



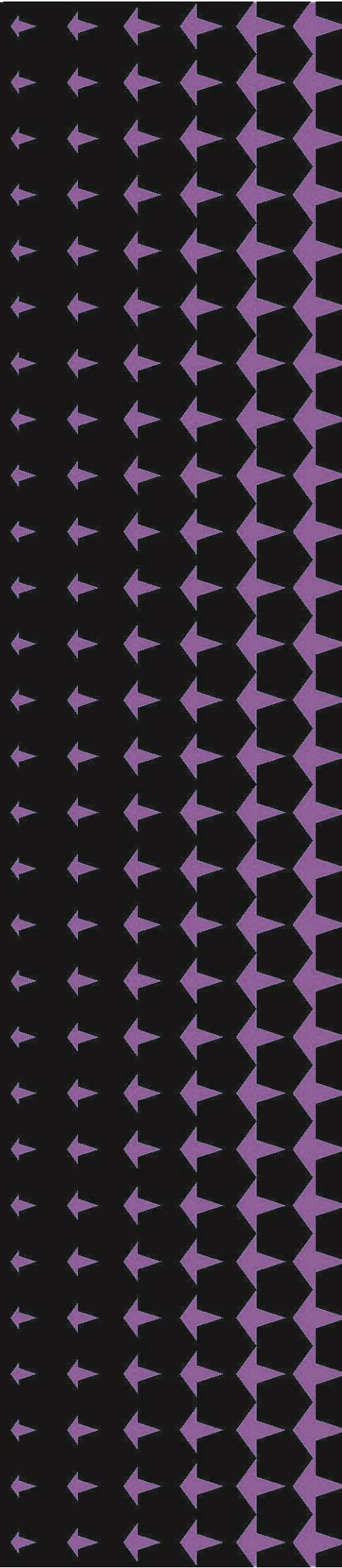
SUBMISSION ON

**Proposed New
Regulation under the
Connecting Care Act,
2019**

TO

Ministry of Health

April 8, 2024



Introduction

The Ontario Nurses' Association (ONA) represents over 68,000 registered nurses (RNs) and health-care professionals, and over 18,000 nursing student affiliates. Our members provide care in hospitals, long-term care (LTC) facilities, public health units, the community, clinics, and industry. ONA has several concerns regarding the proposed regulation under the *Connecting Care Act, 2019*. While the proposed regulation establishes a not-for-profit structure for the coordination of care, this is overshadowed by the for-profit delivery of care encouraged by Bill 175 and Bill 135. Moreover, the proposal omits wage harmonization and comprehensive designation requirements, two essential prerequisites for the success of Ontario Health Teams (OHTs).

The profitization of care

The proposed regulation requires OHTs to create a not-for-profit coordinating corporation to receive designation from the Ministry. This is a necessary step that ONA called for in its [submission on Bill 135](#). The proposed regulation also requires OHTs to submit a “readiness and delivery plan” indicating how home care will be provided. However, there is no requirement that OHTs contract not-for-profits to provide care. By failing to prevent profitization beyond care coordination, the Ontario government is allowing for-profit care delivery to run rampant. As OHTs are designated and begin coordinating care, for-profit provider companies will receive contracts based on their ability to offer lower bids. These companies offer lower bids by paying their workers poor wages and reducing the quality of care provided to patients. Public funding should not be going to support corporate profits.

Publicly delivered, not-for-profit care is proven to be more cost-effective overall, more reliable, and more equitable than for-profit care delivery. Increased for-profit care results in public dollars being funnelled towards private shareholders rather than fair wages for workers. A 2015 Auditor General's report showed that for-profit home care companies billed the province anywhere from \$58.20 to \$70.60 dollars an hour to compensate nurses while the nurses themselves received around \$30 per hour.¹ The remaining funds went to bolster

¹ Office of the Auditor General. *Community Care Access Centres-Financial Operations and Service Delivery*, p. 52. 2015.

company profits. The additional cost to the public that comes with for-profit delivery of care is being seen across Canada with respect to surgical procedures. In British Columbia, private clinics charged 375 per cent more for an expedited knee meniscectomy than the costs for the same surgery in a public hospital.² Wherever for-profit delivery of care exists, we witness increased costs, up-selling, and an expansion of two-tier health care.

Wage parity and fairness

The proposed regulation does not address the lack of wage and benefit harmonization for nurses and health-care professionals. Home and community care workers, who are primarily women and workers of colour, earn substantially less than those who work in hospitals or long-term care facilities. As a result, turnover and vacancy rates are high as workers frequently leave for better paying jobs in other sectors. Ontario's independent Financial Accountability Office projects that there will be a province-wide shortage of 33,000 nurses and personal support workers (PSWs) by 2028.³ Not only does high turnover disrupt the continuity of services, but it also drives up the cost of orienting and training new staff. Primary care needs to be adequately funded so equal wages and benefits go to retain and recruit the workers needed to meet the increasing demand for home and community care.

Insufficient designation requirements

The *Connecting Care Act, 2019* requires an OHT to demonstrate that they can provide three categories of services to receive designation. The list of services an OHT can choose from includes hospital services, primary care services, mental health or addiction services, home and community care services, long-term care home services, palliative care services, and any other prescribed health service or non-health service that supports the provision of health-care services.

It is insufficient that OHTs are only required to choose three of the listed services to obtain designation. This does not ensure equal access to care in all parts of the province. It is not clear where patients will go to receive services that are not

² Mieke Koehoorn et al. *Do private clinics or expedited fees reduce disability duration for injured workers following knee surgery?* P. 57. *Healthcare Policy* Vol. 7, No.1. 2011.

³ Financial Accountability Office of Ontario. [Ontario Health Sector: Spending Plan Review](#). 2023.

delivered by their OHT. In addition, it is not clear how designated OHTs receive support to develop and add the specific services they are lacking. The proposed regulation fails to provide adequate detail with respect to these issues. Patient care is jeopardized by designating OHTs that are not able to provide comprehensive services in their region.

Conclusion

Overall, this proposal misses the mark. Substantial challenges in accessing primary and home and community care are persistent across the province. These challenges can only be addressed by prioritizing patient care over the profits of provider companies. It is necessary that the Ontario government change course and remove the for-profit motive from care delivery, address retention challenges through wage parity, and ensure OHTs are set up to provide all services before they receive designation.