Ontario Health Coalition
Briefing Note & Fact Checker on Bill 7

September 15, 2022

The Ford government has released its regulations under the euphemistically titled More Beds, Better Care Act (formerly Bill 7) on September 15. The regulations are the details under the legislation to provide new powers to push elderly patients and people with chronic care needs out of hospitals, overriding their right to consent. The hammer that the government intends to use to coerce patients to leave hospital is a charge of $400 per day, or $2,800 per week. According to the Minister's statement yesterday, hospitals will be "required" to charge patients waiting not only for long-term care, but also for home and community care, the exorbitant fees. Patients can be sent up to 70 km away from the hospital in southern Ontario. In the North, the limit is 150 km, however, if there are no beds available within 150 km, they will be allowed to move patients further away than that*, according to government documents. I am attaching the government documents here in case you need them.

Timelines:
The new powers to override patient consent to do assessments, share personal health information, apply to LTC/other, and admit patients into LTC/other without their consent started September 21.
The requirement for hospitals to charge patients $400 per day who refuse to go to a LTC home/other against their will starts Sunday, November 20.

Key Facts:

- The chief function of the new law is to give new powers to:
    - Assess a patient without their consent
    - Share that patient's personal information with an array of health provider companies (for and non-profit) without their consent
    - Fill in the applications for the patient without their consent
    - Admit a patient into a long-term care home without their consent, including a long-term care home that is far away, has a bad record for care, is not of the patient's choice, does not meet their language needs, etc.
- In the documents describing the changes by the government, they have expanded the scope of the new law to also cover patients waiting for home and community care as well as long-term care. They did not shrink it despite widespread public opposition. They expanded it. This may result in patients being pushed out of hospital into retirement homes, home waiting for home care that may not materialize, or other facilities or places.
- The government documents also make it clear that in the North the 150 km limit is not really a limit, as if there are not beds available, they can push the patient out to a community further away. Since, there are not beds available (there are 38,000 people on the LTC wait list) this will happen.
- If a patient refuses, they will be charged $400 per day or $2,800 per week.

Fact checker:

- Ontario has the fewest hospital beds left of any province in Canada. The downsizing of Ontario's hospitals is not "normal". It is extreme, in fact the most extreme in the country. Now, patients –

and specifically the frail elderly and those with chronic care needs – are being treated as thought they are taking up resources wrongly. This is ageist and immoral. Those patients have the same human rights as all patients. They are not "taking up" resources, they need care. They have nowhere appropriate to go, not of their choice, but as a result of policy choices, continued by the Ford government, not to rebuild our public hospital capacity.

- Hospitals are not only "acute care" facilities. They have always provided a range of care including chronic care (complex continuing care), palliative care, rehabilitation beds and more. Those services are of equal importance to acute care and it is not in the public interest to allow them to be cut and routinely discounted.
- Ontario has funded its hospitals at the lowest rate in Canada for years in a bid to force downsizing. (Virtually every service cut from public hospitals is privatized.) Here is hospital funding by provinces as a proportion of provincial GDP and per person. The Ford government continued this when it got into office. Nothing has been done to restore hospital capacity to something approaching reason.
- There is a staffing crisis, commensurate to the hospital staffing crisis, in long-term care and in home care, where these patients are likely to be forced. Despite repeated demands – with concrete recommendations – to get the Ford government to take real action on the staffing crisis the government has downplayed the situation refusing to call it a crisis, tried to distract, and ultimately held a lot of PR announcements with very little real action. There are a significant number of actions the government could take to deal with the crisis but it has chosen not to spend the money and is now, instead, violating the rights of mostly elderly patients to deal with the crisis that they still are not addressing.
- Not all so-called Alternate Level of Care (ALC) are waiting for long-term care. In fact, the minority of ALC patients are waiting for long-term care. A significant block of ALC patients are waiting for hospital beds – complex continuing care (chronic care), rehab, mental health beds and others. A small number are waiting for home care. (Most patients waiting for home care are discharged home, where that care may or may not ever happen.)
- Hospitals also provide long-term care beds and have done so for decades. There are significant numbers of closed hospitals and closed hospital beds all across the province that still exist and could be opened if they were funded and staffed. In fact, last year public hospitals built four fast-track long-term care facilities on hospital land. The choice not to address the problems by expanding services are policy choices -- not necessities -- and they reflect the values and priorities of the government and those who lobbied behind the scenes to create the new law and its regulations. Those values and priorities do not accord with the values and priorities of the majority of Ontarians.
- Any claim that cultural needs etc. will be taken into account is nonsense. Generally, cultural homes have longer waits than those that do not offer those services. Patients will be forced into the only available beds, which are the ones that are far away or to which people do not want to go, often for good reason.
- The claim that the forced moves are temporary and patients will find their way to a LTC home of their preference is also extremely manipulative. Crisis admissions from hospitals always take precedence. The forced move is very likely the last move of the patient's life.
- Across Canada and internationally we have just seen the devastating effects of isolation from families and loved ones for residents in long-term care during the pandemic. Countless elderly residents failed; they lost health status permanently; they suffered enormously from depression, loneliness, desperation and inadequate care, and many died. This is, we fear, the consequence of this policy for the hundreds, and ultimately thousands of elderly people who will be subjected to this abhorrent coercion.

* The specific language used by the government in their *Field Guidance to Home and Community Care Support Services Placement Co-ordinators* is:

> "However, if in these regions there is no suitable LTC home in the applicable radius, or if there are extremely limited vacancies in the available homes within the geographic boundary, the next closest home or homes to the patient's preferred location(s) can be selected." [I.e. Beyond the 150 km radius.]

We expressed outrage at these plans in a press conference on September 15 livestreamed and available here in case it is useful: https://www.facebook.com/ontariohealth/videos/1262453651238649