

**Our lives are not for profit**  
**OPSEU/SEFPO Submission on**  
**Bill 60, *Your Health Act***

**March 27, 2023**





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# Our lives are not for profit

## OPSEU/SEFPO Submission on Bill 60, *Your Health Act*

### About OPSEU/SEFPO

OPSEU/SEFPO represents more than 180,000 members in the Ontario Public Service and the Broader Public Sector, including over 60,000 healthcare workers in Ontario. This includes radiation technologists; cardiovascular perfusionists; laboratory technologists; occupational therapists; physiotherapists; respiratory therapists; nurses; PSWs; clerical staff; custodial staff; and so many more professionals who are essential to our public healthcare system and patient care.

### Privatization makes wait times worse, not better

Our healthcare system is in crisis, and it's clear that privatization is not the solution. Putting private profits over people won't fix wait times or solve the recruitment and retention crisis, which is causing staff to burn out and leave their jobs.

This government has manufactured a crisis, in order to clear the path to privatization – Bill 60 is proof.

Prior to the pandemic, our public hospitals were already facing a human resources crisis due to years of chronic underfunding, retirements, an ageing population and stagnating wages. The situation was worsened by Bill 124 and its unconstitutional wage caps. After years of working through the pandemic, and having their wages cut – during a time of skyrocketing inflation and a cost of living crisis - healthcare workers are burnt out, overworked, underpaid, and under-resourced, and this directly impacts the care they are able to provide. Many healthcare workers have left the sector to find work where their contributions are valued and where they are respected.

OPSEU/SEFPO supports measures to reduce wait times for care and clear the surgical backlog. Our members know that achieving this is possible, but it means addressing the health staffing crisis by paying healthcare workers decent wages and adequately funding the public healthcare system. It means investing the billions in unspent healthcare dollars into the public healthcare system immediately, rather than handing those funds over to profiteers. There are unused, and under-used operating rooms in our public hospitals across Ontario. There is diagnostic testing capacity too.

These are political choices, and the Ford government is choosing to gift wealthy corporate insiders with public dollars rather than provide the public healthcare that the people of Ontario depend on.

This is inexcusable. We live in one of the wealthiest provinces, in one of the wealthiest countries on Earth. Yet Ontario consistently competes for last place when it comes to healthcare funding on a per capita basis. Underfunding and understaffing in the public sector has become the status quo. Selling off these services isn't the solution, and privatizing hospital services won't solve the staffing crisis – it will make it worse.

**If passed, Bill 60 would drain even more staff and funding from our public healthcare system - worsening wait times for those least able to pay. It goes against the core principles of public healthcare – that it be accessible, universal and equitable.**

Frontline healthcare workers are deeply concerned about this legislation's erosion of our universal public healthcare system. Bill 60 would allow an unlimited number of private, for-profit clinics to perform publicly-funded surgeries and diagnostics, with little, to no oversight regime put into place.

**Bill 60 is dangerous and costly for patients.** Surgeries operated by private clinics can cost up to three times as much as it costs in a public hospital. These private, for-profit operators are notorious for upselling on services and extra-billing

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“The average stroke unit has 1 staff member assigned to 40 beds. On a day when that position's not covered, the rest of us are running from our positions trying to help. No one gets proper care on those days.

Who is the government talking to? They're not talking to the people working at the front lines. Nobody asks us, even at our hospital. They just do what they think works, and then it fails.”

- Linda, Physiotherapist

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– charging both OHIP and the patient for the same procedure. Unsurprisingly, the Ford government is already failing to take action against this unlawful extra-billing in private clinics, which has ballooned in recent years.

The two critical issues our public healthcare system is facing are understaffing and underfunding. If this government uses Bill 60 to open the door to an unlimited number of private, for-profit clinics delivering healthcare services, it will not solve either of these issues – it will unequivocally worsen the crisis.

This government has not been able to produce any evidence indicating that expanding the scope of private, for-profit clinics will solve the surgical backlog. In fact, evidence from BC, Alberta and Europe suggests that expanding private, for-profit care does not improve wait times, and costs patients and taxpayers more money.

Conversely, there is evidence that having properly staffed public surgical space

to run overnight and on weekends would address the surgical backlog that has existed since prior to the pandemic.

Unfortunately, the government has completely ignored the opportunity for public dialogue during the process of drafting Bill 60. Instead, we are being asked to comment on a piece of legislation that assumes, without evidence, that expanding the role of for-profit clinics will address the surgery backlog.

Bill 60 is built on an entirely flawed foundation. Additionally, the legislation leaves too many decisions to be made through regulations which, of course, would face no real public scrutiny.

## Bill 60 will harm our public hospitals

Healthcare workers have endured enough. Yet, Bill 60 will siphon off even more workers from public healthcare settings, particularly hospitals, which will increase workload, burnout and mental health injury among those who remain. Frontline workers and patients will suffer the consequences. If this legislation is passed and more surgeries are outsourced to private clinics, it will allow these clinics to cream-skim – by taking only low-risk and quick procedures and leaving public hospitals responsible for the most complex, high-risk and highest cost cases, likely with even fewer staff. Rural hospitals, in particular, will continue to face emergency room closures and bear the brunt of the staffing crisis as resources are siphoned off to private for-profit facilities.

OPSEU/SEFPO members have been sounding the alarm on the health staffing crisis for years. Now, after enduring unconstitutionally imposed wage cuts, having their bargaining rights overruled by emergency orders during the pandemic, and witnessing our public healthcare system under attack in favour of private, for-profit corporations, they are beyond fed up.

We are already seeing bed cuts in public hospitals leading to staff layoffs as the result of government underfunding. As of March 31, Ontario Health will no longer fund the COVID surge unit at Stevenson Memorial Hospital in Alliston. As a result, five full-time RPNs, who are members of OPSEU/SEFPO Local 360, have received layoff notices, while there is short-staffing in every department in the hospital and burnout is rampant. These cuts will force Stevenson Memorial to run at more than 100 per cent capacity – and that means hallway healthcare for the people of Alliston.

**If the Ford government really cared about solving the healthcare crisis, no healthcare professional would be losing their jobs.**

Once again, it's very clear: the solution to reduce wait times and clear the surgical backlog is to provide more funding for public healthcare services and staff. No operating rooms in this province should sit empty because of underfunding and a lack of staff.

Yet at the Ottawa Hospital, a private corporation has been awarded a contract to perform surgeries in the hospital's publicly funded operating rooms on weekends. On

top of that, they've been permitted to poach hospital staff from the already drained pool of workers. These operating rooms could be running on weekdays and weekends to clear the surgical backlog if adequate staffing and resources were allocated.

## **The Ford government has turned its back on healthcare workers**

The fact that this government consulted with corporations, but not workers or patients, proves that this plan is not meant to help the people of Ontario – but rather, to increase profits for private clinics and their shareholders.

OPSEU/SEFPO members are extremely concerned about the government's lack of consultation in proposing changes to the definitions of regulated health professions in Schedule 2, and by-passing the requirement for healthcare professionals, named under Schedule 2, to be registered with a regulatory health college for up to one year.

The professional colleges are now soliciting feedback from their members on the proposed addition of 'emergency classes,' which will be prescribed in the regulations. It is worth noting, and deeply troubling, that the government did not seek this feedback from the professional colleges prior to introducing the legislation.

While the government claims its intention is to allow health professionals from other jurisdictions to practice in Ontario – while working under the 'emergency class' – they have provided no evidence that by-passing regulatory college registration is necessary.

Any expanded definitions for regulated health professionals should be outlined directly in the legislation and subject to public debate and scrutiny – not left "to be determined" through regulation.

## **Expanding private clinics means less accountability and oversight**

The government seeks to hand over the responsibility for oversight and planning of our healthcare system to private, third-party interests, with little to no accountability to the public.

The newly-rebranded private clinics – coined as Integrated Community Health Services Centres (ICHSCs) - expand the functions and scope of what were previously called Independent Health Facilities (IHF's).

The legislation includes a provision to enable the government to appoint a person or corporation as a Director, with significant new powers to create private clinics and designate services, and entire new classes of private clinics and services. This Director would have significantly



more discretion in the licensing process than is granted under the current *Independent Health Facilities Act (IHFA)*. The appointed Director would be a third-party, and not an employee of the Ministry of Health. **As such, they would not be subject to any of the conflict of interest, financial disclosure or ethics regulations that apply to public service employees. The opportunity for corruption is immense.**

Under the new scheme, licenses are limited to a five-year term, but this can be extended through regulations, which face little public scrutiny. The Director can also make these licenses renewable, and while they must consider a licensee's past compliance with the legislation, there is nothing that prevents renewal of a license due to past misconduct.

In contrast, in the current *Independent Health Facilities Act (IHFA)*, there is no provision for a license to be extended through regulations. The Minister is the one responsible for designating services that are subject to payment of facility fees and designating the private clinics that can operate as so-called Independent Health Facilities. While the Minister may appoint a Director, that Director is a Ministry employee.

The legislation fails to adequately identify who will be responsible for inspecting the new private clinics. Section 43 states that one or more organizations may be prescribed as inspecting bodies for private clinics. Again, a fundamental component of the oversight regime is left to regulations.

While the Bill states that private clinics cannot accept payment for access to an insured service - nor can they refuse services to someone unwilling to buy additional non-insured services - without proper oversight these clauses have no teeth.

**Private clinics are already manipulating patients into paying additional out-of-pocket user fees, as these clinics face no legal repercussions.** Unless a patient is familiar with the specific services and products that are covered by OHIP, they can be deceived into paying out-of-pocket - especially for uninsured services since there are no limitations on upselling.

This government has often been quoted saying that expanding private care isn't privatization, because services will still be accessed through OHIP. Even with the lackluster protections against the upselling of services in Bill 60, this completely misses the point. Public healthcare is more than our OHIP cards - it is a system of care that puts

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**“It takes an entire village to run a hospital. From the pharmacists to housekeeping, technologists to clerical staff... we have to support one another to make it all work. I've seen our staff pool really change. The hospital would put job postings up for part-timers and they wouldn't get any hits.**

**With departments being so busy, it feels like the human element - quality of care and compassion - is lowering. It's not patient-centered care if the human element is taken out of that.”**

- Dan, Medical Radiation Technologist

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the needs of people first, not profits. It's a public system built on the principles of transparency and accountability, to serve the public interest, not those of private providers.

**When public oversight of our healthcare system is stripped away in favour of wealthy CEOs and shareholder profits, we all lose.**

## Our lives are not for profit!

Frontline healthcare workers have gone above and beyond to keep Ontario and its people healthy and safe, during the pandemic and long before it. Workers know what it takes to fix the healthcare crisis – reduce wait times, improve access to care and clear the surgical backlog by investing in staff and the public healthcare system.

Bill 60 will do the opposite. It will worsen the recruitment and retention crisis, and wait times. It will pull more staff away from the public system, where healthcare workers have been severely overworked and underpaid. It will reduce access to care for those who are least able to pay, and those with pre-existing conditions, who are often turned away from private, for-profit health facilities.

These are political choices. We have the opportunity to build public capacity and to keep healthcare accessible to all Ontarians; to put people over profits.

But this government isn't listening to workers, or to the evidence. Instead, this government has manufactured a crisis to clear a path to privatization. Bill 60 proves it. This legislation is all about offloading accountability and oversight while

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**“It's been stressful – we need more staff. Everybody's burnt out. It's a struggle to get vacation time off. We have a lot of patients but not a lot of staffing resources to take them on. Everyone got into this line of work to help people, but you have such a short amount of time to do that, and you don't feel like you can give everything you can because you worry about moving on to the next one.**

**We're doing the best we can with what we're given. We ask for more staff and more full-time jobs and we're told 'that's not in the budget.'”**

**- Ashley, Medical Radiation Technologist**

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increasing shareholder profits.

**How much more will it cost Ontarians?** The actual cost of this private clinic expansion scheme has not been provided – and those costs will continue to be hidden, since private corporations are not subject to freedom of information legislation. Private healthcare corporations are not obliged to disclose how much they will charge for surgeries or how much staff will be paid in these private facilities.

As such, it is the recommendation of OPSEU/SEFPO that Bill 60 be immediately withdrawn. The Ford government must consult with workers, and commit to focusing on solutions that put people first.



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