hospital at Lakeridge Health has one MRI machine. It closes overnight on weekdays and closes at 3 p.m. on weekends.[31]

Brampton

Brampton Civic Hospital at William Osler Health System has three MRI machines. One closes overnight on weekdays and is closed on weekends. The second MRI operates 24/7. The third machine is a wide-bore MRI that closes overnight every day.[32]

Burlington

Joseph Brant Hospital has two MRI machines. They close overnight on weekdays. One closes at 3 p.m. on weekends. The other closes at 4:30 p.m. on weekends.[33]

East York

Michael Garron Hospital has two MRI machines. They close overnight on weekends.[34]

Etobicoke

Etobicoke General Hospital has one MRI machine. It operates 24/7.[35]

Mississauga

Credit Valley Hospital at Trillium Health Partners has two MRI machines. On weekends, they close for eight hours each day.

The Mississauga Hospital at Trillium Health Partners has two MRI machines. One operates 24/7. The other is closed for six hours each day on weekends and statutory holidays.[36]

Markham

Markham Stouffville Hospital at Oak Valley Health has two wide-bore MRI machines. They close for four hours overnight on weekdays and close all night on weekends.[37]

Newmarket

Southlake Health has two wide-bore MRI machines. They close overnight every day.[38,39]

Oshawa

The Oshawa Hospital at Lakeridge Health has two MRI machines. They close overnight on weekdays and close at 2 p.m. on weekends.[40]

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[31] Hospital's response to inquiry from OPSEU Hospital Professionals Division December 5, 2025.
[32] Response to FOI filed by Ontario Health Coalition December 5, 2025.
[33] Response to FOI filed by Ontario Health Coalition January 3, 2026.
[34] Response from OPSEU Hospital Professionals Division December 12, 2025.
[35] Response to FOI filed by Ontario Health Coalition December 5, 2025.
[36] Response to FOI filed by Mississauga Health Coalition December 19, 2025.
[37] Response to FOI filed by Ontario Health Coalition January 30, 2026.
[38] Response from OPSEU Hospital Professionals Division December 5, 2025.
[39] Response to FOI filed by Ontario Health Coalition January 20, 2026.
[40] Hospital's response to inquiry from OPSEU Hospital Professionals Division December 5, 2025.

Richmond Hill

Mackenzie Richmond Hill Hospital at Mackenzie Health has two MRI machines that close overnight on weekends.[41]

Toronto

Humber River Health has three MRI machines. One of them closes overnight every day. The other two close overnight on weekdays and are closed on weekends and statutory holidays.[42]

At Unity Health, St. Joseph's Health Centre has two MRI machines. St. Michael's Hospital has five MRI machines, one of which is a special purpose unit for head MRIs. In 2024-25, the hospital reports that there was no fixed schedule but over the course of the year, they funded an average of 20 hours of operation per day from a combination of MRI funding from the province and their global budget, with hours weighted toward daytimes and weekdays. (Thus, averaged across the year, the machines closed for approximately four hours per day, mostly at nights and on weekends).[43]

Vaughan

Cortellucci Vaughan Hospital at Mackenzie Health has two MRI machines that close overnight on weekends.[44]

[41] Response to FOI filed by Ontario Health Coalition January 21, 2026.
[42] Response to FOI filed by Ontario Health Coalition January 23, 2026.
[43] Response to FOI filed by Greater Toronto Health Coalition January 20, 2026 for the period of January 1, 2023 to November 30, 2025.
[44] Response to FOI filed by Ontario Health Coalition January 21, 2026.

Hamilton/Niagara

Hamilton and Niagara have significant unused MRI capacity in the public hospitals. Of the twelve MRIs about which we obtained information, none operate 24/7. In the Niagara Health System, all three MRIs closed weekdays overnight and are closed in the afternoon for the evenings and overnights on the weekends. In Hamilton, the five MRIs at HHS are open every day but closed overnights. At the sites of St. Joseph's Healthcare in Hamilton one MRI operates part time for clinical services and part time for research but it closed entirely every weekend, a second MRI is closed most weekends, and two of the MRIs operate seven days a week. All are closed overnights every night.

Hamilton

At Hamilton Health Sciences, Juravinski Hospital has one MRI machine. McMaster University Medical Centre has two. Hamilton General Hospital also has two. They all typically close overnight every day.[45]

At St. Joseph's Healthcare, there are four MRI machines in total. Two of them are wide bore. The West 5th site has one MRI machine. It closes overnight on weekdays and is open some weekends.[46] The Charlton site has two MRI machines and closes overnight every day. From time to time, they run overnight when a scanner is being shut down or replaced or if additional funding is provided to decrease wait times.[47] The Charlton site also has one MRI that is used for clinical and research purposes. For clinical use, it closes overnight on weekdays and is closed on weekends.[48]

Niagara Falls

The Niagara Falls Hospital at Niagara Health has one MRI machine. It closes overnight on weekdays and closes at 3 p.m. on weekends. There are staff on-call for emergencies after hours.

St. Catharines

Marotta Family Hospital (St. Catharine's site) at the Niagara Health System has two MRI machines. They close overnight on weekdays and close at 3 p.m. on weekends. There are staff on-call for emergencies after hours.

[45] Response from OPSEU Hospital Professionals Division December 8, 2025.
[46] Response to FOI filed by Ontario Health Coalition January 12, 2026.
[47] Response from OPSEU Hospital Professionals Division December 5, 2025.
[48] Response from OPSEU Hospital Professionals Division December 5, 2025.

West

Western Ontario has significant underused MRI capacity. Of the twenty-two MRIs about which we obtained information, only one operates 24/7. Seven are closed entirely on weekends. Twenty are closed all or most weekday nights and eighteen are closed weekend nights with six of them closing early on weekends and remaining closed all evening and overnight.

Cambridge

Cambridge Memorial Hospital has one MRI machine. It closes at 3 p.m. on weekends and statutory holidays. It closes overnight from July 1 to Labour Day on September 7. Construction for installation of a new MRI machine will begin in early 2026. The hospital hopes that it will serve as a second MRI machine, but Ministry of Health approval for this was pending at the time the research for this report was conducted. If the Ministry does not grant approval, the existing machine will be decommissioned and replaced by the new one.[49] On Dec 12, an OPSEU Hospital Professionals Division staff person was informed that the hospital has anticipated shutdown of the overnight service as of May 2026.[50]

Chatham

The Chatham site at Chatham-Kent Health Alliance has one MRI. It is closed overnight on weekdays and weekends.[51]

Guelph

Guelph General Hospital has one MRI machine. It operates to funded annual hours of 8,220 hours per year which varies the operating dates and times. Generally, it is closed for eight hours on weekends and statutory holidays.

Kitchener-Waterloo

The Kitchener-Waterloo Midtown Campus at Waterloo Regional Health Network has two MRI machines. One of them is wide bore. The MRIs close overnight every day with on call coverage for emergencies overnight.

Waterloo Regional Health Network at Queen's Blvd (formerly St. Mary's General Hospital) has one wide-bore MRI machine. It closes overnight on weekdays and closes at 4 p.m. on weekends. There is on call coverage for emergencies.[52]

Leamington

Erie Shores HealthCare has one wide bore MRI machine. It closes overnight on weekdays and is closed on weekends.[53]

London

Victoria Hospital at London Health Sciences Centre has three MRI machines. One closes at 7 p.m. on weekdays and is closed on weekends. The second operates 24/7. The third is a wide-bore MRI that closes at 4 p.m. on weekdays and is closed on weekends.

University Hospital at London Health Sciences Centre has two MRI machines. One closes overnight on weekdays and is closed on weekends. The other closes overnight on weekdays and closes at 3 p.m. on weekends.[54]

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[49] Response to FOI filed by Ontario Health Coalition January 5, 2026.
[50] Response from OPSEU Hospital Professionals Division December 12, 2025.
[51] Response from OPSEU Hospital Professionals Division December 5, 2025.
[52] Response to FOI filed by Ontario Health Coalition December 11, 2025.
[53] Response to FOI filed by Ontario Health Coalition January 16, 2026.
[54] Response to FOI filed by London Health Coalition November 25, 2025.

St. Joseph's Health Care London has two MRI machines. Both close overnight every day. They also close on statutory holidays.[55]

Orangeville

Headwaters Health Care Centre has one MRI machine. It closes overnight from Mondays to Wednesdays and closes at 4 p.m. from Thursdays to Sundays.[56]

Palmerston

Palmerston and District Hospital has one MRI machine. It closes at 4 p.m. on weekdays and is closed on weekends.[57]

Sarnia

Bluewater Health in Sarnia has one MRI machine. It closes overnight on weekdays and closes at 4 p.m. on weekends with on-call coverage for emergencies.[58]

St. Thomas

St. Thomas-Elgin General Hospital has one MRI machine. It closes overnight on weekdays and is closed on weekends.[59]

Stratford

Stratford General Hospital at Huron Perth Healthcare Alliance has one wide-bore MRI machine. It closes overnight on Mondays, Tuesdays, and Thursdays. It closes at 4:45 pm on Wednesdays and Friday. On weekends, it closes at 4 p.m.[60]

Windsor

Windsor Regional Hospital has three MRI machines: one at the Metropolitan Campus located in the Cancer Centre and two at the Oullette Campus. They are run from 6 a.m. to midnight on weekdays and 7 a.m. – 11 p.m. weekend with on-call coverage for emergencies.[61]

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[55] Response to FOI filed by London Health Coalition December 1, 2025.
[56] Response from OPSEU Hospital Professionals Division December 4, 2025.
[57] Response from OPSEU Hospital Professionals Division December 4, 2025.
[58] Hospital's response to inquiry from OPSEU Hospital Professionals Division December 5, 2025.
[59] Response to Shirley Schuurman's request January 20, 2026.
[60] Response to FOI filed by Ontario Health Coalition December 5, 2025
[61] Response to Windsor Essex Health Coalition request for information August 20, 2026.

Unused Public Hospital Operating Room Capacity by Region & Town

While the Ford government is diverting hundreds of millions of dollars to for-profit clinics and hospitals to rebuild operating room capacity, across Ontario there are operating rooms in every public hospital that are underused. In fact, the majority of the time, the majority of Ontario's operating room capacity in our public hospitals lies dormant. In many hospitals there are operating rooms that are closed permanently, some used for storage, because the hospital does not have the funding to recruit and retain the staff and pay for the operation of them.

The Ontario Health Coalition and local health coalitions across the province have compiled data from the last year on the underuse of our local public hospitals' operating rooms. The information is included here, organized by region, then town. The regions listed below are (in order):

- North
- East
- Central (Grey & Simcoe Counties)
- Peterborough & the Kawarthas
- Toronto & the GTA
- Hamilton/Niagara
- West

North

North Bay

There are ten operating rooms at the North Bay Hospital, three of which are dedicated to specific types of surgery such as obstetrics/birthing.

Of the remaining seven operating rooms, only five are used on most days and only during daytimes. There is only one operating room in use on evenings and weekends.[62]

Sault Ste. Marie

There are at least six operating rooms of which only four operating rooms are used due to staffing shortages.

Those four operate during the daytimes.

Only one operating room is running in evenings and on weekends usually.[63]

Thunder Bay

There are 16 operating rooms at Thunder Bay Regional Health Centre. Of these, two are used for C-sections. The main OR has fourteen rooms, of which eleven are in use. (One is storage/nerve block and doesn't have gas required for anaesthesia, one is for cataracts and does not have gas and one is 'small and terrible' and not in use.)[64] The hospital defines the 14 as: 2 Local/ Sedation rooms; 12 General Anesthetic ORS; 1 Brachytherapy treatment room. All the remaining rooms can be used interchangeably.

Eleven of the operating rooms run weekdays 7:30 a.m. – 3:30 p.m. Three of the 11 ORs run in the evening, 2 of them until 5 p.m. and one until 11:30p.m. One OR will run over night if there are urgent/ emergent cases. Only one OR runs on the weekend for urgent/ emergent cases. The Labour and Delivery ORs are used based on need and staffed from the affiliated units.[65]

[62] Confirmed with hospital staff November 2023.
[63] Confirmed with hospital staff November 2023.
[64] Hospital staff, December 5, 2025.
[65] Response to FOI filed by Jules Tupker February 21, 2024.

East

Alexandria

Glengarry Memorial Hospital has one operating room. It is only used one day per week for endoscopies only and otherwise not in use.[66]

Almonte

Almonte General Hospital has two operating rooms. One is for obstetrics and operates 24/7.

The other is a general operating room that is used from 8 a.m. to 3 p.m. on weekdays only.[67]

Brockville

The Brockville General Hospital has six operating rooms. Five are in use on most days from 8 a.m. – 3 p.m. and the other one is only used part time on some days.

Only two operating rooms may stay open later than 3 p.m. One team runs one operating room late – until 5 p.m. Another team is scheduled from 12 p.m. – 8 p.m.[68]

Carleton Place

Carleton Place & District Memorial Hospital has one operating room that is used from 8 a.m. to 3 p.m. on weekdays.[69]

Cornwall

The Cornwall Community Hospital has six operating rooms of which one is dedicated for endoscopies and another is dedicated for cystoscopy urology.

Five of the operating rooms function weekdays from 8 a.m. – 3:30 p.m. only, except one operating room that is available for use from 3:30 p.m. – 11 p.m and on weekends from 8 a.m. – 7:30 p.m.[70]

Hawkesbury

Hawkesbury and District General Hospital has three operating rooms but only two are in use due to staffing shortages.

The operating rooms run from 8 a.m. – 4 p.m. weekdays only with only on-call coverage for evenings and weekends.[71]

Kingston

Kingston General Hospital has eleven operating rooms and two procedure rooms.

Two of the operating rooms are used for obstetrics and gynecology 24/7.

Only one is used in the evening until 11:30 p.m. and only one is used overnight.

Two operating rooms are used during the daytime on weekends.

The rest of the operating rooms are closed after 3:30 p.m on weekdays and are not used on weekends.

Hôtel Dieu Hospital has six operating rooms and one procedure room. They are not used during evenings and on weekends.[72]

Nepean

The Queensway Carleton Hospital has eleven operating rooms, one of which is specialized for urology.

All operating rooms function on weekdays only from 7:30 a.m. – 3:30 p.m. with the exception of one operating room that is available for emergencies during evenings and weekends. There is an on-call team for overnight emergencies.[73]

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[66] Response to FOI filed by Ed Cashman April 10, 2023.
[67] Response to FOI filed by Ed Cashman March 20, 2023.
[68] Response to FOI filed by Ed Cashman April 26, 2023.
[69] Response to FOI filed by Ed Cashman March 20, 2023.
[70] Response to FOI filed by Ed Cashman April 22, 2023.
[71] Response to FOI filed by Ed Cashman June 25, 2023.
[72] Response to FOI filed by Ross Sutherland January 2, 2024.
[73] Response to FOI filed by Ed Cashman February 22, 2023.

Ottawa

The Ottawa Hospital has twenty-four operating rooms at the Civic, General and Riverside sites, plus two obstetrics/birthing unit operating rooms, plus two operating rooms for eye surgeries.

At the Riverside site, operating rooms close at 4 p.m.

At the Civic and General sites, the last case usually closes by 5 p.m. at which point two operating rooms are available for emergency cases. One team is on site and another is available on call for those operating rooms in the evenings and on weekends. The birthing units have their last case booked at 2 p.m. with the operating rooms open and ready for use overnight and on weekends with staff available 24/7.[74]

Pembroke

Pembroke Regional Hospital has four operating rooms plus one dedicated endoscopy room.

The operating rooms function from 8 a.m. to 3 p.m. on weekdays and are available in evenings and weekends only for emergencies with an on-call team.[75]

[74] Confirmed with hospital staff December 10, 2023.

[75] Response to FOI filed by Ed Cashman Mar. 23, 2023.

Central Ontario- Grey County

Meaford

Brightshores Health System – Meaford site has one operating room and one cataract suite.

The operating room is open Monday to Friday 9 a.m. – 5 p.m. only.[76]

Southampton

The Brightshores Health System – Southampton hospital has one operating room open on Wednesday daytimes only, and it does scheduled outpatient general surgery and scopes.[77]

Wiarton

The Brightshores Health System – Wiarton hospital has one operating room open only on Thursdays from 8 a.m. – 2 p.m. and it does colonoscopies.[78]

Central Ontario- Simcoe County

Alliston

Stevenson Memorial Hospital has three operating rooms, one of which is used for endoscopies.

They are closed after 3 p.m. on weekdays and available for emergencies only in evenings and overnight. On weekends, staff only work on an on-call basis.[79]

Barrie

Royal Victoria Regional Health Centre has thirteen operating rooms, three of which are used for endoscopies, cystoscopies, and specialized surgical treatments. The operating rooms function Mondays to Thursdays 8 a.m. to 3 p.m. and Fridays 8:30 a.m. to 3 p.m. Only emergencies are done in evenings and overnight, and the hospital has reduced staff capacity on weekends for emergency surgeries only.[80]

Collingwood

Collingwood General and Marine Hospital has four operating rooms, one of which is used for endoscopies. They are closed after 4 p.m. on weekdays and used only for emergencies on evenings and overnight. On weekends, staff only work on an on-call basis.[81]

Orillia

Orillia Soldier's Memorial Hospital has five operating rooms. They are closed after 3 p.m. on weekdays and only emergency surgeries are done in the evenings and overnight. On weekends, staff capacity is limited and the operating rooms are used for emergencies only.[82]

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[76] Confirmed with hospital staff by Grey Bruce Health Coalition December 15, 2023.
[77] Confirmed with hospital staff by Grey Bruce Health Coalition December 15, 2023.
[78] Confirmed with hospital staff by Grey Bruce Health Coalition December 15, 2023.
[79] Confirmed with hospital staff by Simcoe County Health Coalition January 2024.
[80] Confirmed with hospital staff by Simcoe County Health Coalition January 2024.
[81] Confirmed with hospital staff by Simcoe County Health Coalition January 2024.
[82] Confirmed with hospital staff by Simcoe County Health Coalition January 2024.

Peterborough & the Kawarthas

Peterborough

Peterborough Regional Health Centre has twelve operating rooms that are in use from 8 a.m. to 3 p.m. on weekdays.

One of the surgical rooms is used from 3 p.m. to 5 p.m. for patients coming through the emergency room.

One operating room may be in use for emergency cases until 11 p.m. on evenings and weekends.[83]

Toronto & the GTA

Bowmanville

Lakeridge Health Bowmanville has six operating rooms, two of which are for eye surgeries. They are closed after 5 p.m. and are only occasionally open for call-backs until 11:00 p.m. On weekends and after 5 p.m. on weekdays, the operating rooms are used for emergencies only.[84]

Oakville

The Oakville Trafalgar Memorial Hospital has thirteen operating rooms and four procedure rooms. Of the thirteen operating rooms, one is not in use at all. Six are dedicated (two- labour/delivery, two – orthopedics, one – particular types of general surgery, one – ear, nose and throat). Ten of the operating rooms run from 8 a.m.- 3:30 p.m. with complex cases running to approx. 5:30 p.m. One operating room is available evenings and overnight and on weekend for urgent/emergency cases only, and one team is available for cases at those times. The labour/delivery room is open 24/7.

Of the four procedure rooms, two are dedicated to urology (cystoscopy, urodynamics) and two are dedicated to eye surgeries. One of the eye surgery procedure rooms is not in use at all. One of the urology rooms is run two days per week. The other two procedure rooms run 8 a.m. – 3:30 p.m. only.[85]

Oshawa

Lakeridge Health Oshawa has eleven operating rooms. All function for the day shift only, and are closed evenings and weekends with the following exceptions: Three operating rooms close a little later than the others-- at 5 p.m. or 6 p.m.

Overnight one general operating room and one dedicated orthopedics operating room are available.

Only one operating room is used on weekends, unless orthopedic surgeries that are behind schedule receive special permission.[86]

Toronto

In Toronto most hospitals have operating rooms that are closed after 4 pm and on weekends. The majority of operating room capacity is not used.

One example of an expansion of public operating room time in Toronto that has a huge impact on wait times underlines the impact of the short OR hours. On April 1, 2023, Michael Garron and Sunnybrook hospitals partnered on an initiative to expand central intake for hip and knee surgeries and open additional operating room time on weekends to provide 1,335 hip and knee surgeries to reduce Toronto and region wait lists by 24% in one year.[87]

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[83] Information as at February 2024 from hospital staff.
[84] Confirmed with hospital staff January 2024.
[85] Response to a Freedom of Information Request filed by Helen Lee February 15, 2024.
[86] Confirmed with hospital staff January 2024.
[87] Ontario Hospital Association, *Hospitals Offer Creative Solution to Reduce Waits for Hip and Knee Patients*

Hamilton/Niagara

Niagara Falls

In Niagara Falls, there are four operating rooms and only one in use evenings and on weekends.[88]

St. Catharines

The St. Catharines hospital has twelve operating rooms, of which two are not in use. On any given day, most of the other operating rooms are use in the daytime and closed after 6 p.m. or so. Only one operates evenings and weekends.[89]

Welland

In Welland, the five operating rooms are closed after 5 p.m. and not in use on weekends. [90]

West

Cambridge

The Cambridge Memorial Hospital has six operating rooms, of which five are in use. Staff report that the operating rooms are closed on weekends.[91]

Kitchener

Grand River Hospital has ten operating rooms of which approximately eight are in use. On any given day, seven or eight operating rooms will be in use in the daytimes, closing around 4 p.m. Usually, in the evenings and on weekends there are only emergency surgeries.[92]

St. Mary's General Hospital has nine operating rooms plus one which is reserved for EP and TAVI. Of the nine operating rooms (excluding the one reserved for EP and TAVI, seven or eight are regularly in use during the daytimes and two of those are used for eye surgeries. Those in use are scheduled from 7 a.m. and usually wind down around 5 p.m.

London

Victoria Hospital has eighteen operating rooms with between two and four of them not running daily. In addition, there are four obstetrics/ birthing units at the Victoria Hospital and an orthopaedic surgery centre on Baseline Drive for a total of twenty-five or twenty-six operating rooms.

On the weekends, two operating rooms are run only, sometimes three at most, for emergency cases only. Of the general operating rooms, between two and four are not running during the weekdays. Most of the operating rooms close in the afternoons (3 or 4 pm.) but a few are kept open until 6 p.m.[93]

University hospital has sixteen operating rooms of which one is not being used. They run 8 a.m. - 4 p.m. with a few running til 6 p.m.

In the evenings there is one operating room available and on-call coverage for emergencies only, 11 p.m. - 7 a.m.[94]

St. Joseph's Hospital has ten operating rooms, one of which is regularly not being used, plus one lithotripsy room. A urology room was reduced in 2023 from three days/week to two days/week. All operating rooms wind down by 4 p.m. with the exception of two that run from 6 – 11 p.m. There is on-call coverage only, from 11 p.m. – 7 a.m. On weekends, one to two operating rooms run with on-call coverage from approximately 8 a.m. – 4 p.m.[95]

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[88] Confirmed with hospital staff November 2023.
[89] Confirmed with hospital staff November 2023.
[90] Confirmed with hospital staff November 2023.
[91] Reported by hospital staff November 2023.
[92] Confirmed with hospital staff November 2023.
[93] Confirmed with hospital staff December 11, 2023.
[94] Confirmed with hospital staff December 11, 2023.
[95] Confirmed with hospital staff December 11, 2023.

Redirecting funding from public hospitals to private clinics & hospitals

Even before the recent announcement of another $155 million in public funding redirected to private MRI and endoscopy clinics and an additional $125 million for surgical clinics over the next two years, the Ford government had given the private clinics unprecedented increases. The Financial Accountability Office of Ontario shows, in its annual expenditure reports, the planned and actual funding for Independent Health Facilities (a.k.a private clinics). Overall, from 2020 to 2026, the Ford government tried to triple the funding to private clinics, budgeting a $121.3 million increase on a starting budget of close to $50 million. It then scaled back its planned spending to double the funding for private clinics (from $57.5 million to $ 115 million).

Table I shows the government's budget plan for Independent Health Facilities and Table II shows the actual spending. While the Ford government planned to more than triple the funding to private clinics, they were not able to achieve the volumes planned, and actual spending is less than the budget increases given. Still, the data reveal both an attempt to vastly increase the privatization, and though they did not accomplish their plans, nonetheless, they did make a large increase in actual spending of $37,619,890 (67% increase) on private clinics over the period.

In context, technological advances mean that cataract surgeries can be done in a matter of a few minutes each and public hospitals are paid approximately $500 per surgery. If even a quarter of that increase was paid to public hospitals for cataract surgeries ($9.4 million) it would have bought almost 19,000 more cataract surgeries.

Table I. Budget Plan & In-Year Increases for Private Clinics

Independent Health Facilities Program (with links to source data)	Spending Plan	Q1 Adjustments	Q2 Adjustments	Q3 Adjustments	Q4 Adjustments	Total Adjustments	Revised Spending Plan
2020-21	52,177,900	0	0	5,500,000	-224,800	5,275,200	57,453,100
2021-22	52,177,900	0	0	0	14,696,800	14,696,800	66,874,700
2022-23	38,693,100	0	1,078,200	0	21,244,400	22,322,600	61,015,700
2023-24[96]	120,693,100	0	0	0	0	0	120,693,100
2024-25[97]	86,193,100	0	0	0	6,840,400	6,840,400	93,033,500
2025-26	173,503,100	0	0	0	-58,474,400	-58,474,400	115,028,700

[96] This link is broken. The Ontario Health Coalition has emailed the Financial Accountability Office of Ontario and will replace the link when they fix it. In the meantime, The OHC have a downloaded copy of the data if needed.

[97] As of 2024-25, the province's financial statements rename "Independent Health Facilities" as "Integrated Community Health Service Centres" (ICHSCs) in accordance with the Ford government's enabling legislation for their expansion of the private clinics. When searching these financial statements, use Integrated Community Health Service Centres to find the budget item that was formerly Independent Health Facilities from the year 2024/25 on.

Table II. Actual Unaudited Spending Compared to Increased Budget Plans for Private Clinics

Independent Health Facilities Program (with links to source data)	Revised Spending Plan	Q1 Spending	Q2 Spending	Q3 Spending	Q4 Spending	Total Unaudited Spending
2020-21	57,453,100	11,445,425	12,576,387	15,229,795	16,790,719	56,042,326
2021-22	66,874,700	12,138,421	13,614,673	13,233,394	26,815,496	65,801,984
2022-23	61,015,700	8,528,873	10,183,500	22,752,693	17,063,852	58,528,919
2023-24[98]	120,693,100	11,462,915	11,574,684	12,320,591	37,918,763	73,276,952
2024-25	93,033,500	21,201,637	21,216,717	20,421,956	24,772,669	87,612,978
2025-26	115,028,700	26,624,339	15,621,519	21,068,907	30,347,452	93,662,216

Funding increases to the two private hospitals in Ontario are even more extraordinary. After remaining stable for years, funding to Clearpoint Surgical more than tripled by 2022-23 (a 300.3% increase). (Clearpoint bought Don Mills Surgical Unit in 2019.) Notably, after leaving office, former Health Minister Christine Elliott become a lobbyist for Clearpoint, owner of Don Mills Surgical Unit Ltd. Though not as eye-popping when positioned next to the gargantuan increases for Clearpoint, funding increases for the Shouldice Hospital have also been very significant, rising 19% over just two years (2020/21- 2021/22).

Table III. Public payments for procedures in private hospitals, 2017-18 to 2021-22 and 2022-23

Private Hospitals	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	Change (%)
Clearpoint/ Don Mills Surgical	$1,316,500	$1,316,500	$1,316,500	$1,316,500	$4,979,400	$5,270,000	300.3%
Shouldice	$6,945,600	$6,945,600	$6,945,600	$7,944,800	$8,266,400		19.0%

[98] This link is broken. (All the others work.) The Ontario Health Coalition has emailed the Financial Accountability Office of Ontario and will replace the link when they fix it. In the meantime, The OHC have a downloaded copy of the data if needed.

In order to maintain existing services without any improvement, public hospitals require funding that keeps pace at minimum with population growth, inflation, and aging. Tables IV and V show the planned and actual hospital operational funding through the same period. There are a few trends of note:

- Unlike the private hospitals and clinics, public hospital operational funding has not met increases in inflation alone, let alone population growth and aging. Hospitals have thus experienced real dollar cuts through this period.
- In addition, the years of 2020 – 2022 were pandemic years followed by a significant increase in patient load due to COVID and long-COVID that persists to this day, meaning that resources were taxed in an unprecedented way and the baseline need for hospital services rose beyond normal population growth, inflation and aging.
- Finally, just prior to the pandemic, in late 2019, the Ford government introduced wage restraint legislation, capping wage increases at 1% (below inflation) for nurses, health professionals and other staff in public hospitals. That wage restraint legislation continued until it was struck down by the Superior Court and the Court of Appeal, which found it an unconstitutional interference in bargaining rights for unionized workers. The appellate court ruling was in February 2024 and retroactive wage increases went to arbitration in the following months. The increase in hospital funding in the final quarter of 2024 was largely retroactive wage settlements.

Despite increased need and crippling staffing shortages made worse by the pandemic, in contrast to the private clinics, public hospital operational funding has not kept pace with inflation alone, and certainly has not tracked population growth and aging. Public hospital funding increased from $24,270,213,946 to $27,445,946,714 between 2020 and 2024, an increase of $3.18 billion (13%) over six years, which did not even keep pace with inflation. The Ontario Budget reported inflation rates over this period as: 3.5% in 2021, rising sharply to 7.9% in June of 2022, approximately 3.7% in 2023, 2.4% in 2024, 1.9% in 2025 and projected inflation of 2.1% in 2026 . From 2020-21 to April 2026, Ontario's population increased by 1,346,290 people from 14,757,600 to 16,103,890 (9.1%) In real dollar terms, operational funding for hospitals has been cut in this period.

Chart IV. Budget Plans and In-Year Increases for Public Hospitals

Operation of Hospitals (with links to source data)	Spending Plan	Q1 Adjustments	Q2 Adjustments	Q3 Adjustments	Q4 Adjustments	Total Adjustments (D+E+F+G)	Revised 2020-21 Spending Plan (C+H)
2020-21	18,922,029,500	1,073,600,000	-24,433,200	2,430,100,000	1,902,079,600	5,381,346,400	24,303,375,900
2021-22	20,452,263,100	0	0	-104,703,700	2,988,719,900	2,884,016,200	23,336,279,300
2022-23	22,883,475,900	0	230,419,000	0	-4,473,300	225,945,700	23,109,421,600
2023-24	23,010,456,400	214,350,000	0	0	2,468,449,400	2,682,799,400	25,693,255,800
2024-25	25,402,395,700	0	0	1,178,320,900	-168,875,500	1,009,445,400	26,411,841,100
2025-26	27,090,414,800	0	0	664,118,000	-215,169,100	448,948,900	27,539,363,700

Chart V. Actual Unaudited Hospital Operational Spending Compared to Increased Budget Plans

Operation of Hospitals (with links to source data)	Revised Spending Plan	Q1 Spending	Q2 Spending	Q3 Spending	Q4 Spending	Total Unaudited Spending
2020-21	24,303,375,900	5,327,189,170	5,370,867,873	6,122,555,498	7,449,601,405	24,270,213,946
2021-22	23,336,279,300	5,281,404,652	5,228,652,443	5,444,205,551	7,094,506,414	23,048,769,060
2022-23	23,109,421,600	5,175,386,205	5,657,306,203	5,474,961,386	6,523,136,403	22,830,790,197
2023-24	25,693,255,800	5,121,686,987	5,804,229,266	6,420,453,488	8,236,322,195	25,582,691,936
2024-25	26,411,841,100	5,539,411,492	6,843,151,579	6,401,011,959	7,586,405,640	26,369,980,670
2025-26	27,539,363,700	6,365,741,051	7,034,339,716	7,250,314,469	6,795,551,478	27,445,946,714

By the end of 2024, the majority of Ontario's public hospitals were in deficit, some using lines of credit to meet payroll and other obligations. Thousands of vacant positions were left unfilled in order to save money, worsening staffing shortages, while the government made repeated announcements of tens of millions to hundreds of millions in public funds being redirected to private clinics.

In fact, for the last three years the majority of Ontario's public hospitals have been in deficit. In 2024-25, 55 percent of the 136 hospitals had deficits. According to a report by the Canadian Centre for Policy Alternatives in May 2026:

"Geographical analysis of hospital deficits by region show that hospitals in northern and western regions of the province were more likely to be in deficit in 2024-25. In the LHIN regions of Erie St. Clair and Mississauga Halton, all hospitals were in deficit, followed by Hamilton Niagara Haldimand Brant (78 per cent), Waterloo Wellington (71 per cent), and the North East (63 per cent).

Costs in the hospital sector have been increasing by about six per cent per year due to population growth, aging, and inflation, according to the Ontario Hospital Association. However, the Ontario budget plans to increase total health care funding to by only 3.5 per cent in 2026-27 and 2.3 per cent in 2027-28.[1] These increases are insufficient to address the health care needs of the population."

Ontario funds its public hospitals at the lowest rate in the country ($1,935 per person in 2024). As a result, Ontario has the fewest hospital beds staffed and in operation of any province. To meet the average funding per person of the other provinces, Ontario would need to spend $4.4 billion more on our public hospitals.

Higher Costs in Private For-Profit Clinics and Hospitals

Where data has been revealed through Freedom of Information requests, each time it shows that the private clinics are being funded at a higher rate than public hospitals. Compounding the issue, public hospitals do the more complex procedures that private clinics cannot or will not do.

- CBC uncovered contracts that show that the Ford government is using our public tax funds to pay more than double for surgeries at a private for-profit hospital.
- The Kingston Health Coalition uncovered contracts that show that they were paying 56% more to do cataract surgeries at a private clinic.
- Across the board, the Ford government is paying a premium of 20% from OHIP billings alone (not including extra user fees charged to patients) at private clinics: they are funding public hospitals approximately $500 per surgery while private clinics received $605 per surgery and the for-profit hospital (the Don Mills Surgical Unit) is getting $1,264 for the same surgery.[99]

The same public funding would have provided far more surgeries in public hospitals.

[99] The proponents of private clinics have tried to claim such comparisons are not fair because they do not account for hospital overhead costs. This is false. The pricing per procedure methodology in Ontario, euphemistically called "Quality Based Procedures" calculates both the direct and indirect costs per procedure as follows, "Funding is allocated to hospitals for specific procedures based on a 'price x volume' basis, which is then adjusted for patient complexity. This approach aims to reimburse hospitals for both the types and quantities of patients treated…. [The calculation] included both direct (e.g. salaries, supplies) and indirect (e.g. education, administrative and support services, research) costs. This ensured that hospitals were held accountable for efficiencies in both direct and indirect expenses." See: https://www.oha.com/Documents/3B.QBP_Carve_Out_and_Pricing_2017.pdf . In fact, private clinics only take the uncomplicated cases and do not provide teaching. The facility fee paid to private clinics is at least equivalent to the QBP price for hospitals. In fact, given that private clinics do not have the same complexity, readmissions, and teaching obligations, the comparison is likely weighted in favour of the private clinics. Regardless, there is no inaccuracy in the claim that they are paid more per procedure.

Rising Inequities, Longer Waits for the Majority, New User Fees & Extra-Billing

A 2024 study published in the Canadian Medical Association Journal by Dr. Robert J. Campbell et al found that the expansion of private for-profit surgical centres in Ontario was correlated with increasing inequity in access to care. The highest income earners gained better access to care while the lowest suffered worse access to care.

The researchers conducted a population-based study of all cataract operations in Ontario between January 2017 and March 2022. They analyzed differences in socioeconomic status among patients who accessed surgery at not-for-profit public hospitals versus those who accessed it at private for-profit surgical centres before and during the period of expanded public funding for private for-profit centres.

Overall, 935 729 cataract surgeries occurred during the study period. Within private for-profit surgical centres, the rate of cataract surgeries rose 22.0% during the funding change period for patients in the highest socioeconomic status quintile, whereas, for patients in the lowest socioeconomic status quintile, the rate fell 8.5%. In contrast, within public hospitals, the rate of surgery decreased similarly among patients of all quintiles of socioeconomic status.

During the funding change period, 92 809 fewer cataract operations were performed than expected. (The pandemic resulted in cancellations of thousands of elective surgeries.) Regardless of the impact of the pandemic on overall volumes, the trend that they found was associated with socioeconomic status, particularly within private for-profit surgical centres, where patients with the highest socioeconomic status were the only group to have an increase in cataract operations.

Study authors concluded that after increased public funding for private, for-profit surgical centres, patient socioeconomic status was associated with access to cataract surgery in these centres, but not in public hospitals.

The results should come as no surprise to patients who are increasingly being charged out-of-pocket for care in the private clinics. In response to patient complaints, the Ontario Health Coalition conducted a province-wide survey from February 5 to March 8, 2024. Of 231 patients surveyed, 120 patients were unlawfully charged by private clinics. Most of the patients are seniors on fixed incomes who were charged up to $8,000 or more for eye surgeries and tests, reported the Health Coalition. The fees impose significant financial strain, forcing one patient to go back to work at the age of 71 to pay the bill, and others to fall into debt, use up all their savings, borrow money or go without other needs.

In June 2025, the Coalition filed a formal complaint with the Ministry of Health detailing 50 case studies from patients who had been extra-billed, charged user fees, subject to manipulative upselling or sold queue-jumping in private clinics. In the summary to the Ministry, the Coalition described our findings as follows:

> "Under the Canada Health Act, provincial governments are required to ensure that all medically necessary hospital and physician services – including surgeries, diagnostic tests and physician services – are covered under the provincial health care plan (OHIP). All Canadians have the right to health care on equal terms and conditions without financial barriers. Patients are protected from extra-billing and user fees. Under Ontario law, no person or entity can charge for an OHIP covered service or make its provision dependent on user fees, and no person or entity can sell queue jumping. These fundamental values – that health care be provided based on a patient's medical need, not their wealth – are deeply held. As the Minister of Health, you are required to safeguard these values.

Despite these legal protections, we have gathered complaints from fifty patients which we have sent to the Ministry of Health. These patients should be reimbursed and enforcement action should be taken under our Medicare protection laws to stop the private clinics that are extra-billing and levying user fees on patients.

The most common types of complaints include:

Extra-billing: Patients are reporting that private clinics have flagrantly extra-billed them. They were told to pay to get surgery without having the option to receive the service free of charge. Some have been told that the clinic does not do "OHIP-covered surgery". Others are told that the clinic only does laser cataract surgery, so they were required to pay. These claims are false. As you must know, medically necessary surgeries are covered regardless of the setting in which they are performed. Patients cannot be required to pay for unnecessary things in order to get the medically needed surgery. Cataract surgery is covered by OHIP when provided using any method, including laser. In addition, many patients are subjected to mandatory charges for eye measurements with no option to receive the OHIP-covered measurements. Again, medically needed diagnostic tests including eye measurements, are covered and patients should not be subject to user fees for them.

Manipulative charging: Private clinics routinely extra-bill patients by manipulating them into paying for medically unnecessary services when they go in for cataract surgery, such as extra eye measurements and lenses. Patients are reporting they were told that OHIP-covered eye measurements were "basic", "old-fashioned", substandard, or not as accurate as ones that OHIP does not cover. The patients were led to believe their outcomes would be inadequate if they did not pay for these extra measurements. This is beyond "upselling". It is manipulating a patient in order to extra-bill them. Often the patients have no idea that they are being charged for things that are for other types of vision correction unrelated to the cataract surgery for which they went to the clinic.

Charging for medically unnecessary services as a condition of receiving medically necessary services: As noted above, patients are frequently being told that they have to pay for medically unnecessary measurements, lenses, other add ons, or methods of surgery, in order to get cataract surgery. If they do not pay for the unnecessary things, they cannot get the cataract surgery at that clinic.

Telling the patients one thing but the receipt shows something else: Patients are also telling us about a growing form of extra-billing cover up in which private clinics tell patients that they need to pay for medically necessary cataract surgery but record the charges on the invoice or receipt as being for medically unnecessary services, such as extra eye measurements and special lenses. As far as the patient knows, they are paying for what they understand is cataract surgery. By providing records that say the payment is for something medically unnecessary, the clinics are covering up their extra-billing.

Queue jumping/Lies about wait times: To persuade patients into paying extra user fees for their surgery, private clinics frequently lie to them about very long wait lists in public hospitals and claim that they can get surgery faster at a private clinic. In some cases, these clinics tell them that they need to pay for medically unnecessary add-ons or that "OHIP-covered" surgery is not performed at the clinic but if they do not pay, they will face wait times of a year to four years, or more. In other cases, they are being charged outright for queue-jumping. In reality, when we receive the query from the patients and we go and look at the wait times, they are not anywhere near what the patients are being told. Currently, the highest priority patients in Ontario are getting their specialist appointments within 28 days and get their surgery within 2-3 months, according to the Ministry of Health's wait time tracking website, and the patients with the least urgent medical need get their

specialist appointments within 101 days and their surgery within 105 days (total less than 7 months)."

Conclusion

The evidence from Ontario's expansion of for-profit surgical clinics is clear. Promises that have been made to address public opposition to the privatization of their local public hospital services simply do not withstand scrutiny.

Costs are significantly higher and the same funds would buy thousands more surgeries in public hospitals. The privatization has actually slowed down the addressing of wait times as the province has been delayed engaging in bidding processes and development of new private clinics. At every stage, the provincial government has failed to meet its announced timelines and budgeted volumes of procedures. Yet, at the same time public hospitals that have the equipment sitting in them waiting for funding, have been pushed into deficit and cuts.

The provincial government is now spending almost $100 million in funding per year in private clinics rather than public hospitals and their plan is to spend hundreds of millions more. With the expansion of for-profit clinics, inequities in access to care have increased substantially.

The evidence of unlawful and illegal user charges in private clinics is irrefutable. Patients are reporting exorbitant prices for cataract surgeries and while the private clinics are being paid more per surgery from public funding, they are also commonly charging $3,500 per eye (seven times the public hospital funding rate) to patients in out-of-pocket charges on top of the public funding for which they are billing.