



## **COPE ONTARIO HEALTH CARE REPORT (January 2023)**

**COPE Ontario has instituted a regular health care report for COPE members four (4) times a year. The health care report will keep COPE members updated on the changes occurring in health care and the impact of changes on COPE health care workers. The next COPE Health Care Report will be published in February 2023.**

### **Privatization of Health Care in Ontario – Part 3**

As the Ford government continues with its plan to further privatize Ontario's health care system it is clear that this is the wrong solution to the numerous health care problems Ontarians are currently experiencing. The Ford government continues its efforts to privatize health care across the entire health care sector including home care, long term care, hospitals, virtual care, primary care, public health, and Emergency Medical Services (EMS) etc. When Health Minister Sylvia Jones was asked how the Ford government planned to address the immediate pressure facing the health system and the government's plan to stabilize the health care system, Minister Jones stated **that "all options are on the table."** Much criticism has been directed at the Ford government for suggesting that the

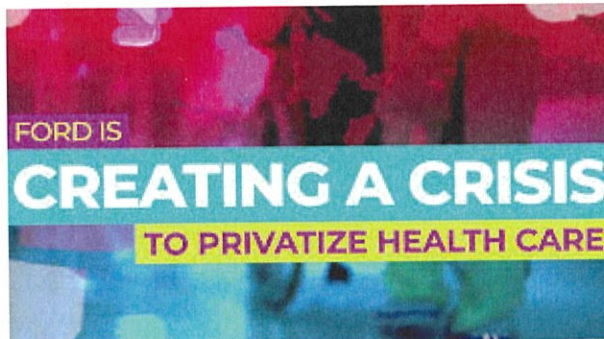


further privatization of health care is being considered as a way to relieve the burden from hospitals. Prioritizing health care needs based on one's ability to pay instead of a person's medical needs will only exacerbate the current crisis in health care. With a limited pool of health care professionals, patients who can not afford or are ineligible for private insurance will likely wait longer for care and will be forced to compete with patients who can pay out of pocket.

Evidence from Australia to Germany and Switzerland demonstrates that private payment increases wait times for the majority of patients who depend on publicly funded services and increases total system costs. In Australia expanded private insurance found that it did not decrease wait times; rather, in regions where private insurance was most often used, wait times in the public sector rose.

In a study involving all the Organisation for Economic Co-operation and Development (OECD) nations, concluded that privately funded health care produces longer wait times and draws resources out of the public system. Research evidence indicates that privately funded health care and long public wait times go hand in hand, and that growth in private payment will do nothing to alleviate it.

In 2017, Saskatchewan's auditor general found that a private-pay magnetic resonance imaging (MRI) program actually increased wait times for scans rather than the promised reduction.



In November of 2022 the London Health Sciences Centre announced that they would be closing their fertility clinic in 2023 due to lack of funding. All staff working in the fertility clinic have received notice of permanent lay off. The physicians working in the clinic will be moving to the Omega Fertility Clinic a private clinic in London Ontario. The Omega Fertility Clinic web

site states that the clinic offers a complete range of fertility assessment and treatment options. The website for Omega indicates that patients are responsible for the payment of medications, storage of sperm, shipping of sperm from one clinic to another etc. This is another example of the privatization of health care services where patients will have to pay for certain health services.

According to Press Progress private companies have been lobbying the Ontario government to **"privatize or outsource health services"** for some time.

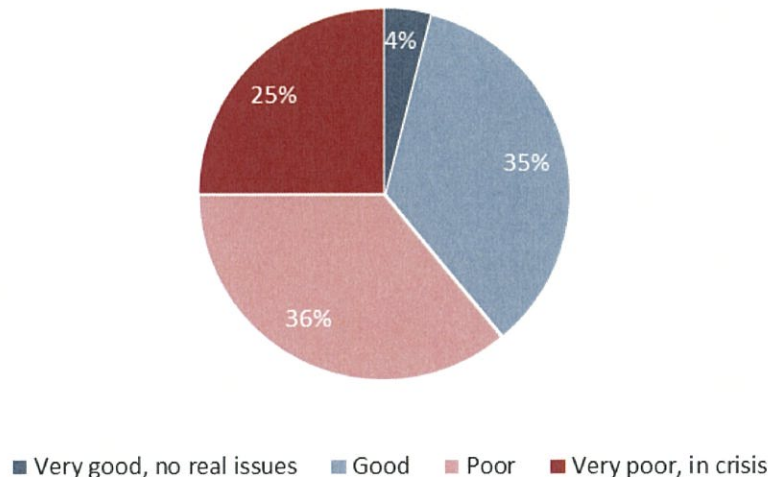
Patients who are willing and able to pay out of pocket for medical services to avoid lengthy public system wait times are effectively creating a tiered health care system. Access to medical health care should not be dictated by an individual's means to pay. Health care must be accessible and well funded in order to guarantee health care services for all Ontarians.

**Fewer than half say health care where they live is in good or great shape**



With this in mind, a majority of Canadians (61%) describe the current state of their local health care as 'poor' or 'very poor'. Two-in-five (39%) disagree, instead describing their local health-care system as 'good' or 'very good' with no issues:

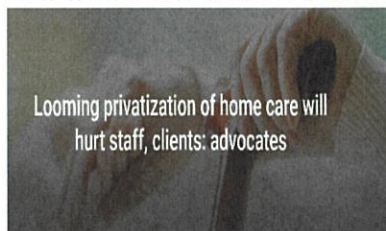
How would you describe the current state of health care where you live?  
(All respondents, n=2,279)



In no region is there a majority of respondents who would describe the system as 'good'. Instead, at least three-in-five in every part of the country say their local health care is in a poor state. Perceptions are especially negative in Atlantic Canada, where four-in-five (80%) say health care there is in rough shape, including two-in-five (43%) who would describe it as "in crisis."

## Home Care Privatization:

The Ford government continues the privatization of home care and have passed legislation **Bill 175** which affects more than 730,00 Ontarians who use home care. **Bill 175** will privatize the



last parts of home care. The Local Health Integration Network (LHINs) will be dismantled resulting in home care being given over to provider organizations to govern, without any public governance, or an accountability structure. All the while the Ford Government continues to ignore the growing crisis in the home care sector.

## Long term Care Privatization:

For profit homes spend 24% less per year on care for each resident than for non-profit homes.

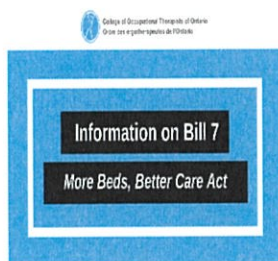
Profit is removed from public funding and resident's fee for investors and shareholders.

Research indicates that for-profit long-term care homes have death rates five times (5) greater than not for profit homes, lower staffing levels, and worse working conditions and lower wages for their employees.

The Ford government recently announced that they will be building another 30,000 new and renovated long-term care beds. The majority of these beds have been awarded to for-profit companies including chains where thousands of long-term patients died during the pandemic.

## Bill 7, More Beds, Better Care Act, 2022:

The Ford government has introduced **Bill 7, More Beds, Better Care Act, 2022** which became **law on September 21, 2022**. Introduced as a means of addressing the bed shortages in Ontario hospitals according to Ministry officials **Bill 7**, will help stabilize a health care system on the brink of collapse. While there are approximately 38,000 patients in hospitals waiting for long-term care beds, the majority of Alternate Level Care (ALC) patients are waiting for other types of beds, such as rehabilitation, home care, mental health services or complex continuing care.



**Bill 7** allows ALC patients from hospitals to be moved into long-term care (LTC) facilities without the consent of patients. If a patient refuses to be transferred, hospitals can charge four hundred dollars (\$400.00) a day starting November 20, 2022, should they remain in the hospital. The Regulations for **Bill 7**. state that a hospital patient can be sent to long-term care homes 70 kilometres away from their home, family and support networks. In Northern Ontario the Regulation permits a patient to be sent to a home up to and beyond 150 kilometres. As a result, many ALC patients will be at greater risk of worse health outcomes. **Bill 7** does not address the main cause of the staffing health care crisis in Ontario, which is the lack of qualified health care workers in the long-term care sector.

The government's own summary of **Bill 7** states:

**"This new provision authorizes certain actions to be carried out without the consent of these patients. The actions include having a placement coordinator determine the patient's eligibility for a long-term care home, select a home and authorize their admission to the home. They also include having certain persons conduct assessments for the purpose of determining patient's eligibility."**



It is well known that the pandemic exposed horrific conditions of care and living in some long-term care homes. Despite numerous promises, accountability for the operators exposed for providing substandard care has not occurred. No long-term care homes have been fined for failure to provide adequate care and no licences have been revoked. Annual inspections of all homes have not been reinstated.

According to Dr. Adil Shamji, MPP for Don Valley East “because of the government’s failure to manage the pandemic, patients will be sent to far away long-term care homes under the threat of a \$400 per day fine.”

Paul Calandra, the Minister of Long-Term Care stated as a result of **Bill 7** three hundred (300) ALC patients had been transferred to nursing homes in the week of November 13, 2022, and a total of than 2,400 elderly patients have been transferred this fall.

**On November 21, 2022**, the Ontario Health Coalition and the Advocacy Centre for the Elderly announced that they would be launching a Constitutional Challenge in response to the Ford government’s legislation that forces patients into long-term homes against their choice, seeking a court ruling to strike down the law as a violation of the fundamental rights of the patients affected under the Charter of Rights and Freedoms.

## **Accessing Health Care:**

The summer of 2022 was a summer of horror health care stories, from emergency closures, and chronic shortage of health care staff. A recent study by Angus Reid a national not for profit organization shows that over the last six (6) months, two (2) in five (5) Canadians (41%) – approximately 12.6 million Canadian adults –have either had a difficult time accessing or were totally unable to access one of five (5) key health services: non-emergency care, emergency care, surgery, diagnostic testing and specialist appointments.

With the convergence of Respiratory Syncytial Virus (RSV), Influenza, COVID-19 and other viral illnesses this will cause a further problem in accessing health care particular in the hospital sector.

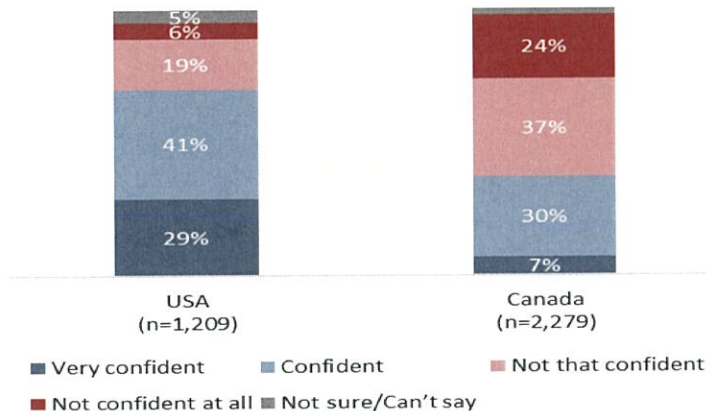
Against this back drop the Ford government continues to insist that everything is under control.

## **Average Wait Times in Ontario Hospitals:**

A leaked report dated October 3, 2022, shows Ontario hospital wait times increased Approximately 5.4% in a year. The same report indicates that wait times in Ontario hospitals increased dramatically in the month of August. The report indicates that, on average, there are just under 884 patients waiting for a hospital bed every day at 8 a.m. across the province in

August. The report also states that for the month of August 2022, wait times, emergency department length of stay, time for an admitted patients to move to an inpatient bed, and ambulance offload times were the worst they have ever been when compared to every other August since 20008. The report also suggests that nine out of ten Ontario residents seeking hospital treatment in an emergency waited up to 33.4 hours for an inpatient bed in August

**Suppose you had an emergency today – you or someone in your family needed emergency care – how confident are you that you would be able to get care in a timely fashion?**



2022. The length of stay in emergency department in August was up to 1.7 hours or a 15.8% increase from August of 2021. Ambulance offload times also increased by 40.7% over the last year, with patients waiting up to 83 minutes before entering the hospital.

## COPE Health Care Update on Bargaining:

Several COPE collective agreements have been resolved for the next period of time up to and including March of 2024, e.g., Smooth Rock Falls Hospital and the Smooth Rock Falls Detoxification Centre, and Dryden Regional Health Sciences Centre March 31, 2023

Thunder Bay Regional Health Centre is proceeding to interest arbitration. A tentative date has been set for the hearing on July 19, 2023.

Sensenbrenner Hospital is currently in negotiations.

London Health Sciences Centre – negotiations reached an impasse and an application for conciliation was made by COPE. A conciliation meeting has been confirmed for January 31, 2023.

COPE Counselling Centres have either concluded bargain or are continuing negotiations. ongoing.

**COPE Local 550 -& the Toronto Central LHIN.** A second day of conciliation has been scheduled for December 7, 2022.

The **Canadian Union of Public Employees (CUPE) and the Service Workers International Union (SEIU) and the Participating Hospitals** received an interest arbitration award. The arbitration award affects approximately 70, 000 health care workers in the hospital sector primarily service and clerical workers and Registered Practical Nurses. The two (2) year collective agreement is



for the period September 29, 2021, until September 28, 2023. The wage increases are as per **Bill 124**, effective September 29, 2021, a 1% increase and effective September 29, 2022, 1 % increase. The increases are for all job classifications. The award also includes a 5-cent increase in evening shift premium to \$1.26, an increase in night shift premium of 6 cents to \$1.26 and an increase in weekend premium of 7 cents to \$1.27. According to CUPE the only other significant improvement was an improvement in the mental health benefit to \$800.00. The Interest Board of Arbitration rejected all the Employer concessions to job security.

The **Ontario Public Sector Employees Union (OPSEU)** received an interest arbitration award for hospital paramedical workers on July 7, 2022. The new collective agreement is for the period April 1, 2022, until March 31, 2025. This award affects approximately 12, 536 employees in 59 different hospitals. The wage increases awarded were 1% in each year of the collective agreement, as per **Bill 124**, effective April 1, 2022, 2023 and 2024. Slight increases were also awarded for evening and weekend premiums in each year of the agreement.

The **Ontario Nurses Association (ONA)** the current hospital central agreement expires March 31, 2023. ONA is currently preparing for central bargaining in the hospital sector and hopes to be at the bargaining table in early 2023.

## **Health Ministers Meeting Ends without a Funding Agreement:**

Provincial and territorial Health Ministers met with federal health Minister Jean- Yves Duclos for two (2) days during the week of November 7, 2022, to discuss increased funding from the federal government for health care. The Premiers were asking the federal government for an



unconditional increase in the Canada Health Transfer. The provinces were asking the federal Minister to increase its share of health care costs to 35 % from 22%. Minister Duclos indicated that the federal government was willing to increase funding-- --on the condition that the provinces build a health

care data collection system and expand the use of common health indicators. After two (2) days of meetings no agreement was reached, despite the fact that Canadians are facing long delays for surgery, lengthy emergency room waits and amid crisis level staffing shortages.

## **Canadian Red Cross Society Emergency Management: (New COPE Local 343 Bargaining Unit)**

The Emergency Management workers, specifically all Coordinators, Assistant Coordinators,



Clerk and Response Administrators employed by the Red Cross Society Emergency Management Ontario zone voted to join COPE Local 343 in July of 2022.

The new COPE Local 343 members provide emergency and disaster services in partnership with first responders, emergency managers, public officials and in collaboration with other voluntary sector organizations. These services may include emergency lodging, reception and information, emergency food, emergency clothing, personal services, and family unification.

## **Bill 124, Protecting a Sustainable Public Sector for Future Generations Act, 2019**

**Bill 124** which was passed by the Ford government in 2019 limits all public sector workers, including health care and educational workers limits wage increases to one percent (1%) for a three (3) year period, but exempts police and firefighters, both male dominated sectors. **Bill 124** became law prior to the onset of the pandemic. This wage restraint legislation has resulted



in health care, education and public sector workers leaving their public sector jobs resulting in staffing crises in the public sector especially in the health care and education sector. It is difficult to imagine that the staffing crisis in health care and education will be resolved as long as **Bill 124** in place.

"**Bill 124** represents a blatant attack on free and fair collective bargaining," according to Patty Coates, President of the Ontario Federation of Labour.

**Bill 124** imposes unfair limitations on health care workers pay increases and is driving them out of the health care sector in droves, compounding the health care crisis.

A constitutional challenge has been filed by approximately forty (40) unions, including COPE Ontario alleging that **Bill 124** violates the **Charter of Rights and Freedoms** that guarantees freedom of association. On November 29, 2022, Justice Koehnen of the Ontario Superior Court struck down the Ford governments **Bill 124**. Justice Koehnen rejected the government's arguments that the imposition of a 1% cap on wage increases for public sector workers could be justified under the constitution. COPE Ontario and the other forty (40) unions involved in this case are celebrating this victory.

On December 29, 2022, the Ford government filed an appeal of the court decision that struck down **Bill 124**.



**Bill 124** makes health care and other public sector workers who are subjected to this legislation feel devalued and it puts them in a position where they have minimal negotiation leverage, because there's a cap on their pay increase.

### **COPE HEALTH CARE SECTOR MEETINGS:**



COPE Ontario is holding regular Health Care Sector meetings. The next health care meeting is scheduled for February 21, 2023, from 6 pm until 7:30 pm. All COPE members are invited to attend these meetings.

If you would like to attend the regular healthcare sector meetings, please notify **Pina** at [@copeontario.ca](mailto:pina@copeontario.ca) and she will send you the zoom meeting link for the February 21, 2023, meeting.