



# **Bill 41, *Patients First Act, 2016***

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Submission to the Standing Committee on the Legislative  
Assembly

November 18, 2016

The Association of Municipalities of Ontario (AMO) is pleased to provide written comments to the Standing Committee on the Legislative Committee to contribute to the deliberations on the proposed *Patients First Act*.

AMO's over 400 municipal members play a significant role in the health care system, one that is often overlooked. We are partners in the funding and delivery of several provincial health programs. This includes public health, long-term care, and land ambulance. Residents are also increasingly looking to their municipal councils to represent their community interests concerning health care to the institutions, providers, and the Province.

Therefore, we have a significant stake in the considerations and outcomes of the Patient's First transformation. Through provincial legislative, regulatory and policy requirements, municipal governments have had to invest in the health care system. Our municipal members have often stepped up to fill in the gaps when needed to serve our communities, especially providing services for the most vulnerable.

Many municipal governments fund above their required cost share arrangements to address community needs such as public health, long-term care, and land ambulance activities. Significant investments are also being made to build hospitals, recruit physicians, and to provide other ancillary services such as supportive housing and seniors' wellness programs.

Our members do often raise the issue of whether it is appropriate for municipal governments to fund healthcare services from the property tax base. This base is already stretched to cover our core mandated responsibilities within the current fiscal environment. AMO's members question why they are funding health care, an area of provincial jurisdiction and one that was never intended to be funded off the municipal property tax levy. That said, municipal governments will continue to involve themselves in planning and advocating about the health care system. It is appropriate given our role, that the municipal sector have a well-considered voice regarding health care transformation.

AMO's members have a keen interest in the outcome of evolving provincial strategies that seek to shift resources into the community and reforming funding models to follow the patient and to support patient outcomes. We are pleased to see action on this. At a strategic level, municipal governments need to consider their evolving role and participation in both planning and health care provision as it becomes more patient-centric and community driven.

**With this in mind, AMO supports the introduction of the Act. If passed by the legislature, it will begin a process of improving patient care in Ontario in a number of important ways. This is especially true of the changes that will forge a new relationship between Public Health and the Local Health Integration Networks (LHINs). However, it should not be considered a panacea solution to putting patients first in all respects. In our opinion, the Act is not inclusive of all health care delivery changes that are needed in this Province. It does not address land ambulance, community paramedicine, long-term care, physician recruitment, or hospital capital funding. There are important policy matters to address with these services that will require attention in the near future.**

**Following these general comments, AMO has a number of specific comments on the proposed changes in Bill 41 including two proposed amendments.**

AMO is pleased to see that a number of the changes outlined in Bill 41 reflect recommendations made in our response to the Patients First Strategy consultation. This includes:

- The creation of LHIN sub-regions should improve local planning, service management, and delivery. It should also allow for more equitable access to health care resources across regions. Consideration by the Ministry should be given to aligning LHINs as much as possible with municipal, public health, education, and social service boundaries.
- Having LHINs take on greater responsibility for primary care planning and delivery and performance management should move primary care planning and monitoring closer to communities.
- The requirement for LHINs to engage formally with each Board of Health should increase capacity for population health planning. Closer ties could also serve to strengthen linkages between LHINs and other local services including health care, municipal, and community social services. This will enhance the ability of LHINs to work across the care continuum to improve access to high quality and consistent care that meets the needs of the local population. However, it should be acknowledged that there is a cost attached with the increased responsibility placed on Public Health. It should be accompanied by new government funding as to not place a strain on the existing responsibilities. There is a generally acknowledged tension already that the current levels of funding are not sufficient to meet all the requirements of the Ontario Public Health Standards.

We are also pleased that the government listened to the municipal and public health sector and has not yet announced any change to the funding relationship between the Ministry and Public Health. It is appropriate and more effective that a direct 'government to government' relationship should continue between Public Health and the Ministry. It is not appropriate that the LHINs fund and oversee public health. **The *Local Health Integration System Act* and/or the *Health Protection and Promotion Act* should be amended to explicitly exempt Public Health from any such funding arrangements with the LHINs in the future.**

**There is another change not in the current act that AMO would like to see the legislation amended. In regards to the *Health Protection and Promotion Act* (HPPA), an amendment is needed to ensure that municipal governments not continue to be exposed to the fiscal risk of being required to pay more than the current 25% share for all public health mandatory programs and services.** The provincial-municipal cost-share arrangements should be embedded in the HPPA legislation, not left as a matter of policy and up to the government of the day. As it stands currently, the HPPA is silent on provincial funding for public health and assumes that municipal governments will fund Public Health for the full cost. This is worrisome given that fiscal sustainability is top of mind for municipal governments. It also does not acknowledge the role of the Province to fund the full spectrum of health care albeit cost shared with the municipal sector.

**One last area that we would like to flag is funding for community services through Community Care and Access Centres.** It is currently inconsistent across communities.<sup>1</sup> There is also a disparity in funding allocated to providers of the same service, with organizations that have been providing services the longest, typically receiving the lowest funding rates.<sup>2</sup> AMO is hopeful

<sup>1</sup>OANHSS, *Ensuring the Care is There: Meeting the Needs of Ontario's Long-Term Care Residents: Submission to the Ontario Standing Committee on Finance and Economic Affairs*, January 2016.

<sup>2</sup> OANHSS, 2016.

that these issues will be addressed through Bill 41 implementation. There is the potential, however, for the problem to be exacerbated further given the decentralized LHIN service delivery.

**A number of health system concerns fall outside of Bill 41, but will be important to address in the near future in order to achieve the outcomes the government is seeking through the Patient's First legislation.** These issues impact the success of Ontario's health system and should be addressed by the Province. AMO is seeking dialogue with the Province on the healthcare system in a number of areas. The following are some examples:

- Many communities in Ontario, particularly rural and northern ones, struggle with recruiting and retaining the right mix of health care professionals. A strategy and incentives are needed to support health care professional recruitment to underserved areas of the province. This should not rely on or require municipal contributions. The Ministry should continue to directly negotiate physician compensation and primary care contracts. It should not be left up to the LHINs.
- The Ministry should enhance and expand the Northern Medical Travel Allowance to ensure equitable access to specialized health services for northern residents.
- The Ministry should facilitate the enhancement and creation of more Family Health Teams in the Province, especially in rural and northern areas.
- The Ministry should examine hospital funding formulas and assess the impact on smaller and rural communities of funding levels and hospital closures.
- The Ministry should direct LHINs to continue to play a strong role to facilitate the creation of community hubs with health and other ancillary social services.
- The Ministry should involve AMO in a system capacity planning exercise to determine the need for new long-term care beds and supportive housing.
- The Ministry should review the adequacy of the current funding model for long-term care homes, work to reduce wait times in long-term care homes, and consider other options including increasing access to supportive housing.
- The Ministry should consider the role of land ambulance community paramedicine in providing primary care in the community and that the Province fully fund its implementation in areas of Ontario where feasible and desirable.

AMO looks forward to working with our provincial partners to ensure strong and effective solutions for strengthening our health care system for communities across Ontario.