Legislative Assembly of Ontario

Assemblée législative de l'Ontario

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BILL175, *CONNECTING PEOPLE TO HOME AND COMMUNITY CARE ACT, 2020*

SUMMARY OF RECOMMENDATIONS *

Prepared for:

The Standing Committee on the
Legislative Assembly

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INTRODUCTION

This document summarizes recommendations and comments presented to the Standing Committee on the Legislative Assembly during its public hearings on Bill 175, *Connecting People to Home and Community Care Act, 2020* held remotely in Ontario on June 15, 16 and 17, 2020.

Bill 175 repeals the *Home Care and Community Services Act, 1994* and makes a number of amendments to existing legislation. The summary is organized according to the relevant sections of the bill. The final section contains general comments or recommendations that pertain to the entire bill.

This summary is intended as a working document to aid Members in their deliberations. It is not a complete historical record of all the evidence received by the Committee, or a comprehensive review of the arguments made by witnesses. Comments have been abbreviated and arguments summarized. Submissions expressing substantially the same point have been grouped together. For a full account of the evidence presented to the Committee, reference should be made to *Hansard*, and briefs provided by witnesses.

Witnesses are identified by abbreviations or their last names, which are listed in alphabetical order at the end of the summary.

CONNECTING PEOPLE TO HOME AND COMMUNITY CARE ACT, 2020

Schedule 1 (Amendments to *Connecting Care Act, 2019*)

Interpretation (Schedule 1, s. 1; CCA, s. 1)

Define residential congregate care models.

(ONA, Swirsky)

Avoid terms which uphold the medicalization of people with disabilities: use "services" instead of care, and use "consumer" instead of patients.

(CILT, CWDO)

Amend Section 1(2) of the *Connecting Care Act, 2019* to exempt physicians and medical profession corporations from the definition of Health Service Provider.

(OMA)

Prescribe (through regulations) qualification standards and requirements for being a home and community care health service provider to ensure that individuals get high quality care from reputable providers.

(OCSA)

Embed the governance of nation-to-nation relationships in legislation.

(CO)

Define the terms "home and community care services," home care services" and "community care services."

(BHC, HCO)

Home and community care services (Schedule 1, s. 4; CCA, s. 21 (1.1))

Do not shift services to Ontario Health and Ontario Health Teams as this will reduce opportunity for public oversight.

(ACE, Grist, Russell, Tupker, UFCW, UNO)

Do not permit private home care contractors to manage their own care coordination as this would present a conflict of interest. The care and placement coordination roles should be unified and performed by a Crown agency which is not providing the direct services.

(ACE, CUPE/OCHU, OFL, OHC)

Remove a potential conflict of interest by not permitting health service providers to deliver home care services directly.

(HCO)

Clarify that health service providers and Ontario Health Teams are able to contract with service providers to provide home care services.

(HCO)

Strengthen linkages between primary care providers and care coordinators, and recognize primary care as a critical hub for care coordination.

(OMA, RNAO)

Permit all primary care settings to be able to refer patients to home and community care and flow funding to do so regardless of whether or not they have health services provider (HSP) status.

(PC)

Introduce self-directed care as an option.

(BHC)

Add pharmacists and physiotherapists to integrated care models for more robust home care.

(BHC)

Expand home and community care to include a focus on rehabilitation programs designed to improve balance, prevent falls, and improve range of motion.

(TSF)

Include a commitment to equity and the promotion of equitable health outcomes within the home and community care system.

(OFIFC)

Simplify the care coordination function; redeploy those resources to frontline services.

(VON)

Add a provision that specifies a home care provider can be either a business organization or a not-for-profit organization or entity.

(BHC)

Clarify in the regulations that all professions currently performing care coordination, including social workers, would continue in this role.

(ONA)

Embed care coordination within comprehensive primary care teams with broadened scope, including social prescribing.

(AHC)

Transition responsibilities for home and community care services (including care coordination) directly to home and community care agencies/organizations.

(PC, RNAO)

Charges for home and community care services (Schedule 1, s. 5; CCA, s. 23.1)

Co-payments create a de facto service maximum. Co-payments for lower-income clients are often covered by the provider whose resources may vary from year to year, or who may not have the resources to meet the full needs of the client.

(ASO)

Enshrine the principle that client fees should not be a barrier to accessing care in legislation.

(OCSA)

State clearly in the Act that professional, personal support and homemaking services (when provided alongside personal support services) and security checks and reassurance services (when provided alongside other home care services) would continue to be publicly funded for eligible persons, and that no extra charges would be permitted.

(ACE)

Immediate appointment, emergency (Schedule 1, s. 8; CCA, s. 27)

Change the amendment so that the appointment of a supervisor alone shall not indicate that a sale of business or related employer argument can be made. This way both the sale of business and related employer protections would still apply if changes are made that normally would bring those provisions into play.

(CUPE/OCHU)

Schedule 3
Home Care and Community Services Act, 1994, Repeal and Consequential Amendments

Repeal Home Care and Community Services Act, 1994, Schedule 3, s. 1

Do not repeal the *Home Care and Community Services Act, 1994* and keep provisions enshrined in statute.

(ACE)

Do not repeal the Bill of Rights; include it in legislation.

(ARCH, ISARC, OCSA, OFIFC, OFL, OHC, OHC-G, ONA, TSF)

Include a clear right to the home care needed to satisfy the recipient's condition.

(ISARC)

Entrench and codify "Rights for Patients, Consumers and Clients" in the Act.

(CWDO)

Include a provision which specifies that individuals' preferences are protected, as stated in section 1(d) of the HCCSA.

(ARCH)

Include a provision on prevention of abuse and neglect policies as currently exists in Section 26 of the HCCSA.

(ARCH)

Include a provision that health service providers must provide services with competence, honesty, integrity, and concern for the health, safety, and well-being of the person receiving the service as currently exists in section 5(1)(ii) of the HCCSA.

(ARCH)

Do not shift powers from legislation to regulation.

(ARCH, ONA, Russell, Swirsky, UNO)

Local Health Systems Integration Act, 2006, s. 5

Revise the language in regulations to deem Local Health Integration Networks (LHINs) as health service providers in the conveyance and amalgamation of assets, but remove the ability for LHINs to be responsible for the provision of direct services.

(BHC)

While care organizations should be able to determine who should get home and community care supports, the legislation should be amended in order to remove the Local Health Integration Networks from having any active role in care coordination or determining client eligibility.

(PC)

Private Hospitals Act, s. 9; PHA, s. 1

Do not expand services to private, for-profit hospitals; this would not be in the public interest.

(OHC-G, ONA)

Do not proceed with amendments to the *Private Hospitals Ac*t, which would allow private hospitals to expand "home and community care" beds by excluding such beds from the definition of a private hospital.

(CUPE/OCHU)

GENERAL COMMENTS

Care settings

Allow the provision of home care services in long-term care homes, with limits to not divert resources to long-term care. This will help to transition patients to a new environment.

(ASO)

Do not use residential congregate care as a warehouse for individuals in hospital who need chronic care or are classified as alternate level of care (ALC).

(KHC)

Consult further regarding residential congregate care settings and ensure rules for these settings remain in statute, and are not delegated to regulations.

(ACE)

Improve existing supportive housing services, rather than introducing new "residential congregate care settings" as a location for home and community care services.

(CUPE/OCHU)

Evaluation and outcomes

Consider the effective alignment of patient need and choice with the availability of publicly-funded home-care resources as a measure of success for the changes being contemplated.

(OMA)

Develop key performance indicators as part of a strategic plan, similar to Scotland or New Zealand.

(Rachlis)

Funding models

Be aware that expanding funding eligibility of home and community care service providers, could lead to duplication and waste, and disrupt long-term relationships.

(ASO)

Revise the pay per visit model.

(SEH, VON)

Provide long-term care equivalent levels of funding for long-term care eligible people to be treated in the community.

(Rachlis)

Expand direct funding program to address waitlists.

(CILT)

Increase investments in the home and community care sector.

(OHA)

Funding should go directly to the client's primary caregiver or to a service provider of choice, without unnecessary administration.

(AEC)

Avoid using envelope funding which allows large corporations to run health care.

(Rachlis)

The legislation must be amended to guarantee adequate funding to meet the care needs of those who require these services.

(ACE)

Reform the home-care funding model from a per-visit basis to funding baskets encompassing a range of services and continuity of care.

(RNAO)

Ensure home-care contracts are awarded to providers that are able to deliver a broad range of services around the clock, so as to avoid fragmented care.

(RNAO)

Health human resources

Establish employment standards that encourage workers to go into and/or remain in the field and labour relations rules that facilitate the unionization of these workers and their effective engagement in collective bargaining.

(ISARC)

Ensure personal support workers (PSWs) have permanently improved working conditions including fair wages and benefits.

(AHC, CPCO, HDLC, Ingram, OFL, Rachlis, SEIU, UNO, UR)

Maximum and minimum services

We support the removal of service maximums; but this must be accompanied by additional resources.

(ASO, ONA)

Introduce minimum care standards.

(HDLC, OHC-G, UNO, UR)

Focus upcoming investments for the Mental Health and Addictions Centre of Excellence, within Ontario Health, on establishing core mental health and addictions services, a comprehensive data and performance measurement strategy for the sector, and quality improvement supports, especially for community-based agencies.

(CMHA-O)

Ensure standardized assessments across the province.

(ONA)

Provide a minimum of 12 hours per week to clients receiving in home assistance and care. Expand the eligibility requirements for home care services.

(Cai-Houpt)

Oversight and transparency

Require Ontario Health board meetings to be open to the public to ensure accountability.

(ISARC, OCSA)

Populate the Ontario Health board with doctors rather than corporate executives.

(Ingram)

Ensure a robust complaints process is in place to provide accountability and allow patients and families to feel confident in the care that is delivered.

(ARCH, BHC)

Private delivery

Do not allow further privatization of home care.

(AHC, CPCO, CUPE/OCHU, HDLC, Swirsky, TSF, Tupker, UFCW, UNO)

Ensure funding only covers the costs associated with provision of direct services and direct operating expenses, with caps on management and administration.

(TSF)

Services for First Nations and Indigenous People

Ensure First Nations governments are dealt with on a nation-to-nation basis focusing on each First Nation's wellness and health needs.

(CO)

Engage urban Indigenous communities and organisations as partners in developing, implementing and evaluating any home and community care legislation, regulations, policies and programs.

(OFIFC)

Other

Delay the Bill. The pandemic has raised issues relating to supply chain management, staffing, and communication across systems which may inform legislative change.

(AHC, OCSA)

Withdraw the Bill and consult on a new one.

(ACE, CKHA, CUPE/OCHU, Grist, ISARC, KHC, OFL, OHC, OHC-G, Swirsky, Tupker, UFCW)

Recognize that modernizing home and community care is essential to addressing hallway health. Bill 175 will allow providers to collaborate more effectively through Ontario Health Teams and remove barriers to integrated care.

(OHA)

Hold broad consultation on the Act, including the "right" of people to receive and direct their attendant services.

(CWDO, OFL, OHC)

Ensure that home care is a stronger part of the health care continuum; home is where people want to be.

(SHE, VON)

Reimagine replacing the long-term care home model with care at home.

(BHC, VON)

Focus the Bill on improving care instead of the current focus on administration.

(CKHA, Russell)

Renew a commitment to health equity in home and community care, including the collection of socio-demographic and race-based data.

(AHC)

Use social determinants of health and the provision of choice to meet the broad needs of those receiving services (e.g., care, social supports, transportation) to enable them to live healthy lives in their own homes as long as desired and possible.

(OMA)

LIST OF WITNESSES

Abbreviation	Organization/Individual	Date of Appearance
ACE	Advocacy Centre for the Elderly	June 16, 2020
AEC	Adult Enrichment Center Inc.	June 16, 2020
AHC	Alliance for Healthier Communities	June 15, 2020
ARCH	ARCH Disability Law Centre	June 15, 2020
ASO	Alzheimer Society of Ontario	June 15, 2020
BHC	Bayshore HealthCare	June 15, 2020
Cai-Houpt	Siying Cai and Tova Houpt	June 15, 2020
CILT	Centre for Independent Living in Toronto	June 16, 2020
CKHA	Chatham Kent Health Alliance	June 15, 2020
CMHA-O	Canadian Mental Health Association, Ontario Division	June 17, 2020
CO	Chiefs of Ontario	June 16, 2020
CPCO	Communist Party of Canada (Ontario)	June 16, 2020
CUPE/OCHU	Canadian Union of Public Employees Ontario and Ontario Council of Hospital Unions	June 16, 2020
CWDO	Citizens With Disabilities - Ontario	June 15, 2020
Grist	E. Lin Grist	June 15, 2020
HCO	Home Care Ontario	June 15, 2020
HDLC	Hamilton and District Labour Council	June 15, 2020
Ingram	Innis Ingram	June 16, 2020
ISARC	Interfaith Social Assistance Reform Coalition	June 16, 2020
KHC	Kingston Health Coalition	June 16, 2020
OCSA	Ontario Community Support Association	June 15, 2020
OFIFC	Ontario Federation of Indigenous Friendship Centres	June 17, 2020
OFL	Ontario Federation of Labour	June 16, 2020
OHA	Ontario Hospital Association	June 16, 2020
OHC	Ontario Health Coalition	June 16, 2020
OHC-G	Ontario Health Coalition, Guelph Wellington Chapter	June 17, 2020
OMA	Ontario Medical Association	June 16, 2020
ONA	Ontario Nurses' Association	June 15, 2020
PC	Patients Canada	June 16, 2020

Abbreviation	Organization/Individual	Date of Appearance
Rachlis	Michael Rachlis	June 16, 2020
RNAO	Registered Nurses' Association of Ontario	June 16, 2020
Russell	Mervyn Russell	June 15, 2020
SEH	SE Health	June 15, 2020
SEIU	SEIU Healthcare	June 16, 2020
Swirsky	Hilda Swirsky	June 15, 2020
TSF	Toronto Seniors' Forum	June 15, 2020
Tupker	Jules Tupker	June 15, 2020
UFCW	United Food and Commercial Workers (UFCW) Union Canada: Locals 175 & 633	June 15, 2020
UNO	Unifor: National Office	June 15, 2020
UR	Unifor 1451 Retirees Chapter	June 16, 2020
VON	VON Canada	June 15, 2020