

**Unifor submission to the Standing  
Committee on Social Policy on Bill 60**

*An Act to amend and enact various Acts with  
respect to the health system*

---

**March 2023**

## **WHO IS UNIFOR**

Unifor is a Canadian union with more than 310,000 members across the country in 20 economic sectors. Our 160,000 members in Ontario work in various sectors: auto manufacturing, aerospace, natural resources, road transportation, air and rail transportation, telecommunications, media, health care, social services, education, retail, hospitality, and gaming, among others. Unifor represents more than 30,000 health care members in Ontario.

We protect our members and play a leadership role in building thriving, safe workplaces and a strong economy so all workers in Canada have a good job and a decent standard of living. Unifor advocates for and defends the economic and social rights of working people, including their right to: safe workplaces, secure employment, wages, and benefits that provide a decent standard of living, dignity and mutual respect in the workplace. To achieve these goals, Unifor is not only active in workplaces and at the bargaining table, but in all aspects of our communities and in the political debate to make Canadian society more just and equitable.

## **INTRODUCTION**

Unifor welcomes to the opportunity to participate in the public hearings regarding Bill 60.

First, it is important to understand the context for this piece of legislation. Bill 60 is being pushed through as the provincial government continues to starve the public health care system of resources. Ontario continues to provide the lowest per capita funding for public hospitals and health care in Canada.<sup>1</sup>

There continues to be under-used operating rooms and testing capacity in our public hospitals that could improve access to surgeries and procedures if the government chooses to do so. The state of our health care system – including the issue of wait times and backlogs for surgeries and diagnostic procedures – is a result of systemic underfunding to our public hospitals and government policies that have exacerbated the staffing crisis in the sector. The decision of this government to expand the privatization of hospital services to for-profit entities is a political choice – not a choice that is in the best interests of Ontarians and our health care system.

While existing legislation already made it possible for day surgeries and diagnostics to be performed at private clinics, it is clear that the purpose of Bill 60 is to facilitate this government's plan to aggressively expand private clinics, despite the harmful consequences to our public health care system.

## **UNDERMINING THE PUBLIC SYSTEM**

With the push to expand private clinics and privately-delivered services, this government is undermining a public system that works if it is properly supported.

---

<sup>1</sup> <https://www.fao-on.org/en/Blog/Publications/interprovincial-comparison-2022>;  
<https://www.ontariohealthcoalition.ca/wp-content/uploads/Public-Hospital-Funding-per-Capita-2019.pdf>

### ***Upselling of services***

With the expansion of operations and procedures to private clinics, there is a significant concern around clinics upselling patients for services. This includes payments that accompany common procedures like cataract surgeries, MRIs and other diagnostic services.<sup>2</sup> This legislation does not prevent the practice of upselling and leaves Ontarians financially vulnerable if they receive services from a for-profit, private clinic.

S. 5(5)(i) of the legislation does contain an “upselling” provision, with the requirement of private clinic applicants to describe any uninsured services, charges for these services, and the planned method for obtaining patient consent. However, this reporting requirement is not a real accountability measure for services providers. The legislation does not set out any standards regarding the upselling of services, and instead may be determined by regulations or left to the discretion of the Director who is overseeing the applications.

### ***Exacerbating the staffing crisis***

As this government pushes resources to private clinics, there will be a substantial drag on human resources, especially within the public system. The expansion of private clinics creates more competition for skilled workers – across two different systems – amid a shortage across the sector. As several organizations and regulatory bodies for health professionals have pointed out, the expansion of private clinics would create challenges for hospitals which are already struggling to keep up with patient volumes.<sup>3</sup>

Through private expansion, this legislation will only serve to help siphon critical human resources away from the public system.

### ***Cost cutting and quality of care***

At the core of privatization for health care services is profit. Profit motives inevitably lead to cost-cutting measures that could include reducing staff or other measures that impact quality of care. Instead of public funding going to services provided within our public system, this legislation is further enabling public tax dollars to line the profits of private clinic owners.

With profit as a motive, the reliance on private clinics will create more inefficiencies in the health care system. Ultimately, Ontarians will pay more through their tax dollars or through the upselling of services.

---

<sup>2</sup> <https://toronto.ctvnews.ca/ontario-health-advocates-warn-of-manipulative-upselling-at-private-clinics-1.6291150>

<sup>3</sup> <https://toronto.ctvnews.ca/expanding-private-ontario-clinics-will-only-exacerbate-hospital-staffing-shortages-doctors-college-warns-1.6229561>

## **PUBLIC ACCOUNTABILITY**

### ***Role of the Director***

Section 3 of the legislation enables the Minister to appoint a Director who may be any individual or entity. This changes the current requirement for the Director to be an employee of the Ministry.

The Director has significant power to approve of new private clinics and award licenses, among others. Yet, this legislation will allow the government to appoint any third party individual, or even a corporation, to have these broad powers. In this scenario, the Director(s) would not be subject to the conflict of interest and ethics guidelines for public servants.

For example, there are no measures that prevent any conflicts of interest by a Director awarding licenses. There are no requirements related to financial disclosure and there are no requirements for ensuring public access to information. There simply will be less transparency and accountability for third parties who are appointed as Director(s), which is alarming.

### ***Approval of new clinics***

While the current legislation does allow the Director a role in approving licenses, there is a requirement for the Minister to determine which facilities and services would be allowed to be private clinics. Such decision by the Minister is subject to public notice and Cabinet approval. Section 5 of Bill 60 does not include this provision and instead would allow the Director(s) to have sole discretion over the approval of licenses for private clinics. The Director(s) will have more power than before, including those that previously fell under the Minister's responsibilities.

Bill 60 also does not contain significant provisions for public oversight by elected representatives. For example, there are no measures for public notices, requirements for Cabinet approval, or 30-day notice period. This legislation will enable the rapid expansion of private clinics with very little oversight, accountability or public consultation.

### ***Lack of transparency related to private clinics***

Sections 19-23 lack any real public accountability measures for private clinics. For example, Section 19(3) states that information related to a license application will remain confidential and not be available to the public through the *Freedom of Information and Protection of Privacy Act*.

This new exemption for license applicants from public access to information is unnecessary and harmful to our health care system. There will be no avenues for the public to challenge a license applicant, nor will the public know who has applied for licenses and what services are being outsourced to private clinics. There will be no public consultation or public complaints process for these private clinics based on this legislation.

In general, there appear to be no public accountability standards for these private clinics. Section 22 requires private clinics to have their own internal processes for dealing with complaints and are required to meet safety and quality standards. But such standards will be left to regulations.

## **CONCLUSION**

Bill 60 will bring significant changes to the province's health care system by allowing private clinics to perform more services, while being able to do so with less public accountability and oversight compared to public hospitals. The legislation also will allow this government to fast-track the approval of licenses for private clinics, while concentrating more decision making power to less publicly-accountable third party Director(s). This should be concerning for all Ontarians.

*MY:ljcope343*