



June 16, 2025
Honourable Sylvia Jones
Minister of Health
5th Floor
777 Bay St.
Toronto, ON M7A 2J3
By email: sylvia.jones@ontario.ca

Dear Minister,

We are writing to express our deep concern about the inaction of your government in response to violations of the [Canada Health Act \(1984\)](#) and [Commitment to the Future of Medicare Act \(2004\)](#). We are asking that you take urgent action to stop the private clinics that are charging patients hundreds or even thousands of dollars when they go in for medically needed surgeries. The fact is that elderly patients are being taken advantage of by private clinic owners and operators who are among the top income earners in the country (from OHIP billings alone). It has nothing to do with wait lists and it violates the fundamental principles of our society, not to mention the law.

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).

Minister, it is a choice of your government to redirect more than a hundred million dollars of public funds away from public hospitals to private for-profit clinics. It is not a necessity and it is not good policy. As you must know, virtually all public hospitals in Ontario have unused and underused operating room capacity because they have not been provided sufficient funding to run them at full capacity. The amount that you are funding the private clinics per cataract surgery is more than you are providing to public hospitals. If your government provided the same funding to public hospitals to increase the number of cataract surgeries, it would buy more surgeries and reduce wait times more efficiently.

Further, the private for-profit clinics that you have chosen to expand instead of public hospitals have little if any real oversight. In public hospitals, physicians are subject to peer review for quality control, patients have somewhere to complain with a chance of actual redress, information given to patients is subject to scrutiny, records are accountable, and it would be very difficult if not impossible to sell medically unneeded surgeries.

Finally, your government’s decision to expressly invite the private clinics to outline their plans to upsell to patients in Bill 60 [Section 5 (4) i)] has created a mess that is both almost impossible to police and a waste of public resources. Without question, patients, many of whom are seniors on fixed incomes, are being exploited as a result.

To be clear, this complaint to you includes only patients whose reports about the user fees and extra-billing to which they were subjected involves things that are illegal under Ontario laws and a violation of the Canada Health Act. Those who bought medically unnecessary add ons told us they only did so because they were led to believe it was a requirement for cataract surgery, that their outcomes would be inadequate or substandard if they did not, or because they were sold queue-jumping. We are asking that their complaints be taken seriously.

In context, we have tracked extra-billing and user fees for decades. What we are seeing now is the worst we have ever seen. The cost of the user fees and extra-billing has increased sharply. Elderly patients are now being charged up to \$11,000 when they go in for cataract surgery. Some describe these charges as taking up all their life savings or their grocery money. Others have had to return to work when they are more than seventy years old in order to pay their bills for cataract surgery. There have been problems before, as you know, but without exaggeration the frequency with which patients are being charged, the escalation of the costs, and the proliferation of medically unnecessary things that are being pushed on patients using coercive and manipulative tactics are beyond anything that has ever happened before.

Please ensure these patients get reimbursed, enforce our Public Medicare laws and fine offenders under the provisions written in the *Commitment to the Future of Medicare Act* and other Ontario laws as applicable.

We have asked repeatedly to meet you regarding this issue. It is unprecedented that a Minister of Health will not meet with us. We repeat our request to meet and look forward to hearing your response to our concerns.

Thank you for your attention to this important matter.

A handwritten signature in dark ink, reading "Natalie Mehra". The signature is fluid and cursive, with the first name "Natalie" written in a larger, more prominent script than the last name "Mehra".

Natalie Mehra
Executive Director