

# Ontario Health Coalition Briefing Note

## Urgent Crisis in Public Medicare --Twin Threats:

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February 13, 2026

### Alberta's Danielle Smith government launches frontal assault on the Canada Health Act to end single tier public medicare & bring in U.S. private health care

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The threat to the future of Public Medicare in Ontario and across the country is at an all-time high. After passing legislation to privatize hospitals, the United Conservative Party (UCP)-- under the leadership of Premier Danielle Smith in Alberta-- passed "Bill 11" in December. The new law creates the legal framework to privatize health care, ending single-tier Public Medicare as a national project, enabling doctors to charge patients directly for health care and bill the public health system at the same time. Central to the plan, the law creates a market for private for-profit health insurance companies. Doctors choose which patients are charged and for what services. If patients can't pay, they have to try to find a doctor who won't charge (or wait/go without care). Bottom line: this legislation is the most direct and grievous attack on Public Medicare in Canada since its inception.

Without question, this law breaches the Canada Health Act. It attempts to splinter our deep national consensus that the fundamental principles that Canadian health care be equal access for all-- based on need not how wealthy we are-- and that care be provided for the public good not for the purpose of profit taking from the ill. The law takes a hatchet to the patient protections in the Canada Health Act that require needed care to be given without user fees or charges because those financial barriers cause suffering when Canadians are ill, elderly, dying and least able to pay. It throws the doors wide open to the for-profit health insurance industry and ushers in American for-profit health insurance. It affects not just Alberta (and that is bad enough) but risks public health care all of Canada under the U.S. trade agreements.

### Doug Ford launches unprecedented privatization of public hospitals & allows private clinics to charge patients thousands for needed care

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Closer to home, Ontario's Premier Doug Ford is privatizing hospitals, as well as long-term care, blood services, primary care, public health functions and more. In the last six months alone, the Ford government has announced almost \$300 million for 61 new private clinics, a number of which are large scale facilities-- essentially private hospitals. According to government projections, these clinics will redirect more than 1.2 million patients away from public hospitals for treatment. At the same time, most of Ontario's public hospitals have been pushed into deficit by deliberate underfunding by the Ford government. They are being forced to cut staff and services (already stretched beyond what is possible). Ontario funds its hospitals at the lowest rate of any province in the country.

The privatization Ford is undertaking is unprecedented. Since the inception of public hospitals and the 1973 ban on private hospitals, no government has expanded private clinics like this. The majority of the new licenses are for private for-profit facilities and a number of them are owned by for-profit chain corporations. If we don't stop them, their own projected goal is to redirect 50% of the surgeries from public hospitals to private (for-profit) facilities. The scale and scope of hospital privatization planned by Ford will undermine, perhaps fatally, our public hospital system.

The most recent announcements came on the heels of the expansion of the privatization of cataract surgeries in 2024-2025 and the attempted transfer of \$100- \$150 million in additional public funding to private clinics.

Already, this first tier of private surgical clinics has brought in two-tier health care contravening the laws that govern our public health care and protect patients (much like the for-profit long-term care industry). Patients -- most of them seniors -- are being charged hundreds to thousands of dollars when they go to private clinics for their eye surgery. The Ford government is refusing to enforce our Public Medicare laws and stop the extra-billing and user fees.

## A highly coordinated campaign to undermine public confidence and privatize public health care

Highly organized groups connected to for-profit pharmaceutical companies and health corporations - and with U.S. funding and training-- are campaigning to dismantle & privatize health care across the country. They exploit any crisis, failure and underfunding (often that they helped to create). They traffic in misinformation designed to make Canadians think we are highly taxed and our health system rates lower than it does. And they are emboldened by what Premiers Danielle Smith and Doug Ford are doing. It is notable that Danielle Smith in Alberta was an intern with the Fraser Institute and worked for them.

We've raised the alarm before and Ontarians have responded in the hundreds of thousands. As a result, we have repeatedly succeeded in stopping cuts and rolling back privatization. However, the alignment of forces has never been as menacing as it is now. If we don't fight back, we will lose. If we lose, our province and our country will be fundamentally changed for the worse and millions will suffer.

## Patient costs & suffering as a result of Ontario's private clinics

The private clinics maximize their profits by charging the public health system and charging patients on top. Costs have escalated and are now routinely \$4,000 or more per eye, plus \$200 or more for eye measurement tests. The Coalition has multiple complaints from patients who have been charged \$8,000- \$11,000 for eye surgery that is covered by our public taxes and for which it is illegal to charge them. Seniors have had to take out loans, use all their savings, and even go back to work at age 70 or older in order to pay. Patients are already pressuring private insurance companies to cover these costs, which would unravel our public insurance system.

To be clear: it is a violation of the Canada Health Act to charge a patient for medically needed hospital and physician care. User fees, extra-billing, selling queue jumping and two-tier medicare are banned both in federal and Ontario law. We are deeply concerned because the private clinics openly flaunt those laws. In Alberta, private clinics charge up to \$50,000 for orthopedic surgeries. If the private clinics are allowed to expand into orthopedics and gynecologic surgeries and more, the unfettered expansion of patient charges will cause widespread suffering and inequality. It is no exaggeration to say that the privatization of our hospitals, which is bad enough, are also a fatal threat to Public Medicare.

## How Alberta's Bill 11 contravenes the Canada Health Act

The Canada Health Act says:

1. The health insurance program of a province must be public and non-profit.
2. That public health insurance plan must cover all medically-necessary hospital and physician services.
3. 100% of the residents of the provinces who qualify for public health care (i.e. are citizens, permanent residents, etc.) must be covered by that public insurance plan.
4. All Canadians have the right to access this care on equal terms and conditions without direct or indirect charges.
5. In order to qualify for the federal health funding, the province must not allow charges to patients for these services – i.e. no user fees, no extra-billing.

Alberta's Bill 11 expressly brings in private for-profit health insurance. (In fact, we think that is its goal—to create a market for the private insurance industry.) It allows high income people to pay to jump the queue, violating the equality provisions. It allows user fees for medically needed hospital or physician care: in fact, that is specifically what the Bill does. It allows doctors to choose which patients to levy user fees on and which patients not to, and for which services, which violates all of those provisions.

Unless stopped, it would end equal care based on need and also end health insurance for the public good rather than private profit. It would bring in user fees and private health insurance with its exorbitant costs, suffering and inequality, like we see in the U.S.