Submission on Bill 175, Connecting People to Home and Community Care Act, 2020

to the Standing Committee on Social Policy at the Legislative Assembly

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Kawartha Lakes Health Coalition

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Bill 175 Should be Withdrawn

It is the position of the Kawartha Lakes Health Coalition that Bill 175, Connecting People to Home and Community Care Act, 2020 should be withdrawn.

During a global pandemic, the first wave of the COVID-19 virus has shown the weaknesses in our healthcare systems that should be fixed; not dismantled. To draft legislation in the midst of a global pandemic that would destabilize and upheave current home care, community care and tertiary care structures is not appropriate. Once COVID-19 has subsided and our current healthcare system – and workers – have time to adjust and correct, the Legislative Assembly should have proper consultation with client representatives, health professionals and workers representatives, advocacy groups, and patients. The reforming of home and community care should be accomplished in a democratic process after the pandemic is under control. This is not the time to proceed with this Legislation when many Ontarians are struggling daily not needing another stressor.

Concerns with Bill 175 re: City of Kawartha Lakes

Bill 175 has it defined in regulation, that the Government of Ontario is attempting to move some home care services, transitional care and rehabilitation beds to hospitals for some complex clients. Not only does this potentially violate the Canada Health Act, it also adds increased burden on our tertiary care system that is already stretched to its limits.

The scope of what the government is proposing to move into hospitals is not clear and raises the possibility that quality of care and relative funding could decrease, liability, management of this service is unknown and the threat of privatization is present.

In City of Kawartha Lakes, this presents challenges with our community hospital, Ross Memorial Hospital. Currently, Ross Memorial Hospital has submitted legislation that was presented in the form of a Private Bill introduced in the Legislature on February 27, 2020 by MPP Christine Hogarth.

Likewise to Bill 175, this private legislation was drafted in hast without proper consultation by interested parties. Defined in the legislation, there are clauses that change the hospital's objectives and services. By adding another layer of bureaucracy (Bill 175) in a time of a global pandemic and with present changes to Ross Memorial Hospital's governing legislation, the level of uncertainty that this would provide home and community care in the City of Kawartha Lakes makes passing this legislation ill-considered.

Furthermore, if this legislation passes Third Reading and receives Royal Assent before properly defining the regulation regarding moving home care services into hospitals, there is added uncertainty to the tertiary care sector. Ross Memorial Hospital is a community hospital with a 175 bed capacity serving 100,000 community members. In late 2019, our hospital had roughly 47 alternate level of care (ALC) patients waiting for long-term care beds to become available. This brings the total amount of beds at Ross Memorial to roughly 125 acute care beds

As has been the case throughout this province, Ross Memorial Hospital has been operating at and above capacity with an average of six patients classified as receiving "hallway medicine." Hospital beds in this province are severely rationed, with Ontario having the fewest

hospital beds per capita compared to other provinces. As Ross Memorial Hospital and hospitals around Ontario are in dire situations, there is the opportunity for private for-profit retirement homes to expand a tier of unlicensed and unregulated long-term care service for these complex clients. There is a risk that ALC patients in hospitals and residents in LTC homes could be downloaded to facilities that provide less care. We object to the proposed regulation as currently written.

Changes to Home and Community Care Provisions

Under the new model that is proposed in Bill 175, all placement coordination will be transferred to a new entity, acting as a middleman agency. All care coordination is currently structured in a way that is publicly controlled and provided on a non-profit basis. Under the plan in Bill 175, private companies that currently control personal support and home supports, will be given the opportunity to expand to take over care coordination functions.

Further, as care coordination is provided by the LHINs in a publicly controlled manner, splitting placement coordination with middleman agencies (Ontario Health Teams, primary care, and non-profit corporations) who would then contract out the remainder is imprudent and a waste of public monies. It is unclear who would provide oversight in Bill 175 and in regulation.

In City of Kawartha Lakes, the local Ontario Health Team has not entered into the approval stage. The Kawartha Lakes Health Team has been granted second stage approval to move into “full application.” It is completely inappropriate to create premature legislation that grants a Ontario Health Teams role in placement coordination when they have not been completely formed throughout Ontario.

As such, the government has proposed to amend the *Connecting Care Act, 2019*, that would now be deemed as Health Service Providers "on an interim basis". With *The People's Health Care Act, 2019* and *Connecting Care Act, 2019* implementing structural changes to the LHINs to morph them into Ontario Health Teams, and now have Bill 175 creating the LHINs again under the name of Home and Community Care Support Services is a bureaucratic nightmare and questionably fiscally responsible with taxpayers monies. This section provides greater uncertainty to our current healthcare system, especially in the aspect of coordination. For this reason, we object to Bill 175.