Presentation to the Standing Committee of the Legislative Assembly re Bill 37
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As the representative of several local Health Coalitions, in southwestern Ontario, I would like to thank the committee for allowing me to address the issue of the new Long Term Care Act, Bill 37. People and groups who wished to be a part of the public consultations on this issue have found that the very short and inadequate time to apply for this privilege very undemocratic, and I hope that in future, the committee, and really all the Standing Committees would keep in mind that this process is historically supposed to be autonomous for Ontarians, and allow sufficient time for participation in this process. Also the 10 hours of hearings, announced one week before the hearings were to occur do not supply enough time for all Ontarians to engage; this might be perceived as authoritarian and oppressive.

Bill 37 is described as Ontario's new Long Term Care (LTC) Act. In effect, **the new Bill is the existing Bill, with amendments.**

There is no mention of accountability for leadership in the new Bill, but it is imperative that **LTC homes owners and administrators and as well, the government be accountable** for the services they provide.

The existing Act directs the government to give priority to Public, Non-Profit LTC homes, when licenses and requests for renovation or construction of new beds are made. This is stated in theBill's Pre-Amble. However, this government's amendment to the Pre-Amble includes the phrase **"mission driven"** , which will allow the government to consider For-Profit LTC businesses requests for licenses and bed allotments also.

The average person might not consider the addition of one phrase, like "mission driven", to be game changing, but in fact it changes the entire aim of the LTC Act; the existing Act promotes the advancement and maintenance of Public, Non-Profit LTC homes' needs over For-Profit

homes; the addition of “mission driven” opens the competition for government funding to everyone. perhaps people may say, isn’t this more democratic? No, it is not. This is a major loss and is not in the public interest. A For-Profit and Public Non-Profit LTC analysis from CBC’s Marketplace (December 2020) reveal that For-Profit homes have lower staff levels, lower pay rates, poorer environmental standards, poorer infection control and most importantly, poorer resident outcomes. The COVID pandemic revealed that the major For-Profit LTC Chains had far more deaths per hundred than Public Homes. They looked at long-term care homes with outbreaks from the beginning of the pandemic to December 13 and measured the death rates by ownership and then broke down their findings by chain company. They found much higher death rates in the for-profit homes, with the following chains ranging from more than double to more than 6 times the death rates of municipally owned (public homes):

• Southbridge Care Homes had 9 resident deaths per 100 beds
• Rykka Care Centres had 8.6 deaths per 100 beds
• Sienna had 6.5 deaths per 100 beds
• Revera had 6.3 deaths per 100 beds
• Chartwell had 4.6 deaths per 100 beds
• Extendicare had 3.6 deaths per 100 beds.

All of those companies had death rates higher than the non-profit and municipal categories.

Non-profits had an average of 2.8 deaths per 100 beds while Publicly owned municipal homes averaged 1.4. The average death rate in for-profit homes was 5.2

These numbers represent thousands of human lives and is not in the public best interest, and condemns residents of these homes to third world health care, at best.

Ontario should do better. The phrase “mission driven” should be removed from the Pre-Amble, and leadership accountability should be added.Unconscionable inequities and shortfalls in care for the elderly and other vulnerable people who face discrimination. The suffering of the residents and staff in long-term care has indelibly marked the soul of our province.

Under **Care and Services**, the new Bill states that **4 hours of direct care per day is the Target**. This totally negates the aim of increasing care for residents, and increasing staffing levels to allow for such care.

LTC Studies that look at care models have all concluded that 4 hours of direct care per resident per day, is the optimum for satisfactory care, both physical and emotional. The body that is able to enforce this is the provincial government. Adding the phrase that the **4 hours of care is the target**, allows LTC homes to make little effort to ensure that they can provide 4 hours of care per day ; another, more blunt way of saying this, is that For-Profit LTC homes can continue to make money on the back of workers , while all the while providing sub-adequate care to their residents.

A minimum average of t**hree hours of direct care to be provided per resident per day no later than March 31, 2022**, and the current requirements for **a minimum average of 36 minutes of direct care** is to be provided per resident per day.The requirement set in subsection (2) **must be achieved no later than March 31, 2023, and, once achieved, shall continue at that level, subject to subsection (5)**

The referral to the 4 hours of care being a target must be removed, and as well other increases must be required and not subject to being "targets"; LTC homes must be required to comply; it should be the government's top priority to protect seniors over the For-Profit LTC Businesses .

Residents of LTC homes are not faceless strangers. They are mothers, fathers, grandparents, sisters, brothers, and friends. They have completed long fruitful work lives, and now they need help to lead comfortable lives in LTC.

Ask For-Profit LTC businesses, and they "will point to continuous quality improvement (which) is absolute and unconditional, new buildings, senior living to the fullest, air conditioning, designed for individuals who require the availability of 24-hour nursing care or advanced dementia support within a secure setting." In short, they are Nirvana! In fact COVID has shed the light on For-Profit LTC, and they are far from Nirvana.

Please ask yourselves how easing restrictions on For-Profit Businesses will achieve that. Ask families who lost loved ones at Orchard Villa, or Roberta Place or Revera or Extendicare or others. Ask the military who were sent in to help LTC homes during the first wave of COVID 19. Ask workers who cry that they do not even have 6 minutes to ready residents for breakfast.

Ask residents who could not reach a glass of water, whose adult diapers were not changed for more than 24 hours, who did not receive baths for well over a week, who could not see their loved ones, or even speak to a worker.

Ethics and morals are seldom thought of, when politicians are crafting a Bill, to become law; But this should be the exception. Do not play with peoples' lives, to help rich businesses. Do the right thing, and change this Act.

Thank you.

Shirley Roebuck, Chairperson, CKHC, W-WIHC, SLHC