ONTARIO NURSES' ASSOCIATION

June 4, 2025

Hon. Sylvia Jones
Deputy Premier and Minister of Health
College Park 5th Floor, 777 Bay St.
Toronto, Ont., M7A 2J3

Dear Minister Jones,

Re: Bill 11, the *More Convenient Care Act, 2025*

I am writing to you on behalf of the 68,000 registered nurses (RNs) and health-care professionals, and over 18,000 nursing student affiliates represented by the Ontario Nurses' Association (ONA). Our members provide care across the province in hospitals, long-term care facilities, public health, the community, clinics, and industry.

This letter outlines ONA's feedback on Bill 11, *More Convenient Care Act, 2025,* which includes new requirements for health-care staffing agencies, amendments to the *Health Protection and Promotion Act (HPPA),* and amendments to the *Mandatory Blood Testing Act, 2006.* We are disappointed that the government did not provide an opportunity for stakeholders to provide feedback on this legislation through the committee process. This letter will comment on amendments outlined in Schedules 3, 4, and 5 of the Bill. While the *More Convenient Care Act* proposes minor improvements, it does not address the substantial issues facing health care in Ontario. Given the magnitude of the health-care understaffing crisis, this government must act with urgency to retain, recruit, and bring back the nurses and health-care professionals needed to provide high-quality, public health care.

Schedule 3
Schedule 3 creates new legislation, *Health Care Staffing Agency Reporting Act*, which implements specific requirements for agencies providing personnel to health-care facilities. ONA's position is that the government should ensure that all persons assigned by an agency to work in the health sector are covered by the legislation and that there is proper oversight for agencies in the short term.

With respect to the longer term, the government must work towards solutions to address the health care understaffing crisis, such as staffing ratios, and phase out agencies. The government's increased reliance on for-profit staffing agencies,

which were meant as a last resort in emergencies to provide care on a temporary basis, remains a preeminent concern.

Due to deteriorating working conditions in the health sector, which is a result of years of government underfunding, more and more nurses are forced to accept agency work. Agency use increased substantially over the last several years. Ontario public hospitals paid for-profit staffing agencies a vast $9.2 billion over ten years, from 2013 to 2023.[1] In 2020-21, 31 Ontario hospitals relied on agency nurses to meet staffing needs. This number increased to at least 78 hospitals by 2023.[2] An Auditor General report from December 2023 found that the increased use of nursing agencies contributed to staffing shortages at public hospitals.[3] As referenced, the increased reliance on agencies has also resulted in a substantial transfer of funds from the public system to for-profit agencies. Not only does this starve the public system of funds, for-profit agencies hollow out the public health-care workforce, further contributing to understaffing.

The proposed changes in Schedule 3 of Bill 11 will require staffing agencies to report certain information and maintain copies of their contracts and invoices for a specified period. However, these changes do not provide sufficient oversight and leave key details to be prescribed by regulation. For instance, the types of employees captured by this legislation will be prescribed by regulations at a later date. This is a substantial omission. The proposal must clearly state that all persons assigned by an agency to work in a hospital or long-term care facility should be covered under the legislation. Moreover, the proposed legislation does not include sufficient details about the timeline and manner of reporting on aggregate administrative, billing, or pay rate information. Based on this language, agency profits and shareholder payouts do not need to be reported. This is inadequate and these details should be stated clearly in the legislation, rather than prescribed by regulation.

In addition to cost, lack of oversight and accountability with respect to the operation and hiring practices of agencies are a top concern. According to the Canadian Federation of Nurses Unions (CFNU), nurses employed by agencies have concerns relating to their use of public funds.[4] One agency nurse shared that "if you're running a hospital on 50% private agency, it introduces all kinds of

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[1] Longhurst, A. Hollowed out: Ontario public hospitals and the rise of private staffing agencies. *Canadian Centre for Policy Alternatives.* May 2025.Hollowed out: Ontario public hospitals and the rise of private staffing agencies - CCPA
[2] Grant, K. Ontario spending on private nursing agencies quadrupled since COVID-19, data shows. *The Globe and Mail.* July 2023. Ontario spending on private nursing agencies quadrupled since COVID-19, data show - The Globe and Mail
[3] 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
[4] Almost, J. Opening the black box: Unpacking the use of nursing agencies in Canada. *Canadian Federation of Nurses Unions.* Agency-Full-Report-Final-English-20Sept2024.pdf

challenges in terms of that oversight and ability...".[5] These concerns were borne out recently after a fake nurse was employed by an agency for months because their credentials were never verified.[6] Moreover, an Auditor General report on long-term care found that, due to their temporary nature, agency staff were "unable to provide residents with the same continuity of care as permanent staff".[7] The proposed legislation does not respond to these specific concerns around oversight and accountability.

ONA has long been concerned about the use of staffing agencies in the long-term care sector. There is a reason that section 8 of the *Fixing Long-Term Care Act* states that there must be at minimum one RN on duty who is "both an employee of the licensee and a member of the regular nursing staff of the home". We urge the provincial government to implement the recommendations made by Justice Gillese in the *Public Inquiry into the Safety and Security of Residents in the Long-Term Care Homes*.[8] Specifically, the government should implement:

- Recommendation 11: Licensees should minimize the use of agency nurses. To achieve this, they should develop proactive strategies such as maintaining a roster of casual employees who are members of the regular nursing staff and can cover shifts in the case of an unexpected absence.

- Recommendation 12: If agency nurses must be used, licensees should thoroughly vet agencies before entering into contracts with them to ensure that the agency's management and staff have the knowledge, skills, and experience required to provide services effectively and safely to the home's residents, including on the requirements of the *Long-Term Care Homes Act, 2007*, and its regulations.

- Recommendation 13: Licensees should ensure that their contracts with agencies require the agency to, at all times, have a roster of nurses who have been oriented to the licensee's home and meet the requirements of the *Long-Term Care Homes Act, 2007*, and its regulations; set out clear responsibilities and expectations for the agency in terms of its hiring, screening, and training of registered staff; and set out a clear process for reporting performance concerns from the licensee to the agency.

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[5] Ibid.
[6] Hristova, B. Ontario nursing unions want staffing agencies phased out after fake nurse worked for 7 months. *CBC News*. March 2024. Ontario nursing unions want staffing agencies phased out after fake nurse worked for 7 months | CBC News
[7] Auditor General Report. Long-Term Care Homes: Delivery of Resident Centred Care. AR_LTCresidential_en23.pdf (SECURED)
[8] Gillese, E., Public Inquiry into the Safety and Security of Residents in the Long-Term Care Homes System. *Ministry of Long-Term Care*. July 2019. LTCI_Final_Report_Volume1_e.pdf

Schedule 4

Schedule 4 of the *Act* amends the *Health Protection and Promotion Act (HPPA),* to require a local Medical Officer of Health (MOH) to notify the Chief Medical Officer of Health and receive written approval before issuing a class order, which is a public health order to any population who reside or are present in the Health Unit. Currently, the MOH can issue an order and does not require the Chief Medical Officer of Health to approve. This new requirement for written approval will cause delays which can exacerbate the initial issue that required the need for an order. The MOH is responsible for overseeing and enforcing health measures and services and is accountable to the local board of health for their region or municipality. The proposed restriction on their ability to issue a class order communicates distrust in the MOH and each Health Unit's ability to function to its full scope.

Schedule 5

Schedule 5 of the *Act* amends the *Mandatory Blood Testing Act, 2006,* to allow nurse practitioners (NPs) to perform many of the functions in the *Act* currently performed by physicians. Last fall, ONA participated in the related consultation and supported the proposed expansion of NPs' scope of practice.[9] We continue to support these changes which empower NPs to expand their practice without needing the rubber stamp of a physician. NPs are nurses with additional graduate or post-graduate education and clinical practice experience who specialize in both nursing and medical skills. In addition to their four years of baccalaureate nursing education, they receive two years of NP education, typically at the master's level, and a minimum of two years of full-time clinical experience. Within their current scope, NPs already diagnose, order, and interpret diagnostic tests, and prescribe medication and other treatment.

The proposed amendment will help expedite testing, thus reducing the runaround time for results and allowing clients to receive earlier treatment if necessary. By doing so, NPs can provide a more fulsome point of care when needed and contribute to a more efficient and effective health-care system.

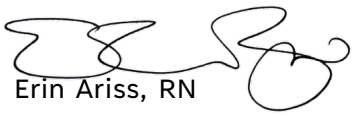
Conclusion

In conclusion, Bill 11, *More Convenient Care Act, 2025*, proposes minimal improvements to Ontario's broken health-care system. While the expansion to the NP scope of practice is a step in the right direction, these changes are overshadowed by the failure of this government to take meaningful action to

[9] ONA submission Re: Proposal 24-HLTC022 - Consultation on potential changes to allow Nurse Practitioners to complete and sign the mandatory blood testing forms. October 2024. ona_govtbu_npscopemandatorybloodforms_20240919-1.pdf

phase out the use of for-profit agencies, respect the role of MOHs, and propose solutions to the understaffing crisis that retain, recruit, and bring back the nurses and health-care professionals we need.

Sincerely,



Erin Ariss, RN
President, Ontario Nurses' Association