

Unifor Submission to the Standing Committee on Social Policy

*Regarding Bill 74, An Act concerning
the provision of health care,
continuing Ontario Health and making
consequential and related
amendments and repeals*

April 2019

WHO WE ARE

Unifor is Canada's largest private sector labour union, with 315,000 members in every economic region of the country. In Ontario, Unifor represents 160,000 active members, including more than 25,000 health care workers. Among Unifor's broader membership are the thousands of Unifor retirees who are active across the province. Unifor is not only active in workplaces and at the bargaining table, but in all aspects of our communities and in the political debate to make Canadian society more just and equitable. This includes advocating for an effective, universal, well-funded, publically-administered health care system that leaves no Ontarian behind.

UNDERMINING DEMOCRACY

It is very concerning that from the beginning, legislation that will radically transform the province's health care system has been developed behind closed doors with limited public input. News of the government's intentions to significantly restructure the health care system were initially revealed as a result of internal government leaks. When Bill 74 was officially tabled, concerns were already raised about the government's real intentions.

The government has not given any indication that it will listen to the views of Ontarians on Bill 74. The legislation has not passed through the third and final reading, yet the government has already dissolved the Boards of the 20 public agencies that are supposed to be rolled into the new Super Agency, Ontario Health. Further, the government has already appointed Ontario Health's Board of Directors without any public consultation or input.

The two days of public hearings (in Toronto only) in front of the Committee are simply not appropriate for legislation that would completely reshape health care in the province. To add insult to injury, the public was given barely 24 hours to register for the public hearings after they were announced. According to the CBC, more than 1,400 people asked to make oral submissions to the Committee, a clear indication that Ontarians want their voices heard. This government is sidestepping our democratic processes by implementing a law before it has even been passed through the legislature and rushing the Bill through the legislature at a reckless pace.

LESS ACCOUNTABILITY AND CENTRALIZED POWER

Bill 74 creates the new health care Super Agency, Ontario Health, that will be responsible for managing health care services and the widespread restructuring of the system across the province. Yet, the Ontario Health 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.

The government has prevented the public from having any input on the composition of the Board and instead, has the power to fill the Board with political appointees. Further, Board meetings will not be open to the public and the public will not have the right to access documents related to restructuring. It

seems that this un-elected Board of Directors would have immense power without being held accountable to the public.

THREATENING QUALITY OF CARE

Ontario Health would oversee the transformation of the health care system, which includes the elimination of all local health integration networks (LHINs). The creation of the new Integrated Care Delivery Systems (ICDSs) as the main provider of health care services raises a number of concerns. The Health Minister is able to determine what qualifies to be an ICDS and make this designation without public consultation. With this legislation, the Minister and Ontario Health will have unfettered powers to integrate services and take away local control of services.

Based on the trajectory of this legislation, many mergers, takeovers and “integrations” would result in the concentration of health care services being controlled by a small number of large health care conglomerates. There are questions about the lack of accountability and public oversight over these conglomerates. There are real concerns about the “bigger is better” approach to care – this type of restructuring is very likely to result in the loss of local services for many Ontarians.

OPENING UP THE DOOR TO PRIVATIZATION AND FOR-PROFIT SERVICES

Bill 74 does not include a stated commitment to the provision of health services by not-for-profit organizations, nor does it include a commitment to the principles of the Canada Health Act, such as the principle of publicly-administered care. This has raised questions about the government’s intentions and its privatization agenda.

“My optometrist referred me to a clinic for my cataracts last year. You can’t imagine my shock when the doctor told me that there was a two-year waiting list, but if I was willing to pay around \$2,000.00 an eye, I could have the surgery within 30 days. As a Canadian and a former labour leader who has fought to defend public health care, I could not have been more offended. Jumping the que for those who have the means is simply not acceptable here. Public delivery of services is the only way to ensure the care we receive is based on need, not cash on hand.” Buzz Hargrove, past president Canadian Auto Workers Union

ICDSs can be designated to include a mix of for-profit and not-for-profit health 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, we’ve already seen in Ontario that the quality of care that seniors receive in for-profit long-term care homes is compromised by profit-driven models of care. The contracted out hospital services to large corporations impact the quality of services and the working conditions of workers at these sites. Meanwhile, private clinics that perform private diagnostic testing and minor surgeries (among others) are known to inflate government costs and increase the number of unnecessary tests and treatments in their drive to make profit.

Ontarians did not vote for the further privatization of the health care system and understand that this is not the remedy to ending “hallway medicine.”

THREATENING FRONT-LINE STAFF

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). Bill 74 mentions that an employer and bargaining agent could potentially reach an agreement that the provisions in the PSLRTA do not apply in the case of an integration. However, the legislation raises questions about whether PSLRTA would apply in cases where health care services are integrated under an ICDS, which could result in significant labour relations issues. This may include where the Minister orders an integration resulting in a combination of for-profit and not-for-profit services.

PUTTING THE BRAKE ON BILL 74

The government must take a step back on Bill 74 and properly consult with Ontarians regarding the impact of this wide-ranging bill. Significant concerns regarding the accountability and oversight of the Super Agency are only the beginning amidst the steps to completely overhaul the structure of the health care system in the province. The impact of amalgamating and integrating services on local communities could be devastating, especially given that there would be no meaningful opportunity for these communities to provide input on these changes. The government also needs to be upfront about its privatization agenda and commit to publicly-administered care and not-for-profit services with any restructuring of the system. Finally, the impact on health care workers – who will be caught in the middle of any restructuring efforts – must be addressed.

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