

LEGISLATIVE UPDATE

September 2024

OHA Spring and Summer Legislative and Regulatory Summary

Between spring and summer 2024, the Ontario Hospital Association (OHA) was engaged in a wide range of legislative and regulatory areas as further outlined in this Legislative and Regulatory Summary.

OHA Submissions

Bill 60, *Integrated Community Health Services Centre Act, 2023*

Since early 2023, the OHA has been actively engaged in advocacy on the government's development of a new framework for community surgical and diagnostic centres, now referred to as ICHSCs. On September 25, 2023, the *Integrated Community Health Services Centres Act, 2023* (ICHSCA) came into effect, replacing the *Independent Health Facilities Act*, and setting out the licensing, funding, operations, and oversight for ICHSCs.

The Ministry of Health (MOH) has recently begun the process for issuing ICHSC licences under the new framework. The first call for applications, which was for MRI and CT services, was issued on June 3, 2024 and closed on August 12, 2024. At the time of writing, licence applications for MRI and CT services were being evaluated by the MOH and the MOH has indicated new licences will be issued in Fall 2024. The second call for applications, which is for GI endoscopy services, was issued on August 26, 2024 with a submission deadline of November 4, 2024. New GI endoscopy licences are expected to be issued in Winter 2025. The third announced call for applications will be for orthopaedic services and is anticipated to be launched in Fall 2024.

On July 10, 2024, the OHA submitted a [letter](#)¹ to the MOH on the ICHSC process. The letter expressed the OHA's concerns around the significant location-based restrictions that have been placed on hospitals' ability to apply for an ICHSC licence; and the extent to which these restrictions prevent hospitals from fully utilizing existing MRI and CT capacity in the hospital system. Additionally, the OHA re-articulated several concerns that have been raised in previous advocacy efforts, but have not yet been satisfactorily addressed by the MOH. These concerns include the need for a coordinated plan for managing health human resources (HHR), maintaining appropriate funding for hospital services that are also provided by ICHSCs, and broader accountability, transparency and quality assurance processes for ICHSCs.

Important Dates to Remember

GI Endoscopy Call for Applications Submission Deadline: **November 4, 2024**

¹ Please note this letter is password protected. If you do not have an OHA login, please contact info@oha.com for support.

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Bill 194, *Strengthening Cyber Security and Building Trust in the Public Sector Act, 2024*

On May 13, 2024, the provincial government introduced [Bill 194, *Strengthening Cyber Security and Building Trust in the Public Sector Act, 2024*](#) (Bill 194). The Bill aims to prevent and respond to cybersecurity threats in the public sector, ensure the ethical use of artificial intelligence (AI) in the public sector, and expand privacy protections for personal information. Bill 194 applies to all public sector entities, including hospitals, and is currently at Second Reading. If passed, it would enact the *Enhancing Digital Security and Trust Act, 2024* and amend the *Freedom of Information and Protection of Privacy Act* (FIPPA).

The Bill primarily sets out new regulation-making and directive-issuing authority related to cybersecurity program development, implementation, and reporting; public disclosure on the use of AI; development of accountability frameworks for the use of AI; and oversight, risk management, and disclosure requirements for AI. The proposed amendments to FIPPA would create new breach reporting requirements, require written privacy impact assessments before personal information is collected, and expand the authority of the Information and Privacy Commissioner (IPC) by enabling the IPC to conduct reviews and administer orders.

On June 11, following consultation with Borden Ladner Gervais LLP, HIROC, the GTA Hospital Privacy Working Group, and the OHA's Legal Roundtable, the OHA made a [written submission](#) to the Ministry of Public and Business Service Delivery regarding Bill 194. The submission supported the overarching intention of the Bill while advocating for any new requirements pursuant to Bill 194 to be clear, purposeful, appropriately framed, and balanced against existing health system obligations and priorities.

Ryan Inquest

The Office of the Chief Coroner (OCC) conducted an inquest (Ryan Inquest) in 2023 to investigate two deaths following a homicide at a southern Ontario hospital in 2017. Inquests under the *Coroners Act* inform the public about the circumstances of a death and often make recommendations based on lessons learned to prevent further deaths. The OHA and all Ontario public hospitals were named in the jury's recommendations and asked to respond to the recommendations by August 12, 2024. On July 11, 2024, the OHA submitted its [response](#) to the OCC and also shared the response with Members to support the preparation of their own responses.

OHA Legal Resources and Backgrounders

Bill 194 Backgrounder

As noted above, the provincial government recently introduced Bill 194, which would create new rules as well as new regulation-making and directive-issuing authority with respect to cyber security, AI and privacy. The OHA prepared a backgrounder on Bill 194, which can be found [here](#).

ICHSC Call for Applications Guidance Document

As noted above, the MOH has recently begun the process for issuing new ICHSC licences. To assist hospitals in understanding the licensing process for ICHSCs, the OHA has developed a [Guidance Document](#). The document also provides some guidance for hospitals to consider if contacted by other ICHSC applicants who are seeking consultation with or the endorsement of a hospital as part of its ICHSC application as well as links for other resources on ICHSCs.

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Update on Health Care Workforce Regulation Reforms: Personal Support Workers and Physician Assistants

The provincial government continues to roll out the regulatory frameworks for personal support workers (PSWs) and physician assistants (PAs), which are intended to improve consistency, oversight, and patient confidence. Starting December 1, 2024, PSWs will be able to voluntarily register with the Health and Supportive Care Providers Oversight Authority (HSCPOA). In order to be registered, PSWs will have to meet certain education, training, and/or competency requirements. Additionally, all registrants will be publicly listed and may wear or otherwise use the distinctive HSCPOA visual mark. The HSCPOA will also oversee a complaints process, which will enhance PSW accountability. It is important to distinguish that the HSCPOA is an oversight authority, rather than a regulatory college, and is not governed by the same framework as other regulatory colleges.

The College of Physicians and Surgeons of Ontario (CPSO) will have regulatory authority over PAs starting April 1, 2025. PAs will be required to practice under the supervision of a physician and will be able to perform various “authorized acts.” These are set out in the *Medicine Act, 1991* and include acts such as communicating a diagnosis and prescribing medication. Authorized acts may only be performed by a PA if the act has been delegated to the PA by a physician.

The OHA has created two backgrounders on the regulations related to PSWs and PAs:

- [PSW Backgrounder](#)
- [PA Backgrounder](#)

Important Dates to Remember
PSW Regulations under the HSCPOAA are expected to come into force: December 1, 2024
PA Regulations under the <i>Medicine Act, 1991</i> are expected to come into force: April 1, 2025

Coroner’s Report Summary

The OHA regularly receives letters from the OCC, which highlight systemic medical practice issues identified by three committees: the Patient Safety Review Committee (PSRC), the Maternal and Perinatal Death Review Committee (MPDRC),² and the Geriatric and Long-Term Care Review Committee (GLTCRC). These committees review deaths and make recommendations to prevent future incidents. The OHA created a [summary](#) of these reports, covering 2021 to 2023, to provide hospitals with quick access to valuable insights. The Coroner’s Death Review Committees Summary Report compiles the findings from the three committees and underscores the OHA’s commitment to disseminating these findings to help hospitals learn from past cases and implement preventive measures.

Recent Developments: Newly Enacted Legislative and Regulatory Changes

Updated BPS Procurement Directive and Regulation Under the BOBIA Effective April 1, 2024

On April 1, 2024, an updated [Broader Public Sector \(BPS\) Procurement Directive](#) and Ontario Regulation 422/23 (General) under the *Building Ontario Businesses Initiative Act, 2022* (BOBIA) came into effect. The BOBIA requires public sector entities, including hospitals, to give preference to Ontario

² The Committee name is now the Obstetrics and Perinatal Death Review Committee (OPDRC).

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businesses when conducting a procurement process for prescribed goods and services, the value of which is under a prescribed threshold amount. With respect to the updated BPS Procurement Directive, some of the key amendments include:

- Lowering the competitive procurement posting threshold from \$366,800 to \$353,300.
- Revising the language in the appendix regarding “out-of-scope” goods and services.
- Updating the Building Ontario Business Initiative (BOBI) section of the Directive to align with BOBIA and its regulation. The updated Directive refers to the [Building Ontario Business Initiative – A Guide for Buyers](#).
- Changing the procurement contact email to doingbusiness@supplyontario.ca

Supply Ontario has also released a [new guidance document](#) to assist procurement operational staff in applying BOBI requirements to procurement planning and execution. This guidance document is intended to supplement the Guide for Buyers, referenced above.

Additionally, as part of continued efforts by Supply Ontario to lead the modernization of the supply chain in the province, a Community of Practice (CoP) has been established for BPS organizations. The purpose of this forum is to provide a platform for organizations to come together and exchange knowledge and best practices. The initial focus of the CoP will be on the implementation of BOBI principles in public sector procurements. Organizations that wish to join the CoP can email BPSSupplyChain@supplyontario.ca.

Provincial Government Increased Fees for Post-Mortem Examinations

On June 14, 2024, the Ministry of the Solicitor General [proposed](#) several amendments to Ontario Regulation 19/15 (Fees, Allowances and Forms) under the *Coroners Act*. Forensic pathology units and community hospitals provide post-mortem services on behalf of the OCC and Ontario Forensic Pathology Service as part of death investigations. The province pays a fee for overhead costs to these hospitals or units to use their facilities to conduct post-mortem examinations. Effective July 4, 2024, the fee was increased from \$400 to \$700 per examination. The other amendments that were set out in the proposal do not impact hospitals.

Regulatory Amendments Under the *Fixing Long-Term Care Act, 2021*

On February 9, 2024, as part of the ongoing development of the regulatory framework aimed at improving the quality of life and care for residents in long-term care (LTC) facilities, the Ministry of Long-Term Care (MLTC) [proposed](#) to amend Ontario Regulation 246/22 (General) under the *Fixing Long-Term Care Act, 2021* (FLTCA).

The proposed amendments came into effect between April 26, 2024, and July 1, 2024. Key changes include revising certain staffing qualifications, defining the role of nursing student externs, expanding the list of personnel authorized to conduct skin assessments, revising and providing clarification with respect to air conditioning obligations, and enhancing visitor access to LTC homes during emergencies. The amendments also set out under what circumstances LTC homes may be deemed to be operated by the same licensee.

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Regulatory Amendments Under the *Midwifery Act, 1991*

On October 23, 2023, the College of Midwives of Ontario (CMO) [proposed](#) several amendments to Ontario Regulation 884/93 (Designated Drugs) made under the *Midwifery Act, 1991*, to better reflect the current midwifery scope of practice and best practices for the profession. On May 3, 2024, O. Reg. 884/93 was revoked and replaced with Ontario Regulation 188/24 (Designated Drugs and Substances). The differences between the revoked regulation and new regulation include a revised list of the drugs and substances that midwives are authorized to prescribe and/or administer on their own authority, and authorizing midwives to administer certain drugs and substances in a hospital setting, so long as they have the knowledge, skill, and judgment to do so. The regulation sets out how midwives can demonstrate they have the necessary knowledge, skill and judgment. The new regulation also authorizes midwives to use or administer drugs or substances on the order of both physicians and nurse practitioners, whereas the revoked regulation only enabled midwives to act on the order of a physician.

Provincial Government Revised Immigration Requirements for Nurses

On June 12, 2024, the provincial government [proposed](#) revising the requirements for nurses applying to the Ontario Immigrant Nominee Program (ONIP), which are set out in Ontario Regulation 280/24 (General) under the *Ontario Immigration Act, 2015*. The OINP is Ontario's economic immigration program that nominates individuals who meet certain requirements to the federal government for permanent residence. The Express Entry Human Capital Priorities (HCP) and Express Entry French-Speaking Skilled Worker (FSSW) streams under the OINP have specific education requirements. Effective July 1, 2024, in an effort to support Ontario's HHR capacity, nurses applying for the HCP or FSSW streams are no longer required to demonstrate they meet the education requirements if they can establish that they are registered with the College of Nurses of Ontario (CNO) in the General, Extended or Temporary class.

Regulatory Amendments Under the *Health Protection and Promotion Act, 1991* to Reclassify COVID-19 and Reporting Requirements

On June 3, 2024, the MOH [proposed](#) amendments to Regulation 569 (Reports) and Ontario Regulation 135/18 (Designation of Diseases) under the *Health Protection and Promotion Act, 1991*. The proposed amendments took effect on July 1, 2024 and include removing COVID-19 from the list of diseases identified as being caused by a novel coronavirus (it will remain listed as a Disease of Public Health Significance), removing certain requirements for medical officers of health having to forward a copy of COVID-19 data to the MOH and Public Health Ontario, and eliminating certain reporting requirements related to COVID-19 point of care testing.

Proclamation of Bill 135 Creates Ontario Health atHome

On June 28, 2024, [Bill 135: *Convenient Care at Home Act, 2023*](#) (Bill 135) was proclaimed into force. Bill 135 amended the *Connecting Care Act, 2019* (CCA) to amalgamate the 14 Home and Community Care Support Services (HCCSS) organizations (formerly referred to as local health integration networks, or LHINs) to form a single new service organization named Ontario Health atHome. It sets out the requirements and powers of Ontario Health atHome, which will be a Crown agency, a subsidiary of Ontario Health (OH), and accountable to the MOH. Ontario Health atHome will continue to support the coordination of home care services across the province, and support Ontario Health Teams (OHTs) as they take on responsibility for home care. Bill 135 also included a number of minor technical amendments aimed at transferring and transitioning existing legal requirements or

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references to LHINs to Ontario Health atHome. As a reminder, the OHA prepared a backgrounder on Bill 135, which can be found [here](#).

On March 28, 2024, the provincial government posted a [regulatory proposal](#) which outlined a variety of new regulations and regulatory amendments. Certain aspects of the proposal related to Ontario Health atHome, including the organization's governance and leadership and what key pieces of legislation Ontario Health atHome would be subject to. These aspects of the proposal also came into effect on [June 28, 2024](#).

Regulatory Amendment Adds Prescribed Organization under the *Connecting Care Act, 2019*

Pursuant to the CCA, the Minister of Health (Minister) has the authority to transfer certain organizations to OH, a health service provider or an OHT. The CCA sets out which organizations the Minister has the authority to transfer and allows for additional organizations to be prescribed. On March 4, 2024, the provincial government [proposed](#) an amendment to Ontario Regulation 390/19 (Prescribed Organization) under the CCA to add Critical Care Services Ontario as a prescribed organization and this amendment took effect on [June 11, 2024](#).

Regulatory Amendments Expand Ambulance Co-Payment Exemptions

As noted above, on March 28, 2024, the provincial government posted a [regulatory proposal](#) which outlined a variety of new regulations and regulatory amendments. The proposal included an amendment to Regulation 552 (General) under the *Health Insurance Act* to extend the exemption for ambulance co-payments. The exemption initially only applied to patients receiving professional services from an HCCSS organization and would be extended to include patients receiving such services from other health service providers, including hospitals. This aspect of the proposal came into effect on [June 28, 2024](#), so hospitals that previously collected ambulance co-payments from persons who are now exempt will lose that source of revenue.

Looking Forward: Anticipated Legislative and Regulatory Activity & Other Updates

The following section outlines legislation and regulation not yet in force, but which the OHA is actively monitoring.

Federal Government Introduces Health Information Interoperability Legislation

On June 6, 2024, the federal government introduced [Bill C-72, *Connected Care for Canadians Act*](#), to improve access to health information for patients and healthcare providers. If passed, the Bill would require health information technology vendors to ensure their health information technology is interoperable, meaning it must allow users to access, use, and exchange electronic health information easily, completely, and securely. The Bill would also prohibit vendors from data blocking.

Bill C-72 will only be applicable in provinces or territories 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 its own requirements that are substantially similar to or exceed those established under the Bill. The Bill is currently at Second Reading.

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Provincial Government Introduces New Labour Legislation

On May 6, 2024, the provincial government introduced [Bill 190, Working for Workers Five Act, 2024](#) (Bill 190), to amend several labour-related statutes, including the *Employment Standards Act, 2000* (ESA) and the *Occupational Health and Safety Act, 1990* (OHSA). With respect to the ESA, the Bill, if passed, would create new requirements for employers regarding job posting disclosure and responding to applicants, prohibit employers from requiring a sick note from a qualified health practitioner in certain circumstances and increase maximum fines for offences. For the OHSA, Bill 190 would amend the definition of harassment to include virtual harassment, allow certain requirements to be met in an electronic or virtual format and add new requirements related to workplace washroom facilities. The Bill is currently being considered by the Standing Committee on Finance and Economic Affairs.

Provincial Consultation on Job Posting Rules

The *Working For Workers Four Act, 2024*, which received Royal Assent on March 21, 2024, amended the ESA to add a new Part III.1 (Job Postings). This new part, which is not yet in force and may be amended by Bill 190 (discussed above), is intended to give job seekers greater certainty in the hiring process without adding unnecessary or onerous requirements for employers. On August 21, 2024, the Ministry of Labour, Immigration, Training and Skills Development (MLITSD) initiated a [consultation](#) and is seeking feedback to inform the regulatory development needed to implement Part III.1 of the ESA. The MLITSD's [Consultation Paper](#) doesn't provide regulatory language for consideration, but instead poses 18 questions about proposed definitions, compensation information, Canadian experience, use of AI, vacancy information, and the duty to inform interviewed applicants. This consultation is ongoing.

Consultation on Long-Term Illness Leave under the *Employment Standards Act, 2000*

On April 4, 2024, the MLITSD initiated a [consultation](#) seeking feedback on a potential new long-term, unpaid, job-protected leave of up to 27 weeks. This would offer the longest job-protected sick leave among the provinces. Employees with at least six consecutive months of employment would be eligible for the proposed leave, regardless of their status and it is designed for employees experiencing critical illnesses or serious medical conditions. Under the current framework, the ESA provides three days of unpaid personal sick leave per year for illness, injury, or medical emergency.

Pharmacy Scope of Practice Consultation

In February 2023, the MOH released *Your Health: A Plan for Connected and Convenient Care* (the Plan), which includes exploring the expansion of pharmacists' scope of practice. Since the release of the Plan, the scope of practice of community pharmacists has been expanded to allow them to administer more vaccines and to prescribe for 19 minor ailments. On September 5, 2024, the MOH initiated a [consultation](#) on further expanding pharmacists' scope of practice and is seeking feedback on adding new minor ailments that pharmacists can prescribe for, allowing pharmacists to order certain laboratory tests and perform more point-of-care tests (POCTs) for minor ailments, and allowing pharmacists to communicate a diagnosis for specific minor ailments.

To date, hospital pharmacists have not been able to participate in the expanded scope of practice due to provisions in Regulation 965 (Hospital Management) under the *Public Hospitals Act* (PHA). As part of its consultation, the MOH is exploring if there are other barriers, outside of the PHA, that prevent pharmacists from working to the full scope of their practice in a hospital setting.

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The MOH is also seeking feedback on enabling pharmacy technicians to administer additional vaccines and offering a publicly funded adult vaccine bundle. The final area that is being consulted on is current issues and opportunities to improve the MOH's MedsCheck program. This consultation is ongoing.

Nursing Scope of Practice Consultation

On September 10, 2024, the MOH, along with the Ministry of Public and Business Service Delivery (MPBSD) launched another [consultation](#) as part of the MOH's Plan. The focus of the consultation is on whether potential expansions to the scopes of practice of nurse practitioners (NPs) and registered nurses (RNs) would support more timely delivery of health care.

Specifically, the MOH is seeking feedback on whether NPs should be allowed to order and apply electricity in certain circumstances, such as to treat heart conditions using defibrillation, and whether NPs should be allowed to complete and sign mandatory blood testing forms. Additionally, both the MOH and MPBSD are seeking feedback on amending Regulation 1094 (General) under the *Vital Statistics Act* to remove the limiting circumstances for when an NP can certify death and to authorize RNs to complete and sign a Medical Certificate of Death if certain criteria are met. This consultation is ongoing.

Proposed Regulatory Amendments under the *Pharmacy Act, 1991*

In December 2023, the MOH [proposed regulatory amendments](#) to Ontario Regulation 202/94 (General) under the *Pharmacy Act, 1991*, which would, among other things, create a two-part register for pharmacy technicians, revise the quality assurance program for pharmacists and pharmacy technicians, and shift from a minimum practice hour requirement to a self-declaration of competency in conjunction with practice assessments. However, rather than amending O. Reg 202/94, this regulation will be revoked on October 1, 2024 and replaced with a new regulation, Ontario Regulation 256/24 (General), which incorporates what was outlined in the government's proposal.

Important Dates to Remember
Expected to come into force: October 1, 2024

Proposed Regulatory Amendments Regarding Provincial Electronic Health Record

The MOH has posted two regulatory proposals with respect to Ontario Regulation 329/04 (General) under the *Personal Health Information Protection Act, 2004* (PHIPA) to improve the provincial Electronic Health Record (EHR). Currently, public hospitals are required to contribute certain personal health information (PHI) to the EHR. On May 24, 2024, the MOH [proposed](#) expanding this requirement to accredited community pharmacies and ICHSCs to reduce data gaps in the EHR.

On July 5, 2024, the MOH posted a second [regulatory proposal](#) that would enable OH to provide additional services and access to individuals with respect to the provincial EHR. If approved, the proposed amendments would enable OH to create and maintain OH accounts for individuals. These accounts would provide a secure login mechanism for individuals to access various services, resources and information, including approved Digital Health Resources (provincially funded electronic health information repositories) as well as certain PHI and health-related digital correspondence from their EHR. Approved health information custodians (HICs) would also be able to

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use OH's authentication services to help provide individuals access to approved Digital Health Resources.

The proposed amendments would also enable OH to give individuals access to certain PHI in the provincial EHR and certain EHR audit records kept by OH once subsection 51(5) of PHIPA is proclaimed into force. Additionally, the proposed amendments relate to subsection 51(6) of PHIPA, that is yet to be proclaimed, which provides a general right of access to records in the custody of a HIC regarding when an individual's PHI in the provincial EHR has been viewed, handled or dealt with by the HIC (i.e., access logs). The proposed regulation would only require that HICs provide summaries of such access logs, if available.

Private Member's Bill Seeks to Address Nurse Practitioner Payments

On May 29, 2024, a private member's bill, [Bill 203, Keeping Primary Care Fair Act \(Restricting Private Payments for Nurse Practitioner Services\), 2024](#) (Bill 203), was introduced. Bill 203, which is currently at Second Reading, aims to amend the *Commitment to the Future of Medicare Act, 2004* to prohibit nurse practitioners from accepting payments or benefits from patients when providing what would normally be an insured service to an insured person in publicly funded nurse practitioner-led clinics, Family Health Teams, or Community Health Centres.

Provincial Government Plan for Enhanced Accessibility Standards by 2025

The provincial government has undertaken a review of accessibility standards under the *Accessibility for Ontarians with Disabilities Act, 2005* (AODA) and the Ontario Building Code. The Design of Public Spaces Standards Development Committee's (Committee) [initial recommendations](#) include aligning renovation definitions and improving accessible parking, washrooms, paths of travel, signage, and emergency exits. The deadline for public feedback was August 29, 2024. Once the Minister for Seniors and Accessibility compiles the public feedback into a report, the Committee will have 14 weeks to submit their final recommendations.

Proposed Amendments to Nursing Education Requirements under the *Nursing Act, 1991*

On April 15, 2024, the CNO [proposed amendments](#) to Ontario Regulation 275/94 (General) under the *Nursing Act, 1991*. The proposed amendments relate to the education requirements for RNs and registered practical nurses (RPNs), including:

- allowing RN applicants who have completed a baccalaureate RN program or RPN applicants who have completed a diploma RPN program to meet the education requirement (without further assessment needed), if the program is recognized or approved in the jurisdiction in which it was taken as qualifying the applicant to practice as an RN or RPN, respectively, in that jurisdiction;
- revising the standard for the knowledge, skill and judgment of RN applicants who have not completed a baccalaureate RN program or RPN applicants who have not completed a diploma RPN program to "substantially equivalent" rather than "at least equivalent" to applicants who have completed such programs; and
- adding a requirement for applicants to complete a course to support their integration into the healthcare system in Canada (unless they qualify for a prescribed exemption).

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The intention of these proposed amendments is to create evidence-informed efficiencies for internationally-educated nurse (IEN) applicants to meet the education requirement while also supporting IEN applicants transition to safe practice in Ontario.

Proposal Regulations for Ontario Health Team Funding Accountability

As noted above, on March 28, 2024, the provincial government posted a [regulatory proposal](#) which outlined a variety of new regulations and regulatory amendments. Another aspect of this proposal, which has not yet come into effect, relates to OHT funding for home and community care services. Specifically, it proposes to create regulations that ensure that when OH provides funding to an OHT for home and community care services, accountability for the provision of the home and community care services follows the funding to the individual OHT members which provide the services, rather than remaining with the OHT's constituent member that initially receives the funding from OH.

Government Consultation on Resident Support Personnel Role in Long-Term Care Homes

The regulatory framework under the FLTCA allows individuals, who are often referred to as resident support personnel, to provide low-risk personal support services in LTC homes. However, as of July 1, 2025,³ the regulatory framework will limit the ability of LTC homes to leverage resident support personnel because individuals will no longer be able to provide personal support in LTC homes unless they meet the prescribed education and training requirements set out in the regulations under the FLTCA. Given the positive feedback the MLTC received during a consultation in 2023 on the role of resident support personnel in LTC, the MLTC is now [proposing](#) to amend Ontario Regulation 246/22 (General) under the FLTCA to allow LTC homes to be able to leverage resident support personnel permanently.

Important Dates to Remember
Temporary Exemption for Hiring Requirements for Personal Support Workers until: July 1, 2025
Mandatory Compliance Deadline for Personal Support Worker Requirements: August 1, 2025

Proposal for New Amendments to Ontario Regulation 45/22 under the *Laboratory and Specimen Collection Centres Licensing Act*

On April 10, 2024, the MOH [proposed](#) to amend Ontario Regulation 45/22 (General) under the *Laboratory and Specimen Collection Centres Licensing Act* (LSCCLA) to enhance the scope of practice for midwives. Currently, in Ontario, midwives can order specific laboratory tests, as identified in Schedule 2 of O. Reg. 45/22. However, midwives are not currently authorized to perform POCTs on specimens they have collected. The proposed amendments would expand the list of laboratory tests that midwives can requisition by adding 35 tests and would identify 8 POCTs that midwives can perform. A full list of the additional tests and POCTs is available [here](#).

Federal Indigenous Health Legislation

The federal government, as part of its commitment to reconciliation with Indigenous peoples, is currently working to [co-develop distinctions-based Indigenous health legislation](#) that aims to address the challenges faced by Indigenous peoples in accessing adequate and culturally safe health care. The term “distinctions-based” is used to acknowledge that each Indigenous community has a unique

³ This date was initially July 1, 2024, however, a regulatory amendment extended this date by a year to 2025.

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culture, territory, history and relationship with Canada and that a “one-size-fits-all” approach is not appropriate.

The first stage of the development of this legislation, which involved broad engagement with many stakeholders, was launched on January 28, 2021, and is now complete. The second stage involves the co-development of federal legislative options with Indigenous partners which are complementary to existing provincial and territorial health care systems and do not infringe upon provincial or territorial jurisdiction. It is unclear at this time what role provinces and territories will have in the new legislation. The tabling of this legislation was anticipated for Winter 2024 but has not yet occurred. An updated timeline for the legislation has not been provided.

Bill C-64, *An Act Respecting Pharmacare*

In February 2024, the federal government introduced [Bill C-64, *An Act Respecting Pharmacare*](#) (Bill C-64), which proposes foundational principles for the implementation of a national universal pharmacare system. The Bill, which has passed in the House of Commons and is currently being considered by the Standing Senate Committee on Social Affairs, Science and Technology, provides that the proposed principles along with the *Canada Health Act*, will be considered by the federal MOH when collaborating with provinces, territories, Indigenous peoples, and other stakeholders. The government would commit to maintaining long-term funding to improve the accessibility and affordability of pharmaceutical products. The initial focus of this funding would be for specific prescription drugs and related products for contraception or the treatment of diabetes.

Bill C-64 would also require the Canadian Drug Agency to develop a national formulary, the federal MOH to publish a pan-Canadian strategy on the appropriate use of prescription drugs, and the establishment of an expert committee for pharmacare-related recommendations.

Bill C-295, *An Act to amend the Criminal Code (neglect of vulnerable adults)*

[Bill C-295, *An Act to amend the Criminal Code \(neglect of vulnerable adults\)*](#) (Bill C-295) is a federal private member’s bill that proposes amending the *Criminal Code* to create an offense for LTC facilities, their owners, and managers who fail to provide necessities of life to residents. The introduction of Bill C-295, in June 2022, was triggered by COVID-19 transmission and mortality rates in these facilities and the Bill is aimed at preventing the recurrence of such outcomes. Presently, the Bill has passed in the House of Commons and has completed the first reading in the Senate. As a reminder, in May 2023, the OHA provided [written submissions](#) on Bill C-295 to the Standing Committee on Justice and Human Rights. This Bill is currently at Second Reading in the Senate. Further consideration of this Bill may resume when the House returns in September 2024.

Contact Information

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