

Compliance Compass: Legal and Regulatory Highlights for Hospitals

July 2026

Background

The Ontario Hospital Association (OHA) is committed to informing member hospitals about important developments in the legal and regulatory landscape affecting Ontario’s health care sector. This legislative summary highlights key legislative and regulatory changes that came into effect between January 2026 and June 2026, outlining their impact on hospitals and health care providers, and clarifying new requirements and their practical implications. The backgrounder also provides updates on OHA resources and submissions. The last summary is linked below:

February 2026

Please note that the provincial Parliament is on break from June 8, 2026, until October 27, 2026. The federal Parliament break starts June 22, 2026, and resumes on September 21, 2026.



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Submissions

Enhancing Digital Security and Trust Act, 2024 – Cyber Security Regulation

On December 9, 2025, the Ministry of Public and Business Service Delivery and Procurement (Ministry) proposed new cyber security requirements under the *Enhancing Digital Security and Trust Act, 2024* (EDSTA). The proposed regulation would apply to several public sector entities, including public [hospitals classified as Group A, B or C](#). All other groups of hospitals would not be impacted.

The proposed requirements include:

- Designating a primary point of contact (and an alternate) that will be responsible for communicating with the Ministry regarding cyber security matters
- Completing a cyber security maturity assessment every two years and submitting a summary of each assessment to the Ministry

- Reporting “critical cyber security incidents” (as defined in the regulation) to the Ministry within 72 hours of confirming an incident has occurred

On February 9, 2026, the OHA made a [submission](#) to the Ministry on the proposal that emphasized the need to streamline various cyber security requirements to minimize administrative burden on hospitals and the importance of EDSTA documentation not being subject to freedom of information requests to ensure they are not accessed by potential threat actors.

The cyber security regulation was filed on March 23, 2026, and is discussed in more detail in the [Regulatory and Policy Updates](#) section and in this [backgrounder](#).

Buy Ontario Act – Procurement Directives

The Ministry of Public and Business Service Delivery and Procurement (Ministry) posted a proposal on January 16, 2026 for new directives under the *Buy Ontario Act (Public Sector Procurement)*, 2025 (BOA) that would require public sector entities to give preference to Ontario-made goods and services when procuring:

- Major goods and services in capital infrastructure and construction projects
- Light duty fleet vehicles

On March 2, 2026, the OHA made a [submission](#) on the capital infrastructure proposal which emphasized the importance of clarity and alignment within existing procurement frameworks. It also highlighted the potential financial implications of the new requirements and advocated for reasonable implementation timelines.

On April 13, 2026, a new [Buy Ontario Procurement Directive](#) that includes capital infrastructure and light duty fleet vehicles came into effect and is addressed in more detail in the [Regulatory and Policy Updates](#) section.

Medical Assistance in Dying – Mental Illness

On June 17, 2026, the Special Joint Committee on Medical Assistance in Dying (MAID) released a [report](#) recommending that the Government of Canada amend the Criminal Code to indefinitely exclude persons whose sole underlying medical condition is a mental illness from eligibility for MAID.

The temporary exclusion for persons suffering solely from a mental illness from eligibility for MAID is set to expire in March 2027. The Special Joint Committee was established to undertake a review and provide Parliament with recommendations relating to the eligibility of persons whose sole underlying medical condition is a mental illness to receive MAID.

The OHA has been actively engaged on this matter with the federal government, including previous meetings with Health Canada and the Office of the Minister of Justice in early 2026. In April, the OHA testified before the Committee to share the perspectives and concerns of members regarding the proposed expansion of MAID. The OHA raised concerns regarding access to mental health care, the impact of inequities in access to mental health care services, and system readiness by health care providers to deliver MAID. Following its appearance as a witness, the OHA made a [written submission](#) to the Committee, which shared further evidence supporting the hospital sector's concerns with the proposed expansion. The Committee leveraged the OHA's testimony within their [final report](#) (pages 10, 23 and 54).

Bill 75, *Keeping Criminals Behind Bars Act*, 2025 – Animal Research

On November 25, 2025, the provincial government introduced [Bill 75, *Keeping Criminals Behind Bars Act*, 2026](#), which is an omnibus public safety bill proposing amendments across several statutes.

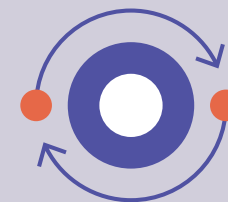


Among the amendments were changes to the *Animals for Research Act* (ARA) restricting “invasive medical research” on dogs and cats, subject to an exception process intended to be further developed through regulation. The term “invasive medical research” is not defined in the proposed amendments and may be clarified through subsequent regulation.

The OHA has been actively engaged with the government on this issue since the proposed changes were announced in mid 2025. The OHA previously advocated jointly to the Ministry of Agriculture, Food and Agribusiness, as well as the Ministry of Colleges, Universities, Research Excellence and Security during a period of pre-legislative consideration of Ontario's animals in research landscape in fall 2025. The OHA also made submissions related to proposed regulations under the ARA in January 2026.

In April 2026, the OHA made a [submission](#) to the Standing Committee on Justice Policy. The OHA reiterated the importance and essential use of animals in clinical research and highlighted the consequences of banning the use of animals in research on patient and animal health, and Ontario's economic productivity. The OHA also offered alternative legislative language aimed at minimizing the impact of the Bill on the sector.

Bill 75 received Royal Assent on June 2, 2026, and is not yet in force, pending an Order in Council by the Lieutenant Governor in Council (LGIC) to establish the commencement date.



Legislative Updates

Bill 97, *Plan to Protect Ontario Act (Budget Measures), 2026* – Privacy Amendments

On April 24, 2026, *Bill 97, Plan to Protect Ontario Act (Budget Measures), 2026* (Bill 97), which amends the *Freedom of Information and Protection of Privacy Act* (FIPPA) received Royal Assent. The amendments came into effect on July 1, 2026 and will streamline FIPPA processes in a number of ways, including:

- Extending the response time for access requests from 30 days to 45 days
- Allowing an institution, in certain circumstances, to respond to requests for access to records by proposing a plan for providing access to the records in stages
- Allowing an institution, in certain circumstances, to extend the time limit for responding to a request for access to records two times (currently only one extension is allowed)
- Removing all requirements related to personal information banks
- Exempting certain records prepared or collected under the *Enhancing Digital Security and Trust Act, 2024* from the application of FIPPA, including:
 - Records containing information about designated cyber security points of contact
 - Cyber security maturity assessments and summaries
 - Any other records the disclosure of which could reasonably be expected to compromise the cyber security of a public sector entity
- Clarifying the required information and timeline for providing cost estimates





Legislative Monitoring

The following section outlines legislation that is not yet in force but is being actively monitored by the OHA.

Bill 105, *Protecting Ontario's Workers and Economic Resilience Act, 2026*

On April 17, 2026, the provincial government [announced](#) its intention to introduce legislation that would prioritize international medical graduates (IMGs) from Ontario for postgraduate medical residency positions in Ontario. Following this announcement, on April 20, 2026, [Bill 105, *Protecting Ontario's Workers and Economic Resilience Act, 2026*](#) was introduced and is currently at Third Reading. Bill 105 proposes to amend the [Ministry of Health and Long-Term Care Act](#) to enable regulations to be made with respect to IMG admission to an Ontario medical residency program. A related [regulatory proposal](#) on IMG residency is discussed in more detail in the [Regulatory Monitoring](#) section.

Bill 105 also proposes amendments to several labour and employment statutes, including the [Employment Standards Act, 2000](#) (ESA) and [Occupational Health and Safety Act](#) (OHSA). The amendments to the ESA would prohibit employers from requiring employees to pay for uniforms or other prescribed items except

in limited circumstances and establish new rules relating to the inspection of complaints. The amendments to the OHSA would permit the Chief Prevention Officer to collect personal information about workers' exposure to a physical, chemical or biological agent for the purpose of developing and maintaining a worker occupational exposure registry.

These amendments, with the exception of the uniform-related amendments under the ESA, would come into effect upon Bill 105 receiving Royal Assent. The uniform-related amendments would come into effect on January 1, 2027. Bill 105 was ordered for Third Reading and the OHA will continue to monitor for developments with respect to Bill 105 and advise members of any updates.

Bill 119, *Protecting Ontario's Streets and Communities Act, 2026*

On May 7, 2026, the provincial government [announced](#) its intention to introduce a legislative package that would amend the [Police Record Checks Reform Act, 2015](#), with the goal of reducing wait times for police record checks for people working or volunteering with vulnerable populations such as children, seniors and people with disabilities.

Following this announcement, [Bill 119, *Protecting Ontario's Streets and Communities Act, 2026*](#), was introduced on May 25, 2026, and is currently being considered by the Standing Committee on Justice Policy. Bill 119 proposes amendments to several statutes aimed at strengthening public safety, supporting victims of crime, and enhancing law enforcement tools.

Among the proposed changes are amendments to the [Police Record Checks Reform Act, 2015](#) that would allow designated police services to support periods of high demand by processing vulnerable sector checks for applicants who live outside their jurisdiction. This added flexibility is expected to reduce delays for applicants and improve overall efficiency. The provincial government has indicated that implementation of these changes would involve coordination with federal partners, including the Royal Canadian Mounted Police and Public Safety Canada, to provide designated police services with access to federal databases.

These amendments would come into force following the passage of Bill 119, on a date to be proclaimed by the Lieutenant Governor in Council. The OHA will continue to monitor developments related to Bill 119 and will provide updates to members as they become available.

Bill C-5, *Connected Care for Canadians Act*

On February 4, 2026, the federal government re-introduced Bill C-72, now [Bill S-5, *Connected Care for Canadians Act*](#), which seeks to enable timely and secure access to health information by patients and their health care providers. If passed, Bill S-5 would require health information technology vendors to ensure their systems are interoperable, enabling users to securely access, use and exchange electronic health information across other health information technologies. To be considered interoperable under the Bill, health information technology must also meet any standards, specifications or other requirements provided for in

regulation. Additionally, Bill S-5 would prohibit “data blocking,” as defined in the Bill, by a health information technology vendor.

Notably, Bill S-5 would only become applicable in a province or territory if an order is made by the federal Governor in Council. When considering such an order, the Governor in Council is to be satisfied, based on criteria set out in regulation, that the province or territory does not have requirements that are substantially similar to or exceed those established under the Bill. For more information on Bill S-5, please see the government’s [news release](#). The OHA will continue to monitor developments with respect to Bill S-5, which is currently at Second Reading in the House of Commons.

The OHA is also tracking several private member bills (PMBs), which are more peripherally impactful. Below is a summary of the ones that may be most impactful to hospitals.

Provincial Private Member Bills:

Bill 4, Peter Kormos Memorial Act (Saving Organs to Save Lives), 2025

On April 16, 2025, [Bill 4, Peter Kormos Memorial Act \(Saving Organs to Save Lives\), 2025](#) was introduced and ordered for Second Reading. The Bill proposes switching the organ and tissue donation framework from one that requires consent to an opt-out framework. Notably, similar PMBs have been introduced several times in recent years and were unsuccessful in making it through the legislative process.

Bill 44, Healthcare Staffing Agencies Act, 2025

On June 3, 2025, [Bill 44, Healthcare Staffing Agencies Act, 2025](#) was introduced and has been ordered for Second Reading. For context, an identical PMB ([Bill 144](#)) was introduced in October 2023, stalled after completing First Reading, and was terminated when the provincial election was called.

If passed, the Bill would require hospitals and long-term care (LTC) homes located in municipalities with a population of 8,000 or more, to develop a plan to limit their spending on health care staffing agencies in accordance with a specified timeline. The Bill also provides that agencies must not poach employees from hospitals or LTC homes and must not pay workers assigned to hospitals or LTC homes more than 10 per cent above the existing rate paid in the hospital or LTC for the relevant profession. Finally, the Bill would require new health care staffing agencies to operate as a not-for-profit organization and would set additional oversight for agencies receiving more than \$400,000 in government funding.

Bill 69, Respecting Workers in Health Care and in Related Fields Act, 2025

On November 18, 2025, [Bill 69, Respecting Workers in Health Care and in Related Fields Act, 2025](#) was introduced and ordered for Second Reading. The Bill is identical to a PMB ([Bill 76](#)) that was introduced in March 2023 and terminated when the provincial election was called.

The Bill directs the Minister of Labour, Immigration, Training and Skills Development to improve working conditions for personal support workers (PSWs), homemakers, and certain health care staff by mandating minimum employment standards, such as requiring at least 70 per cent of individuals in hospitals, LTC homes, and home care agencies to be permanent full-time, and enhancing wages and benefits for PSWs and homemakers.

Bill 77, Speaking Out About, and Reporting On, Workplace Violence and Harassment Act, 2025

On November 25, 2025, [Bill 77, Speaking Out About, and Reporting on Workplace Harassment Act, 2025](#) was introduced and ordered for Second Reading. The Bill proposes amendments to the [Occupational Health and Safety Act](#), to strengthen protections for workers who speak about workplace violence and harassment. Several comparable PMBs have been brought forward in recent years, but none have successfully progressed through the full legislative process.

Specifically, it expands anti-reprisal provisions to prohibit any adverse employment action against workers who report or disclose incidents of workplace violence or harassment, participate in investigations, or provide information to the public. Additionally, the Bill would require hospitals and long-term care homes to publicly report, at least monthly on their websites, the number of incidents of workplace violence and harassment occurring in the previous month.

Bill 115, *Black Health Equity Act, 2026*

On May 5, 2026, [Bill 115, *Black Health Equity Act, 2026*](#) was introduced and ordered for Second Reading. If passed, the Bill would require hospitals to develop and implement a plan that includes the creation of a Black-led Patient Advocacy and Protection Unit for the hospital and a process for race-based data collection across all care environments and public reporting of this data.

Additionally, it would impose several new requirements for the Ministry of Health (Ministry) that would impact hospitals, including:

- Developing a Black Health Equity Framework that includes annual racial equity audits of all publicly funded health institutions, clear institutional benchmarks for racial equity and enforceable accountability measures for institutions that fail to meet these benchmarks
- Establishing a Black Health Equity Inspectorate that investigates and intervenes in institutions exhibiting racial harm, monitors compliance with Bill 115, imposes funding consequences for non-compliance, and reports its findings to the Ministry

Federal Private Member Bills:

[Bill S-231, *An Act to amend the Criminal Code \(medical assistance in dying\)*](#)

On June 12, 2025, [Bill S-231, *An Act to amend the Criminal Code \(medical assistance in dying\)*](#) was introduced in the Senate and is currently at Second Reading in the Senate. This Bill seeks to permit advance requests for medical assistance in dying (MAID). An advance request for MAID is made by an individual who still has the capacity to make decisions with the intention that MAID will be provided in the future after the individual has lost the capacity to consent. Currently, advance requests for MAID are not allowed in Canada as the Criminal Code requires a person to have the capacity to consent to receive MAID immediately before it is provided. The federal government conducted a national consultation on advance requests for MAID and Health Canada published a [report](#) in October 2025 that summarized the feedback provided throughout the consultation process.

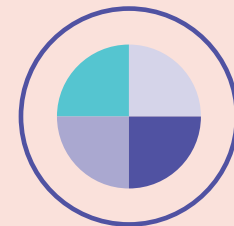
[Bill C-218, *An Act to amend the Criminal Code \(medical assistance in dying\)*](#)

On June 20, 2025, [Bill C-218, *An Act to amend the Criminal Code \(medical assistance in dying\)*](#) was introduced in the House of Commons, where it is currently at Second Reading. If passed, Bill C-218 would provide that a mental disorder is not a grievous and irremediable medical condition for which a person could

receive medical assistance in dying (MAID). MAID, for those with a mental disorder as their sole underlying medical condition, is currently not permitted in Canada. However, it is scheduled to become legal on March 17, 2027. Bill C-218 seeks to prevent this legalization from occurring.

[Bill S-233, *An Act to amend the Criminal Code \(assault against persons who provide health services and first responders\)*](#)

On September 23, 2025, [Bill S-233, *An Act to amend the Criminal Code \(assault against persons who provide health services and first responders\)*](#) was introduced in the Senate. It has completed its Second Reading in the House of Commons and has been referred to the Standing Committee on Justice and Human Rights. Bill S-233 would require a court to consider an assault on an individual who is a health care worker or first responder to be an aggravating circumstance for the purposes of sentencing.





Regulatory and Policy Updates

The following items focus on amendments made to regulations that have recently come into effect.

Enhancing Digital Security and Trust Act, 2024 – Cyber Security Regulation

As discussed in the [Submissions](#) section, a cyber security regulation under the *Enhancing Digital Security and Trust Act, 2024* (EDSTA) was proposed in December 2025. On March 23, 2026, the [cyber security regulation](#) was filed and came into effect on July 1, 2026. The regulation applies to a number of public sector entities, including public hospitals, however, only [hospitals classified as Group A, B or C](#) are subject to its requirements. All other groups of hospitals will not be impacted.

The key new requirements under the regulation include:

- Designating a primary point of contact (and an alternate) that will be responsible for communicating with the Ministry of Public and Business Service Delivery and Procurement (Ministry) regarding cyber security matters
- Completing a cyber security maturity assessment every two years and submitting a summary of each assessment to the Ministry
- Reporting “critical cyber security incidents” (as defined in the regulation) to the Ministry within 72 hours of confirming an incident has occurred

The Ministry has published [implementation guidance](#) for the regulation and additional cyber security guidance, tools, and other resources can be found on the government’s [Cyber Security Ontario](#) website. The OHA has also developed a [backgrounder](#) for more information.

Buy Ontario Procurement Directive

As discussed in the Submissions section, the Ministry of Public and Business Service Delivery and Procurement recently consulted on new directives under the *Buy Ontario Act (Public Sector Procurement), 2025* (BOA) that would require public sector

entities to give preference to Ontario-made goods and services when procuring:

- Major goods and services in capital infrastructure and construction projects
- Light duty fleet vehicles

On April 13, 2026, a new [Buy Ontario Procurement Directive](#) (Directive) came into effect. The Directive consolidates all Buy Ontario-type frameworks into a single directive, which consists of the new frameworks for capital infrastructure projects and fleet vehicles, as well as the Procurement Restriction Policy (U.S. Businesses) and Building Ontario Businesses Initiative (BOBI). An [updated BPS Procurement Directive](#) also came into effect on April 13, 2026, which includes adjusted monetary thresholds and other minor amendments to ensure alignment with the new Directive.

Additional resources, including guidance, FAQs, and information sessions, can be found on Supply Ontario’s [Buy Ontario website](#).

Pharmacy Scope of Practice Expansion

In October 2025, the Ministry of Health and the Ontario College of Pharmacists (OCP) released a [regulatory proposal](#) to expand pharmacists’ scope of practice, including authorizing community-based pharmacists to assess and prescribe for 14 additional minor ailments.

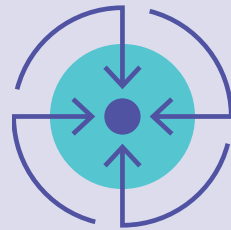
On May 11, 2026, [Ontario Regulation 133/26](#) was filed under the [Pharmacy Act, 1991](#), amending O. Reg. 256/24 (*General*). The regulation expands pharmacy scope of practice by authorizing certain pharmacy technicians to administer vaccines by injection (subject to requirements), updating age thresholds for vaccine administration, and broadening the list of vaccines that may be administered in pharmacies to include tetanus, diphtheria, and pertussis. It also expands the range of minor ailments and associated drugs that pharmacists may treat and prescribe.

Most provisions of the regulation come into force on July 1, 2026, while amendments expanding the list of authorized vaccines came into force on May 11, 2026.

Nurse Practitioner Classification

Effective July 1, 2026, the existing regulatory requirements for certificate categories (Primary Health Care, Adult and Pediatric) for registered nurse practitioners (NP) will be removed. On November 27, 2025, [Ontario Regulation 271/25](#) was filed under the [Nursing Act, 1991](#), amending [O. Reg. 275/94 \(General\)](#) and as of July 1, establishes a single NP classification.

The change is intended to provide NPs and health care employers with greater flexibility to deliver care across patient populations, supporting improved access to health care services.



Regulatory Monitoring

The following items set out recent regulatory proposals posted by the provincial government. These proposals are not finalized or currently in effect. The OHA is monitoring for developments on these proposals, which will be communicated to members once finalized.

International Medical Graduate Residency

A [regulatory proposal](#) was posted on April 22, 2026, which provides that, in certain circumstances, an international medical graduate (IMG) may be admitted to a position in an Ontario medical residency program during the first iteration of the CaRMS process.

The proposed circumstances are that funding for the position must be provided by the Government of Ontario and that the IMG has one of the following connections to Ontario:

- They attended an Ontario secondary school program on a full-time basis for at least two years
- They attended an in-person degree program on a full-time basis at an Ontario university for at least two years

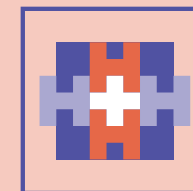
- They resided in Ontario for at least 24 consecutive weeks during the period from January 1 of the year before they submit their residency application to the date of submission

The proposal relates to [Bill 105, *Protecting Ontario's Workers and Economic Resilience Act, 2026*](#), which is discussed in more detail in the [Legislative Monitoring](#) section. The OHA will continue to monitor for developments with respect to this regulatory proposal and Bill 105 and advise members of any updates.

Pharmacy – Lab Tests and Point-of-Care Tests (POCTs)

As mentioned in the [Regulatory and Policy Updates](#) section, the Ministry of Health (Ministry) and the Ontario College of Pharmacists (OCP) released a regulatory proposal to expand pharmacists' scope of practice in October 2025. Following the initial proposal consultation, in April 2026, the OCP recommended that laboratory tests be completed for fungal nail infections and sore throat, and that point-of-care tests (POCTs) be completed for sore throat. Subsequently, the Ministry posted a [new regulatory proposal](#) to amend [Ontario Regulation 45/22](#) under the *Laboratory and Specimen Collection Act* (LSCCLA) and [Regulation 552](#) under the *Health Insurance Act* (HIA) to give effect to these recommendations.

If approved, these proposed amendments would allow pharmacists in community-based settings to requisition laboratory tests (throat swab culture and nail cultures), perform POCTs (rapid strep test), and collect specimens for the 14 minor ailments. They would also enable pharmacists to order OHIP-insured laboratory tests, which they currently cannot under the HIA.





Resources and Guidance

A Guide to Hospital Statutory Compliance

Ontario’s public hospitals are navigating an increasingly complex legal landscape. In spring 2024, the OHA, in consultation with Borden Ladner Gervais LLP, revamped the former Understanding Your Legal Accountabilities Toolkit into a more comprehensive and up-to-date resource, now titled [A Guide to Hospital Statutory Compliance](#) (Guide).

A new [Director Liability](#) summary has been added to supplement the Guide. This table helps hospitals quickly identify the legislation that may impose personal liability on directors, the maximum potential penalties directors may face, and where administrative monetary penalties (AMPs) may be issued.

To help hospitals maintain their legal obligations, the following table shows upcoming recurring and annual reporting dates.

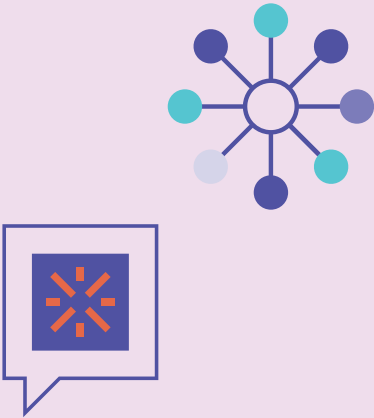
Upcoming Key Dates	
August 31, 2026	Post Attestation of Compliance (<i>Broader Public Sector Accountability Act, 2010</i>)
September 30, 2026	Post Hospital Business Plans (<i>Broader Public Sector Accountability Act, 2010</i>)
	File Corporate Information Annual Return (<i>Broader Public Sector Accountability Act, 2010</i>)
	File Registered Charity Information Return ¹ (<i>Income Tax Act</i>)



1 The Registered Charity Information Return is only required for hospitals that are registered charities.

The following table summarizes the recent updates made to the Compliance Guide since the last Compliance Compass was released.

Compliance Guide Updates		
Legislation	Sections Updated	Date of Update
<i>Accessibility for Ontarians with Disabilities Act, 2005</i>	• Additional Resources	March 2026
<i>Buy Ontario Act (Public Sector Procurement), 2025</i>	• Overview • Who does the BOA apply to • Key Requirements • Compliance Deadlines • Director Liability • Additional Resources	April 2026
<i>Enhancing Digital Security and Trust Act, 2024</i>	• Overview • Who does the EDSTA apply to • Key Requirements • Compliance Deadlines • Director Liability • Additional Resources	April 2026
<i>Freedom of Information and Protection of Privacy Act</i>	• Who does FIPPA apply to • Key Requirements • Compliance Deadlines	July 2026



Managing Transitions – A Guidance Document (Third Edition)

On March 13, 2026, the OHA published the third edition of *Managing Transitions: A Guidance Document*, which was developed in consultation with Borden Ladner Gervaise LLP as well as hospitals, Ontario Health, and Ontario Health atHome.

Managing patient transitions across Ontario's health care system remains a critical challenge. Since the previous edition, there have been significant legislative and system changes impacting discharge planning, alternate level of care (ALC), long-term care (LTC) admissions, and the coordination of home and community care services.

Key updates in the new edition include:

- Clarification of recent legislative amendments impacting discharge planning and related to LTC
- Updated guidance on the roles and responsibilities of hospitals, Ontario Health atHome, and community partners
- Expanded discussion of consent, capacity, and substitute decision-making
- Practical information on co-payments and daily rate charges for uninsured services
- Best practices and tools for managing complex and contested discharges

A supplementary [flow chart resource](#) provides additional step-by-step guidance with respect to LTC placement from hospital.



Contact Us

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