



June 16, 2020

Standing Committee on the Legislative Assembly  
Ontario Legislature  
111 Wellesley St W  
Toronto ON M7A 1A2

Dear Committee Members,

The Ford government has – without meaningful public consultation – introduced Bill 175, *Connecting People to Home and Community Care Act 2020*, which dismantles all remaining public governance, public control, and public interest protections of Ontario’s home and community care system. Further, it establishes a system in which most of the provisions regarding home and community care will no longer be enshrined in legislation. Instead, these provisions will be prescribed in regulations, which generally have very little public oversight and public input.

**The Ontario Federation of Labour, which represents over one million unionized workers in this province including those in the home and community care sector, demands that this government withdraw Bill 175. We also endorse the recommendations and any proposed amendments of the Ontario Health Coalition.**

Under Bill 175, Ontario Health, the newly created super agency, will take over funding of home and community care services from Local Health Integration Networks (LHINs). It is important to note that Ontario Health’s Board of Directors – who are appointed by the government and likely to share their pro-privatization agenda – are not subject to legislation on conflict of interest and are not required to seek public input, hold open board meetings, or provide public access to information.

Ontario Health will now be able to transfer all remaining publicly owned and controlled parts of the home and community care system to a variety of provider organizations, including for-profit and non-profit organizations. Because of the liberal nature of this legislation, provider organizations – that are not publicly governed nor publicly accountable – can now structure, contract, subcontract, and operate home care in a variety of different ways that they independently determine. This means that significant and critical parts of home care can be privatized, including the transfer of control from publicly-controlled LHINs to the Ontario Health Teams that include for-profit companies as well as the transfer of care coordination functions to various provider companies that are dominated by for-profit chains. Bill 175 also allows for the expansion of private for-profit hospitals into home care and other residential care services, including potentially services that are provided by public hospitals and by long-term care homes. The OFL strongly believes that it is not in the public interest to expand private for-profit hospitals.

It must also be recognized that this legislation fails to integrate the home and community care system, allowing it to be governed by different providers in different regions with different models. Ontario Health Teams have no governance provisions, and not all of Ontario is covered by them. In fact, it creates a disjointed system defined by service providers with very different cultures, motives, capacities, and governance models – if any. Furthermore, Bill 175 enables for-profit corporations to both coordinate care and be the providers of that care. In other words, they themselves will determine how many visits a person can have, how many supplies and resources are allocated to them, and supervise their own care. This is a conflict of interest, and it is not in the public interest.

Bill 175 is a missed opportunity to address a myriad of issues in Ontario's home and community care system, including improving access to care, regional inequities, ineffective home care assessments, missed visits, quality of care, staffing shortages as well as lacklustre working conditions and employment standards for personal support workers.

These issues originated decades ago, led by a similar deregulated and pro-privatization agenda. As a result of massive structural changes introduced under the Harris government, a once primarily unionized non-profit home and community care sector has now evolved into a competitive, market-driven model characterized by for-profit and non-profit providers competing to deliver services at lower costs. According to the Ontario Health Coalition, for-profit providers in this province represented nearly 65 per cent of home care personal support services in 2011 – compared to almost 20 per cent in 1995. Since 2011, this proportion has only risen.<sup>i</sup> The average operating profit margin for these home care companies is near eight per cent – as the quality of care diminishes.<sup>ii</sup>

As a result of this model, home care workers have low wages and benefits' coverage, insecure working conditions, and are mostly without union protection. In fact, part-time jobs have become quite prevalent in this sector, representing over 60 per cent of personal support workers' employment status – with women and racialized workers disproportionately affected.<sup>iii</sup>

The decision to move ahead with Bill 175 comes at a time when COVID-19 has revealed significant fractures in Ontario's privatized and severely underfunded public care sectors as well as fissures in worker protections that have long existed and needed repair.

With the onset of COVID-19 in Ontario, nursing homes went into lockdown and long-term care facilities were no longer an option, driving many to situate care for their loved ones in their own homes. Caregivers are now appreciably overwhelmed and require assistance, while personal support workers are limited in their ability to do their jobs because of the government's insufficient health and safety protocols and lacking legislated employment and labour standards. The reality is that COVID-19 has already claimed the life of at least one personal support worker in this province and infected hundreds more. That is one too many.

The OFL demands that the government immediately adopt a strict adherence to the precautionary principle as well as order the use of proper personal protective equipment and training on how to use it across the care sector. The government must also end the growth of precarious work in this sector by ensuring personal support workers have permanently improved working conditions including fair wages and benefits, paid leaves as well as universal access to workers' compensation and union protection. For more information, please refer to the OFL's submission on an Economic Recovery Plan for All Ontarians.

Bill 175 must be withdrawn and reconstructed to develop a public non-profit home and community care system that integrates care and is rooted in the public interest. This means that the government must invest in the system and its workers. Workers, unions, and community organizations look forward to engaging in a meaningful dialogue with the government, particularly on the development and implementation of legislation and policies that affect workers and communities.

Sincerely,



**PATTY COATES**  
President



**AHMAD GAIED**  
Secretary-Treasurer



**JANICE FOLK-DAWSON**  
Executive Vice-President

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<sup>i</sup> 2011. Ontario Health Coalition. Still Waiting: An Assessment of Ontario's Home Care System After Two Decades of Restructuring.

<sup>ii</sup> 2017. Statistics Canada. Home health care and related services.

<sup>iii</sup> 2019. Statistics Canada. Annual Labour Force Survey.