ONTARIO NURSES' ASSOCIATION

SUBMISSION ON

2025 PRE-BUDGET CONSULTATIONS

TO

STANDING COMMITTEE ON FINANCE AND ECONOMIC AFFAIRS

January 29, 2025

Summary of ONA's Recommendations for the 2025 Ontario Budget

Ratios: A solution to the health-care staffing crisis:

- **Recommendation 1:** Fund and legislate safe staffing ratios for nurses and health-care professionals across the Ontario health-care system. Develop staffing ratios in consultation with unions, nurses and health-care professionals.
- **Recommendation 2:** Require mandatory reporting by organizations of actual nurse staffing numbers versus legislated ratios every quarter.
- **Recommendation 3:** Commit that Ontario will reach the average RN-to-population staffing ratio in Canada by adding 25,000 net new RNs by January 1, 2026.

The right care from the right classification:

- **Recommendation 4:** Protect quality care by ending the replacement of RNs with other classifications.
- **Recommendation 5:** Ensure that of the four hours of care received by long-term care (LTC) residents, 20 per cent is direct care provided by an RN.
- **Recommendation 6:** Fully implement and sustain the full integration of NPs across the continuum of care to improve patient and system outcomes.
- **Recommendation 7:** Oppose the downgrading of qualifications in LTC and the replacement of PSWs with resident support personnel who are paid precarious wages.

Fair wages and reliable funding:

- **Recommendation 8:** Fund harmonization of wages across all sectors; pay nurses who work in primary care, home care and community care the same as those who work in other health sectors, such as hospitals.
- **Recommendation 9:** Expand full-time nursing positions so that a minimum of 70 per cent of jobs are full-time.
- **Recommendation 10:** Increase funding to public health units to allow for fair and competitive wages, preserve existing public health positions and prevent layoffs.
- **Recommendation 11:** Reverse the decision to close supervised consumption sites and continue to fund the sites, harm reduction and treatment programs.

- **Recommendation 12:** Provide funding to end ambulance fees and hospital parking fees, which are barriers to health care access.

Prioritizing the health and safety of workers:

- **Recommendation 13:** Implement key recommendations from the provincial Preventing Workplace Violence in the Health Care Sector report.[1]
- **Recommendation 14:** Educate and empower Ministry of Labour, Immigration, Training and Skills Development (MLITSD) inspectors to thoroughly investigate allegations of violations and enforce the *Occupational Health and Safety Act* (*OHSA*) and relevant regulations, by issuing orders for violations, fines for repeated violations and criminal charges.
- **Recommendation 15**: Amend the *OHSA* to allow reports related to workplace harassment to be provided to the Joint Health and Safety Committee (JHSC) or the health and safety (H&S) representative with identifiers, such as names and work locations redacted.
- **Recommendation 16:** Guarantee access to properly fitting protective clothing and equipment, including N95 masks or a higher level of respiratory protection for all health-care workers.
- **Recommendation 17:** Immediately reverse changes that allow surpluses in the Workplace Safety and Insurance Board (WSIB) Insurance Fund over certain levels to be distributed to businesses.
- **Recommendation 18:** Provide additional funding to support the expansion of the Ontario Network of Sexual Assault/Domestic Violence Treatment Centres and hire more sexual assault nurse examiners.
- **Recommendation 19:** Ensure provincial funding for wraparound supports for survivors of intimate partner violence (IPV), including funding to expand safe and supportive housing and shelter beds, improve timely access to counseling and mental health supports, and waive hospital fees for patients without health insurance.
- **Recommendation 20:** Amend the *OHSA* to include minimum action the employers must take to protect workers from IPV and amend the *Employment Standards Act* to improve access to paid leave for employees dealing with IPV.

[1] See key recommendations listed on page 12.

Ending health-care privatization:

- **Recommendation 21:** Repeal Bill 60 and Bill 135, which expand the role of for-profit clinics and care delivery. Create a home and community care structure through legislation where care is delivered through a single public source, not contracted out to for-profit companies.
- **Recommendation 22:** Phase out the use of for-profit staffing agencies and enact Bill 144, the *Healthcare Staffing Agencies Act, 2023*, into law.
- **Recommendation 23:** Prevent for-profit LTC homes from attaining new bed licenses.

Nursing students, the workforce of tomorrow

- **Recommendation 24:** Make nursing programs tuition-free across Ontario and provide financial support for nursing students through the Ontario Student Assistance Program (OSAP) to help with the cost of living.
- **Recommendation 25:** Convert mandatory unpaid clinical placements into paid clinical placements.
- **Recommendation 26:** Increase the number of RN seats at Ontario universities and college standalone programs by 10 per cent and expand clinical faculty capacity.
- **Recommendation 27:** Continue funding to support the enhanced extern program, the clinical nurse scholar program, the nursing graduate guarantee program, and expand the Learn and Stay grant.
- **Recommendation 28:** Provide increased funding for enhanced orientation programs for internationally educated nurses (IENs) to ensure their successful integration into Ontario's health-care system.

Introduction

The Ontario Nurses' Association (ONA) is Canada's largest nurses' union, representing over 68,000 registered nurses (RNs) and health-care professionals, and over 18,000 nursing student affiliates. ONA members provide care in hospitals, long-term care (LTC) facilities, public health units, the community, clinics and industry.

Ontario is in a health-care understaffing crisis. Many nurses leave the profession after the first year, and overall, nurses are leaving at a higher rate than in 2019.[2] For years, Ontario has suffered from the worst RN-to-population ratio in Canada.[3] This is a result of the government underfunding public health care by billions of dollars.[4] Even during the peak of the pandemic, the government refused to spend $1.7 billion in dedicated health funding.[5] Provincial policy decisions have exacerbated the crisis and resulted in a record number of nurses leaving the profession or seeking work in different jurisdictions outside of Ontario. The consequences of the staffing shortage are felt in communities across Ontario. Longer wait times and unreliable access to care have become the norm for patients. Unsafe and unmanageable working conditions have become the norm for nurses and health-care professionals.

In the face of these unprecedented challenges, nurses and health-care professionals are the glue that holds hospitals, long-term care, and home and community care together. Each health sector is interconnected. Each sector relies on adequate funding and legislated solutions like safe staffing ratios. ONA members work long hours in difficult conditions to provide care to our families and loved ones. As pressure on Ontario's health-care system increases with population growth and an ageing population, Ontario's independent Financial Accountability

[2] College of Nurses of Ontario. *Nursing Statistics Report 2024.* Pg. 8. nursing-statistics-report-2024.pdf
[3] ONA Media Release. July 25, 2024. ona.org/news/20240725-cihi-data-staffing/
[4] Financial Accountability Office of Ontario. Expenditure Monitor 2022-23: Q4. Financial Accountability Office of Ontario
[5] Gray, Jeff. *Ontario underspent health budget by $1.7-billion in 2022-23, watchdog says.* Globe and Mail. Ontario underspent health budget by $1.7-billion in 2022-23, watchdog says - The Globe and Mail

Office projects that there will be a province-wide shortage of 33,000 nurses and personal support workers (PSWs) by 2028.[6]

ONA welcomes the opportunity to participate in the Standing Committee on Finance and Economic Affairs' pre-budget consultation and provide the perspective of front-line nurses and health-care professionals. This submission includes recommendations on behalf of ONA members on how to improve our public health-care system for both patients and workers. It is essential that the government takes immediate action to retain the nurses we have first and foremost, legislate safe-staffing ratios and a fully funded public health-care system. ONA is calling on the government to recruit the additional nurses we need, stop the erosion of RN work, and make Ontario's hospitals and health-care settings safe workplaces.

Ratios: A solution to the health-care staffing crisis

Nurses and health-care professionals are overworked and experiencing burnout. As a result, they are leaving the health-care sector en masse to pursue other jobs or retire prematurely. Statistics from the College of Nurses of Ontario (CNO) show that 8,000 nurses left the sector in 2024, more than any year during the peak of the pandemic.[7] That means that for every 10 new nurses the province hires, six leave their job.[8] For the ninth consecutive year, Ontario had the worst RN-to-population ratio in Canada according to the Canadian Institute for Health Information (CIHI).[9]

High nurse vacancies have a devastating impact on patient care. According to a December 2023 Auditor General (AG) report, there were 203 emergency department (ED) closures in the past year.[10] The report concluded this was largely due to a shortage of nurses. Since the release of the AG report, a CBC News

[6] Financial Accountability Office of Ontario. *Ontario Health Sector: Spending Plan Review*. March 8, 2023. Financial Accountability Office of Ontario
[7] College of Nurses of Ontario. *Nursing Statistics Report 2024.* Pg. 8. nursing-statistics-report-2024.pdf
[8] Ibid.
[9] Canadian Institute for Health Information. *Nursing in Canada, 2023, data tables.* nursing-in-canada-2014-2023-data-tables-en.xlsx
[10] Office of the Auditor General of Ontario. *Value-for-Money Audit: Emergency Departments*. December 2023. https://www.auditor.on.ca/en/content/annualreports/arreports/en23/AR_emergencydepts_en23.pdf

analysis revealed that Ontario EDs were closed for more hours in 2024 than any previous year.[11] When EDs are closed, care is jeopardized and patients are at greater risk as they have to travel further distances to receive treatment.

Safe-staffing ratios are a proven solution. Ratios reduce burnout and improve nurse retention and recruitment. The nurse retention data from jurisdictions that implemented ratios paints a clear picture. According to research from the B.C. Nurses Union (BCNU), Sacramento, California experienced a 69-per-cent decrease in nursing vacancies within four years following the implementation of ratios.[12] In Victoria, Australia, the number of employed nurses grew by more than 24 per cent, with over 7,000 inactive nurses returning to the workforce after the implementation of ratios.[13] Moreover, research shows that each additional patient per nurse jeopardizes quality care, increasing the length of hospital stays and risk of mortality.[14] The statistics speak for themselves. Ratios improve the retention of nurses already employed at hospitals by making workloads more manageable, and improve care by ensuring enough staff are on the floor at all times.

Recommendation 1: Fund and legislate safe-staffing ratios for nurses and health-care professionals across the Ontario health-care system. Develop staffing ratios in consultation with unions, nurses and health-care professionals.[15]
Recommendation 2: Require mandatory reporting by organizations of actual nurse staffing number versus legislated ratios every quarter.
Recommendation 3: Commit that Ontario will reach the average RN-to-population staffing ratio in Canada by adding 25,000 net new RNs by January 1, 2026.

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[11] CBC News. *Ontario ER closures hit new high in 2024.* December 2, 2024. Ontario ER closures hit new high in 2024
[12] BC Nurses' Union. *Minimum Nurse-to-patient Rario FAQ.* Minimum Nurse-to-Patient Ratio FAQ | BC Nurses' Union
[13] Ibid.
[14] Lasater, KB et al. *Evidence that reducing patient-to-nurse staffing ratios can save lives and money.* National Institute of Nursing Research. May 2021. Evidence that Reducing Patient-to-Nurse Staffing Ratios Can Save Lives and Money | National Institute of Nursing Research
[15] In the hospital sector, ONA supports the following RN-to-patient ratios: 1:4 in Adult Medical Surgical, 1:3 in Rehabilitation, 1:3 in Palliative Care, 1:2 in Step Down ,1:4 in Telemetry, 1:1 in Critical/Intensive Care, 1:3 in Pediatric Medical/Surgical, 1:1 in Pediatric Step Down, 1:3 (3 dyads) in Maternity/Antepartum and Post Partum, 1:1 in Labour and Delivery/Intrapartum, 1:4 in Mental Health, 1:2 in Mental Health Intensive Care/Intensive Observation Areas, 1:2 in Post Anesthetic Care Unit, 1:1 in Operating Room and Outpatient Procedures, 1:3 Outpatient Dialysis, 2 RNs at ED Triage at all times, 1:1 in Trauma/Resuscitation, 1:3 in Visits, and ensure a Supernumerary Charge Nurse is available in all areas at all times.

The right care from the right classification

ONA supports an interdisciplinary team approach to care. Each discipline [Registered Nurse (RN), Nurse Practitioner (NP), Registered Practical Nurse (RPN), Personal Support Worker (PSW).] brings a unique set of accountabilities or scope of practice to the team based on education, knowledge and experience, thus ensuring the safest quality outcome for patients. ONA remains deeply concerned about instances where the work of RNs has been replaced by other classifications. Ultimately when RNs are replaced by workers with a different skill set, safe patient care is jeopardized. RNs have the knowledge, skills and judgement to care for patients with complex medical conditions. While addressing the staffing shortage, it is crucial the government does more to prevent the replacement of RNs with other classifications.

Over the past year, we have raised concerns about the new resident support aide position in the LTC sector. Specifically, ONA is concerned that the care provided by resident support personnel is being counted by the LTC Ministry towards the target for the direct hours of care to residents provided by allied health-care professionals. It is of the utmost importance that LTC residents receive the right care from the right classification. LTC residents have more complex care needs than in the past. Most residents have dementia or cognitive impairments.[16] Two in five residents display aggressive behavior, and a quarter have depression.[17] Given the prevalence of these conditions, residents rely on their care providers having the knowledge, skills and ability to provide high-quality care. It is essential they receive direct care from RNs as part of a health-care team, and that the qualifications of those who provide care are not downgraded to allow LTC homes – especially for-profit homes – to reduce staffing costs.

ONA urges the government to continue to expand the scope of practice of NPs as a solution to the primary care shortage. ONA welcomes the recent *Canada Health Act* interpretation letter released by federal Health Minister Mark Holland that includes the health services provided by NPs under provincial health plans. Nurses and health-care professionals urge the Ontario government to implement this

[16] Office of the Auditor General of Ontario. *Value-for-Money Audit: Long-Term Care Homes: Delivery of Resident Centred Care.* December 2023. Pg. 7.
[17] Ibid., Pg. 8.

change without delay. NPs are well positioned to help close the gap where millions of Ontarians do not have regular access to a primary-care provider. NPs are nurses with additional graduate or post-graduate education and clinical practice experience who specialize in both nursing and medical skills. They already possess the education, competence and quality assessment skills to perform the initial assessment to determine the patient's needs. Given their skills and expertise in diagnostics, NPs are well-positioned to order and interpret diagnostic tests and prescribe medication and other treatments.

Recommendation 4: Protect quality care by ending the replacement of RNs with other classifications.
Recommendation 5: Ensure that of the four hours of care received by LTC residents, 20 per cent is direct care provided by an RN.
Recommendation 6: Fully implement and sustain the full integration of NPs across the continuum of care to improve patient and system outcomes, by improving access to high-quality cost-efficient care, shorter wait times, prevented hospital admissions and decreased hospital readmissions.
Recommendation 7: Oppose the downgrading of qualifications in LTC and the replacement of PSWs with resident support personnel who are paid precarious wages.

Fair wages and reliable funding

The provincial government must provide substantial and stable funding to achieve the fair wages and safe-staffing ratios described above. Health spending per person in Ontario was once again the lowest in Canada in 2024.[18] Provide funding to pay nurses and health-care professionals fair wages. It is impossible to fix the understaffing crisis without addressing unfair wages.

As a top priority, the government must urgently implement wage harmonization, so nurses and health-care workers receive the same pay across sectors. Currently, those who work in primary care, home care and community care, primarily women and workers of colour, earn considerably less than those who work in hospitals or

[18]Canadian Institute for Health Information. *Health Expenditure Data in Brief*. November 2024. health-expenditure-data-in-brief-2024-en.pdf

long-term care facilities. The 2023 market salary review produced by Eckler on behalf of 10 community health organizations showed the community health sector alone is $2 billion behind on wages compared to hospitals and other sectors.[19]

The comparatively low wages in primary care, home care and community care fuel the retention crisis and force nurses and health-care professionals to apply for jobs in other sectors. In primary care, underfunding keeps wages low. For example, Community Health Centres (CHCs) are regularly unable to fill vacancies due to low wages. Ultimately this hurts communities, since CHCs provide holistic and specialized care to vulnerable community members, including seniors and those with complex medical needs. Home care cannot attract the nurses needed to care for the aging population due to wages and benefits far below other health sectors. The public health sector is in crisis due to funding levels well below the combined inflation and population growth. As a result, the sector is observing a reduction and elimination of services and programs, closures of service sites, and the elimination of jobs through attrition. Investments in primary care, home care and community care address social determinants of health and prevent unnecessary hospital visits.

The government must continue to fund life-saving harm reduction services like supervised consumption sites (SCS). The decision to close SCS will hurt patients, the community and the health-care system more broadly. The *Safer Streets, Stronger Communities Act, 2024,* prohibits municipalities from creating new SCS or participating in federal safer supply initiatives. This will effectively eliminate harm reduction services in Ontario and lead to more preventable overdose deaths.

Statistics show that between March 2020 and March 2024, SCS in Ontario prevented nearly 22,000 overdose deaths.[20] According to Health Canada, staff provided SCS clients with approximately 548,000 referrals to other parts of the health-care system, including for treatment, from January 2017 to August 2024.[21] In addition, data from Toronto neighborhoods show a lower rate of public injecting

[19] Eckler. *Ontario Community Health Compensation Markey Salary Review.* November 2023. Ontario-Community-Health-Compensation-Study.pdf
[20] Government of Canada. *Supervised Consumption Sites.* https://health-infobase.canada.ca/supervised-consumption-sites/
[21] Ibid.

and lower rates of discarded equipment in areas near SCS.[22] ONA urges the provincial government to continue to fund lifesaving SCS.

The provincial government must also provide funding to end user fees like ambulance fees and hospital parking fees. Ambulance fees (also referred to as co-payments) are 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. Ambulance fees deter the most marginalized from accessing this care. In addition, hospital parking fees are unfair to hospital staff and pose a substantial financial barrier to patients. The cost of a monthly parking pass at some hospitals is over $460.[23] Hospitals are forced to rely on user fees as result of continuous provincial underfunding, which has maintained a perpetual financial crisis. The provincial government must ensure that everyone can afford access to lifesaving care and provide funding to remove user fees altogether.

Recommendation 8: Fund wage harmonization across all sectors; pay nurses who work in primary care, home care and community care the same as those who work in other health sectors, such as hospitals.
Recommendation 9: Expand full-time nursing positions so that a minimum of 70 per cent of jobs are full-time.
Recommendation 10: Increase funding to public health units to allow for fair and competitive wages, the preservation of existing public health positions, and prevent layoffs.
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Prioritizing the health and safety of workers

[22] Scheim et al. *The Ontario Integrated Supervised Injection Services Cohort Study of People Who Inject Drugs in Toronto, Canada.* National Library of Medicine. June 2021. pmc.ncbi.nlm.nih.gov/articles/PMC8237772/
[23] Michael Garron Hospital 30-day parking pass. Parking | Michael Garron Hospital, Toronto East Health Network (MGH/TEHN)

Nurses and health-care workers experience violence, needlestick injuries, musculoskeletal disorders and exposure to infectious diseases on a daily basis. According to data from the Canadian Federation of Nurses Unions (CFNU), nine in 10 nurses experienced some form of abuse while at work in the last year alone.[24] ONA members pay the price for the culture of indifference towards violence that has developed in the health-care sector. We do not accept that violence is an inherent part of the job. ONA has been on record advocating for numerous health and safety changes to keep nurses and health-care professionals safe.[25] The government must take immediate measures to address the substantial health and safety issues nurses face.

As we are emerging from the most widespread global health crisis in recent memory, the Workplace Safety and Insurance Board (WSIB) has a vital role to play in the compensation and rehabilitation of the many front-line workers who have sustained mental and physical illness because of the pandemic. This is in addition to the WSIB's everyday responsibility to injured workers. ONA opposed the government's decision to allow surplus WSIB funds to be distributed to employers. WSIB funds belong to injured workers and must go to them in their entirety. In addition to compensation, funding is required to improve preventive measures such as ensuring properly fitting protective clothing and equipment is available in all circumstances to all health-care workers.

ONA's membership includes sexual assault nurse examiners, who provide specialized care to victims and survivors of sexual assault and intimate partner violence (IPV). ONA members feel the urgency of the IPV epidemic every day in their workplaces. Sexual assault nurse examiners are often the first members of

[24] CFNU Member Survey Report. March 2024. Pg. 25. 65f2170954d430c73820ef18_2024 CFNU Members Survey - Web.pdf

[25] ONA has also been on the record fighting to:

- Require organizations to develop validated acuity-based staffing tools to ensure fluctuating patient care needs are met.
- Develop a robust pandemic preparedness and response plan with regular review and renewal.
- Require that the Ministry of Labour, Immigration, Training and Skills Development (MLITSD) implement an internal audit program where field visit reports will be reviewed to identify inconsistencies in practice, practices which are contrary to the MLITSD Occupational Health and Safety Policy and Procedures Manual, and learning opportunities for health care inspectors for addressing violations through the issuance of orders.
- Require employers to adopt the principles contained in CSA Standard Z94.4 on the Selection, Use and Care of Respirators.
- Require employers to adopt the principles of ASHRAE standard 241-2023 Control of Infectious Aerosols.

the health-care team to provide care to victims and survivors of violence. Further, as a women-dominated profession, nurses themselves can be victims and survivors of IPV. As a union, we know that the workplace is one of the most dangerous places for workers experiencing IPV because it is a predictable place where abusers can locate their ex-partners. ONA is committed to ensuring safety, security and justice for members and all Ontarians. ONA called on the Ontario government to take urgent action on IPV and outlined 17 recommendations in a submission to the Standing Committee on Justice Policy in August 2024.[26] The Ontario government must declare IPV an epidemic and urgently enact the systemic changes that advocates have long been calling for – lives are at stake, and there is no time to waste.

Recommendation 13: Implement the recommendations from the provincial *Preventing Workplace Violence in the Health-Care Sector* report,[27] which includes provincial standards for security in health-care facilities, and funding for tools to keep nurses and health-care professionals safe.

Recommendation 14: Educate and empower Ministry of Labour, Immigration, Training and Skills Development (MLITSD) inspectors to thoroughly investigate allegations of violations and enforce the *Occupational Health and Safety Act (OHSA)* and relevant regulations, through issuing orders for violations, fines for repeated violations and criminal charges.

Recommendation 15: Amend the *OHSA* to allow reports related to workplace harassment to be provided to the Joint Health & Safety Committee (JHSC) or the Health and Safety (H&S) representative with identifiers, such as names and work locations redacted.

Recommendation 16: Guarantee access to properly fitting protective clothing and equipment, including N95 masks or a higher level of respiratory protection for all health-care workers.

Recommendation 17: Immediately reverse changes that allow surpluses in the Workplace Safety and Insurance Board (WSIB) Insurance Fund over certain levels to be distributed to businesses, and increase supports for front-line workers who have experienced workplace violence.

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[26] ONA submission on Intimate Partner Violence to the Standing Committee on Justice Policy. August 12, 2024. ona_govtsub_ipv_20240812.pdf

[27] Government of Ontario. *Archived – Preventing workplace violence in the health care sector.* *www.ontario.ca/page/preventing-workplace-violence-health-care-sector*

Recommendation 18: Provide additional funding to support the expansion of the Ontario Network of Sexual Assault/Domestic Violence Treatment Centres, and hire more sexual assault nurse examiners.
Recommendation 19: Ensure provincial funding for wraparound supports for survivors of IPV, including funding to expand safe and supportive housing and shelter beds, improve timely access to counseling and mental health supports, and waive hospital fees for patients without health insurance.
Recommendation 20: Amend the *OHSA* to include the minimum action the employers must take to protect workers from IPV and amend the *Employment Standards Act* to improve access to paid leave for employees dealing with IPV.

Ending health-care privatization

ONA remains deeply concerned by the government's continued privatization of Ontario's health-care system. In particular, the increased use of for-profit nursing agencies and private, for-profit clinics, and the renewal of for-profit LTC home licenses are of preeminent concern. An Auditor General report from December 2023 found that the increased use of nursing agencies contributed to staffing shortages at public hospitals.[28] Nursing agencies were meant as a last resort in emergencies to provide care for Ontarians on a temporary basis. Instead, one hospital spent approximately $8 million on agency nurses in the emergency department in 2022/23, compared with $2.4 million in 2021/22.[29]

ONA strongly opposes the provincial government's decision to expand for-profit clinics. The government is removing funding from our public health-care system and handing it over to private, for-profit clinic owners. This will only make staffing shortages and wait times in the public system worse. Moreover, private, for-profit clinics charge the government significantly more than a publicly delivered procedure. They also extra-bill (charge extra fees) that come directly out of patients' pockets. The Ontario Health Coalition (OHC) reports that shoulder surgeries in private Ontario clinics are four times the cost than in the public

[28] Office of the Auditor General of Ontario. December 2023. Value-for-Money Audit: Emergency Departments. https://www.auditor.on.ca/en/content/annualreports/arreports/en23/AR_emergencydepts_en23.pdf
[29] Ibid.

system.[30] In private clinics, patients can be charged up to 20 times as much for an MRI.[31] Wherever for-profit delivery of care exists, we witness increased costs, up-selling, and an expansion of two-tier health care.

ONA members believe strongly that for-profit homes must be phased out of the LTC sector. The pandemic exposed a humanitarian crisis in for-profit LTC homes. The horrific death rates in for-profit homes was significantly higher. Residents in for-profit homes were 25 per cent more likely to be hospitalized and 10 per cent more likely to die from COVID-19.[32] This demonstrated the differences between municipal and non-profit ownership and for-profit ownership. The municipal and non-profit homes, which allocate funds to meet the needs of residents, are the only homes suitable for our loved ones. For-profit homes prioritize shareholder profits and pay workers the least, contributing to high staff vacancies and substandard care.[33]

Recommendation 21: Repeal Bill 60 and Bill 135 that expand the role of for-profit clinics and care delivery. Create a home and community care structure through legislation where care is delivered through a single public source, not contracted out to for-profit companies.

Recommendation 22: Phase out the use of for-profit staffing agencies and enact Bill 144, *Healthcare Staffing Agencies Act, 2023*, into law.

Recommendation 23: Prevent for-profit LTC homes from attaining new bed licenses.

Nursing students, the workforce of tomorrow

In Ontario, nursing students and recent graduates face substantial barriers to practicing. Challenges include difficult learning conditions, a lack of mentorship, the burden of costly post-secondary education, a lack of mental health support, mandatory unpaid placements, and increasing levels of debt. The government

[30] Ontario Health Coalition. *The Ford Government's Plan to Privatize Ontario's Public Hospital Services.* September 2024. www.ontariohealthcoalition.ca/index.php/briefing-note-the-ford-governments-plan-to-privatize-ontarios-public-hospital-services/

[31] Ibid.

[32] Ontario Health Coalition. *The Horrifying Truth About For-Profit Long-Term Care Homes.* www.ontariohealthcoalition.ca/index.php/briefing-note-the-horrifying-truth-about-for-profit-long-term-care-homes/

[33] Office of the Auditor General of Ontario. *Value-for-Money Audit. Long-Term Care Homes: Delivery of Resident-Centred Care.* Pg. 17. December 2023. AR_LTCresidential_en23.pdf

must act now to reduce these barriers and support the future of our nursing workforce.

According to Statistics Canada, undergraduate nursing students' tuition has continued to increase steadily over the last several years and remains above the national average.[34] Out-of-province and international students are forced to pay much higher fees. Some international students pay as much as $40,000 per academic year to study nursing in Ontario.[35] High student debt combined with impossible working conditions mean that many recent graduates leave the sector for higher-paying jobs. Given the ongoing shortage of nurses, the government must make nursing programs tuition-free, just like police programs.

Lastly, police program graduates receive compensation for their internships and placements, while nursing students incur personal expenses to fulfill their mandatory unpaid placements. This is inequitable. The government must convert mandatory unpaid clinical placements into fully paid clinical placements. This is a proven and cost-effective policy that will attract and retain new nursing graduates and help reduce the nursing shortage in Ontario.

ONA is proud to have a diverse membership, which includes internationally educated nurses (IENs). We recognize that IENs demonstrate remarkable dedication and commitment while facing formidable barriers to practice. This includes immigration status, discrimination and long processing times that delay their return to the profession by making professional registration difficult, time-consuming and financially burdensome. We want to be full partners, working alongside the government and other key stakeholders, to improve orientation programs and ensure the successful integration of IENs into Ontario's health-care system.

Recommendation 24: Make nursing programs tuition-free across Ontario and provide financial support for nursing students through OSAP to help with the cost of living.

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[34] Statistics Canada. *Canadian undergraduate tuition fees by field of study*. September 2024. Add/Remove data - Canadian undergraduate tuition fees by field of study (current dollars)

[35] Toronto Metropolitan University. *Tuition and fees.* Tuition and Fees - Admissions - Toronto Metropolitan University (TMU)

Recommendation 25: Convert mandatory unpaid clinical placements into paid clinical placements.
Recommendation 26: Increase the number of RN seats at Ontario universities and college standalone programs by 10 per cent and expand clinical faculty capacity.
Recommendation 27: Continue funding to support the enhanced extern program, the clinical nurse scholar program, the nursing graduate guarantee program and expand the Learn and Stay grant.
Recommendation 28: Provide increased funding for enhanced orientation programs for IENs to ensure their successful integration into Ontario's health-care system.

Conclusion

Ultimately budgets are a question of priorities. The government is spending $50 billion over 10 years on hospital infrastructure projects but not investing in staffing to ensure Ontarians receive the care they need. ONA members know that without the nurses and health-care professionals who provide care, hospitals are just furniture. It is past time that the government seriously address the understaffing crisis and prioritize the retention and recruitment of nurses and health-care professionals.

The 28 recommendations outlined above, submitted on behalf of Ontario's front-line nurses and health-care professionals, will drastically improve our health-care system. Given the challenges we face, ONA expects these recommendations will be taken seriously. In 2025, we urge the government to finally move forward with real solutions like safe-staffing ratios, wage harmonization, and stopping the erosion of RN work, to ensure Ontarians receive the high-quality, public health care they expect and deserve.