

Compliance Compass: Legal and Regulatory Highlights for Hospitals

February 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 July 2025 and January 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.



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Submissions

Integrated Community Health Services Centres – Orthopedic Surgery

As a reminder, the first two phases of ICHSC licensing were with respect to MRI/CT services and GI endoscopy services. In June 2025, the Ministry of Health (Ministry) announced the issuance of 35 licences for new MRI and CT scan centres and 22 licences for new GI endoscopy centres.

On July 2, 2025, the Ministry issued a new call for applications for orthopedic surgery integrated community health services centres (ICHSCs). As with the previous calls for ICHSC licences, the application did not allow for an orthopedic surgery ICHSC to be located at or within the same building, premises, or place where a public hospital site is operated under the *Public Hospitals Act*.

On August 27, 2025, the OHA made a [submission](#) to the Ministry on behalf of its member hospitals with respect to the expansion of the ICHSC framework to orthopedic surgery. The submission provided recommendations relating to the alignment of ICHSC expansion

with existing hospital roles and expertise, formal partnerships with hospitals, labour implications, the patient pathway (including pre- and post-operative care), and ICHSC evaluation and ongoing accountability.

On December 8, 2025, the Ministry announced the issuance of four new orthopedic surgery ICHSC licences.

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

On November 25, 2025, [Bill 75, *Keeping Criminals Behind Bars Act, 2025*](#), an omnibus public safety bill, was introduced, proposing amendments across several statutes. Although many amendments focus on policing, correctional operations, and road safety, portions of Bill 75 could directly affect hospitals. A central component of Bill 75 is the amendments to the *Animals for Research Act* (ARA) to restrict invasive medical research on dogs and cats, subject to exception processes outlined in the Bill and to be further developed through regulation.

Additionally, the Ministry of Agriculture, Food and Agribusiness launched a 45-day [consultation](#) for proposed regulations under the ARA. This consultation recently closed for comment.

In anticipation of these changes, the OHA, in collaboration with member hospitals, academic and industry partners, prepared

submissions to both the Ministry of Agriculture, Food and Agribusiness and the Ministry of Colleges, Universities, Research Excellence and Security. These submissions emphasized the essential role of animal research in medical innovation, the need for clear definitions and safeguards, and the importance of maintaining Ontario’s competitiveness and patient care standards. Following the introduction of Bill 75 and the regulatory consultation, the OHA provided a [follow-up submission](#) highlighting the risks of an outright ban on dog-based and cat-based studies, emphasizing the necessity of allowing research essential to “vital health care purpose[s],” and recommending targeted legislative and regulatory amendments to protect human life-saving research and prevent negative impacts on Ontario’s life sciences sector.

Scope of Practice Expansion

On September 17, 2025, the Ministry of Health (Ministry) announced consultations on proposed expansions to the scope of practice for a wide range of regulated health professionals, including psychologists, physiotherapists, chiropractors, speech-language pathologists, and optometrists.

The proposed changes include:

- Granting psychologists with specialized training and education the authority to prescribe certain medications for the management and treatment of mental health conditions and addictions, and to order and interpret select diagnostic tests.

- Granting several regulated health professionals the authority to order and perform certain diagnostic imaging procedures, such as x-rays, MRIs and CTs.
- Granting optometrists the authority to perform minor surgical procedures in the office under local anesthesia, use laser therapy to manage cataracts and glaucoma, order diagnostic tests, and independently treat open-angle glaucoma without having to refer patients to a physician.

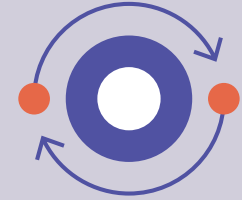
Based on feedback received from the OHA's Physician Leadership Committee, the OHA made a [submission](#) to the Ministry on November 3, 2025. The submission acknowledged that expanding scopes of practice has the potential to ease pressures on hospitals and provide more timely and accessible care. However, it also emphasized that any expansion must be clearly defined, evidence-informed, and safeguarded to avoid inappropriate use, patient safety risks, and unnecessary costs to the health care system.



Bill 14, *Support for Seniors and Caregivers Act, 2025*

On May 8, 2025, [Bill 14, *Support for Seniors and Caregivers Act, 2025*](#), was re-introduced and is currently at Second Reading. Previously known as Bill 235, this Bill amends the *Fixing Long-Term Care Act, 2021* (FLTCA), and the *Retirement Homes Act*. The changes include requiring a dementia care program and a program addressing cultural, linguistic, religious, and spiritual needs. The Bill also introduces new penalties for individuals found guilty of abusing or neglecting residents and removes the differential penalties for directors and officers of not-for-profit homes. Lastly, the Bill proposes renaming the role of Medical Director to Clinical Director and opening the position to both physicians and registered nurses in the extended class.

The OHA prepared a [submission](#) in response to Bill 14, supporting the inclusion of extended-class nurses in the Clinical Director role, while providing constructive feedback on the new offence and penalty provisions. Specifically, the submission outlines concerns regarding the proposed new general and individual offences for neglect and abuse under the FLTCA, emphasizing risks of punitive enforcement, definitional ambiguity, and potential negative impacts on governance, workforce stability, and director liability.



Legislative Updates

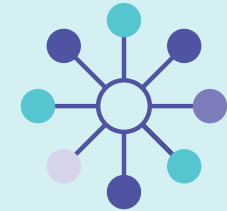
Working for Worker Amendments (Bill 149, *Working for Workers Four Act*, Bill 190, *Working for Workers Five Act* and Bill 30, *Working for Workers Seven Act*)

As a reminder, the Ontario government has introduced a series of bills titled *Working for Workers*. This series of legislative reforms aims to enhance workplace protections and modernize employment standards. These changes have direct implications for hospitals, particularly in HR compliance, recruitment practices, and occupational safety obligations.

In summer 2025, the OHA released a [backgrounder](#) summarizing key obligations for hospitals under the *Working for Workers Acts* three through six. This resource provided a clear compliance

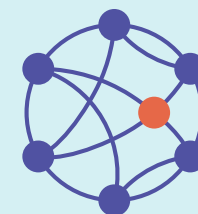
snapshot of key dates and obligations under the *Employment Standards Act, 2000* (ESA) and the *Occupational Health and Safety Act* (OHSA) that came into force after June 2025.

On May 28, 2025, [Bill 30, *Working for Workers Seven Act, 2025*](#), the latest iteration in the *Working for Workers* series, was introduced and received Royal Assent on November 27, 2025. This omnibus bill would introduce new obligations under several employment and labour acts, including the ESA, the OHSA, and the *Workplace Safety and Insurance Act, 1997* (WSIA).



The following table outlines the updates from the *Working for Workers* series that are now in force.

Recently Enforced Working for Workers Provisions			
Date	Statute	Requirement	Commentary
November 27, 2025	<i>Employment Standards Act, 2000</i> (ESA)	Job-seeking leave for mass terminations (50 or more employees)	Employees who receive notice of a mass termination are now entitled to up to three days of unpaid leave for job search activities, provided they give at least three days' notice, where possible.
		Extended layoff provisions for non-unionized employees	Hospitals may now extend temporary layoffs beyond standard limits if there is a written agreement and the Director of Employment Standards' approval, but the layoff cannot exceed 52 weeks in any 78-week period. Extended layoff agreements must be retained for three years.
	<i>Occupational Health and Safety Act</i> (OHSA)	New Administrative Monetary Penalty (AMPs) Scheme	Inspectors are now authorized to issue AMPs for violations under OHSA or its regulations, or for failing to comply with orders. Specific penalty amounts will be set by regulation.
January 1, 2026	ESA	Administrative penalties for wage record violations, false statements and unpaid premiums	Hospitals may be fined up to \$750,000 per conviction for multiple counts in one proceeding, and new offences have been created for failing to pay premiums when due. Additionally, employers are now prohibited from making false or misleading statements to the WSIB.
		Job Posting Requirements	Hospitals must include expected compensation or a range (not exceeding \$50,000) in publicly advertised job postings, unless the top end exceeds \$200,000, in which case disclosure is exempt. Job postings must not require Canadian experience, must disclose any use of AI in applicant screening, and must indicate if the posting is for an existing vacancy.
	Retention Periods	Hospitals must retain job postings, applications, and interview information for three years from the date they are removed or provided.	
	OHSA	Washroom Cleaning Records	Hospitals must record the date and time of the last two cleanings for each washroom facility and post this information, either physically or electronically with clear access instructions.



Bill 56, *Building a More Competitive Economy Act, 2025*

On October 20, 2025, [Bill 56, *Building a More Competitive Economy Act, 2025*](#), was introduced and it received Royal Assent on November 3, 2025. The key health-related impacts of Bill 56 are the expansion of the “As of Right” framework for health professionals and the creation of an automatic recognition framework for prescribed health professionals, both of which came into effect on January 1, 2026. The “As of Right” framework, which enables certain out-of-province health professionals to practice in Ontario without first completing their registration with an Ontario regulatory college, previously only applied to Canadian-licensed physicians, nurses, respiratory therapists, and medical laboratory technologists, as well as American-licensed physicians and nurses. The expanded framework now includes the following 16 additional health professions: audiologists/speech-language pathologists, chiropractors, dental hygienists, dental technologists, dentists, denturists, dietitians, medical radiation and imaging technologists, midwives, occupational therapists, opticians, optometrists, pharmacists/pharmacy technicians, physician assistants, physiotherapists, and psychologists. The requirements for the newly added professions to participate in the “As of Right” framework are the same as the requirements for the original four professions.

Bill 56 also amended the *Regulated Health Professions Act, 1991*, to create an automatic recognition framework for prescribed health professionals in good standing in other provinces and territories, which requires a certificate of registration to be issued for such applicants within two business days. Currently, the only

prescribed health professions under this framework are physicians and nurses. Out-of-province physicians and nurses who apply for a certificate of practice after January 1, 2026 will no longer participate in the “As of Right” framework and will instead be registered pursuant to the automatic recognition framework. However, American-licensed physicians and nurses will continue to participate in the “As of Right” framework. Bill 56 also prohibits a regulatory college from requiring automatic recognition applicants to complete additional training or assessments and imposing any requirements that are more onerous than those set out for applicants that do not hold an out-of-province licence.

For more information about these changes, see the recent changes section of the [Overview of Hospital-Based Health Professions in Ontario](#).

Bill 72, *Buy Ontario Act, 2025*

On November 20, 2025, the provincial government introduced [Bill 72, *Buy Ontario Act, 2025*](#), and it received Royal Assent on December 11, 2025. Bill 72 enacts the *Buy Ontario Act (Public Sector Procurement), 2025*, which authorizes the Management Board of Cabinet to issue directives requiring public sector entities, including hospitals, to comply with specified procurement policies, procedures, and/or standards.

These directives may require public sector entities to:

- Prioritize Ontario-made goods and Ontario-based services first, and Canadian ones second, when buying on the public’s behalf.

- Follow specific procedures on how to apply this preference in contracts, including through subcontractors.
- Meet reporting, vendor performance, and compliance requirements.
- Use enforcement tools such as holdbacks, penalties, fines, performance management, or even barring vendors from future procurement.
- Apply exemptions that are set out in a directive.

Bill 72 additionally sets out certain enforcement mechanisms, including compliance reviews of public sector entities and withholding funds from public sector entities that fail to comply with any requirements imposed by Bill 72 or the directives issued under it.

Notably, while Bill 72 came into effect immediately upon receiving Royal Assent, the Bill will not have any impact on public sector entities until new directives are issued. Bill 72 will also repeal the *Building Ontario Businesses Initiative Act, 2022* (BOBIA), however, this did not automatically occur upon the Bill receiving Royal Assent and will instead occur on a day to be named by order of the Lieutenant Governor in Council.

More information on Bill 72 can be found in the OHA’s [Frequently Asked Questions](#) document.



Legislative Monitoring

The OHA is monitoring two government bills, *Bill 14, Support for Seniors and Caregivers Act, 2025* and *Bill 75, Keeping Criminals Behind Bars Act, 2025*, which are discussed in more detail in the Submissions section above. 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 19, Patient-to-Nurse Ratios for Hospitals Act, 2025

On May 13, 2025, *Bill 19, Patient-to-Nurse Ratios for Hospitals Act, 2025* was introduced. This Bill, which has been ordered for Second Reading, is identical to a PMB (*Bill 192*) that was introduced in May 2024 and was defeated at Second Reading. Bill 19, if passed, would amend the *Health Protection and Promotion Act* by adding a new section that sets out maximum patient-to-nurse ratios to be enforced by the Ministry of Health.

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.

The Bill, if passed, 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% 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.

The Bill directs the Minister of Labour, Immigration, Training and Skills Development to improve working conditions for personal support workers, homemakers, and certain health care staff by mandating minimum employment standards, such as requiring at least 70% 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.

Federal Private Member Bills:

Bill S-231, An Act to amend the Criminal Code (medical assistance in dying)

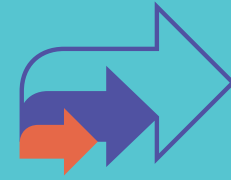
On June 12, 2025, *Bill S-231, An Act to amend the Criminal Code (medical assistance in dying)* was introduced in the Senate and it is currently at Second Reading in the Senate. This Bill seeks to permit advance requests for medical assistance in dying (MAID). An advance request for MAID is made by an 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 currently is at Second Reading. Bill C-218, if passed, 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 readings in the Senate and is currently at Second Reading in the House of Commons. 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 Updates

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

As of Right Expansion and Automatic Recognition

As discussed in more detail in the Legislative Updates section, *Bill 56, Building a More Competitive Economy Act, 2025* expanded the “As of Right” framework for health professionals and created an automatic recognition framework for prescribed health professions, both of which came into effect on January 1, 2026. The requirements that each new profession must comply with to participate in the “As of Right” framework are set out in regulation under the respective profession-specific legislation.

To ensure professionals practicing under either of these frameworks can work to their full scope of practice, technical amendments were made to a number of regulations, including those under: the *Public Hospitals Act, Regulated Health Professions Act, 1991, Health Insurance Act, Commitment to the Future of Medicare Act, 2004, Fixing Long-Term Care Act, 2021, Laboratory and*

Specimen “ Collection Centre Licensing Act, Healing Arts Radiation Protection Act, Integrated Community Health Services Centres Act, 2023, Health Protection and Promotion Act, and Drug and Pharmacies Regulation Act.

Personal Health Information Protection Act, 2004 – Expanding Access to the Provincial Electronic Health Record

On June 5, 2025, Bill 11, *More Convenient Care Act, 2025* received Royal Assent. Among other things, Bill 11 amended the *Personal Health Information Protection Act, 2004* (PHIPA) to modernize and expand access to the provincial Electronic Health Record (EHR). On January 1, 2026, amendments to Ontario Regulation 329/04 (General) under PHIPA came into effect, which are intended to support the PHIPA amendments made pursuant to Bill 11 that came into effect on the same day.

Specifically, the regulatory amendments support the new digital health identifier (DHI) components of PHIPA by enabling Ontario Health (OH) to operate, support and provide activities related to DHIs and DHI records. DHIs are the mechanism used to enable individuals to access their personal health information (PHI) contained in the provincial EHR. The EHR is a secure lifetime record of a patient's health history that is managed by OH and used by health care providers to make clinical decisions and support integrated care.

Additionally, the regulatory amendments support PHIPA provisions, allowing access to specific PHI in the provincial EHR, including access to PHI in specified repositories as well as certain audit records kept by OH. Finally, the regulatory amendments require that health information custodians (HICs) who provide PHI to the EHR be notified by OH when OH may provide access to such PHI. If the HIC does not identify an exception (as set out in s.52(1) of PHIPA), OH will provide access to the PHI.

Laboratory and Specimen Collection Regulatory Amendments: Midwifery Scope of Practice and Prenatal/Newborn Screening

On December 15, 2025, Ontario Regulation 45/22 (General) under the *Laboratory and Specimen Collection Centre Licensing Act* was amended to expand the scope of midwives (including Indigenous midwives) and to make changes to the provincial prenatal and newborn screening programs.

The amendments are outlined as follows:

- Add 29 tests to the list of tests that midwives and Indigenous midwives may order.
- Allow midwives and Indigenous midwives to perform five point of care tests.
- Add a new test (X-ALD) to the newborn screening program.

- Add three new tests (Fetal Blood Group Genotyping, Fetal RHD and first trimester preeclampsia biomarker) under the prenatal screening program.
- Update provisions to allow Children’s Hospital of Eastern Ontario to contract with labs for newborn screening.

These amendments came into effect immediately.

New Immunization Authority for Midwives

As of October 31, 2025, the Respiratory Syncytial Virus (RSV) monoclonal antibody has been added to the list of drugs and substances that midwives are now authorized to prescribe and administer pursuant to Ontario Regulation 188/24 (Designated Drugs and Substances) under the *Midwifery Act, 1991*.

French-Language Health Planning Centre

In August 2025, the Ministry of Health (Ministry) proposed to designate the French Language Health Planning Centre (Centre de planification des services de santé) as the only French-language health planning entity under the *Connecting Care Act, 2019*. This regulatory proposal amended Ontario Regulation 211/21 (Engagement with the Francophone Community under Section 44 of the Act) and came into effect on September 1, 2025.

The Centre was co-designed and jointly created by Hôpital Montfort and l’Assemblée de la francophonie de l’Ontario (AFO)

and replaces six existing French-language entities that were completing the work. The Centre serves as the central point of contact between Ontario Health (OH), the Ministry and the Francophone communities. Its responsibilities include identifying community priorities, providing targeted advice to OH, and strengthening capacity in French-language health services through data-informed planning and collaboration.

French Language Services Act – Designation of Public Service Agencies

The *French Language Services Act* (FLSA) provides individuals with certain rights to receive services in French from the Government of Ontario and designated public service agencies and sets out rules for the provision of French services. On January 1, 2026, Ontario Regulation 398/93 (Designation of Public Service Agencies) under the FLSA was amended to update the list of entities that must provide services in French. The specific changes to the Regulation, including which entities were added and removed, as well as the changes to the specific services that certain entities must provide in French, can be found on [e-laws](#).

Registration Amendments Related to Physician Foreign Worker Stream

As of January 1, 2026, amendments to the Ontario Regulation 422/17 (General) under the *Medicine Act, 1991* updated registration exemptions, allowing U.S. physicians holding the equivalent

of independent practice credentials, and Canadian physicians holding the equivalent of a physician assistant certificates to qualify, instead of using the previous broader equivalency standard. These changes narrow and clarify eligibility to better align with Ontario’s new registration pathways under the *Ontario Immigration Act, 2015* regulations, and ensure that exempted individuals meet the province’s updated practice expectations. For more information, see the [2026 Ontario Immigrant Nominee Program Updates](#).

Updated Schedules Under the Health Insurance Act

On December 15, 2025, Regulation 552 (General) under the *Health Insurance Act* (HIA) was amended to support the implementation of the following updates to Schedules of Benefits (SOBs) under the HIA:

- SOB for Physician Services – Effective as of April 1, 2025
- SOB for Laboratory Services (dated November 25, 2025) - Effective as of December 15, 2025
- SOB for Laboratory Services (dated November 26, 2025) - Effective as of April 1, 2026

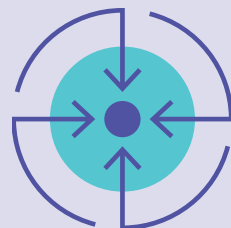
PHIPA Regulatory Amendments Expand Prescribed Person to Include Ontario Health's Chronic Disease Registry

On August 29, 2025, Ontario Regulation 329/04 (General) under the *Personal Health Information Protection Act, 2004* (PHIPA) was amended. The amendments relate to section 13, which lists the prescribed persons to whom personal health information (PHI) may be disclosed for the specific purposes of compiling or maintaining a registry of PHI to facilitate or improve the provision of health care, or for purposes related to the storage or donation of body parts or bodily substances. Effective as of August 29, 2025, Ontario Health was added as a prescribed person with respect to its registry of chronic diseases, and, effective as of October 31, 2026, Ontario Health will be removed as a prescribed person with respect to its registry of cardiac and vascular services and the Ontario Cancer Screening Registry.

Administrative Monetary Penalties under the *Fire Protection and Prevention Act, 1997*

In 2024, amendments to the *Fire Protection and Prevention Act, 1997* (FPPA), established the authority to create a regulatory framework for administrative monetary penalties (AMPs). On June 11, 2025, the provincial government posted a [proposed regulatory framework](#) for AMPs under the FPPA. As of January 1, 2026, the AMP system has come into effect through the Ontario Regulation 260/25.

Under the regulations, municipalities may now choose to use AMPs to address specific FPPA and Fire Code violations detailed in the regulations. AMPs can be issued on their own or alongside other enforcement tools. Additionally, the regulations set the penalty amounts, authorized issuers, and the required review and payment processes.





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.

Enhancing Digital Security and Trust Act, 2024 Cyber Security Regulation

On January 29, 2025, the provisions of Bill 194, *Strengthening Cyber Security and Building Trust in the Public Sector Act, 2024* that enacted the *Enhancing Digital Security and Trust Act, 2024* (EDSTA) came into force. The EDSTA primarily sets out new regulation-making and directive-issuing authority with respect to cyber security in the public sector and the ethical use of artificial intelligence (AI) in the public sector.

On December 9, 2025, the Ministry of Public and Business Service Delivery and Procurement (Ministry) [proposed](#) new cyber security requirements under the EDSTA. The proposed regulation would apply to a number of public sector entities, including public

hospitals, however, only hospitals classified as Group A, B or C, would be subject to the regulation. All other groups of hospitals would not be impacted.

The proposed new requirements include:

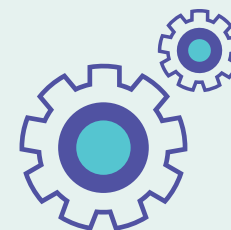
- Designating a primary point of contact (and an alternate) that will be responsible for communicating with the Ministry regarding cyber security matters.
- Completing a cyber security maturity assessment every two years and submitting a summary of each assessment to the Ministry.
- Reporting “critical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

The consultation on the proposed regulations closes on February 9, 2026, and the OHA will be monitoring for further developments. To date, the Ministry has not proposed any AI regulations under the EDSTA.

Health Care Staffing Agency Reporting Act, 2025 Proposed Reporting Framework

On October 20, 2025, the Ministry of Health [proposed](#) a new regulation under the *Health Care Staffing Agency Reporting Act, 2025* (Proposal No. 25-HLTC024), which would require staffing agencies to maintain records and submit annual reports containing aggregate administrative billing information for registered nurses, registered practical nurses, and personal support workers assigned to hospitals and long-term care homes.

For clarity, the required information would be specific to each profession and facility, with administrative billing defined as the dollar amount difference between the amount charged to the hospital or long-term care home and the amount paid to the worker by the agency. This regulatory framework is intended to enhance transparency in agency billing practices, inform policy development, and support efforts to stabilize Ontario’s healthcare workforce. The consultation period for this proposal closed on November 10, 2025.



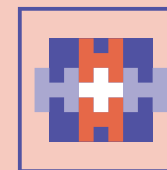
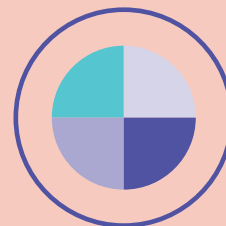
Scope of Practice Expansion

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The proposed changes include:

- **Granting psychologists** with specialized training and education the authority to prescribe certain medications for the management and treatment of mental health conditions and addictions, and order and interpret select diagnostic tests.
- **Granting several regulated health professionals** the authority to order and perform certain diagnostic imaging procedures, such as x-rays, MRIs and CTs.
- **Granting optometrists** the authority to perform minor surgical procedures in the office under local anesthesia, use laser therapy to manage cataracts and glaucoma, order diagnostic tests, and independently treat open-angle glaucoma without having to refer patients to a physician.

These consultations closed on November 3, 2025 and the OHA continues to monitor for developments.



Resources and Guidance

A Guide to Hospital Statutory Compliance (New Version of Accountabilities Toolkit)

Ontario's public hospitals are navigating an increasingly complex legal landscape. Back 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*.

To help hospitals stay on top of their legal obligations, the following table shows upcoming recurring and annual reporting dates.

Upcoming Key Dates	
February 28, 2026	File the Canada Pension Plan Annual Information Return and provide a copy of the Return to employees (<i>Canada Pension Plan</i>)
	File EI Annual Information Return and provide a copy of the Return to employees (<i>Employment Insurance Act</i>)
	File the Income Tax Annual Information Return (<i>Income Tax Act</i>)
March 1, 2026	Submit the Health Privacy Breach Statistical Report (<i>Personal Health Information Protection Act, 2004</i>)
March 6, 2026	Disclose the Public Sector Salary Records to the designated Ministries (<i>Public Sector Salary Disclosure Act, 1996</i>)
March 15, 2026	File the Employer Health Tax (EHT) Annual Return (<i>Employer Health Tax Act</i>)
March 31, 2026	Submit the Annual Statistical Report (<i>Freedom of Information and Protection of Privacy Act</i>)
	Submit the Public Sector Salary Disclosure (<i>Public Sector Salary Disclosure Act, 1996</i>)



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>Broader Public Sector Accountability Act, 2010</i>	<ul style="list-style-type: none"> Additional Resources 	November 2025
<i>Employment Standards Act, 2000</i>	<ul style="list-style-type: none"> Additional Resources 	August 2025
<i>Freedom of Information and Protection of Privacy Act</i>	<ul style="list-style-type: none"> Key Requirements Compliance Deadlines Additional Resources 	August 2025
<i>Occupational Health and Safety Act</i>	<ul style="list-style-type: none"> Additional resources 	August 2025

Bill 72, *Buy Ontario Act, 2025* – Frequently Asked Questions

As discussed in more detail in the Legislative Updates, on December 11, 2025, *Bill 72, Buy Ontario Act, 2025* received Royal Assent. Bill 72 enacts the *Buy Ontario Act (Public Sector Procurement), 2025*, which authorizes the Management Board of Cabinet to issue directives requiring public sector entities, including hospitals, to comply with specified procurement policies, procedures, and/or standards.

To assist members in understanding how Bill 72 will impact them, the OHA developed a [Frequently Asked Questions \(FAQ\)](#) resource. The FAQ addresses questions relating to who the Bill applies to, what requirements may be set out in new directives, enforcement mechanisms, and how Bill 72 relates to, or impacts, other procurement obligations.



Contact Us

For more details or questions, please contact a member of the OHA team for more information:

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