Part 4 –Your Health Act, 2023: What you need to know now that Bill 60 is in force

October 13, 2023

This is the fourth in a series of articles discussing Bill 60: *Your Health Act, 2023* (Bill 60) and its implications for health sector stakeholders.

See our first, second and third articles for more information.

Introduction

On Feb. 21, 2023, the Ontario government introduced Bill 60, which outlined the province's plan to reduce wait times for surgeries, procedures, and diagnostic imaging, while introducing "as of right" licensing rules for certain healthcare professionals.

On May 18, 2023, Bill 60 received Royal Assent and became Ontario law; however, the entire Act had not yet been proclaimed into force. On June 9, 2023, the Ministry released three draft regulations, which proposed additional regulatory requirements and provided insight on the application of the Act.

On Sept. 25, 2023, the operative provisions of the Act that were not yet in force were proclaimed into force. This means that the entire Act and the regulations are now in effect.

Integrated Community Health Services Centres Act

Bill 60 enacted the *Integrated Community Health Services Centres Act* (the ICHSCA), repealed the *Independent Health Facilities Act* and its regulations (the IHFA), and amended several other Acts in order to establish the framework for the regulation of new integrated community health services centres (ICHSCs).

The key implications of the new ICHSC regime are as follows:

- The IHFA has been repealed and replaced by the ICHSCA.
- Currently licensed IHFs are now governed by the ICHSCA but continue to be subject to the same limitations and conditions as applied to their licence under the IHFA.[1]

- The definition of an ICHSC has been expanded from that of an IHF to include a specific reference to "community surgical and diagnostic centres". The provincial government has also indicated that ICHSCs will be licensed to provide a broader range of services than IHFs were formerly authorized to provide, including hip and knee replacement surgery.[2]
- Applicants who wish to obtain an ICHSC licence may apply once the Director, who is the person appointed by the Ministry of Health, issues a call for applications.[3]
- As was the case with IHFs, both for-profit and not-for-profit corporations will be permitted to apply for a licence. However, a broader range of entities that were formerly prohibited to apply for an IHF licence may be eligible to become ICHSC licensees, including long-term care homes and public hospitals, amongst other facilities.[4]
- Applicants will need to satisfy new public interest requirements in order to be granted a licence. For example, applicants will need to provide details on how the proposed ICHSC will provide connected and convenient care. They will also need to provide a detailed staffing model and an overview of how they have consulted with health system partner(s), including any endorsement(s).[5]
- ICHSC licensees will be subject to provisions under the ICHSCA that were not included in the IHFA that attempt to address public concerns around upselling and queue jumping. These provisions reinforce already existing federal and provincial legislation. For example, ICHSC licensees will be prohibited from refusing to provide an insured service for any reason relating to a patient's choice not to pay for an uninsured service or product (*e.g.*, an upgraded cataract lens). Licensees will also be prohibited from providing preferential treatment to those who pay for uninsured services.
- ICHSCs must ensure that the following are posted on their website, if any, and at a conspicuous place within the ICHSC:
    - The licence.
    - A list of prices for all uninsured services that are offered by the licensee at the centre and the process for obtaining patient consent in connection with those services.
    - The licensee's process for receiving and responding to patient complaints pursuant to section 22 of the ICHSCA and sections 21 to 25 of *Ontario Regulation 215/23.*
    - The contact information for the patient ombudsman under the *Excellent Care for All Act, 2010*.
    - The phone number and email address for the Ministry of Health's Protecting Access to Public Healthcare program.[6]
- The College of Physicians of Ontario and the College of Midwives of Ontario are prescribed as inspecting bodies for ICHSCs (formerly, they were quality assessors under the IHFA).[7]

As of right licensing

Bill 60 introduced new "as-of-right" licensing rules which were designed to address healthcare worker shortages by allowing certain out-of-province regulated healthcare professionals to temporarily practice in Ontario public hospitals and long-term care homes, subject to certain conditions. In short, now that Bill 60 has been proclaimed in force:

- Medical laboratory technologists, physicians, nurses and respiratory therapists who are registered with a regulatory authority in another Canadian province or territory are permitted to use the restricted title reserved for Ontario licensed healthcare professionals and hold themselves out as competent to practice their respective professions in Ontario, provided:
    - the person is registered with a regulatory authority in a Canadian jurisdiction, other than Ontario, and holds the equivalent of an Ontario certificate of registration authorizing independent practice;
    - the out-of-province regulatory authority has not refused to grant the person their registration in the profession within the past two years;
    - a finding of professional misconduct, incompetence, or incapacity has never been made against the person as a result of a proceeding, and they are not currently the subject of such a proceeding;
    - the person will only provide services in an Ontario public hospital or long-term care home; and
    - the person has submitted to the relevant regulatory college an application for a certificate of registration prior to providing professional services.[8]
- Medical laboratory technologists, physicians, nurses and respiratory therapists who have applied for a certificate of registration may commence providing professional services in an Ontario public hospital or long-term care home immediately (subject to credentialing and hiring processes), but will lose their exemption and no longer be permitted to practice in Ontario if their application is rejected or if they have not been issued a certificate of registration by the relevant regulatory college **within six months** of the date they commenced providing professional services.[9]
- The *Public Hospitals Act* and *Fixing Long-Term Care Act, 2021* have now been amended to enable out-of-province regulated healthcare professionals to provide professional services in public hospitals and long-term care homes provided they satisfy regulatory amendments.

Pharmacy Act

Bill 60 amended section 3 of the *Pharmacy Act, 1991* to expand pharmacists' scope of practice to include "the assessment of conditions for the purposes of providing medication therapies". This amendment came into force on May 18, 2023. This amendment is one of a series of expansions to pharmacists' scope of practice by the Provincial Government. On Jan. 1, 2023, amendments to the General Regulation under the *Pharmacy Act, 1991* (the General Regulations) came into force, authorizing pharmacists to prescribe medications for 13 minor ailments such as insect bites and urinary tract infections.[10] Further amendments to the General Regulation came into force on Oct. 1, 2023, which authorize pharmacists to prescribe medications for a further six additional minor ailments.[11] This means that Ontario pharmacists can now assess the condition of a patient for the purpose of providing medication therapies and prescribe medication for a total of 19 minor ailments.

For more information on Bill 60 or its Regulations, please reach out to any of the key contacts listed below.

Footnotes

[1] *Integrated Community Health Services Centres Act, 2023*, SO 2023, c 4, Sched. 1,s. 62(1-2).

[2] *Ibid* at s. 1(1)(a-b).

[3] *Ibid* at s. 5(1)(a-b).

[4] O. Reg. 215/23, s. 2(1-2).

[5] *Supra* note 1 at s. 4(a).

[6] *Supra* note 4 at s. 26(1-2).

[7] *Ibid* at s. 30(1)(2).

[8] O. Reg. 197/23, s. 1.

[9] *Ibid* at s. 1(6) & 2(1-3).

[10] O. Reg. 196/23, s. 35(1).

[11] O. Reg. 179/23, s. 1

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