Health Professions Appeal and Review Board

Health Services Appeal and Review Board

Ontario Hepatitis C Assistance Plan Review Committee

Commission d'appel et de révision des professions de santé

Commission d'appel et de révision des services de santé

Comité de révision du Programme ontarien d'aide aux victimes de l'hépatite C

Ontario

2019-20 Annual Report

Health Professions Appeal and Review Board

Health Services Appeal and Review Board

Ontario Hepatitis C Assistance Plan Review Committee

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Ontario

The Honourable Christine Elliott
Deputy Premier and Minister of Health
Office of the Deputy Premier and Minister of Health
777 Bay Street, 5th Floor
Toronto ON M7A 1N3

June 30, 2020

Dear Minister:

RE: Health Boards Annual Report

On behalf of the Health Professions Appeal and Review Board, Health Services Appeal and Review Board, and the Ontario Hepatitis C Assistance Plan Review Committee (the Health Boards), it is my pleasure to submit the 2019-2020 Annual Report.

Yours sincerely,

Christine Moss, Chair
Health Professions Appeal and Review Board
Health Services Appeal and Review Board
Ontario Hepatitis C Assistance Plan Review Committee

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Chair's Message

On behalf of the Health Professions Appeal and Review Board, Health Services Appeal and Review Board, and the Ontario Hepatitis C Assistance Plan Review Committee (the Health Boards), it is my pleasure to submit our Annual Report for the fiscal year of 2019-20.

The Health Boards are committed to providing timely, accessible and informed service delivery to the Ontario public.

The 2019-20 year proved to be a very busy year for the Health Boards, seeing a rise of almost 10% in complaint review matters before the Health Professions Appeal and Review Board (HPARB) from last year, and over a 65% increase from the 2017-18 year. Further, in December of 2019, Bill 138: *Plan to Build Ontario Together Act, 2019* received Royal Assent which saw the functions of the Physician Payment Review Board (PPRB) and the Medical Eligibility Committee (MEC) to be assumed by the Health Services Appeal and Review Board (HSARB). In 2019-20, the Health Boards also saw an influx of new members, 10 to HPARB and 10 to HSARB, all of whom were trained and given extensive onboarding before adjudicating on matters.

Where possible, we strive to resolve matters brought before the Health Boards within one year. In 2019-20, on average, complaint review matters before the HPARB were resolved in less than 11 months and registration matters before the Board were resolved in just over 8 months. Regarding health insurance eligibility matters before the HSARB, on average these matters were resolved in just over 4.5 months.

Parties have the ability to participate in the adjudicative services of the Health Boards in writing, by telephone, via video if necessary, and through attendance in person at our office in Toronto, along with other major centres throughout the province, and in the official language of their choice. In 2019-20, we held reviews and hearings in over 10 cities across the province in both French and English, as requested by the parties. Amidst the current global pandemic, all of our reviews and hearings continued to take place via either telephone or video reviews/hearings and in writing. We also ensure open lines of communication with those requiring accessibility accommodations and provide language interpretation to parties when required.

The Health Boards recognize the importance of what we do, and to do that we require skilled and professional members and staff who are committed to excellence in the service we provide to Ontarians. I thank them for their support, particularly through this very challenging time, and look forward to working with them in 2020-21 to continue to deliver service excellence.

Christine Moss, Chair
Health Professions Appeal and Review Board
Health Services Appeal and Review Board
Ontario Hepatitis C Assistance Plan Review Committee

Legislative Authority and Mandate

Health Professions Appeal and Review Board

The Health Professions Appeal and Review Board (HPARB) is an independent adjudicative tribunal created by the *Ministry of Health and Long-Term Care Appeal and Review Boards Act, 1998* that provides oversight to the regulated health professions of Ontario.

The HPARB functions as a quasi-judicial adjudicative and regulatory tribunal with jurisdiction respecting the regulatory activities of twenty-seven Colleges governing the following twenty-nine regulated health professions (human and animal):

- Audiology
- Acupuncture
- Chiropody
- Chiropractic
- Dental Hygiene
- Dental Technology
- Dentistry
- Denturism
- Dietetics
- Homeopathy
- Kinesiology
- Massage Therapy
- Medical Laboratory Technology
- Medical Radiation Technology
- Medicine
- Midwifery
- Naturopathy
- Nursing
- Occupational Therapy
- Opticianry
- Optometry
- Pharmacy
- Physiotherapy
- Psychology
- Psychotherapy
- Respiratory Therapy
- Speech-Language Pathology
- Traditional Chinese Medicine
- Veterinary

The HPARB also functions as a quasi-judicial adjudicative and regulatory tribunal with jurisdiction respecting the decisions of the Accreditation Committees for pharmacies and veterinarian facilities and the practice privilege decisions of the Boards of Directors of Ontario's public hospitals.

The majority of the work conducted by the HPARB involves appeals of the decisions made by the Inquiries, Complaints and Reports Committees of the self-regulating health professions Colleges in Ontario under the *Regulated Health Professions Act, 1991* and decisions made by the Complaints Committee of the College of Veterinarians of Ontario under the jurisdiction of the *Veterinarians Act* ("complaint reviews"). The HPARB has the authority under these Acts to:

- Confirm or rescind all or part of the Committee's decision;
- Make recommendations to the Committee; and
- Require the Committee to take further action.

The work of the HPARB also involves appeals respecting applications for professional registration that have been refused or restricted by Registration Committees of the Colleges and the accreditation of veterinary and pharmacy facilities. The HPARB has the authority under these Acts to:

- Confirm the Registration Committee's order or proposed decision;
- Require the College to issue a certificate of registration or licence to the applicant, if he/she completes examinations or training required by the Registration Committee;
- Require the College to issue a certificate of registration or licence to the applicant, with any terms or limitations the Board considers appropriate, if the applicant qualifies for registration and if the Registration Committee has exercised its power improperly;
- Refer the matter back to the Registration Committee with recommendations.

In addition to the above, the work of HPARB involves appeals under the *Public Hospitals Act* with regard to the practice privilege decisions of the boards of Ontario's public hospitals. The HPARB has the authority under the Act to:

- Confirm the decision;
- Direct the hospital Board, person, or body making the decision to take such action as directed by the HPARB;
- Substitute its opinion for that of the hospital Board, person or body making the decision.

The HPARB can inquire into or make a decision concerning the constitutional validity of a provision of an Act or a regulation.

A list of the statutes under which appeals and reviews may be conducted by the HPARB can be found at www.hparb.on.ca. Regulations under the statutes that may affect proceedings before the HPARB may be found at www.e-laws.gov.on.ca.

Health Services Appeal and Review Board

The Health Services Appeal and Review Board (HSARB) is an independent adjudicative tribunal created by the *Ministry of Health and Long-Term Care Appeal and Review Boards Act, 1998* that functions as a quasi-judicial adjudicative tribunal with jurisdiction respecting decisions on disputes that arise under twelve different statutes:

- *Ambulance Act*;
- *Commitment to the Future of Medicare Act*;
- *Healing Arts Radiation Protection Act*;
- *Health Facilities Special Orders Act*;
- *Health Insurance Act*;
- *Health Protection and Promotion Act*;
- *Home Care and Community Services Act*;
- *Immunization of School Pupils Act*;
- *Independent Health Facilities Act*;
- *Laboratory and Specimen Collection Centre Licensing Act*;
- *Long-Term Care Homes Act*; and
- *Private Hospitals Act*.

The HSARB has varied authority under the twelve different statutes for which it has an appeal or review mandate. The majority of the work conducted by the HSARB falls under the jurisdiction of the *Health Insurance Act* and involves appeals where:

- An individual is entitled to be an insured person under the Ontario Health Insurance Plan (OHIP) but has received a decision from the General Manager of OHIP that OHIP does not cover the health services the person is claiming ("subscriber" appeal), such as an insured person who received treatment out of country; or
- An individual has received a decision from the General Manager of OHIP that they are not entitled to be an insured person under OHIP ("eligibility" claim).

The HSARB has the authority under *Health Insurance Act* to:

- Affirm or rescind the decision;
- Direct the General Manager to take such action as the Board considers the General Manager should take;
- Substitute its opinion for that of the General Manager.

Other examples of the work of the HSARB include appeals respecting:

- Decisions of approved agencies under the *Home Care and Community Services Act* regarding eligibility for and amount of community services;
- Orders of the Medical Officer of Health or public health inspectors under the *Health Protection and Promotion Act*;
- Orders and decisions of the Director under the *Long-Term Care Homes Act*; and
- Decisions of the Director under the *Independent Health Facilities Act* with respect to licensing of independent health facilities.

The HSARB cannot inquire into or make a decision concerning the constitutional validity of a provision of an Act or a regulation. However, the courts have clarified that the HSARB is to apply "Charter values"[1] in interpreting legislation.

A list of the statutes under which appeals and reviews may be conducted by the HSARB can be found at www.hsarb.on.ca. Regulations under the statutes that may affect proceedings before the HSARB may be found at www.e-laws.gov.on.ca.

Ontario Hepatitis C Assistance Plan Review Committee

The Management Board of Cabinet established the Ontario Hepatitis C Assistance Plan (OHCAP) Review Committee on March 1, 1999. The Review Committee is an independent administrative tribunal, which operates at arms-length from the Ministry and its OHCAP Program Office. The Review Committee, comprised of members appointed by the Minister of Health, reviews decisions of the OHCAP Program Adjudicator respecting eligibility for benefits under the Plan.

[1] *E. H. v. General Manager Ontario Health Insurance Plan* 2012 ONSC CanLII 5106.

Members of the public can apply to the OHCAP Program Office for financial assistance if before January 1, 1986, or from July 2, 1990 to September 28, 1998:

- They contracted hepatitis C virus (HCV) through the blood system in Ontario;
- They were infected with HCV by a spouse, partner or mother who contracted HCV through the blood system in Ontario; or
- They are the personal representative of an estate of an individual who contracted HCV through the blood system in Ontario during the period covered by the Ontario Plan.

OHCAP applicants dissatisfied with a Program Office decision can request a review of that decision by the OHCAP Review Committee. The OHCAP Review Committee conducts a review of the initial application and Program Office decision and determines the applicants' entitlement to the specified program benefit. The OHCAP Review Committee can either confirm or reverse the initial decision of the OHCAP Program Adjudicator. The proceedings are not open to the public and decisions are confidential.

Further information on the Ontario Hepatitis C Assistance Plan can be found on the Ministry of Health website at www.health.gov.on.ca.

Mission

The Health Boards are committed to providing the highest quality service to the public, and to being valued partners in the delivery of health care in Ontario for all stakeholders.

Operational Highlights

Updated Templates

In 2018-19, the Health Boards worked on updating the templates used by the Boards from acknowledgement of receipt of a request for review or appeal, to the issuance of a decision of the Boards. Templates for complaint review matters, which represent the largest volume of matters before the Health Boards, were revised, using plain language principles, to ensure the work of the Boards is made simple and clear, and to improve the accessibility and transparency for the parties before the Boards. In 2019-20, all templates for complaint review matters were rolled out. The Health Boards are working on having templates for all matters before the Health Boards rolled out in 2020-21.

Modernization Initiatives

In 2018-19, the Health Boards began making parts of their complaint review matters, which is the bulk of the work before the HPARB, into electronic case files. Almost all correspondence between the HPARB and the self-regulated health professions Colleges is electronic and has resulted in shortening the lifecycle of files before the HPARB. Work in 2019-20 consisted of

having all files before the Health Boards be in an electronic format. The Health Boards Secretariat staff created a digital committee that looked at the feasibility of this initiative and is working on ensuring that all files before the Health Boards in 2020-21 be in an electronic format, and are delivered to all parties, when possible, electronically.

Legislative Changes

On December 10, 2019, Bill 138: *Plan to Build Ontario Together Act, 2019*, received Royal Assent. Within the Act, amendments were made under the *Health Insurance Act* that the provisions governing the Physician Payment Review Board (PPRB) and the Medical Eligibility Committee (MEC) to be repealed and be redirected to the Health Services Appeal and Review Board (HSARB). All matters that were before the PPRB and MEC were to conclude, and all new requests received by the PPRB and MEC after December 10, 2019, were redirected to the HSARB.

As a result of the legislative change, in order to be constituted, the HSARB required at minimum three physician members. Efforts were undertaken to immediately appoint a third physician member to the HSARB to ensure it was constituted and to continue to hear matters without a break in operations.

The *Plan to Build Ontario Together Act, 2019* also instituted changes to the *Independent Health Facilities Act* Most importantly there is no stay of a licensing decision that is appealed to the HSARB and the HSARB can no longer make an interim order staying a licensing decision of the Director. These changes, along with the redirection of the PPRB and MEC as noted above, are expected to have a substantial increase to HSARB's caseload.

Changes to Regulation 552 under the *Health Insurance Act*

In October 2019, changes were made to Regulation 552 under the *Health Insurance Act* that affected the circumstances in which an insured person is entitled to receive OHIP coverage for services rendered outside of Canada. These regulatory changes came into effect on January 1, 2020, and will affect sections 28.2, 28.3, and 29, which are generally known as the "travellers provisions." The main change affecting these provisions is that there will be no authority for the General Manager of OHIP to reimburse out-of-country claims under either of the aforementioned sections.

The ministry will continue to reimburse claims that were eligible under the regulatory criteria for services rendered up to and including December 31, 2019. Services rendered on or after January 1, 2020, will not be insured under Regulation 552. As a result, the HSARB has noticed a decline in its *Health Insurance Act* subscriber cases and will continue to monitor its caseload to see the effect the changes to this regulation will have to its requests for appeals.

Professional Development

In 2019-20, the Health Boards continued to provide a two-day All Member Training session in the spring and included within the program relevant and dynamic speakers. All Member Training provides an opportunity for members to be educated on issues that are relevant to the work of the Boards as well as to discuss initiatives to support improved delivery of services to parties before the Boards, stakeholders and the public.

Highlights of the All Member Training sessions in 2019-20 included sessions on the perspectives of Truth and Reconciliation and a discussion to better understand the Indigenous People and the relationship with Canada as well as breaking down barriers through accommodation and cultural awareness. Small group discussions were also held during All Member Training to identify the Health Boards' strengths, weaknesses, opportunities and threats. The Chair also used All Member Training sessions to remind members of their ethical obligations under the *Public Service of Ontario Act* along with the Health Boards' duties under the *French Language Services Act*.

With the appointment of many new members to HPARB and HSARB, multiple trainings took place throughout the year to train new members on the complex jurisdiction of the Boards, the disclosure process of the HPARB, and other functions such as presiding over matters, facilitating case conferences, and decision writing. Training also included updates and understandings on the new jurisdiction acquired by the HSARB as a result of the amendments to the *Health Insurance Act* ensuing the passing of Bill 138: *Plan to Build Ontario Together Act, 2019.* These trainings ensure that there is a succession plan in place and a transfer of knowledge from the senior adjudicators to the new members of the Boards.

Travel Directive

On January 1, 2020, the Travel, Meal and Hospitality Expenses Directive (the Directive) was updated to enhance oversight and accountability, modernize practices and language, and remove items that are no longer relevant. The Directive sets out the rules and principles for the reimbursement and payment of travel, meal and hospitality expenses for government employees, and appointees, including the Health Boards' board members. This new Directive affected board members as it required that all board members select the lowest fare available for air and rail travel, it provided more cost-effective options for road travel, and it modernized the rules by accepting e-receipts or scanned receipts instead of requiring printed originals.

Stakeholder Consultation

In 2019-20, the Chair of the Health Boards and the Registrar of the Health Boards Secretariat, met with various stakeholders, particularly Registrars of the self-regulated health professional Colleges. The stakeholder consultations provided a forum for the Health Boards to listen to stakeholder concerns and feedback regarding new projects, and any impact and outcomes they may have on the work of stakeholders. The Health Boards plan to continue to reach out to

different stakeholders in 2020-21, including self-represented parties before the Board, self-regulated health professional colleges, and others.

Health Professions Appeal and Review Board Recommendations

In fulfilling its public interest mandate, the HPARB has power to make recommendations in complaint and registration dispositions to the Inquiries, Complaints and Reports Committees and the Registration Committees of the Colleges of the regulated health professions[2] and the Complaints Committee of the College of Veterinarians of Ontario[3]. Recommendations identify concerns in Colleges' process and/or policy and generally, the HPARB finds that the Colleges are responsive in making the recommended changes.

Dispositions issued by the Board during the last fiscal year have been outlined below and provide an example of the type of recommendations that may be included within an HPARB decision. The full Board decisions in these matters can be found on the CanLII website at www.canlii.org.

File Number	Board Recommendation
18-CRV-0219 18-CRV-0220 18-CRV-0221 18-CRV-0222 18-CRV-0223	The Board makes a general recommendation to the Committee that it not release a decision about alleged misconduct of a member arising from a complaint about the member, without also releasing its reasons for such decision. The public interest in the regulation of the member is best served if there is a clear understanding for the Committee's findings about the conduct being investigated.
18-RRV-0780	It has been recognized by the College and also by the Divisional Court in Marshall v. College of Psychologists of Ontario, 2018 ONSC 6282 (CanLII) that the Regulation in its current form needs to be addressed to either correct errors or address matters of fairness and reasonableness. The Board makes a general recommendation that immediate priority be given to a review and updating of the Regulation to address identified concerns governing access to membership with the College.
18-CRV-0695	The Board makes a general recommendation that in future, the College makes transparent the full panel composition including the number of panelists and their names.

[2] Section 35(1) of the Health Professions Procedural Code, Schedule 2 to the *Regulated Health Professions Act, 1991* Statutes of Ontario, 1991, c.18.
[3] Section 27(1) of the *Veterinarians Act*, Revised Statutes of Ontario, 1990, c. V.3.

File Number	Board Recommendation
18-CRV-0141	The Board makes a general recommendation that the Committee review its practices to ensure that information presented by the Committee as a direct quote from a medical chart, accurately depicts the wording presented.
19-CRV-0083	The Board makes a general recommendation to the Committee that where the Committee relies upon information available on a website, that the content relied upon be set out in the decision itself, or as an appendix to the decision.
19-CRV-0063	Pursuant to the public interest mandate of this Board and of the College pursuant to section 3 of the *Regulated Health Professions Act* and section 3 of the Code, the Board makes a general recommendation that the College publicize among its membership the requirements of consent to treatment of minor children – including how custody arrangements affect consent to treatment requirements, addressing a health professional's responsibility in relation to court orders relating to consent/health care decision-making for a child, and providing guidance to the profession as to action which can be taken if issues arise as to consent to treatment of a child.
19-CRV-0134 19-CRV-0135	The Board makes a general recommendation to the College that the Committee take steps to ensure that when consents are received, these are accurately recorded in the Investigative file and that accurate information is conveyed to the Committee assessing the complaint.
19-CRV-0234	The Board makes a general recommendation that the College develop a policy and/or guideline governing the practice of monitoring urine samples by way of video cameras in washroom facilities in the methadone and/or pain management clinics. Physicians should only collect the amount of personal data that is reasonably required for their purpose. A policy or guideline would assist physicians practicing in the area and, in particular, would balance patient's rights to privacy and to be treated with dignity and respect with the legitimate purposes for which video cameras are used in monitoring, to the extent reasonably necessary, for the drawing of urine samples.

Record of Investigation Timeliness

Under section 32(1) of the *Regulated Health Professions Act, 1991* and section 25(7) of the *Veterinarians Act*, Colleges are required to provide HPARB with a copy of the record of the investigation related to the complaint within fifteen (15) days after HPARB's request.

Over 68% of the records of investigations received by the HPARB were from the College of Physicians and Surgeons of Ontario, which continues to be the majority of requests for a complaint review.

In 2019-20, 81% of the records of investigations were received from the Colleges to HPARB within fifteen days after HPARB's request, a vast increase from 2018-19 which saw only 31% of the records of investigations received within 15 days. The Health Boards will continue to work with the Colleges to support more timely submission of records of investigation.

Judicial Review

Parties to a Complaint Review before the HPARB have the right to request a judicial review of the Board's decision through the Divisional Court. In 2019-20, the Board received 14 requests for Judicial Review.

	2015-16	2016-17	2017-18	2018-19	2019-20
Requests for Judicial Reviews	6	9	7	9	14

Caseload Statistics

Health Professions Appeal and Review Board

The HPARB received 1,060 new requests for review or appeal in 2019-20, an increase from the 964 in 2018-19, and a vast increase from the 642 received in 2017-18. This was the highest number of requests for review or appeal ever experienced by the HPARB. Given the high increase in intake in 2019-20, the HPARB is anticipating that its case conferences convened, matters heard, matters resolved, and decisions issued volumes will increase in 2020-21.

The majority of the HPARB's activity continues to be related to reviews of the decisions of the Inquiries, Complaints and Reports Committees (ICRC)[4] of the self-regulated health professional Colleges in Ontario, with 956 new requests for a complaint review in 2019-20, and the majority of these requests continue to be related to decisions of the College of Physicians and Surgeons of Ontario, with 658 of the requests in 2019-20 being related to this College, all large increases from the previous year. The majority of the HPARB's requests related to

[4] Includes the Complaints Committee of the College of Veterinarians of Ontario

registration matters are connected to the decisions of the Registration Committee of the College of Registered Psychotherapists of Ontario, with 30 requests related to this College.

In 2019-20, 89% of the HPARB's complaint review decisions confirmed the decisions of the health professions College's ICRC and 11% returned or returned in part the Committee's decisions. Regarding registration decisions, in 2019-20, the HPARB confirmed 66% of decisions of the health professions Colleges Registration Committees and returned or returned in part 34% of the Committee's decisions.

Table 1: Summary of Activity

	2015-16	**2016-17**	**2017-18**	**2018-19**	**2019-20**
Requests for Appeal/Hearing/ Review	840	852	642	964	1,060
Case Conferences Convened	728	759	635	645	614
Matters Heard	614	662	586	544	537
Matters Resolved[5]	332	276	194	210	187
Decisions Issued	567	678	623	522	572

Table 2: Summary of Request for Review/Hearing/Appeal by Type

Review/Appeal Type	**2015-16**	**2016-17**	**2017-18**	**2018-19**	**2019-20**
Complaint Review	664	714	552	820	956
Registration and Accreditation	173	119	72	115	89
Public Hospitals Act	0	8	5	7	8
Other[6]	3	11	13	22	7
Total	**840**	**852**	**642**	**964**	**1,060**

[5] Includes matters that were withdrawn (e.g. resolution after a case conference), frivolous & vexatious, ineligible, or dismissed and matters that were closed as a result of timeliness, no jurisdiction, and administrative closure.
[6] Includes Section 26 applications under the *Veterinarians Act* and Section 28 applications under the *Regulated Health Professionals Act* Procedural Code.

Table 3: Summary of Requests for Complaint Review by College

College	2015-16	2016-17	2017-18	2018-19	2019-20
College of Physicians and Surgeons of Ontario	438	486	336	573	658
College of Nurses of Ontario	34	45	34	42	91
Royal College of Dental Surgeons of Ontario	62	59	70	47	61
College of Pharmacists of Ontario	16	17	20	38	38
College of Veterinarians of Ontario	24	26	10	28	10
College of Psychologists of Ontario	19	15	10	15	15
Other Colleges	71	66	72	77	83
Total	**664**	**714**	**552**	**820**	**956**

Table 4: Summary of Requests for Registration Review or Hearing by College

College	2015-16	2016-17	2017-18	2018-19	2019-20
College of Nurses of Ontario	141	79	17	17	13
College of Psychologists of Ontario	9	14	5	12	19
College of Physicians and Surgeons of Ontario	7	9	9	15	12
College of Registered Psychotherapists of Ontario	5	8	35	50	30
Other Colleges	11	9	6	21	15
Total	**173**	**119**	**72**	**115**	**89**

Table 5: Summary of Complaint Review Decisions

	2015-16	2016-17	2017-18	2018-19	2019-20
Confirmed	468	531	513	395	452
Returned or Returned in Part*	39	59	41	64	56
Total	**507**	**590**	**554**	**459**	**508**

*Includes matters with substituted decisions as well as decisions that were both confirmed and returned

Table 6: Summary of Registration Decisions

	2015-16	2016-17	2017-18	2018-19	2019-20
Confirmed	49	64	47	30	36
Returned or Returned in Part	10	14	12	12	18
Total	**59**	**78**	**59**	**42**	**54**

Health Services Appeal and Review Board

The HSARB received 213 requests for appeal in 2019-20, the highest number of requests since 2015-16.

The majority of HSARB's activity continues to be related to appeals under the *Health Insurance Act* and the majority of these continue to be related to subscribers (i.e. an individual is entitled to be an insured person under OHIP but has received a decision from the General Manager of OHIP that OHIP does not cover the health services the person is claiming) with fewer matters relating to eligibility (i.e. an individual has received a decision from the General Manager of OHIP that they are not entitled to be an insured person under OHIP) and very few matters relating to physician billing.

In 2019-20, the HSARB denied about 93% of appeals for *Health insurance Act* subscriber matters and granted or granted in part about 7% of appeals. With regard to eligibility matters, the HSARB denied 100% of appeals.

Table 1: Summary of Activity

	2015-16	2016-17	2017-18	2018-19	2019-20
Appeals Received	255	209	206	195	213
Case Conferences Convened	239	203	214	203	198
Matters Heard	86	65	58	63	49

Matters Resolved[7]	210	187	151	173	185
Decisions Issued	102	72	62	64	49

Table 2: Summary of Request for Appeal by Type

Appeal Type	**2015-16**	**2016-17**	**2017-18**	**2018-19**	**2019-20**
Health Insurance Act	217	170	159	146	171
Home Care and Community Services Act	22	18	7	9	11
Health Protection and Promotion Act	6	2	15	10	9
Independent Health Facilities Act	5	2	7	12	7
Long-Term Care Homes Act	3	6	4	6	3
Other Acts	2	11	14	12	12
Total	**255**	**209**	**206**	**195**	**213**

Table 3: Summary of *Health Insurance Act* Appeals by Type

Appeal Type	**2015-16**	**2016-17**	**2017-18**	**2018-19**	**2019-20**
Subscriber	158	115	115	103	111
Eligibility	59	55	44	43	59
Physician Billing	-	-	-	-	1
Total	**217**	**170**	**159**	**146**	**171**

[7] Includes matters that were withdrawn (e.g. resolution after a case conference), frivolous & vexatious, abandoned, ineligible, or dismissed and matters that were closed as a result of timeliness, no jurisdiction, and administrative closure.

Table 4: Summary of *Health Insurance Act* Subscriber Dispositions

Appeal Type	2015-16	2016-17	2017-18	2018-19	2019-20
Granted or Granted in Part	10	2	5	3	2
Denied	64	46	39	39	27
Total	**74**	**48**	**44**	**42**	**29**

Table 5: Summary of *Health Insurance Act* Eligibility Dispositions

Appeal Type	2015-16	2016-17	2017-18	2018-19	2018-19
Granted or Granted in Part	1	1	2	2	0
Denied	19	9	13	11	9
Total	**20**	**10**	**15**	**13**	**9**

Ontario Hepatitis C Assistance Plan Review Committee

The OHCAP Review Committee received 12 appeals in 2019-20. This number is a vast increase from previous years.

Table 1: Summary of Activity

	2015-16	2016-17	2017-18	2018-19	2019-20
Appeals Received	4	10	8	5	12
Matters Resolved[8]	0	2	2	2	3
Decisions Issued	1	6	6	4	2

[8] Includes matters that were withdrawn and abandoned

Service Standards

Health Professions Appeal and Review Board

Service Standards	Achievement for 2019-20
80% of complaint review matters will be resolved within 12 months of the Board receiving the request for review.	The average length of a complaint review matter was less than 11 months.
80% of applications for registration matters will be resolved in less than 12 months from the date the request for hearing or review was made	The average length of a registration matter was just over 8 months.

Health Services Appeal and Review Board

Service Standard	Achievement for 2019-20
85% of Health Insurance Act eligibility for OHIP coverage matters will be resolved within 9 months.	The average length of a *Health Insurance Act* eligibility matter was just over 4.5 months.

Membership

The HPARB is made up of members of the public, appointed by the Government of Ontario, none of whom can be or ever have been a member of any of the regulated health Colleges.

The HSARB is made up of members of the public, appointed by the Government of Ontario, at least three of whom must be members of the College of Physicians and Surgeons of Ontario.

As of March 31, 2020, there were 30 members appointed to the HPARB, 28 members appointed to the HSARB, and 2 members appointed to the OHCAP Review Committee. Of those members appointed to the HPARB and HSARB, 22 are cross appointed to both Boards. These cross appointed members are noted with an asterisk (*) in the tables below.

Chair and Vice Chairs (March 31, 2019)

Name	First Appointed	Term Ends
Christine Moss, Chair Chair, HPARB, HSARB, OHCAP Review Committee (RC)*	February 2016 (HPARB) February 1999 (HSARB) June 2019 (OHCAP)	December 2020 (HPARB) December 2020 (HSARB) December 2020 (OHCAP)
Thomas Kelly Part-Time Vice Chair, HSARB*	December 2005 (HPARB) July 2012 (HSARB)	December 2021 (HPARB) July 2022 (HSARB)

HPARB Members (March 31, 2020)

Name	First Appointed	Term Ends
Katherine Ball	October 2015	October 2020
Timothy Bates*	July 2010	July 2020
Michael Bossin*	March 2007	March 2021
Maria Capulong*	September 2017	September 2022
Anna-Marie Castrodale*	November 2019	November 2021
Harold Domingo	March 2020	March 2022
Beth Downing*	December 2009	December 2022
Kathleen Elliott*	March 2007	March 2021
Yves Fricot*	August 2015	August 2020
Sonia Gaal*	October 2019	October 2021
François Giroux	November 2012	November 2022
Bonnie Goldberg*	February 2008	February 2021
Mason Greenaway*	November 2017	November 2022
Emanuela Heyninck*	September 2010	September 2020
Douglas Kearns*	January 2016	January 2021
Catherine Loik	March 2020	March 2022
Barbara Mellman*	September 2017	November 2022
Valerie Samson	January 2020	January 2022
Deven Sandhu*	March 2020	March 2022
Yasmeen Siddiqui*	May 2010	May 2023
David Scrimshaw*	June 2012	June 2022
Robert Steele*	October 2008	March 2023
Stephane Thiffeault	October 2019	October 2021
Keith Thompson*	October 2019	October 2021
Bonita Thornton	October 2019	October 2021
Karina Vilner	January 2020	January 2022

Name	First Appointed	Term Ends
Carla Whillier*	December 2016	January 2023
Dale Wright*	November 2017	November 2022

HSARB Members (March 31, 2020)

Name	First Appointed	Term Ends
Carmen Abel	March 2020	March 2022
Timothy Bates*	July 2010	July 2020
David Borenstein (Physician Member)	January 2020	January 2021
Michael Bossin*	March 2011	March 2021
Maria Capulong*	September 2017	September 2022
Anna-Marie Castrodale*	November 2019	November 2021
Beth Downing*	July 2015	December 2022
Kathleen Elliott*	March 2011	March 2021
Yves Fricot*	August 2015	August 2020
Sonia Gaal*	October 2019	October 2021
Bonnie Goldberg*	March 2011	March 2021
Norma Grant	March 2011	March 2021
Mason Greenaway*	November 2017	November 2022
Emanuela Heyninck*	September 2010	September 2020
Douglas Kearns*	January 2016	January 2021
Barbara Mellman*	September 2017	November 2022
Deven Sandhu*	March 2020	March 2022
Yasmeen Siddiqui*	May 2010	May 2023
Michel Schofield (Physician Member)	November 2015	November 2020
David Scrimshaw*	June 2012	June 2022
Debbie Snow (Physician Member)	October 2015	October 2020

Name	First Appointed	Term Ends
Robert Steele*	March 2011	March 2021
Keith Thompson*	January 2020	January 2022
Carla Whillier*	December 2016	March 2023
Heather Willis	March 2020	March 2022
Dale Wright*	November 2017	November 2022

OHCAP Review Committee Members

Name	First Appointed	Term Ends
Beth Downing	December 2019	December 2021

Staff

The Health Boards are supported by 21 staff in the Health Boards Secretariat (HBS) of the Ministry of Health. The HBS is led by a Registrar and includes an executive support team, case management team, administrative support team, and information technology team.

The HBS's staff also provided support to two other adjudicative bodies – the Physician Payment Review Board (PPRB) and the Medical Eligibility Committee (MEC). The Health Boards' office space and Toronto hearing rooms are shared with PPRB and MEC. The Health Boards Secretariat also processes per diem and expense claims to public members of the health regulatory Colleges and fee-for-service claims and assessment order invoices related to matters before the Consent and Capacity Board and Ontario Review Board.

The shared resource structure provides financial and operational efficiencies, including the ability to shift resources in line with what can be a variable appeal volume to the adjudicative bodies. This shared resourcing model is consistent with recent trends in the administrative justice sector in Ontario towards clustering of agencies.

Financials

The below financial information does not include salary and wages for HBS staff or facility costs as these expenditures are shared between the HPARB, HSARB, OHCAP Review Committee, PPRB and MEC and also support the HBS's paymaster function. Salary and wage information for the full-time Chair and Vice Chairs of the HPARB and HSARB are also not included in the below financial information as they are funded out of the HBS budget.

With the loss of many senior adjudicators on both HPARB and HSARB, training was conducted with the newer members of the Board on the more senior tasks of adjudication such as presiding over matters, facilitating case conferences, and decision writing. The decreased expenditures for the HPARB and HSARB in 2019-20 is largely due to the loss of those members. As a result of the loss of members, limited scheduling became unavoidable, resulting in lower per diem payments as can be seen in the chart below. Anticipated increases in expenditure is expected largely due to the significant increase in the Board's intake level.

Health Professions Appeal and Review Board

Expenditure Category	**2015-16**	**2016-17**	**2017-18**	**2018-19**	**2019-20**
Part-Time Per Diem Payments	1,707,534	1,825,944	1,993,471	2,158,524	1,952,435
Travel[9]	125,763	136,623	90,846	107,710	94,462
Legal Services	193,925	177,832	176,930	199,326	220,344
Other Services[10]	119,496	138,430	101,735	112,045	64,872
Supplies and Equipment[11]	3,170	4,243	3,826	3,684	6,137
Total	**2,149,888**	**2,283,072**	**2,366,808**	**2,581,289**	**2,338,250**

Health Services Appeal and Review Board

Expenditure Category	**2015-16**	**2016-17**	**2017-18**	**2018-19**	**2019-20**
Part-Time Per Diem Payments	330,747	251,938	279,574	376,158	381,505
Travel[12]	22,065	12,145	4,317	13,230	16,457
Legal Services	138,600	138,600	115,500	143,692	55,420
Other Services[13]	98,399	46,019	33,673	32,184	26,776
Supplies and Equipment[14]	1,616	490	1,023	1,247	3,794
Total	**591,427**	**449,192**	**434,087**	**566,512**	**483,952**

[9] Includes travel for full-time and part-time appointees (e.g. air, rail, taxi, parking, etc.).
[10] Includes costs such as audio conferencing charges, translation services, court reporter fees, etc.
[11] Includes costs such as those for office machines, stationary and office supplies, etc.
[12] Includes travel for full-time and part-time appointees (e.g. air, rail, taxi, parking, etc.).
[13] Includes costs such as audio conferencing charges, translation services, court reporter fees, etc.
[14] Includes costs such as those for office machines, stationary and office supplies, etc.

Ontario Hepatitis C Assistance Plan Review Committee

Expenditure Category	2015-16	2016-17	2017-18	2018-19	2019-20
Part-Time Per Diem Payments	4,477	9,698	10,075	4,920	5,074
Travel[15]	14	463	0.00	0.00	0.00
Other Services[16]	170	0.00	83	92	85
Total	**4,661**	**10,161**	**10,158**	**5,012**	**5,159**

[15] Includes travel for full-time and part-time appointees (e.g. air, rail, taxi, parking, etc.).
[16] Includes costs such as audio conferencing charges, translation services, etc.