



SUBMISSION ON

**Proposed New
Regulations and
Amendments under the
Connecting Care Act,
2019**

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Ministry of Health

May 10, 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 and amendments under the *Connecting Care Act, 2019*. Once again, the threats of profitization and wage inequality, the two primary concerns attributed to the Act, have been ignored. Moreover, the proposed changes fail to ensure adherence to proposed accountability measures for Ontario Health and the new Ontario Health Teams (OHTs) and Ontario Health atHome.

Accountability

The *Connecting Care Act, 2019* requires a multi-year accountability agreement between the Minister of Health and Ontario Health. According to the Act, the agreement must include “performance standards” and “targets.” This proposed regulation, as well as previous regulations, do not indicate how these objectives will be achieved. Instead, the regulation proposes that accountability for the provision of home care lies entirely with the funded health service provider (HSP), not the OHT, Ontario Health or Ontario Health atHome. While the HSP must be accountable for the care they deliver, it is also necessary that the agencies responsible for coordination are accountable for the allocation of public funds.

The framework established by the *Connecting Care Act, 2019* and subsequent regulations fails to establish accountability measures that ensure public funds are used exclusively for patient care. This inadequacy is intensified by the fact that profitization is associated with inferior care. ONA is deeply concerned that public funds will increasingly go towards the profits of private shareholders. The provincial government should change course and propose solutions where profiteering is removed from home and community care.

Ambulance co-payment

The proposed changes extend the ambulance co-payment exemption to patients receiving professional services from HSPs. This does not cover most insured patients who are charged \$45 if they require ambulance service. If a doctor determines the ambulance ride was not required, patients are charged \$240. The ambulance co-payment is based on an inaccurate view that ambulances are a transportation service rather than a vital health service. Paramedics are trained medical professionals who save lives by responding to those in crisis. The Paramedic Association of Canada has called for the removal of ambulance fees.

Research shows that removing ambulance fees does not lead to an increase in non-emergency usage.¹ On the other hand, there are cases where seniors have not called an ambulance because they worry about their ability to pay despite needing urgent medical care. Fees for access deter the most marginalized from accessing the care they need. The provincial government must ensure that everyone can afford to access lifesaving care and remove ambulance user-fees all together.

Health Information Protection

The proposed regulation regarding data privacy and management place Ontario Health atHome under key legislation that currently govern Home and Community Care and Support Services organizations. These include the *Personal Health Information Protection Act* of 2004, the *Freedom of Information and Protection of Privacy Act*, the *Public Service of Ontario Act* of 2006, and the *Archives and Recordkeeping Act* of 2006. ONA believes patients' privacy rights will be significantly enhanced by aligning with these laws. *The Freedom of Information and Protection of Privacy Act* and the *Public Service of Ontario Act, 2006*, in particular, will mandate transparency in the operation of public-sector organizations, thereby requiring Ontario Health atHome to be more open about its operations and decision-making processes. Compliance with the *Archives and Recordkeeping Act, 2006* will necessitate Ontario Health atHome to maintain comprehensive records of its activities, ensuring that information is appropriately documented and preserved for future reference. Adhering to these requirements will require additional training for staff, systems, and processes to ensure compliance. The infrastructure needed to implement and maintain these standards must be a public undertaking rather than contracted out.

Digitization of records

As a part of the modernization of home care, the Ministry of Health has considered implementing a single database system. A unified digital system for the province is a commendable initiative. However, it is crucial to acknowledge potential challenges, particularly cybersecurity and connectivity issues across all geographies.

In the event of a cyber attack, the integrity and confidentiality of patient data could be compromised, posing significant risks to patient safety and privacy. Therefore, robust security measures must be implemented to safeguard against such threats, ensure the resilience of the digital infrastructure and adherence to the *Personal Health Information Protection Act, 2004*, the *Freedom of Information and Protection*

¹ Tippett, V. et al. Universal access to ambulance does not increase overall demand for ambulance services in Queensland, Australia. *Aust Health Rev.* 2013 Feb. 37(1):121-6.

of Privacy Act, the Public Service of Ontario Act, 2006, and the Archives and Recordkeeping Act, 2006.

The reliance on digital connectivity introduces a vulnerability to disruptions in internet services. Inadequate connectivity will hinder the seamless operation of the system for members who serve in areas with limited to no network coverage. This will impede access to vital medical information when it is most needed. While implementing a unified digital system offers substantial benefits for health-care delivery, addressing cybersecurity and connectivity concerns is essential to safeguard patient data under the above-listed legislations.

Conclusion

We need timely investments to meet the rising health-care needs of Ontarians. These investments must focus on enacting equitable wages across all sectors, addressing retention strategies and investing in publicly funded and publicly delivered care. The government needs to prioritize retention of staff over fixating on operational details. Without sufficient staff to implement these best practices, operational improvements become futile.