



Membership Advisory

Bill 74

Overview

Bill 74, The People's Health Care Act, 2019, was introduced in February 2019 and proposes a whole-scale overhaul of Ontario's health care system. The proposed restructuring of our health care system was done without any public consultation and risks turning it into a profit-driven, unaccountable and centrally-controlled structure that will put patients, our communities and workers last.

Key take-aways

- The government conducted no public consultation before presenting this bill.
- The bill opens the door wide open to for-profit health care services.
- The bill gives political appointees centralized power of the health care system.
- The bill makes health care services less transparent and accountable to the public.
- The bill threatens the working conditions of health care workers.
- The bill will likely diminish the quality of health care services in the province.

Less accountability and centralized power

The bill creates a new health care "Super Agency" called Ontario Health. If passed, this agency will be responsible for managing health care services and the widespread restructuring of the system that includes hospitals, long-term care, home care, community care, mental health, health clinics and so on. Agencies like Cancer Care Ontario, eHealth Ontario, Ontario Health Quality Council and a number of other agencies would be rolled into the super agency.

The Super Agency is comprised of an un-elected, government-appointed Board of Directors. that will not be subject to the same accountability measures typically required in the public service.

Threatening the quality of care through a restructuring overhaul

Ontario Health would oversee the transformation of the health care system, which includes the elimination of all local health integration networks (LHINs). In place of the LHINs, the Super Agency will oversee the creation of new Integrated Care Delivery Systems (ICDS) as the main provider of health care services across the province.

ICDSs, as the main health care providers, will be required to deliver at least 3 of the following services: hospital services, primary care services, mental health or addiction services, home care or community services, long-term care home services, palliative care services, and "any other health care service or non-health care service that supports the provision of health care services."

The Health Minister determines what qualifies to be an ICDS – however, this designation is made without public consultation. An ICDS can be created as a result of an integration facilitated or negotiated by Ontario Health, or the Health Minister may force existing health care providers to integrate into an ICDS.

The power of the Minister and Ontario Health over restructuring (integration, amalgamation, transfers of service, etc.) would remove local control and oversight, leading to less public oversight over our health system.

Opening the door to for-profit services

Bill 74 does not include a stated commitment to the provision of health services by non-for-profit organizations, nor does it include a commitment to the principles of the Canada Health Act, such as the principle of publically-administered care.

ICDSs can be designated to include a mix of for-profit and not-for-profit health care services according to the Bill. The Minister would also have the power to order certain types of integrations, like a transfer or coordination of services, that may result in a combination of for-profit and not-for-profit services.

In communities across Ontario, we have already felt the impact of the creeping privatization of health care services. For example, the quality of care in for-profit long-term care homes is compromised by profit-driven models of care, while contracted out hospital services to large corporations have impacted services and the working conditions of workers at these sites.

This bill would potentially open the door wide open to private companies that will undermine health care services in their pursuit of profit.

Threatening the working conditions of health care workers

Currently, the rights and collective agreements of public sector workers are protected in the instance of a workplace merger or amalgamation, as set out in legislation like the Public Sector Labour Relations Transition Act (PSLRTA).

The bill mentions that the employer and bargaining agent could potentially reach an agreement that the provisions in the Public Sector Labour Relations Transition Act (PSLRTA) do not apply in the case of an integration. However, the bill raises questions about whether PSLRTA would apply in cases where health care services are integrated under an ICDS, which could result in major significant labour relations issues. This may include instances where the Health Minister orders an integration resulting in a combination of for-profit and not-for-profit services.

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