

Bill 106, Pandemic and Emergency Preparedness Act, 2022

Ontario Medical Association's Submission to the Standing Committee on Finance and Economic Affairs

April 6, 2022



Introduction

The Ontario Medical Association (OMA) is responding to legislation proposed in the Ontario government's *A Plan to Stay Open*, which includes Bill 106, the Pandemic and Emergency Preparedness Act, 2022. The OMA supports the expansion of policies and measures to build a stronger health-care system that will be able to respond more effectively to future health crises.

A Plan to Stay Open contains a number of provisions to help pandemic-proof our health-care system. This objective is in alignment with *OMA's Prescription for Ontario: Doctors' 5-Point Plan for Better Health Care*. (Available at betterhealthcare.ca) Indeed, the fourth pillar in the OMA plan is to "strengthen public health and pandemic preparedness so our communities are protected every day and especially in public health emergencies."

We support measures to further build our stockpile of personal protective equipment (PPE), improve Ontario's capacity to respond to emergencies, and to increase investment in a chronically underfunded and understaffed health-care system. *A Plan to Stay Open* will expand and improve domestic production of critical supplies, retain and recruit much needed doctors, nurses and personal support workers (PSWs) and build a health care infrastructure to support better care for patients in our hospitals.

The following outlines the OMA's submission regarding the importance of pandemic preparedness, and why building a better health-care system is essential for Ontario's future.

Why OMA supports the bill

Expanding Ontario's Health Workforce

OMA supports the province's measures contained in *A Plan to Stay Open* to recruit and retain more doctors, nurses, and PSWs to support Ontario's health-care system.

The new School of Medicine at Ryerson University in Brampton will serve as a vital health-care institution and resource for diverse communities across the region. Ontario's doctors have been advocating for an increase in the number of medical student and residency positions for some time. It is also one of the recommendations to fix the gaps in our health-care system in our *Prescription for Ontario*.

The new School of Medicine at Ryerson University and the increase in medical school enrolment at other universities including the Northern Ontario School of Medicine will help to address the shortage of physicians in some parts of Ontario.

New incentives for nurses to practice in underserved communities also align with our *Prescription for Northern Ontario*. We also support efforts to recruit and retain PSWs, especially within our home-care system and our long-term care homes. Our *Prescription for Ontario* calls for recruiting and retaining more staff to care for long-term care residents, ensuring the proper staffing ratio of physicians, nurses, PSWs, therapists and others is always maintained.

Shoring up Domestic Production of Critical Supplies

Like all other front-line health-care workers, Ontario's doctors were significantly affected by the lack of adequate PPE in the early months of the pandemic. Pandemic preparedness is one of the five pillars in our *Prescription for Ontario*. Ontario's doctors look forward to working with the government to implement the solutions contained in Bill 106 to ensure an adequate supply of PPE is readily available to all sectors within the health-care system, including non-acute settings such as primary care, long-term care, home care, specialists' offices and independent health facilities.

Ontario's doctors also look forward to working with government to launch a life sciences strategy. Our *Prescription for Ontario* recommended that Ontario make health and life sciences one of the priority areas for economic development and research development. The following recommendations should be part of the government's strategy:

- Better connecting Ontario's existing innovation, incubator and accelerator investments with physicians and public health-care leaders
- Leveraging public and private sector financing, research, development, and health-care expertise to spur the development and use of Ontario-made health-care innovations.

Building More Hospital Beds

OMA supports capital plans outlined in *A Plan to Stay Open* that would increase the capacity of our hospital system. Addressing the backlog and wait times is the first pillar of Ontario doctors' *Prescription for Ontario*.

Ensuring adequate funding for the hospital sector is one part of the solution, however we believe we need to evolve the model of surgical care delivery to include a greater portion of services delivered in community-based specialty settings outside of hospitals. In February, OMA released *Integrated Ambulatory Centres: A Three-Stage Approach to Addressing Ontario's Critical Surgical and Procedural Wait Times*, in which we propose creating this new model of care to address the pandemic backlog and reduce wait times. We hope future legislation will enable the creation of these centres.

OMA advice on future legislation and policy

While OMA supports the government's effort to prepare for the next pandemic now, there are several other steps that must also be taken to achieve this goal. To better prepare for the next pandemic and to enhance public health, Ontario's doctors also recommend:

- Requiring by legislation a provincial pandemic plan, including a mandatory review and update every five years to reflect changes in local public health practice, medical science and technology
- Implementing a standardized pandemic plan across public health units that is sufficiently flexible to account for differences and inequities across this diverse province
- Sufficiently resourcing Public Health Ontario to be the central scientific and laboratory resource during a pandemic or public health emergency, including ensuring it has the complement of public health specialist physicians needed to meet its mandate during a public health emergency
- Strategic investments for pandemic planning for public health units so their resources aren't drained from the other important work they do every day during a crisis
- Ensuring adequate funding to recognize additional workloads during pandemics
- Enhancing local public health to ensure it can be a strong local presence for health promotion and protection
- Providing a clear, adequate and predictable funding formula for local public health units that returns to 75 per cent paid by the province and 25 per cent paid by municipalities
- Ensuring Ontario's public health system has highly qualified public health doctors with the appropriate credentials and resources
- Increasing the investment in public health information systems so we can better collect, analyze, share and use information in more thorough and timely ways to improve decision-making, and asking the federal government to increase its investment in public health to provide the infrastructure to support standardized data collection and analysis across jurisdictions
- Carrying out an independent and unbiased review of Ontario's response to the pandemic including the public health system, its strengths and weaknesses during pandemic and non-pandemic times, along with its roles and responsibilities, before considering any changes.
- Address the causes of burnout for physicians and other health care providers with [system level solutions](#).
- Take steps now to address the mental health tsunami by implementing our recommendations to [strengthen mental health and addictions care](#).

Conclusion

The OMA appreciates the opportunity to be part of the conversation to ensure Ontario is prepared for the next pandemic. The OMA is reviewing the two regulatory amendments to PHIPA

that are included in the bill and will be providing a submission on that matter shortly. Ontario's doctors remain committed to providing exceptional health care and generating solutions to create a better health-care system for the future.