

## MEDIA RELEASE

### New report: For-profit clinics expanded by Ford government charging patients thousands in unlawful fees

**Toronto, April 16, 2024** – Released today, a new report [\*Illegal, Unlawful and Unethical: Case Studies of Patients Charged for Medical Care in Ontario’s Private Clinics\*](#), featured evidence from more than a hundred patients about user fees being charged in Ontario’s private clinics. The Health Coalition held press conferences to release the report with patients who have been charged hundreds or even thousands of dollars for access to care in for-profit 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.

The Coalition noted that when Premier Doug Ford announced his government’s plan to privatize surgeries and diagnostics, he made a headline-grabbing promise that Ontarians would [never have to pay with their credit card, only their OHIP card](#). His government also promised strong “guardrails” to protect patients from extra-billing and user fees. Those promises are belied by the reality of patient being charged user fees in private clinics, said Coalition executive director Natalie Mehra, who noted that not only were the guardrails performative, not real, the government actually widened the door to the privatization of vital health services with less checks and balances, and expanded user fees.

In response to patient complaints, the Coalition conducted a province-wide survey from February 5 to March 8. Of 231 patients surveyed, 120 patients were unlawfully charged by private clinics. In addition to the surveys, the Coalition obtained receipts and evidence to pull together eighteen more in-depth case studies to illustrate what is happening to patients.

The most common fees were related to eye surgeries in for-profit clinics. Patients reported that they were faced with charges ranging from \$50 - \$8,000 when they went in for cataract surgeries, as follows:

- Patients were told they had to pay for medically needed surgeries that are, in fact, covered by OHIP.
- Patients were told that if they didn’t pay, they would face extreme wait times (most often two years ranging up to five years). In the report, the Coalition showed the actual wait times on the public website for wait times in every public hospital in Ontario. The highest priority patients are both seen by a specialist and receive their surgery within an average of three months. Even the lowest priority patients go from first referral to specialist to completion of surgery within seven months.
- Patients were denied vital information about the effectiveness of OHIP-covered eye surgery to compel the patients to pay. OHIP provides for everything a patient actually needs related to all medically necessary eye surgeries. No patient needs to pay in order to get effective, quality care.
- For-profit clinics charged patients for extra eye measurements, tests and special lenses, telling patients that these unnecessary add-ons were necessary, safer or “better” than OHIP-covered services for cataract surgery.
- Patients reported that the private clinics co-mingled unnecessary services with necessary services in order to charge fees. Those patients were charged for these unnecessary services without discussion or were denied access to surgery if they did not pay out-of-pocket for add-ons.

In addition to cataract surgeries, patients reported being charged appointment, membership and administrative fees for primary care, as well as user fees for diagnostics and physician-ordered lab tests.

“The Ford government is expanding privatization in the very for-profit clinics that are breaking our medicare protection laws, charging patients outrageous prices and manipulating them into paying for a burgeoning array of medically unnecessary things,” warned Natalie Mehra, executive director of the Ontario Health Coalition.

“The Health Coalition has monitored the situation for decades. This widescale extra-billing and charging user fees to patients never happened before the for-profit clinics began to take over our public hospitals’ surgeries, and, in our experience, it has never been worse than it is now,” she reported. “Ontarians need to raise their voices in no uncertain terms and force the Ford government to stop privatizing the ownership and control of our public hospitals’ services.”

Patient quotes:

Kate Armstrong, a small business owner in Toronto, was told by a surgeon in a private clinic that she would face an impossibly long wait and that the public hospital could not provide the “upgraded” lens, and thus was convinced to pay for extra tests and eye surgery at a private clinic: “I feel that the close to \$8,000 I am out of pocket should’ve been covered by OHIP. At no time ever was I told that *any* of this was covered under OHIP. This was not a cosmetic procedure. This was a necessity. I could not function without it.”

Shalom Schachter in Toronto reports his experience at a for-profit clinic where he was recommended extra eye measurement tests and lenses. He ultimately paid \$350 for the use of the diagnostic assessment machine, \$190 for the lens for one eye and \$575 for the lens for the other eye: “I wanted to make an informed decision so I asked for documentation from the clinic supporting their claim that their private equipment would provide a better outcome. I was promised the information would come later that day by email. However, the only information forwarded was the same schedule of extra fees that I was given in their office. I wrote back asking for actual “scientific” explanations and received a response that they were not going to respond substantively to my inquiries and that if I was unsatisfied, I could find another ophthalmologist.”

Maureen Monro in London reports that she was told she would have to wait two years unless she paid thousands of dollars for cataract surgery: “I was informed the cost to receive the surgery would be almost \$7,000. Being as I live alone, I did not want to lose my quality of life. Therefore, I paid the \$7,000. Being a senior on a fixed income, I am still trying to catch up with bills from this surgery.”

Mike Suta’s wife was charged \$3,000 for cataract surgery: “The optometrist told her there was a two-year wait to get the surgery. However, he said that if she wanted to get done right away it would cost \$3,000. She did not want to have headaches for the next two years, so she took her total life savings of \$3,000 and said she was going to pay for it. When the optometrist called back, the appointment was made with the same surgeon that did the first operation in the hospital 4 years earlier and he now had a for-profit eye surgery clinic. My wife got the surgery done at the for-profit clinic and it cost \$3,000 more than when it was done at the hospital. We have one question: who is supposed to protect us from such scams?”