

Hands off our health care

A submission of the Ontario Public Service Employees Union (OPSEU) to the Standing Committee on Social Policy on Bill 74, *The People's Health Care Act, 2019*.

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Summary of OPSEU recommendations

- 1) Repeal Bill 74 and commit to a robust public consultation process involving patients, health care workers and the public.
- 2) Require Board members of the new Ontario Health Agency, its regional agencies and future Health Teams to be democratically elected through a process set out in legislation to ensure accountability to patients and communities. There should be strong protections against conflict of interest.
- 3) Ensure that Agency Board meetings are open to the public and that ample notice of meetings is made publicly available.
- 4) Establish robust requirements for public consultation and appeal processes through legislation.
- 5) Ensure that no service contracts are awarded to private, for-profit companies that can avoid public scrutiny and formal auditing through the commercial secrecy provisions of the Freedom of Information and Protection of Privacy Act (FIPPA).
- 6) Amend the preamble to confirm the Ontario government is committed to the principles of public administration, comprehensiveness, accessibility, universality, and portability as provided in the Canada Health Act and the Commitment to the Future of Medicare Act; committed to the delivery of public care services by public and not-for-profit organizations; and recognizes the role of the people of Ontario in the planning, design, delivery and evaluation of their health care services.
- 7) Amend Section 20 so that Ministerial directives must not result in loss, closure or reduction of services or hospitals, layoffs or transfer of any public, not-for-profit health care services to a private, for-profit provider and must also ensure the expansion of services be provided by a public, not-for-profit provider.
- 8) Amend Section 21 so that the Agency's funding decisions must not result in loss, closure or reduction of health care services or hospitals, layoffs, the transfer of any public, not-for-profit health care services to a private, for-profit provider, and must ensure the expansion of services be provided by a public, not-for-profit provider.
- 9) Repeal Part IV and every subsection. Alternatively, amend Sections 29, 31, 32, 33, 35 to ensure that no integrations result in the closure or reduction of any public or non-profit service or provider or hospital; that no integrations result in the transfer, merger or amalgamation of any public or not-for-profit provider or integrated care delivery system to a for-profit provider or integrated care delivery system; and that all integration decisions be subject to a robust appeals process.
- 10) Repeal Section 30 and ensure that all providers are required by legislation to plan to meet population need for health care, and that health care funding be transparent.
- 11) Amend Section 35 (7) to ensure that there is a meaningful appeals process when the Minister gives notice under subsection (6), and amend Section 35 (3) to ensure that all integration decisions are subject to a robust public consultation process.
- 12) Amend Section 44 to enshrine robust public consultation processes in legislation.
- 13) Remove Ontario Health as a "Crown Agency" from Regulation 386/07 of the Crown Employees Collective Bargaining Act to uphold the current collective bargaining structure under the Ontario Labour Relations Act.
- 14) Amend the definition of Health Service Provider in Bill 74 to include Ontario Health and its regional agencies.
- 15) Maintain the current process for public sector integrations, as governed by PSLRTA.
- 16) Repeal Section 41 (12).

About the Ontario Public Service Employees Union

The Ontario Public Service Employees Union represents more than 155,000 workers in the Ontario Public Service, the Broader Public Service and the Colleges sector. Our members work in the public sector both provincially and municipally, for private contractors performing work for public entities, for the Ontario College of Trades, the College of Applied Arts and Technology, in public agencies like the Liquor Control Board of Ontario and the Municipal Property Assessment Corporation, in hospitals and at other health care providers, at universities and school boards, and in a wide range of social services.

Introduction

Public health care is not only Canadians' most beloved social program, it's the great equalizer; ensuring that all Canadians have access to high-quality public health care based on their need, not their ability to pay.

In recent polling commissioned by OPSEU, Ontarians identify health care as the public service that matters most to them, and that comes as no great surprise. Because from birth to death, we all access health care services at some point in our lives. As Canadians we're proud of our public health care system because we believe that it's the true mark of a compassionate society.

But our health care system is facing increasing pressure from forces that wish to privatize it. They see our public health care system as an opportunity to make profits, and they are exerting significant influence over the decision makers at Queen's Park.

It has been said that public health care is the third rail of Canadian politics – touch it and you'll get burned. It's worth reminding our politicians that public health care isn't a business and patients aren't customers.

Roy Romanow, who headed the Commission on the Future of Health Care in Canada summed it up nicely in his final report where he concluded that Canadians don't want for-profit companies providing health care. Romanow stated that, "Canadians view medicare as a moral enterprise, not a business venture."¹ He reached this conclusion after crisscrossing the country and speaking with health care stakeholders as part of his exhaustive study on the Canadian health care system. His words are as true today as they were in 2002.

¹ "Building on values: the future of health care in Canada," The Commission on the Future of Health Care in Canada, Roy J. Romanow Commissioner. November 2002. Pg. 21.
<http://publications.gc.ca/collections/Collection/CP32-85-2002E.pdf>

There is no doubt that Ontarians are frustrated. Our public health care system along with patients and workers have suffered through 25 years of austerity. During that time, health care services have been cut to the bone under the guise of “finding efficiencies.” The cuts have gone too far.

But it doesn't have to be this way; we absolutely can afford to do better. Ontario is wealthier than it has ever been and our GDP is growing. Yet we invest less in health care and all other social programs than any other province. We're dead last according to the most recent analysis by the Financial Accountability Office of Ontario.² That's because Ontario has a serious revenue problem. It's why the government must focus on revenue-based solutions to fix and properly fund our health care system – not endless restructuring that costs more and leads to fewer services.

It's time to reject terms like efficiency and integration, which are frequently used by politicians. Political rhetoric – much like this legislation - does nothing to improve patient care. Instead a government “for the people” should focus on terms like positive patient outcome, health system planning to meet population need, public consultation, and investment in frontline care.

It's disheartening, but Bill 74 does absolutely nothing to improve or expand public health care services. No new services, beds or staff positions have been created. It's just another kick at the restructuring can. But we've been here before and OPSEU members understand the true consequences of restructuring.

Our members know that this legislation isn't an investment in patients; it's an investment in privatization, plain and simple. It's time for the Ford government to abandon this dangerous plan and focus on investing in frontline public health care services.

The following submission outlines OPSEU's key concerns and recommendations regarding Bill 74, *The People's Health Care Act*.

A flawed process

Recommendation #1: Repeal Bill 74 and commit to a robust public consultation process involving patients, health care workers and the public.

OPSEU is deeply concerned by the entire legislative process regarding Bill 74. As an omnibus bill, this piece of legislation enacts, amends and repeals various pieces of legislation for the purpose of overhauling Ontario's entire health care system. Yet, there has been absolutely no public consultation on the government's plan.

² “Comparing Ontario's Fiscal Position with Other Provinces,” Financial Accountability Office of Ontario. February 14, 2019. <https://www.fao-on.org/en/Blog/Publications/inter-prov-comparisons-feb-2019>

The legislation is ill-conceived, deeply flawed and poses a serious threat to our public health care system. It does not represent the public interest, but rather the political interests of the Ford government. This legislative process by which this Bill was introduced exposes a fundamental lack of respect for meaningful public input and a misuse of power by the current Ford administration.

We are disturbed that public stakeholders had less than 24 hours to declare their interest in making a deputation to the Standing Committee on Social Policy regarding Bill 74, once the notice of hearings was posted online. Interested stakeholders had less than one week to prepare written submissions, and are expected to comment on a piece of legislation with so many unknowns. Many crucial details are left to be determined by regulation at an unspecified later date, and the government has allocated only eight hours for public hearings, which are taking place only in Toronto.

The public has been given no cost projections for the government's proposed plan, and is expected to comment on the legislation a week before the provincial budget is released on April 11. Had the hearings been held after the budget was released, the public would know how much the government has set aside to pay for this massive exercise in restructuring. When it comes to silencing public opposition, the timing of these hearings is extremely suspicious.

It is clear that government's priority is to railroad through sweeping legislative changes with as little opposition as possible. This is an effort to stifle public input on changes to the public health care system, which is a priority issue for Ontarians.

It's been more than 20 years since the Harris government established the Health Services Restructuring Commission, yet the Commission's legacy report seems to have laid the groundwork for the Ford health care agenda. The Ford government is using Bill 74 to ram through Mike Harris's privatization dream. Perhaps there are only eight hours of hearings because the Conservatives have been sitting on this plan for more than 20 years.

The people of Ontario deserve a voice on health care. If this legislation were truly about providing care that is more "patient-centred," then input from patients, health care workers and the public would be welcomed, not ignored.

New bureaucracy, no accountability

Recommendation #2: require Board members of the Agency, its regional agencies and future Health Teams to be democratically elected through a process set out in legislation to ensure accountability to patients and communities. There should be strong protections against conflict of interest.

Recommendation #3: ensure that Agency Board meetings are open to the public and that ample notice of meetings is made publicly available.

Recommendation #4: establish robust requirements for public consultation and appeal processes through legislation.

Ontario Health and its Board of Directors

Bill 74 was introduced on February 26, 2019. It establishes the creation of a “Super Agency” known as Ontario Health, to be forged out of 20 existing agencies with widely varied mandates, including 14 Local Health Integration Networks (LHINs), Cancer Care Ontario, eHealth Ontario, Trillium Gift of Life Network, Health Shared Services Ontario, Health Quality Ontario and HealthForce Ontario Marketing and Recruitment Agency.

The very next week, the Agency’s Board of Directors was announced. It is important to note that the Board was already established prior to the legislation being passed, and the process for selecting board members was most certainly started long before the legislation was even introduced. Board members were not elected, but were appointed by the Lieutenant Governor in Council, under the direction of Cabinet, and the entire process by which board members were appointed has not been made public, nor the qualifications necessary to hold such a position nor specifics on members’ salaries.

What is clear is that the board has several members who have donated to the Ontario Progressive Conservative Party, as well as elite insiders with a vested interest in the privatization of health care services. These unelected individuals will have immense power to completely overhaul the public health care system, with no real public accountability. This is dangerous.

The Board is not required to hold public board meetings, it is not obligated by law to post information publicly, including board meeting minutes, and it is not required to consult publicly. Ontario Health will be run out of Toronto, and has no legislated mechanisms to ensure accountability to local patients or communities.

Through an Accountability Agreement, Ontario Health will be accountable only to the Minister of Health and will be responsible for implementing the Minister’s priorities, not the public’s.

Board members of the Agency should be elected through a process set out in legislation and there ought to be strong protections against conflict of interest in the *Public Service of Ontario Act*. Board meetings should be open to the public with plenty of public notice for all meetings.

For years, OPSEU has been vocal about its concerns regarding LHIN accountability and the need for improved local democracy through elected LHIN Boards of Directors. The changes proposed in Bill 74 don’t resolve any of the concerns identified repeatedly by OPSEU. Instead, it worsens all of them.

Like Ontario Health, the LHINs are also appointed by Cabinet, and there is virtually nothing in the LHIN legislation that allows anyone locally to influence LHIN decisions. They too have always answered to the Minister of Health, not to the local communities they serve. Again, like Ontario Health, the LHINs' mandate has been to find endless opportunities for integration and restructuring, and this has led to service cuts that are not in the public interest.

Centralizing power into Ontario Health does not improve public accountability, it makes the Super Agency an even greater risk to the public good. Furthermore, the Super Agency's new powers override the existing democratic structures of local community, public and not-for-profit health providers. There are no democratic processes or democratic protections outlined in Bill 74, and this will undoubtedly result in loss of any community control that remains over health care.

More bureaucracy is not better

But what's also concerning is that in addition to Ontario Health, the government is proposing the creation of five regional agencies and between 30 to 50 Ontario Health Teams. That's at least 50 new bureaucratic structures that will require their own tier of administration to run the partnerships between the various service providers on the Health Teams. This is more bureaucracy, not less.

Currently, the LHINs have a mandate to plan, fund and coordinate health services within a given region. OPSEU agrees there is room for improvements within Ontario's LHINs, but Bill 74 doesn't accomplish that goal. Instead, it would essentially create 50 mini-LHINs; more bureaucracy with even less accountability to the people.

Despite the Ministerial rhetoric around the need for "integration" and "coordination," there exists no practical information about the Health Teams or their governance structures. Bill 74 does not stipulate any substantive community engagement or consultation requirements for the Health Teams, and it remains unclear how these entities would even operate. In fact, the legislation leaves much to be decided by regulation through Order in Council, so there is still so much that is unknown.

It appears this legislation is more about erasing the Liberal legacy and inserting a Conservative-made scheme than it is about improving patient care. Quite frankly, it's more vengeful than useful, and it would come at a huge cost to taxpayers.

Accountability to taxpayers

Endless restructuring costs money, and that money comes out of frontline care. For decades, health care restructuring has been used as a tool to force through deep cuts to vital services and staff.

Ontario's provincial auditor reported that the last round of major hospital restructuring, which started in the 1990s under Mike Harris, cost \$3.9 billion. That means that the Harris government spent \$3.9 billion

to “save” \$800 million, which resulted in massive layoffs of health care workers and professionals and deep cuts to local services. The lesson learned: restructuring is a pay more, get less plan, and it diverts precious public dollars away from frontline care. Endless integrations and amalgamations place undue strain on service providers and staff, resulting in less stability and continuity of care for patients. It creates system-wide upheaval, in an already overwhelmed and underfunded health care system.

It’s worth repeating that Bill 74 does not create any new health care services, or inject much needed investments into the existing health care system. Restructuring would mean even more cuts. To-date, the Ford government has not provided any costing for this restructuring plan. The details won’t be apparent until the provincial budget is released on April 11, which is too late for public input at the hearing stage.

But Ontarians don’t want more cuts. They don’t want public dollars wasted on huge management salaries, privatization and restructuring schemes. They want those dollars invested in frontline care. In our most recent polling, nearly 9 out of 10 Ontarians say cuts to public services would have an impact on them personally, and 7 out of 10 are personally worried about cuts to come. 71 per cent of Ontarians identify health care as the public service that matters most to them.

It’s time for government to focus on the people’s priorities by investing in our public health care system.

Privatization

Recommendation #5: ensure that no service contracts are awarded to private, for-profit companies that can avoid public scrutiny and formal auditing through the commercial secrecy provisions of the Freedom of Information and Protection of Privacy Act (FIPPA).

Recommendation #6: amend the preamble to confirm that the government of Ontario is committed to the principles of public administration, comprehensiveness, accessibility, universality, and portability as provided in the Canada Health Act and the Commitment to the Future of Medicare Act; committed to the delivery of public care services by public and not-for-profit organizations; and recognizes the role of the people of Ontario in the planning, design, delivery and evaluation of their health care services.

Recommendation #7: amend Section 20 so that Ministerial directives must not result in loss, closure or reduction of services or hospitals, layoffs or transfer of any public, not-for-profit health care services to a private, for-profit provider and must also ensure the expansion of services be provided by a public, not-for-profit provider.

Recommendation #8: amend Section 21 so that the Agency’s funding decisions must not result in loss, closure or reduction of health care services or hospitals, layoffs, the transfer of any public, not-for-

profit health care services to a private, for-profit provider, and must ensure the expansion of services be provided by a public, not-for-profit provider.

Recommendation 9: repeal Part IV and every subsection. Alternatively, amend Sections 29, 31, 32, 33, 35 to ensure that no integrations result in the closure or reduction of any public or non-profit service or provider or hospital; that no integrations result in the transfer, merger or amalgamation of any public or not-for-profit provider or integrated care delivery system to a for-profit provider or integrated care delivery system; and that all integration decisions be subject to a robust appeals process.

Recommendation #10: repeal Section 30 and ensure that all providers are required by legislation to plan to meet population need for health care, and that health care funding be transparent.

Recommendation #11: amend Section 35 (7) to ensure that there is a meaningful appeals process when the Minister gives notice under subsection (6), and amend Section 35 (3) to ensure that all integration decisions are subject to a robust public consultation process.

Recommendation #12: amend Section 44 to enshrine robust public consultation processes in legislation.

OPSEU is deeply concerned about the intent and consequences of Bill 74 regarding the proliferation of privatization in the health care sector. In its current form, the legislation gives too much power to the Minister and Ontario Health to restructure and privatize our health care system, with very little public oversight.

Ontarians don't agree with privatization; we're proud of our public health care system and believe that services should be publicly funded, managed and delivered by public and not-for-profit organizations.

The Minister's recent statements that Bill 74 won't lead to privatization because patients can still use their OHIP cards is misleading and deeply troubling. When services are managed and/or delivered by private, for-profit entities, taxpayer dollars are wasted on duplicate layers of administration and private profit-making.

Already, there is too much privatization embedded within Ontario's health system and it's costing us all. This includes, but is not limited to, the contracting-out of home care services to private, for-profit companies, and the proliferation of privately owned and operated long-term care homes.

According to Auditor General Bonnie Lysyk, in her 2015 report, there are approximately 160 third-party providers contracted to provide home and community health care service in Ontario. Most are for-profit, and to make money, these companies suppress wages and force their workers to rush through treatments. As a result, patients suffer. Precarious work and low wages also mean high staff turnover, which can result in poor continuity of care.

In her report the Auditor General found that for every dollar spent by the CCAC, only 61 per cent was spent on face-to-face patient treatment, and much of the remaining 39 per cent went to managerial salaries and profits of the for-profit companies. It's worth noting that the exact amount is unknown because private sector service providers have no obligation to open their books to public scrutiny. They are accountable only to shareholders, not the patients they serve. No service contracts should be awarded to private, for-profit companies that can avoid public scrutiny and formal auditing through the commercial secrecy provisions of the *Freedom of Information and Protection of Privacy Act* (FIPPA).

Ontario's long-term care sector, which is rife with privatization, is the wild west of health care. Ontario has the lowest standards in Canada, and among the lowest care levels among comparable jurisdictions, even though patient acuity and the complexity of care is growing. The proliferation of privately operated homes has resulted in high costs, lower quality and dangerous conditions.

Research has shown that when for-profit entities provide health care, the quality of service suffers as workers are given heavier workloads with less pay and fewer benefits and job protections. Bill 74 would exacerbate these issues dramatically, by allowing the Minister and Ontario Health to expand the use of for-profit health service providers across the entire health care system.

If Bill 74 is passed, patients will suffer; imagine the implications for patients requiring mental health and addictions services. In Ontario, these services are grossly underfunded. Many patients experience excessive wait times to access services, while others get stuck in overcrowded hospital waiting rooms and correctional facilities. Ontario is facing a mental health and addictions crisis, and privatization will only make it worse, by allowing private providers to profit off the backs of vulnerable Ontarians. These for-profit providers are accountable to their shareholders, not to patients. In the United States, the privatization of mental health and addictions services has been an absolute disaster. Instead of folding mental health and addictions services into this omnibus bill, and allowing these issues to languish in the shadows, the government must commit to the establishment of a dedicated Ministry of Mental Health and Addictions and to improve funding for public, not-for-profit mental health and addictions services.

The government must abandon its pro-privatization agenda.

To begin, the preamble to Bill 74 must be amended to confirm that the government of Ontario is:

- Committed to the principles of public administration, comprehensiveness, accessibility, universality, and portability as provided in the *Canada Health Act* and the *Commitment to the Future of Medicare Act*;
- Committed to the delivery of public care services by public and not-for-profit organizations; and
- Recognizes the role of the people of Ontario in the planning, design, delivery and evaluation of their health care services.

Funding and Accountability

Bill 74, Section 20 stipulates that the Minister may issue directives to the Agency and a person or entity that receives funding from the Agency. This Section would give the Minister sweeping powers to order the contracting-out of health care services. Along with the LHINs and multiple other agencies, Health Shared Services Ontario would be folded into the new Super Agency, along with its procurement function. OPSEU is concerned about the potential for increased contracting-out of shared services to for-profit companies.

Section 20 must be amended so that any such Ministerial directives must not result in:

- the loss, closure or reduction of services or hospitals;
- the layoff or termination of frontline workers and professionals;
- the transfer of any public, not-for-profit health care services – or part of that service – to a private, for-profit provider; and
- that the expansion of services must be provided by a public, not-for-profit provider.

Section 21 must also be amended to clarify that the Agency's funding decisions must not result in:

- the loss, closure or reduction of health care services or hospitals;
- the layoff or termination of frontline workers and professionals;
- the transfer of any public, not-for-profit health care services – or part of that service – to a private, for-profit provider; and
- that the expansion of services must be provided by a public, not-for-profit provider.

Integration

Bill 74, Part IV on Integration sets the stage for the Ford government's privatization agenda. In its current form, Bill 74 gives the Minister the unchecked power to designate a person, entity, or a group of persons or entities as an integrated care delivery system. These integrations would be mega mergers, where the integrated care delivery systems would be required to provide at least three services, which could include hospitals, home care, long-term care and mental health.

If passed, the Minister would have the power to order public, not-for-profit entities to cease operations, or to transfer all or part of a service it provides to a private, for-profit entity. Part IV and every subsection should be repealed.

Alternatively, Sections 29, 31, 32, 33, 35 must be amended to ensure that no integrations, by Ministerial designation, negotiation, funding change, Agency facilitation decision, Ministerial order, decision or directive, or integration by service providers themselves result in:

- the closure or reduction of any public or non-profit service or provider or hospital;
- the transfer, merger or amalgamation of any public or not-for-profit provider or integrated care delivery system - or any part of their service – to a for-profit provider or integrated care delivery system; and
- that all integration decisions must be subject to an appeals process that includes public notice, public access to documents regarding the integration that ensures appellants and the public have the right to be heard, and that requires the Agency to respond in writing and post a decision publicly.

Section 30 is deeply problematic as it provides a mandate to the Agency and all health service providers and integrated care delivery systems to identify opportunities to integrate endlessly. These providers should be required by legislation to plan to meet population need for health care, with requirements that funding for health care be transparent. Section 30 must be repealed entirely.

Section 35 (3) outlines the notice requirements where health service providers or integrated care delivery systems - that are funded in whole or part by the Agency - plan to integrate services. They are only required to give notice to the Minister – not the public.

Additionally, subsection (3)(e) would allow health service providers or integrated care delivery systems to proceed with an integration immediately, if the Minister notifies the provider or system that the Minister does not intend to give notice of a proposed decision under subsection (6) or issue a decision under subsection (8). Plainly put, the Minister could railroad through an integration by deciding not to decide, with absolutely no process in place or time period for appeals, public consultation or input.

Pursuant to Section 35 (7), written submissions can be made where the Minister does decide to give notice under Section 35 (6) i.e. to request more information about the integration from the provider or system. However, that does not go far enough. Section 35 (7) must be amended to ensure that there is a meaningful appeals process with public notice and access to documents, that ensures appellants and the public have the right to be heard, that requires the Minister to respond in writing and post a decision publicly. Furthermore, Section 35 (3) must be amended to ensure that no integration decision can be railroaded through, and that ample public notice must be required, as well as robust public consultation for all proposed integrations.

Community Engagement

Ontarians have the right to participate meaningfully in health care decision-making. However, Section 44 stipulates that the Agency, integrated care delivery systems and health service providers would establish their own mechanisms for, “engaging with patients, families, caregivers, health sector employees and others as part of their operational planning processes in accordance with the regulations, if any.” This is unacceptable. Health service providers, systems and the Agency have their

own mandates and priorities and have no incentive to establish a truly robust mechanism for public consultation.

Section 44 must be amended to enshrine robust public consultation processes in the legislation; to ensure that public notice decisions are required and that access to open meetings, information, and appeals processes be established. Section 44 (1) should be amended to remove, “in accordance with the regulations if any.” Furthermore, Section 45 should be amended to clarify that all decisions should be made in the public interest only, and all other provisions should be repealed.

Ontario doesn’t need more opportunities for private companies to profit off the sick and elderly; we need to improve the quality of care by investing in publicly funded, managed and delivered health care services.

Labour relations implications

Recommendation #13: remove Ontario Health as a “Crown Agency” from Regulation 386/07 of the Crown Employees Collective Bargaining Act to uphold the current collective bargaining structure under the Ontario Labour Relations Act.

Recommendation #14: amend the definition of Health Service Provider in Bill 74 to include Ontario Health and its regional agencies.

Recommendation #15: maintain the current process for public sector integrations, as governed by PSLRTA.

Recommendation #16: repeal Section 41 (12).

Ontario Health as Crown Agency & CECBA

Bill 74 significantly changes how the union negotiates on behalf of its members employed by the new Super Agency, Ontario Health.

For example, LHINs employees have the right to strike under the *Labour Relations Act*. OPSEU’s members that are currently employed by the LHINs have fought long and hard for their collective agreements. Many of them came from the CCACs and have recently undergone a round of restructuring in which they successfully argued that the LHINs should not be considered Crown Agencies. Now, we’re back to square one with Ontario Health.

As a result of the move from the LRA to CECBA, employees would be required to negotiate essential services agreements in the event of a strike or lockout, the way grievances and arbitrations are handled would change, and workers would lose the right to file classification grievances. The LHIN workforce is

made up primarily of women, and the gains made through collective bargaining to date have been a positive factor in addressing the wage gap and supporting women as professionals in the workforce.

Impact of Partial Integrations & PSLRTA

Currently, the legislation stipulates in Section 38 (1) that PSLRTA applies when an integration occurs that is:

- a) the transfer of all or part of a service of a person or entity under a facilitation decision of the Agency under section 32 or a required integration order of the Minister under section 33;
- b) the transfer of all or substantially all of the operations of a health service provider or integrated care delivery system under a facilitation decision of the Agency under section 32 or a required integration order of the Minister under section 33;
- c) the amalgamation of two or more persons or entities under a facilitation decision of the Agency under section 32 or under a required integration order made by the Minister under section 33.

OPSEU is concerned that the use of partial transfers of services or operations will be used to limit the application of the *Public Sector Labour Relations Transition Act* (PSLRTA).

PSLRTA was introduced in the 1990s under Mike Harris and since then has been used to govern public sector integrations under successive Conservative and Liberal governments. The purpose of PSLRTA was to eliminate labour disruptions that resulted from integrations and create greater stability. Bargaining agents have come to understand the PSLRTA process and it offers predictability in labour relations. PSLRTA should continue to govern all public sector integrations.

No breach of collective agreements

Section 40 stipulates that the Minister may make an order:

- transferring all or part of the assets, liabilities, rights and obligations of Cancer Care Ontario, eHealth Ontario, HealthForceOntario Marketing and Recruitment Agency, Health Shared Services Ontario, Ontario Health Quality Council, Trillium Gift of Life Network, any local health integration network and any other prescribed organization that receives funding from the Ministry or the Agency and that provides programs or services that are consistent with the object of the Agency, to the Agency, a health service provider or an integrated care delivery system; and
- transferring all or some of the employees of one of these organizations to the Agency, a health service provider or an integrated care delivery system.

Section 41 (5) stipulates that if the Minister makes such an order under Section 40, a transfer is deemed not to constitute a breach, termination, repudiation or frustration of any agreement, including a contract of employment or insurance or a collective agreement.

However, OPSEU is concerned by Section 41 (12), which empowers the Lieutenant Governor in Council to make regulations prescribing agreements to which subsections (5) does not apply; the potential consequence being that by way of regulation, there could be transfer agreements that breach, terminate, repudiate or frustrate a collective agreement. Subsection 12 must be repealed.

Conclusion

Bill 74 is a deeply flawed and dangerous piece of legislation. It is ill-conceived, full of gaps and most distressingly, it rejects the fundamental principles of Ontario's public health care system.

The creation of Ontario Health, its regional agencies and Health Teams would mean more bureaucracy and even less accountability to Ontarians, as power is centralized in a top-down approach to decision-making. The endless pursuit of restructuring will divert billions of dollars away from frontline care and result in even deeper cuts and privatization that will harm patients and communities.

It's time for the Ford government to put the priorities of patients first; to shift its focus from efficiency and integration to planning to meet population need and positive patient outcomes. It's time to recognize that health care is a moral enterprise, not a business venture and to commit to investing in frontline public health care.

OPSEU members know what our public health care system needs; we are the experts on the ground, delivering health care services in almost every community in Ontario. If the Ford government truly cares about patients, it will abandon this failed plan and instead, commit to a robust public consultation process involving patients, health care workers and the public.