

Bill 175 Presentation to legislative committee June 15, 2020

Good afternoon ladies and gentleman, my name is Lin Grist and I live in Guelph Ontario. Thank you for this opportunity to comment on Bill 175. Before retirement I managed a home care program and later helped develop policy for home care services in Ontario, and so have some expertise in this sector.

I am concerned about a number of aspects of this bill, but given time constraints, I will limit myself to major concerns.

First the client is not the centre around which service and program delivery is built. In fact in fact it would appear that the patient bill of rights which is the only protection clients now have, is simply absent from the new legislation.

There are 750,000 Ontarians currently receiving home care services, there is a waiting list, the current program literally runs out of money before year end and so clients are left without services to fend for themselves. I see no provision for improved access to care, public oversight of monitoring of quality of care, or addressing the chronic staff shortages which plague this sector.

There is no right to community based care in this legislation for those who need it. Decisions on who gets community care and what circumstances has been left to regulation which will be set by the provincial cabinet without benefit of public input or scrutiny.

There is mention of co-payment – but we have no idea what this will be or who will be expected to co-pay and at what level, because again it's in regulation set by cabinet without benefit of public scrutiny

I note with huge distress that this government has taken the opportunity in a bill which purports to Connect People to Home and Community Care to include legislative provisions which will:

Amend the community care act 2019 giving overall control of services to the new Super Agency. I searched to see if these new Ontario Health Teams would be putting in place public governance and public oversight. They do not. They are in the business of planning and delivery – apparently in a vacuum because there appears to be no provision for input or scrutiny by the public who actually foot all the bills.

There appears to be no governing body for home care services – either provincially or regionally. Apparently the providers themselves will oversee such governance with NO public oversight. A bit like having a fox take care of the henhouse. Or more charitably a flagrant conflict of interest.

I appreciate that there is a pandemic that is changing how we do things in the public arena, however this is not an opportunity for our provincial government to abandon public consultation on a piece of legislation that affects not only 750,000 Ontarians, but the families of these vulnerable people. In fact, I would have thought that this provincial government would

want to behave in a way to have our continued support and trust as we move through this difficult time.

There was NO consultation with the general public on changes to a publicly funded program which affects ¾ of million people - about 11.3 % of the population.

I will spend the last minutes I have speaking to you more personally. I live in Guelph with my partner of 49 years and we care for each other. I am fortunate enough to be reasonably healthy and not require homecare. However I am in the cohort that likely will need help to remain in my own home, so as not to require long term care facility support.

A child of depression era parents, I am acutely aware of the cost of institutional care, it's critical for a portion of the population, but it is equally important that our health care system ensures that we have services, programs and systems in place that allow people to age in place and speaking as an economist – to help manage public purse expenditures.

I am part of the age cohort whose taxes paid for the introduction of health care coverage that was designed to be based on need, regardless of income, along with expanding public hospitals, public education and publicly funded universities to be in place for the generations who came after us. A legacy to be proud of.

I am, to put it bluntly, terrified of becoming sick and unable to care for myself because of this bill. I have watched with increasing distress during this world wide pandemic the appalling care that is provided through contracts predominately in the private for profit sector.

I learned this week, from social media that one such company, an international corporation managed to spend \$300,000 on additional care to keep vulnerable, frail, elderly seniors safe. At the same time, this company provided its shareholders with a \$10 million dividend. There is something wrong when a government thinks that the "rights" of shareholders outweigh the right to a safe, nurturing and infection free environment for those who are unable to advocate for themselves during a pandemic.

I cannot in good conscience support this bill. I would respectfully suggest that you begin again and have the public service complete a full and open public consultation. For the future I want the taxes paid by the people of Ontario used by a home care program that

- puts the client at the centre of the service
- has a governance model that provides for public oversight of all services
- ensures that all programs are available to all Ontarians and that eligibility for those programs is enshrined in legislation
- ensures that there are inspections of all home care programs that are regular and reported publicly

I would respectfully suggest that profit and health care are an oxymoron

To the south of us we have a private for profit system which costs about 17% of GDP – and some 50 million Americans have NO health care. In contrast Canada spends 11.6% of GDP for a publicly funded, publicly administered universal health care program.

If the pandemic has taught us nothing else it has taught us all that if you are poor, you are much more at risk than if you are middle class or rich. If we are to continue have a high quality universal health care system that provides for everyone regardless of income we need to ensure that delivery is not compromised by the need to provide dividends to a small cohort of the population at the expense of the population as a whole.

Respectfully

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