ONTARIO NURSES' ASSOCIATION

SUBMISSION ON

2026 Pre-Budget Consultations

TO

Standing Committee on Finance and Economic Affairs

January 28, 2026

The Ontario Nurses' Association (ONA) is the union representing 68,000 registered nurses and health-care professionals, as well as more than 18,000 nursing student affiliates, providing care in hospitals, long-term care facilities, public health, the community, clinics and industry.

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Recommendation 19: 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

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

(OHSA) and relevant regulations, by issuing orders for violations, fines for repeated violations, and criminal charges.

Recommendation 20: 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.

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Recommendation 30: Convert mandatory unpaid clinical placements into paid clinical placements.

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Recommendation 32: 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 33: Provide increased funding for enhanced orientation programs for internationally educated nurses (IENs) to ensure their successful integration into Ontario's health-care system.

Recommendation 34: Develop and integrate an employed student nurse program for BScN students within Ontario.

Introduction

The Ontario Nurses' Association (ONA) is Canada's largest nurses' union, representing over 68,000 nurses and health-care professionals, and over 18,000 nursing student affiliate members. 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. The consequences of understaffing 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. Unsafe and unmanageable working conditions force many nurses and health-care professionals to leave the profession after the first year, and overall, more nurses are leaving now than in 2020.[2]

For years, Ontario has suffered from the worst RN-to-population ratio in Canada.[3] Provincial underfunding and policy decisions that neglect the retention of nurses and health-care professionals have exacerbated the crisis. Furthermore, in October 2025, Ontario's independent Financial Accountability Office (FAO) projected that Ontario will lose 7,263 nurses by 2028 due to provincial health-care underfunding.[4]

ONA members work long hours in difficult conditions to provide care to our families and loved ones. In the face of 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, and each sector relies on adequate funding and legislated solutions to address challenges. With the increasing demands on Ontario's health-care system from an aging and growing population, the FAO projects that there will be a province-wide shortage of 33,000 nurses and personal support workers (PSWs) by 2028.[5]

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 made on behalf of ONA members that, if implemented, would 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 fully fund public health care. ONA is calling on the government to recruit the additional health-care workers we

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[2] College of Nurses of Ontario. *Nursing Statistics Report 2025.* Pg. 10. nursing-statistics-report-2025.pdf

[3] Canadian Institute for Health Information (CIHI). *Registered nurses data table.* July 2025. Registered nurses | CIHI

[4] Financial Accountability Office of Ontario. *Ontario Health Sector: Spending Plan Review.* October 23, 2025. Financial Accountability Office of Ontario

[5] Financial Accountability Office of Ontario. *Ontario Health Sector: Spending Plan Review.* March 8, 2023. Financial Accountability Office of Ontario

need, stop the erosion of RN work, and make Ontario's health-care settings safe for everyone.

Ratios: A solution to ending violence in health care and the understaffing crisis

Nurses and health-care professionals are overworked and experience high rates of violence and burnout. In Ontario, health care is one of the most dangerous sectors to work in. In 2024, nine out of ten nurses experienced some form of abuse in the previous year.[6] Prevalent unsafe working conditions are forcing nurses and health-care professionals to leave, pursue other jobs, or retire prematurely. Statistics from the College of Nurses of Ontario (CNO) show that nearly 8,000 nurses left the sector in 2025, more than in any year during the peak of the pandemic.[7]

High nurse vacancies and understaffing have a devastating impact on patient care. According to Ontario's Auditor General (AG), record high emergency department (ED) closures in recent years are largely due to a shortage of nurses.[8] When understaffing forces EDs to close, care is jeopardized, and patients are at greater risk as they have to travel further distances to receive treatment.

Nurse-to-patient ratios are a proven solution. Ratios reduce instances of violence, 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 British Columbia Nurses' Union (BCNU), in Sacramento, California, there was a 69 per cent decrease in nursing vacancies within four years following the implementation of staffing ratios.[9] 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.[10] Moreover, research shows that each additional patient per nurse jeopardizes quality care, increasing the length of hospital stays and risk of mortality.[11]

The statistics speak for themselves. Nurse-to-patient ratios improve the retention of nurses already employed at hospitals by preventing violence, making workloads more manageable, actually bring nurses back into a workforce they may have left, and improve care by ensuring enough staff are on the floor at all times.

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[6] CFNU Member Survey Report. March 2024. https://acrobat.adobe.com/id/urn:aaid:sc:VA6C2:15ad2bd9-920e-477d-b380-a3a733c8aee9

[7] College of Nurses of Ontario. *Nursing Statistics Report 2025.* Pg. 10. nursing-statistics-report-2025.pdf

[8] 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

[9] British Columbia Nurses' Union. *Minimum Nurse-to-patient Rario FAQ.* Minimum Nurse-to-Patient Ratio FAQ | BC Nurses' Union

[10] Ibid.

[11] 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

Recommendation 1: Fund and legislate nurse-to-patient ratios across the Ontario health-care system. Develop staffing ratios in consultation with nurses and health-care professionals through their unions.[12]

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 national average number of registered nurses (RNs) per capita by adding 25,000 net new RNs by January 1, 2027.

The right care from the right professional

ONA supports an interdisciplinary team approach to care. Each role – whether RN, nurse practitioner (NP), registered practical nurse (RPN), personal support worker (PSW), or other health-care classification – 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 inappropriately replaced by other classifications, and where the skill of work is downgraded. Ultimately, when RNs are replaced by workers with a different skill set, safe patient care is at risk of being jeopardized. It also creates concerns for health-care professionals who may be taking on added work and responsibilities outside their scope without the proper training and experience, and without fair compensation. RNs have the knowledge, skills, and judgement to care for patients with complex medical conditions. While addressing staffing shortages, it is crucial that the government prevents the replacement of RNs with other classifications.

Recently, we have raised concerns about classification issues in LTC. The care provided by resident support personnel, who are not health-care professionals, is counted by the Ministry of Long-Term Care towards the target for the direct hours of care to residents provided by allied health-care professionals. This is inappropriate and contributes to the replacement of PSWs by resident support personnel who are paid poverty wages. In addition, it is crucial that the Ministry reverse the transfer of medication administration by unregulated health-care workers such as PSWs and guest attendants. It is of the utmost importance that LTC residents receive the right care from the right classification. LTC residents

[12] 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.

have more complex care needs than in the past. Most residents have dementia or cognitive impairments.[13] Two in five residents display aggressive behavior, and a quarter have depression.[14] 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 broader 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.

NPs are a designation that have the skills, experience and education to play a larger role in our health-care system, particularly as a solution to the primary care shortage. ONA welcomed the *Canada Health Act* interpretation letter released in January 2025 by former 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 change without delay.

NPs can 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.

We raised concerns regarding the province's recent expansion of "as-of-right" rules.[15] These rules compromise patient care since regulatory colleges cannot oversee the practice of inter-jurisdictional practitioners at the beginning of their practice in Ontario. We fundamentally oppose the government's determination of who may practice as a nurse in Ontario. This determination should be made by the CNO, as the professional body responsible for ensuring all Ontario nurses have the requisite education, skills, and knowledge to provide care. The government must fund nurse retention and recruitment initiatives to address staffing needs, rather than disregarding established safeguards with the implementation of "as-of-right" schemes.

Recommendation 4: Protect the quality of health care and patient safety by ending the replacement of RNs with other classifications.

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[13] Office of the Auditor General of Ontario. *Value-for-Money Audit: Long-Term Care Homes: Delivery of Resident Centred Care.* December 2023. Pg. 7.
[14] Ibid., Pg. 8.
[15] ONA Submission on Bill 2, Protect Ontario Through Free Trade Within Canada Act, 2025, Schedule 6. May 27, 2025. ONA_govtsub_Bill2Schedule6_20250527.pdf

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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 2025.[16] This provincial budget must increase funding for public health care and fairly compensate nurses and health-care professionals.

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 racialized workers, earn considerably less than those who work in hospitals. The 2023 market salary review produced by Eckler on behalf of 10 community health organizations showed that the community health sector alone is $2 billion behind on wages compared to hospitals and other sectors.[17]

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. Similarly, home care cannot attract the nurses

[16]Canadian Institute for Health Information. *Health Expenditure Data in Brief.* November 2025. health-expenditure-data-in-brief-2025-en.pdf
[17] Eckler. *Ontario Community Health Compensation Markey Salary Review.* November 2023. Ontario-Community-Health-Compensation-Study.pdf

needed to care for the aging population due to wages and benefits far below other health sectors.

The public health sector is also in dire straits 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. Recently, underfunding has impacted the services provided at Southeast Public Health and resulted in office closures. These closures mean that some residents will have fewer options to receive services in their community. The province must increase public health funding and ensure that there are no service reductions that put residents at risk. 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 hurts 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. The province's decision to defund additional SCSs and instead fund an abstinence model of harm reduction eliminates life-saving care for some of the most vulnerable Ontarians.

The evidence overwhelmingly shows that SCS saves lives. Between March 2020 and March 2024, SCS in Ontario prevented nearly 22,000 overdose deaths.[18] 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.[19] In addition, data from Toronto neighborhoods show a lower rate of public injecting and lower rates of discarded equipment in areas near SCS.[20] ONA urges the provincial government to reverse course and fund life-saving 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 nearly $500.[21] Hospitals are

[18] Government of Canada. *Supervised Consumption Sites.* https://health-infobase.canada.ca/supervised-consumption-sites/
[19] Ibid.
[20] 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/
[21] Michael Garron Hospital 30-day parking pass. Parking | Michael Garron Hospital, Toronto East Health Network (MGH/TEHN)

forced to rely on user fees because 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 11: 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 12: Expand full-time nursing positions so that a minimum of 70 per cent of jobs are full-time.

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Recommendation 15: Provide funding to end ambulance fees and hospital parking fees, which are a barrier to health-care access.

Transparency and accountability with health-care funding

Over the past year, a substantial lack of transparency and accountability regarding the use of public health-care funding has become a growing concern. It is evident that many hospitals are not upfront with how public funding, our tax dollars, is being used and whether clinical funding is going to clinical hours. This is an increasing concern as we see instances of some hospitals cutting front-line positions to balance their budgets, when this should be the last thing on the chopping block. In 2025, there were 704 ONA positions cut, a substantial increase from previous years. The public deserves transparency about funding for clinical hours and how hospitals are spending it. This funding in its entirety is for front-line care, not IT projects, more management positions, or other non-clinical projects.

In the primary care sector, ONA members at the North York Family Health Team (NYFHT) were on strike for 13 weeks. This strike was a result of the employer misusing government funds meant for retention and recruitment, including wage increases. The Ontario government, both the Ministry of Health and its agency, Ontario Health, have a fundamental responsibility to ensure employers use public funding for the intended purpose. Unfortunately, the NYFHT strike is the consequence of this government's failure to do this and resulted in nearly 100,000 residents losing access to primary care in Toronto. The government's goal of connecting every Ontarian with primary care will remain out of reach without

absolute transparency and accountability from family health teams and other employers in this sector. It is impossible to build a sustainable primary care sector when employers like the NYFHT prioritize profits over workers or when wage increases are reserved solely for physicians while the rest of the team is left behind.

Recommendation 16: Ensure more transparency and accountability from hospitals with how public funding is being spent and ensure clinical funding is used for clinical hours.

Recommendation 17: Improve and enforce funding accountability requirements for family health teams (FHTs) and establish an accountability mechanism so that FHTs are required to use government funds, such as retention and recruitment funding, for the required purpose.

Prioritizing the health and safety of workers

Nurses and health-care workers experience violence, injuries, burnout, moral injuries and exposure to infectious diseases daily. With understaffing and a lack of resources, our workplaces are pressure cookers where violence and harassment are getting worse. In the past year alone, 63 per cent of nurses say they have experienced physical violence such as hitting, punching and pushing.[22]

ONA members pay the price for a 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. As previously outlined, safe staffing ratios will help prevent violence and improve health care for workers and patients alike. In addition, we have advocated for numerous health and safety changes to keep nurses and health-care professionals safe.[23] The government must take immediate measures to address the substantial health and safety issues nurses face.

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[22] CFNU Member Survey Report. March 2024. https://acrobat.adobe.com/id/urn:aaid:sc:VA6C2:15ad2bd9-920e-477d-b380-a3a733c8aee9

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

- Demand that the government works with health-care unions and stakeholders to develop a province-wide framework to prevent workplace violence.
- 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 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 their work. This is in addition to the WSIB's everyday responsibility to injured workers. ONA continues to oppose 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 that 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 the health-care team to provide care to victims and survivors of violence. Further, as a profession that is overwhelmingly women, thousands of nurses themselves are 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 partners or ex-partners. We are committed to ensuring safety, security, and justice for our members and all Ontarians. We 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.[24] 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 18: Implement the recommendations from the provincial *Preventing Workplace Violence in the Health-Care Sector* report,[25] which includes provincial standards for security in health-care facilities, and funding for tools to keep nurses and health-care professionals safe.

Recommendation 19: 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.

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

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

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Recommendation 25: 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 ongoing use of for-profit nursing agencies, the expansion of private, for-profit clinics, and the renewal of licenses for-profit LTC home 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.[26] 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.[27]

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, charging extra fees that come directly out of patients' pockets. The Ontario Health Coalition (OHC) reports that shoulder

[26] 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
[27] Ibid.

surgeries in private Ontario clinics are four times the cost than in the public system.[28] In private clinics, patients can be charged up to 20 times as much for an MRI.[29] 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 were significantly higher despite the remarkable efforts of front-line staff. 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.[30] This demonstrated the differences between municipal and non-profit ownership and for-profit ownership. For-profit operators understaff and underpay workers to maximize profit. Compared to municipal and non-profit homes, these operators pay workers the least, hire fewer full-time staff and provide fewer hours of care.[31] The working conditions for staff in LTC homes are the conditions of care for the residents. This is why we advocate for care to be the top priority in this sector - not profit.

Recommendation 26: Repeal Bill 60 and Bill 135 that expands the role of for-profit clinics in 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 27: Phase out the use of for-profit staffing agencies and enact Bill 44, *Healthcare Staffing Agencies Act, 2025*, into law.

Recommendation 28: 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,

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[28] 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/

[29] Ibid.

[30] 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/

[31] 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

mandatory unpaid placements, and increasing levels of debt. The government must act now to reduce these barriers and support the future of our nursing workforce.

According to Statistics Canada, undergraduate nursing students' tuition in Ontario has continued to increase steadily over the last several years and remains above the national average.[32] 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.[33] High student debt combined with impossible working conditions means 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. 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.

According to data from the CFNU and the Canadian Nursing Students' Association, 82 per cent of nursing students indicated that finances are a concern during their studies.[34] The government must address this barrier and offer an employed student nurse (ESN) program in addition to the extern model, providing nursing students with a meaningful health-care experience and additional income they need. In British Columbia, ESNs are paid $32.13 an hour, a wage that more accurately reflects the vital role students play in the health-care system.[35] Ultimately, ESN programs support hands-on learning for nursing students, and these employment opportunities reduce financial challenges that impact students' ability to become practicing nurses.

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

[32] 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)
[33] Toronto Metropolitan University. *Tuition and fees.* Tuition and Fees - Admissions - Toronto Metropolitan University (TMU)
[34] Viewpoints Research on behalf of CFNU and CNSA. *Canadian Nursing Student Survey Results.* December 2024. Nursing-Student-Survey-Report-January-2025.pdf
[35] BCNU ESN Agreement. nba-pca_2022_2025_appendix_rr.pdf

programs and ensure the successful integration of IENs into Ontario's health-care system.

Recommendation 29: Make nursing programs tuition-free across Ontario and provide financial support for nursing students through OSAP to help with the cost of living.

Recommendation 30: Convert mandatory unpaid clinical placements into paid clinical placements.

Recommendation 31: Increase the number of RN seats at Ontario universities and college standalone programs by 10 per cent and expand clinical faculty capacity.

Recommendation 32: 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 33: Provide increased funding for enhanced orientation programs for IENs to ensure their successful integration into Ontario's health-care system.

Recommendation 34: Develop and integrate an employed student nurse program for BScN students within Ontario.

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 safe 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 for the government to seriously address the understaffing crisis and prioritize the retention and recruitment of nurses and health-care professionals.

The 34 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 2026, we urge the government to finally move forward with real solutions like nurse-to-patient ratios, wage harmonization, and stopping the erosion of RN work, to ensure Ontarians receive the high-quality, public health care they expect and deserve.