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Bill 74

**An Act concerning the provision of health care, continuing Ontario Health
and making consequential and related amendments and repeals.**

The Hon. C. Elliott

Minister of Health and Long-Term Care

Government Bill

1st Reading February 26, 2019

2nd Reading

3rd Reading

Royal Assent



EXPLANATORY NOTE

Schedule 1 of the Bill enacts the *Connecting Care Act, 2019*. Some of the provisions of that Act are summarized below.

The corporation that was incorporated under the name Health Program Initiatives is continued under the name Ontario Health. (Referred to throughout the Act as “the Agency”.) The objects and corporate governance of the Agency are provided for.

The Minister of Health and Long-Term Care may provide funding to the Agency, and the Agency may provide funding to health service providers and integrated care delivery systems.

The Agency and the Minister may appoint investigators regarding health service providers and integrated care delivery systems, and the Minister may appoint supervisors for health service providers and integrated care delivery systems.

The Minister may designate persons or entities, or groups, as integrated care delivery systems.

The Agency may integrate the health system through funding or through facilitations and negotiations. The Minister may integrate the health system through integration orders to health service providers or integrated care delivery systems that are funded through the Agency. Rules regarding integration decisions are provided for.

The Minister is given the power to transfer assets, liabilities, rights, obligations and employees of certain organizations to the Agency, a health service provider or an integrated care delivery system. The consequences of such a transfer are provided for. The Minister may also dissolve such organizations.

Schedule 2 amends the *Ministry of Health and Long-Term Care Act* to provide for an Indigenous health council and a French language health services advisory council to advise the Minister.

Schedule 3 provides for the amendment and repeal of a number of Acts and regulations.

**An Act concerning the provision of health care, continuing Ontario Health
and making consequential and related amendments and repeals**

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Her Majesty, by and with the advice and consent of the Legislative Assembly of the Province of Ontario, enacts as follows:

Contents of this Act

1 This Act consists of this section, sections 2 and 3 and the Schedules to this Act.

Commencement

2 (1) Subject to subsections (2) and (3), this Act comes into force on the day it receives Royal Assent.

(2) The Schedules to this Act come into force as provided in each Schedule.

(3) If a Schedule to this Act provides that any provisions are to come into force on a day to be named by proclamation of the Lieutenant Governor, a proclamation may apply to one or more of those provisions, and proclamations may be issued at different times with respect to any of those provisions.

Short title

3 The short title of this Act is the *The People's Health Care Act, 2019*.

**SCHEDULE 1
CONNECTING CARE ACT, 2019**

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Preamble

The people of Ontario and their government,

Believe that their health care system should be centred around people, patients, their families, and their caregivers;

Believe that public funding should be directed to frontline services to continuously improve patient experience, constantly promote better value, ensure best outcomes for every dollar spent, and improve the overall physical health, mental health and well-being of Ontarians;

Are committed to a sustainable, digitally-enabled, publicly funded health care system built to last;

Are establishing a new model of integrated public health care delivery which will put each patient at the centre of a connected care system anchored in the community, and where possible, at home, all across Ontario and respecting regional differences;

Will empower providers to work directly with one another to offer the highest quality, co-ordinated care, protecting patients from disruptive transitions through the system;

Are creating a single provincial agency that will remove duplication while replicating and amplifying best-in-class clinical guidance and approaches to care;

Acknowledge that the public health system should recognize the diversity within all of Ontario's communities and respect the requirements of the *French Language Services Act* in serving Ontario's French-speaking community; and

Recognize the role of Indigenous peoples in the planning, design, delivery and evaluation of health services in their communities.

**PART I
INTERPRETATION AND OTHER**

Interpretation

1 (1) In this Act,

“accountability agreement” means the accountability agreement that the Minister and the Agency are required to enter into under subsection 19 (1); (“entente de responsabilisation”)

“Agency” means the corporation continued by section 3; (“Agence”)

“de-identify” has the same meaning as in subsection 47 (1) of the *Personal Health Information Protection Act, 2004*; (“anonymiser”)

“health service provider” has the meaning set out in subsection (2); (“fournisseur de services de santé”)

“integrate” includes,

- (a) to co-ordinate services and interactions between different persons and entities,
- (b) to partner with another person or entity in providing services or in operating,
- (c) to transfer, merge or amalgamate services, operations, persons or entities,
- (d) to start or cease providing services, and
- (e) to cease to operate or to dissolve or wind up the operations of a person or entity,

and “integration” has a similar meaning; (“intégrer”, “intégration”)

“integrated care delivery system” means a person or entity, or a group of persons or entities, designated under subsection 29 (1); (“système intégré de prestation de soins”)

“local health integration network” means a local health integration network as defined in section 2 of the *Local Health System Integration Act, 2006*, and if that Act has been repealed, means such a network as it was defined immediately before the repeal; (“réseau local d’intégration des services de santé”)

“Minister” means the Minister of Health and Long-Term Care or such other member of the Executive Council to whom the administration of this Act is assigned under the *Executive Council Act*; (“ministre”)

“Ministry” means the Ministry of the Minister; (“ministère”)

“personal health information” has the same meaning as in section 4 of the *Personal Health Information Protection Act, 2004*; (“renseignements personnels sur la santé”)

“personal information” has the same meaning as in the *Freedom of Information and Protection of Privacy Act*; (“renseignements personnels”)

“prescribed” means prescribed by the regulations; (“prescrit”)

“regulations” means the regulations made under this Act; (“règlements”)

“service accountability agreement” means the service accountability agreement that the Agency is required to enter into under section 22. (“entente de responsabilisation en matière de services”)

Health service provider

(2) In this Act,

“health service provider” means the following persons and entities:

1. A person or entity that operates a hospital within the meaning of the *Public Hospitals Act* or a private hospital within the meaning of the *Private Hospitals Act*.
2. A person or entity that operates a psychiatric facility within the meaning of the *Mental Health Act* except if the facility is,
 - i. a correctional institution operated or maintained by a member of the Executive Council, other than the Minister, or
 - ii. a prison or penitentiary operated or maintained by the Government of Canada.
3. The University of Ottawa Heart Institute/Institut de cardiologie de l’Université d’Ottawa.
4. A licensee within the meaning of the *Long-Term Care Homes Act, 2007*, other than a municipality or board of management described in paragraph 5.
5. A municipality or board of management that maintains a long-term care home under Part VIII of the *Long-Term Care Homes Act, 2007*.
6. A person or entity approved under the *Home Care and Community Services Act, 1994* to provide community services.
7. A not-for-profit entity that operates a community health centre.
8. A not-for-profit entity that provides community mental health and addiction services.
9. A not-for-profit entity that operates a family health team.
10. A not-for-profit entity that operates a nurse practitioner-led clinic.
11. A not-for-profit entity that operates an Aboriginal health access centre.
12. A person or entity that provides primary care nursing services, maternal care or inter-professional primary care programs and services.
13. A not-for-profit entity that provides palliative care services, including a hospice.
14. A person or entity that provides physiotherapy services in a clinic setting that is not otherwise a health service provider.
15. An independent health facility within the meaning of the *Independent Health Facilities Act*.
16. Any other person or entity or class of persons or entities that is prescribed.

Exclusion, community services

(3) A person or entity that provides, as a service provider within the meaning of the *Home Care and Community Services Act, 1994*, a community service that has been purchased by a health service provider or an integrated care delivery system, is not a health service provider within the meaning of this Act in respect of the provision of the purchased service.

Delegation

2 (1) The Minister may, in writing, delegate any of the Minister's powers or duties under this Act or any other Act for which the Minister is responsible, other than the power to make regulations, to the Agency, and may make such a delegation subject to any conditions that the Minister considers appropriate.

Deeming

(2) Where the Minister has made a delegation under subsection (1), a reference in an Act or the regulations to the Minister is deemed, with respect to the power or duty that has been delegated, to be a reference to the Agency.

PART II THE AGENCY

CONTINUATION AND APPLICATION

Agency

3 (1) The corporation that was incorporated under the *Corporations Act* under the name Health Program Initiatives in English and Initiatives pour les programmes de santé in French on January 18, 2019 is continued as a corporation without share capital under the name Ontario Health in English and Santé Ontario in French.

Extinguishment of letters patent

(2) The letters patent issued to constitute the corporation continued under subsection (1) are extinguished.

Crown Agency

4 The Agency is an agent of the Crown and may exercise its powers only as an agent of the Crown.

Application of other Acts

Corporations Act and Corporations Information Act

5 (1) The *Corporations Act* and the *Corporations Information Act* do not apply to the Agency except as may be prescribed.

Charities Accounting Act

(2) The *Charities Accounting Act* does not apply to the Agency, except in respect of property held in trust for specified charitable purposes.

No charitable property

(3) The property of the Agency is not charitable property.

Non-application of single employer rule

(4) Subsection 1 (4) of the *Labour Relations Act, 1995* does not apply to the Agency.

OBJECTS AND GENERAL POWERS

Objects of the Agency.

6 The objects of the Agency are,

- (a) to implement the health system strategies developed by the Ministry;
- (b) to manage health service needs across Ontario consistent with the Ministry's health system strategies to ensure the quality and sustainability of the Ontario health system through,
 - (i) health system operational management and co-ordination,
 - (ii) health system performance measurement and management, evaluation, monitoring and reporting,
 - (iii) health system quality improvement,
 - (iv) clinical and quality standards development for patient care and safety,
 - (v) knowledge dissemination,
 - (vi) patient engagement and patient relations,
 - (vii) digital health, information technology and data management services, and
 - (viii) support of health care practitioner recruitment and retention;

- (c) to plan, co-ordinate, undertake and support activities related to tissue donation and transplantation in accordance with the *Trillium Gift of Life Network Act*;
- (d) to support the patient ombudsman in carrying out their functions in accordance with the *Excellent Care for All Act, 2010*;
- (e) to support or provide supply chain management services to health service providers and related organizations;
- (f) to provide advice, recommendations and information to the Minister and other participants in the Ontario health care system in respect of issues related to health care that the Minister may specify;
- (g) to promote health service integration to enable appropriate, co-ordinated and effective health service delivery; and
- (h) any other prescribed objects.

General powers

7 (1) Except as limited by this Act, the Agency has the capacity, rights and powers of a natural person for carrying out its objects.

Use of revenue

(2) The Agency shall carry out its operations without the purpose of gain and shall not use its revenue, including all money or assets it receives by grant, contribution or otherwise, for any purpose other than to further its objects.

Cabinet approval

(3) The Agency shall not exercise the following powers without the approval of the Lieutenant Governor in Council:

1. Acquiring, disposing, leasing, mortgaging, charging, hypothecating or otherwise transferring or encumbering any interest in real property, except for leasing space that is reasonably necessary for the purposes of the Agency.
2. Borrowing or lending money.
3. Investing its money.
4. Pledging, charging or encumbering any of its personal property.
5. Creating a subsidiary.
6. Generating revenue.
7. Receiving money or assets from any person or entity except the Crown in right of Ontario, with the exception of money or assets that are received pursuant to a transfer order under this Act.
8. Doing anything else that is prescribed as being a power that the Agency may not exercise without such approval.

Approval of Minister

(4) The Agency shall not exercise the following powers without the approval of the Minister:

1. Making charitable donations except as authorized by this Act.
2. Applying for or obtaining registration as a registered charity under the *Income Tax Act* (Canada).
3. Acting in association with a person or entity that conducts any fundraising activities or programs, directly or indirectly, for the Agency.
4. Entering into an agreement with any person, entity or government for the provision of services outside Ontario.
5. Entering into an agreement with any government or government agency outside Ontario, including the Government of Canada or the government of a province or territory of Canada.

No political donations

(5) The Agency shall not make any political donations.

BOARD OF DIRECTORS, CHIEF EXECUTIVE OFFICER AND EMPLOYEES

Board of Directors

8 (1) The Agency shall consist of not more than 15 members appointed by the Lieutenant Governor in Council who shall form the board of directors of the Agency.

Term

(2) Subject to subsection (3), the following provisions apply respecting the term of members of the board of directors of the Agency:

1. Each member shall hold office for a term of up to three years at the pleasure of the Lieutenant Governor in Council and may be reappointed for any number of terms of up to three years.
2. Despite paragraph 1, no person may be a member for more than six years in total.
3. Despite paragraph 2, a member who is designated as chair under subsection (6) after serving at least three years as a member may be appointed for one further term of up to three years while designated as chair.

Termination

- (3) A member ceases to be a member of the Agency if, before the term of the member expires,
 - (a) the Lieutenant Governor in Council revokes the member's appointment; or
 - (b) the member dies, resigns as a member of the board of directors or becomes a bankrupt.

Successor's term

- (4) If a person ceases to be a member of the board of directors before the term of the member expires, the first term of the person's successor shall be for the remainder of the first person's term.

Expenses

- (5) The members of the Agency shall receive the remuneration and reimbursement for reasonable expenses that the Lieutenant Governor in Council determines.

Chair and vice-chairs

- (6) Subject to subsection (10), the Lieutenant Governor in Council shall designate a chair and at least one vice-chair from among the members of the board of directors.

Chair's role

- (7) The chair shall preside over the meetings of the board of directors.

Absence of chair

- (8) If the chair is absent or otherwise unable to act or if the office is vacant, a vice-chair has all the powers and shall perform the duties of the chair.

Absence of chair and vice-chairs

- (9) In the absence of the chair and the vice-chairs, a director that the board of directors designates shall act as the chair.

Where no designation

- (10) If the Lieutenant Governor in Council has not designated a chair or a vice-chair, the members of the board of directors may select a chair or vice-chair from among their members to hold office as provided for by by-law, until such time as the Lieutenant Governor in Council makes a designation.

Board meetings

- 9** (1) The board of directors of the Agency shall meet regularly throughout the year and in any event shall hold at least four meetings in each calendar year.

Quorum

- (2) A majority of the board of directors constitutes a quorum for the conduct of the business of the board.

Chief executive officer

- 10** (1) The Agency shall appoint and employ a chief executive officer.

Role

- (2) The chief executive officer is responsible for the management and administration of the affairs of the Agency, subject to the supervision and direction of its board of directors.

Restriction

- (3) The chief executive officer shall not be a member of the board of directors of the Agency.

Transition

- (4) A chief executive officer who held office in the corporation that was incorporated under the *Corporations Act* under the name Health Program Initiatives in English and Initiatives pour les programmes de santé in French immediately before the coming into force of this section continues to hold that office in the Agency until their position otherwise ends.

Remuneration

(5) The Minister may fix ranges for the salary or other remuneration and benefits of a chief executive officer and the Agency shall provide a salary or other remuneration and benefits to its chief executive officer within the ranges, if any, that the Minister fixes.

Other employees

11 (1) The chief executive officer may appoint such employees as are considered necessary for the proper conduct of the affairs of the Agency.

Same

(2) Any employees who were employed by the corporation that was incorporated under the *Corporations Act* under the name Health Program Initiatives in English and Initiatives pour les programmes de santé in French immediately before the coming into force of this section continue to be employees of the Agency until their employment otherwise ends.

AFFAIRS OF THE AGENCY

Affairs of Agency

12 (1) Subject to this Act, the board of directors of the Agency shall manage or supervise the management of the activities and affairs of the corporation.

Delegation

(2) Subject to subsection (3), the board of directors may delegate any of its powers or duties under this Act or any other Act to such employees of the Agency as the board considers appropriate and may impose conditions and restrictions with respect to the delegation.

Restrictions

- (3) The board shall not delegate,
- (a) the power to appoint investigators under section 26; or
 - (b) any other power or duty that may be prescribed.

By-laws and resolutions

13 (1) Subject to subsections (4) and (5), the board of directors may make by-laws and pass resolutions regulating its proceedings and generally for the conduct and management of the affairs of the Agency, including establishing committees.

Officers

(2) Without limiting the generality of subsection (1), the board of directors may make by-laws or pass resolutions to appoint officers and assign to them such powers and duties as the board considers appropriate.

Committees

- (3) The board of directors of the Agency shall,
- (a) establish, by by-law, the committees of the board that the Minister, by regulation, specifies;
 - (b) appoint as members of those committees the persons who meet the qualifications, if any, that the Minister specifies in the regulation; and
 - (c) ensure that those committees operate in accordance with the other requirements, if any, that the Minister specifies in the regulation.

Minister's approval

(4) The Minister may require the board of directors to submit a proposed by-law to the Minister for approval before making the by-law concerned and if so, the board shall not make the by-law concerned until the Minister approves it.

Same, after making

- (5) The Minister may require the board of directors to submit a by-law to the Minister for approval and if so,
- (a) the by-law concerned ceases to be effective from the time that the Minister imposes the requirement until the Minister approves the by-law;
 - (b) anything that the board has done in compliance with the by-law concerned before the Minister imposes the requirement is valid; and
 - (c) the board may do anything that, before the Minister imposes the requirement, it has agreed to do.

LIABILITY, INDEMNIFICATION AND JUDGMENTS

Duty of care and indemnification

14 (1) Subject to subsection (2), subsection 134 (1) and section 136 of the *Business Corporations Act* apply with necessary modifications to the Agency, its board of directors and its officers.

Approval of indemnity

(2) The Agency shall not give an indemnity under section 136 of the *Business Corporations Act* to any person unless the indemnity has been approved in accordance with section 28 of the *Financial Administration Act*.

Unpaid judgments against the Agency

15 The Minister of Finance shall pay from the Consolidated Revenue Fund the amount of any judgment against the Agency that remains unpaid after the Agency has made all reasonable efforts, including liquidating its assets, to pay the amount of the judgment.

FISCAL YEAR AND AUDITS

Fiscal year

16 The fiscal year of the Agency commences on April 1 in each year and ends on March 31 of the following year.

Audit

17 (1) The accounts and financial transactions of the Agency shall be audited annually by the Auditor General.

Other audits

(2) In addition to the requirement for an annual audit,

- (a) the Minister may, at any time, review or audit any aspect of the operations of the Agency; and
- (b) the Auditor General may, at any time, audit any aspect of the operations of the Agency.

PART III FUNDING AND ACCOUNTABILITY

Funding of Agency

18 (1) The Minister may provide funding to the Agency on the terms and conditions that the Minister considers appropriate.

Savings

(2) When determining the funding to be provided to the Agency under subsection (1) for a fiscal year, the Minister shall consider whether to adjust the funding to take into account a portion of any savings from efficiencies that the Agency generated in the previous fiscal year and that the Agency proposes to spend on patient care in subsequent fiscal years in accordance with the accountability agreement.

Accountability of Agency

19 (1) The Minister and the Agency shall enter into an accountability agreement.

Accountability agreement

(2) The accountability agreement shall be for more than one fiscal year and shall include,

- (a) performance goals and objectives for the Agency;
- (b) performance standards, targets and measures for the Agency;
- (c) requirements for the Agency to report on the performance of the Agency;
- (d) a plan for spending the funding that the Agency receives under section 18, which spending shall be in accordance with the appropriation from which the Minister has provided the funding to the Agency;
- (e) a progressive performance management process for the Agency; and
- (f) all other prescribed matters, if any.

If no agreement

(3) If the Minister and the Agency are unable to conclude an accountability agreement through negotiations, the Minister may set the terms of the agreement, which shall include the matters set out in clauses (2) (a) to (f).

Reports to Minister

(4) The Agency shall provide to the Minister, within the time and in the form that the Minister specifies, the plans, reports, financial statements, including audited financial statements, and information, other than personal health information, that the Minister requires for the purposes of administering this Act.

Publication

(5) The Agency shall publish a current copy of the accountability agreement on its website.

Directives by Minister

20 (1) Where the Minister considers it to be in the public interest to do so, the Minister may issue directives to any or all of the following:

1. The Agency.
2. A person or entity that receives funding from the Agency under section 21.

Restriction

(2) The Minister shall not issue a directive under subsection (1) that unjustifiably as determined under section 1 of the *Canadian Charter of Rights and Freedoms* requires a religious organization to provide a service that is contrary to the religion related to the organization.

Binding

(3) The Agency or person or entity shall comply with every directive of the Minister.

General or particular

(4) A directive of the Minister may be general or particular in its application.

Non-application of *Legislation Act, 2006*

(5) Part III (Regulations) of the *Legislation Act, 2006* does not apply to directives of the Minister.

Public availability

(6) The Minister shall publish every directive under this section on a website.

Law prevails

(7) For greater certainty, in the event of a conflict between a directive issued under this section and a provision of any applicable Act or rule of any applicable law, the Act or rule prevails.

Funding

21 (1) The Agency may provide funding to a health service provider or integrated care delivery system in respect of health services that the provider or system provides.

Non-health services

(2) The Agency may provide funding to a health service provider, integrated care delivery system or other person or entity in respect of non-health services that support the provision of health care.

Terms and conditions

(3) The funding that the Agency provides under this section shall be on the terms and conditions that the Agency considers appropriate and in accordance with the funding that the Agency receives under section 18, the Agency's accountability agreement and the prescribed requirements, if any.

Assignment of agreements

(4) The Minister may assign to the Agency or another person or entity the Minister's rights and obligations under all or part of an agreement between the Minister and any of the persons and entities described in paragraph 1, 2, or 3, including an agreement to which a person or entity that is not described in those paragraphs is a party:

1. A health service provider.
2. An integrated care delivery system.
3. A person or entity that supports the provision of health care.

Termination date

(5) In an assignment under subsection (4), the Minister may provide that the agreement, or the part of it assigned, terminates on the earliest of,

- (a) the date set out in the agreement;

- (b) the date that the Agency and the health service provider, integrated care delivery system or person or entity that supports the provision of health care enter into a service accountability agreement; and
- (c) the date, as the Minister specifies, that the Agency and the health service provider, integrated care delivery system or person or entity that supports the provision of health care have to enter into a service accountability agreement.

Service accountability agreement

22 (1) Where the Agency proposes under section 21 to provide funding to a delivery organization, the Agency and the delivery organization shall enter into a service accountability agreement.

Notification required

(2) The Agency shall notify a delivery organization that it intends to enter into a service accountability agreement with the delivery organization.

Negotiation

(3) After being notified under subsection (2), the parties shall seek to negotiate the terms and conditions of the service accountability agreement.

Where agreement cannot be negotiated

(4) If the parties have not negotiated a service accountability agreement within 90 days of the notice under subsection (2), then, if the Agency considers it in the public interest to do so, the Agency may deliver a notice of offer to the delivery organization setting out the terms of the proposed service accountability agreement, and the Agency shall notify the Minister of that offer.

Continued negotiations

(5) The delivery organization and the Agency shall continue their negotiations to reach an agreement as soon as practicable after the notice of offer under subsection (4) has been sent by the Agency.

Deemed acceptance

(6) If the Agency and the delivery organization have not reached a negotiated agreement within 60 days after the notice of offer under subsection (4) was sent by the Agency, the notice of offer under subsection (4) shall be deemed to be the service accountability agreement between the Agency and the delivery organization, and the Agency and the delivery organization shall comply with that agreement.

Changes on consent

(7) The Agency and the delivery organization may agree in writing to modify any of the provisions set out in subsection (4), (5) or (6), including to override or waive any of these provisions or to set out a different process for reaching a service accountability agreement, and, if they do so, they shall notify the Minister of such an agreement and the Agency shall post such an agreement on its website.

Saving

(8) Nothing in subsection (4), (5) or (6) prevents the Agency and the delivery organization from negotiating a service accountability agreement during the time periods set out in those subsections.

Amending agreements

(9) This section applies to any proposal to amend any service accountability agreement with any necessary changes.

Definition

(10) In this section,

“delivery organization” means a health service provider, integrated care delivery system or other person or entity that may be funded by the Agency under section 21.

No restriction on patient mobility

23 (1) None of the following shall enter into any agreement or other arrangement that restricts or prevents an individual from receiving services based on the geographic area in Ontario in which the individual resides:

1. The Agency.
2. A health service provider.
3. An integrated care delivery system.
4. Any other person or entity that receives funding under section 21.

Geographic restrictions for home care services

(2) For greater certainty, subsection (1) applies to a service accountability agreement in respect of funding provided by the Agency for the delivery of services by a health service provider, an integrated care delivery system or other person or entity under section 22, but it does not apply to any agreement entered into under the *Home Care and Community Services Act, 1994* that requires a health service provider or integrated care delivery system to deliver services in a specified geographic area in Ontario.

Audits, reviews, etc.

24 The Agency may at any time direct that any person or entity that receives funding from the Agency under section 21,

- (a) engage or permit one or more auditors licensed under the *Public Accounting Act, 2004* to audit the accounts and financial transactions of the person or entity; or
- (b) engage in or permit an operational review or peer review of the activities of the person or entity.

Information and reports

25 (1) The Agency may require that any person or entity to which the Agency provides funding or proposes to provide funding under section 21 provide to the Agency the plans, reports, financial statements, including audited financial statements, and other information, other than personal health information, that the Agency requires for the purposes of exercising its powers and duties under this Act or for the purposes that are prescribed.

Form of reports

(2) A person or entity that is required to provide plans, reports, financial statements or information under subsection (1) shall provide them within the time and in the form that the Agency specifies.

Disclosure of information

(3) The Agency may disclose information that it collects under this Act, other than personal health information, to the Minister, if the Minister requires the information for the purposes of exercising powers and duties under this Act.

Investigators

26 (1) The Agency may, where the Agency considers it in the public interest to do so, appoint one or more investigators to investigate and report on,

- (a) the quality of the management of a health service provider or integrated care delivery system;
- (b) the quality of the care and treatment of persons by a health service provider or an integrated care delivery system; or
- (c) any other matter relating to a health service provider or integrated care delivery system.

Application

(2) Subject to subsections (3) and (4), subsection (1) applies to health service providers and integrated care delivery systems that receive funding from the Agency under section 21.

Exclusion, long-term care homes

(3) Subsection (1) does not apply to a licensee within the meaning of the *Long-Term Care Homes Act, 2007*, and where a licensee within the meaning of that Act is among the persons or entities comprising an integrated care delivery system, this section only applies to the services and operations of the delivery system that are not governed under that Act.

Hospitals

(4) Subsection (1) does not apply to a hospital within the meaning of the *Public Hospitals Act* or to an integrated care delivery system that includes such a hospital, but the Lieutenant Governor in Council, on the advice of the Minister, may appoint one or more investigators with respect to such a hospital or delivery system, and this section applies with necessary modification to an appointment by the Lieutenant Governor in Council.

Notice of appointment

(5) Before appointing an investigator, the Agency shall give notice of its intention to appoint an investigator to the Minister and to the health service provider or integrated care delivery system.

Powers

(6) An investigator may, without a warrant and at reasonable times,

- (a) enter the premises of a health service provider or integrated care delivery system that may be investigated under this section;
- (b) subject to subsection (7), enter any premises where a health service provider or integrated care delivery system that may be investigated under this section provides services; and

- (c) inspect the premises, the services provided on the premises and the records that the investigator determines are relevant to the investigation.

Dwellings

- (7) No investigator shall enter a place that is being used as a dwelling, except with the consent of the occupier.

Identification

- (8) An investigator conducting an investigation shall produce, on request, evidence of their appointment.

Powers of investigator conducting investigation

- (9) An investigator conducting an investigation may,
- (a) require the production of records or anything else that the investigator determines is relevant to the investigation, including books of account, documents, bank accounts, vouchers, correspondence and payroll records, records of staff hours worked and records of personal health information;
 - (b) examine and copy any record or thing required under clause (a);
 - (c) upon giving a receipt and showing the evidence of appointment, remove a record or anything else that the investigator determines is relevant to the investigation for review or copying, as long as the review or copying is carried out with reasonable dispatch and the record or thing is promptly returned;
 - (d) in order to produce a record in readable form, use data storage, information processing or retrieval devices or systems that are normally used in carrying on business in the place; and
 - (e) question a person on matters the investigator determines are relevant to the investigation.

Obligation to produce and assist

- (10) If an investigator requires the production of a record or anything else that the investigator determines is relevant to the investigation under this section, any of the following who has custody of the record or thing shall produce it and, in the case of a record, shall on request provide any assistance that is reasonably necessary to interpret the record or to produce it in a readable form:

1. The health service provider or integrated care delivery system that may be investigated under this section.
2. Any person employed by the provider or system.
3. Any person performing services for the provider or system.

Obligation to comply with questioning

- (11) A person who is questioned by an investigator under clause (9) (e) shall co-operate fully with the investigator.

Same

- (12) If an investigator accesses personal health information under subsection (9), the investigator,
- (a) shall not collect, use or disclose the personal health information if other information will serve the purpose of the investigation;
 - (b) shall not collect, use or disclose more personal health information than is reasonably necessary for the purpose of the investigation; and
 - (c) shall comply with any conditions or requirements that may be prescribed.

Confidentiality

- (13) An investigator and the investigator's agents shall keep confidential all information that comes to the investigator's knowledge in the course of an investigation under this Act and shall not communicate any information to any other person except as required by law or except where the communication is to the Agency or a person employed in or performing services for the Agency.

Report of investigator

- (14) The investigator shall, upon completion of an investigation, make a report in writing to the Agency.

De-identification of personal health information

- (15) Before providing a report to the Agency under subsection (14), the investigator shall ensure that all personal health information is de-identified.

Same

- (16) The Agency shall cause a copy of the report of an investigation, with all personal health information de-identified, to be delivered to the health service provider or integrated care delivery system that is the subject of the investigation.

Public availability

(17) The Agency shall make every report of an investigation available to the public.

Appointment by Minister

(18) Subject to the restrictions described in subsections (3) and (4), the Minister may appoint investigators under this section, and this section applies with necessary modification to such an appointment and investigation.

Supervisor

27 (1) The Minister may appoint a person as a supervisor of a health service provider or an integrated care delivery system where the Minister considers it in the public interest to do so.

Exclusion, long-term care homes

(2) Subsection (1) does not apply to a licensee within the meaning of the *Long-Term Care Homes Act, 2007*, and where a licensee within the meaning of that Act is among the persons or entities comprising an integrated care delivery system, this section only applies to the services and operations of the delivery system that are not governed under that Act.

Hospitals

(3) Subsection (1) does not apply to a hospital within the meaning of the *Public Hospitals Act* or to an integrated care delivery system that includes such a hospital, but the Lieutenant Governor in Council, on the advice of the Minister, may appoint a supervisor with respect to such a hospital or delivery system, and this section applies to such a supervisor.

Integrated care delivery systems, constituents

(4) Subject to subsections (2) and (3), and for greater certainty, the powers of a supervisor appointed under this section for an integrated care delivery system apply to, and are binding on, each constituent person or entity of the integrated care delivery system, and the board or other responsible body of each constituent person or entity.

Notice of appointment

(5) The Minister shall give the board or other responsible body of the health service provider or integrated care delivery system at least 14 days notice before appointing a supervisor or recommending to the Lieutenant Governor in Council that a supervisor be appointed, as the case may be.

Immediate appointment

(6) Subsection (5) does not apply in respect of a health service provider or integrated care delivery system that is governed by a board if there are not enough members on the board to form a quorum.

Term of office

(7) The appointment of a supervisor is valid until terminated by the appointer.

Powers of supervisor

(8) Unless the appointment provides otherwise, a supervisor has the exclusive right to exercise all of the powers of a health service provider or integrated care delivery system and, where the health service provider or integrated care delivery system is owned or operated by a corporation, of the corporation, its board, its officers, members and shareholders.

Same

(9) An appointment may specify the powers and duties of a supervisor appointed under this section and the terms and conditions governing those powers and duties.

Additional powers of supervisor

(10) If, under the appointment, the board or other responsible body of a health service provider or integrated care delivery system continues to have the right to act with regard to any matters, any such act of the board or other responsible body is valid only if approved in writing by the supervisor.

Right of access

(11) A supervisor appointed for a health service provider or an integrated care delivery system has the same rights as the board or other responsible body of the provider or system and of its officers in respect of the documents, records and information of the provider or system.

Restriction

(12) A supervisor,

- (a) shall not collect, use or disclose personal health information if other information will serve the purposes of the supervisor;
- (b) shall not collect, use or disclose more personal health information than is reasonably necessary for the purposes of the supervisor; and

- (c) shall comply with any conditions or requirements relating to the collection, use or disclosure of personal health information that may be prescribed.

Minister's directions

(13) The Minister may issue directions to a supervisor with regard to any matter within the jurisdiction of the supervisor, and the supervisor shall carry out the directions.

Report to Minister

(14) A supervisor shall report to the Minister as required by the Minister.

Disclosure

(15) The Minister shall make any report provided under subsection (14) public.

Personal health information to be removed

(16) Before making the report public, the Minister shall ensure that all personal health information in the report is de-identified.

**PART IV
INTEGRATION**

DEFINITIONS

Definitions

28 In this Part,

“facilitation decision” means a decision of the Agency under section 32; (“décision de facilitation”)

“integration decision” means,

- (a) a facilitation decision,
- (b) an integration order by the Minister under section 33, or
- (c) a decision by the Minister under subsection 35 (8) that orders a health service provider or integrated care delivery system not to proceed with the integration described in the decision. (“décision d’intégration”)

INTEGRATED CARE DELIVERY SYSTEMS

Integrated care delivery system

29 (1) The Minister may designate a person or entity, or a group of persons or entities, as an integrated care delivery system.

Restriction

(2) The Minister shall not make a designation under subsection (1) unless,

- (a) the person, entity or group of persons or entities has the ability to deliver, in an integrated and co-ordinated manner, at least three of the following types of services:
 - (i) hospital services,
 - (ii) primary care services,
 - (iii) mental health or addictions services,
 - (iv) home care or community services,
 - (v) long-term care home services,
 - (vi) palliative care services,
 - (vii) any other prescribed health care service or non-health service that supports the provision of health care services; and
- (b) any prescribed conditions or requirements have been met.

Integrated care delivery systems, constituents

(3) Any obligation, power or decision that, under this Act, applies to an integrated care delivery system applies to, and is binding on, each constituent person or entity of the integrated care delivery system to the extent necessary to make the obligation, power or decision practicable and effective.

INTEGRATION

Identifying integration opportunities

30 The Agency and each health service provider and integrated care delivery system shall separately and in conjunction with each other identify opportunities to integrate the services of the health system to provide appropriate, co-ordinated, effective and efficient services.

Integration by Agency

31 The Agency may integrate the health system by,

- (a) providing or changing funding to a health service provider or integrated care delivery system under section 21; or
- (b) facilitating and negotiating,
 - (i) the integration of persons or entities where at least one of the persons or entities is a health service provider or integrated care delivery system, or
 - (ii) the integration of services between health service providers or integrated care delivery systems or between a provider or a system and a person or entity that is not a provider or a system, but which supports the provision of health care.

Facilitation decision

32 The Agency shall issue a facilitation decision when the Agency facilitates or negotiates,

- (a) the integration of persons or entities where at least one of the persons or entities is a health service provider or an integrated care delivery system; or
- (b) the integration of services between health service providers or integrated care delivery systems or between a health service provider or integrated care delivery system and a person or entity that is neither a health service provider nor an integrated care delivery system but which supports the provision of health care and the parties reach an agreement with respect to that integration.

Required integration

33 (1) The Minister may, if the Minister considers it in the public interest to do so and subject to the other provisions of this section, order one or more health service providers or integrated care delivery systems that receive funding from the Agency to do anything to integrate the health system on or after the date set out in the order, including any or all of the following:

1. To provide all or part of a service or to cease to provide all or part of a service.
2. To provide a service to a certain level, quantity or extent.
3. To transfer all or part of a service from one location to another.
4. To transfer all or part of a service to or to receive all or part of a service from another person or entity.
5. To cease operating, to dissolve or to wind up its operations.
6. To amalgamate with one or more persons or entities that receive funding from the Agency under section 21.
7. To co-ordinate services with or partner with another person or entity that receives funding from the Agency under section 21.
8. To transfer all or substantially all of its operations to one or more persons or entities.
9. To carry out another type of integration of services that is prescribed.
10. To do anything or refrain from doing anything necessary for them to achieve anything under any of paragraphs 1 to 9, including to transfer property to or to receive property from another person or entity in respect of the services or operations affected by the decision.

Restrictions

(2) Despite subsection (1), the Minister shall not,

- (a) issue an order under subsection (1) that unjustifiably, as determined under section 1 of the *Canadian Charter of Rights and Freedoms*, requires a religious organization to provide a service that is contrary to the religion related to the organization;
- (b) issue an order under subsection (1) that requires the transfer of property held for a charitable purpose to a person or entity that is not a charity;
- (c) issue an order under subsection (1) that requires a person or entity that is not a charity to receive property from a person or entity that is a charity and to hold the property for a charitable purpose;

- (d) issue an order under paragraph 5, 6, 7 or 8 of subsection (1) to a board of management described in paragraph 5 of the definition of “health service provider” in subsection 1 (2) or a municipality;
- (e) issue an order under paragraph 5, 6, 7 or 8 of subsection (1) to a health service provider described in paragraph 4 of the definition of “health service provider” in subsection 1 (2), if the service provider is not also described in another paragraph of that definition;
- (f) issue an order under paragraph 5 of subsection (1), in respect of the operation of a long-term care home, to a health service provider described in paragraph 4 of the definition of “health service provider” in subsection 1 (2), if the service provider is also described in another paragraph of that definition;
- (g) issue an order under paragraph 6 of subsection (1) to a health service provider or integrated care delivery system that carries on operations on a not-for-profit basis to amalgamate with one or more health service providers or integrated care delivery systems that carry on operations on a for-profit basis;
- (h) issue an order under paragraph 8 of subsection (1) to a health service provider or integrated care delivery systems that carries on operations on a not-for-profit basis to transfer all or substantially all of its operations to one or more persons or entities that carries on operations on a for-profit basis; or
- (i) issue an order under subsection (1) that requires a health service provider or integrated care delivery system to do anything else that is prescribed.

Notice of proposed order

- (3) At least 30 days before issuing an order under subsection (1), the Minister shall,
 - (a) notify a health service provider or integrated care delivery system that the Minister intends to issue the order;
 - (b) provide a copy of the proposed order to the provider or system; and
 - (c) publish the proposed order on a website.

Submissions

- (4) Any person may make written submissions about the proposed order to the Minister no later than 30 days after the Minister publishes the proposed order on a website.

Issuing a decision

- (5) If at least 30 days have passed since the Minister gave the notice required under subsection (3) and after the Minister has considered any written submissions made under subsection (4), the Minister may issue an integration order under subsection (1), and subsections (3) and (4) do not apply to the issuance of the order.

Variance

- (6) An integration order mentioned in subsection (5) may be different from the proposed order that was the subject of the notice mentioned in subsection (3).

Rules re integration decisions

Prohibition

- 34** (1) No integration decision shall permit a transfer of services that results in a requirement for an individual to pay for those services, except as otherwise permitted by law.

Form of decision

- (2) An integration decision shall set out,
 - (a) the purpose and nature of the integration or proposed integration;
 - (b) the parties to the decision;
 - (c) the actions that the parties to the decision are required to take or not to take, including any time period for doing so;
 - (d) a requirement that the parties to the decision develop a human resources adjustment plan in respect of the integration;
 - (e) the effective date of all transfers of services involved in the integration, if any; and
 - (f) any other matter that the Agency or the Minister, as the case may be, considers relevant.

Notice of decision

- (3) On issuing an integration decision, the Agency or the Minister, as the case may be, shall give the decision to the parties to the decision and publish it on a website.

Non-application of other Act

- (4) The *Statutory Powers Procedure Act* does not apply to an integration decision.

Not a regulation

(5) An integration decision is not a regulation as defined in Part III (Regulations) of the *Legislation Act, 2006*.

Amendment and revocation, Agency

- (6) The Agency may amend or revoke a facilitation decision and,
- (a) subsections (1) to (5) apply to an amendment, with necessary modifications; and
 - (b) subsections (2) to (5) apply to a revocation, with necessary modifications.

Amendment and revocation, Minister

- (7) The Minister may amend or revoke an integration order under section 33 and,
- (a) section 33 and subsections (1) to (5) of this section apply to an amendment, with necessary modifications; and
 - (b) subsections (2) to (5) of this section apply to a revocation, with necessary modifications.

Integration by providers and systems

35 (1) A health service provider or integrated care delivery system may integrate its services with those of another person or entity.

Application of other Act

(2) Nothing in this Act shall be interpreted as preventing the application of the *Public Sector Labour Relations Transition Act, 1997*, in accordance with the terms of that Act, to an integration mentioned in subsection (1).

Notice

(3) If the integration mentioned in subsection (1) relates to services that are funded, in whole or in part, by the Agency, the health service provider or integrated care delivery system,

- (a) shall give notice of the proposed integration to the Minister, unless the regulations provide otherwise;
- (b) may proceed with the proposed integration if the provider or system is not required to give the notice mentioned in clause (a);
- (c) shall not proceed with the proposed integration until 90 days have passed since giving the notice mentioned in clause (a), if the provider or system is required to give the notice and the Minister does not give notice under subsection (6);
- (d) shall not proceed with the proposed integration until 90 days have passed since the Minister gives notice under subsection (6), if,
 - (i) the provider or system is required to give notice under clause (a),
 - (ii) the Minister gives notice under subsection (6), and
 - (iii) the Minister does not issue a decision under subsection (8);
- (e) despite clauses (c) and (d), may proceed with the proposed integration at any time if the Minister notifies the provider or system that the Minister does not intend to give notice of a proposed decision under subsection (6) or issue a decision under subsection (8); and
- (f) shall not proceed with the proposed integration that is the subject of a decision under subsection (8), if the Minister issues such a decision.

Exceptions

(4) Subsection (3) does not apply to an integration that requires a decision of the Minister or a Director under the *Independent Health Facilities Act* or the *Long-Term Care Homes Act, 2007*.

Required contents

- (5) A notice under clause (3) (a) must include,
- (a) a description of the proposed integration, including the identity of the parties involved with the integration;
 - (b) the health service provider's or integrated care delivery system's analysis of any financial implications, service delivery implications, health system implications or human resource implications of the proposed integration, where applicable;
 - (c) where applicable, a description of any community engagement processes that the provider or system used to consider the proposed integration, and a description of any issues that were raised in those consultation processes and the provider's or system's analysis, if any, of those issues;
 - (d) a description of the proposed timing or staging of the implementation of the proposed integration; and

(e) a description of the level of approval received by the provider or system within its organization.

Notice of proposed decision

(6) No later than 90 days after the health service provider or integrated care delivery system gives the notice required under subsection (3), the Minister may,

- (a) request more information about the proposed integration from the provider or system and where such a request has been made,
 - (i) the provider or system shall provide the information within 30 days of the request by the Minister, and
 - (ii) the time limit for the Minister to take the steps set out in this clause and clauses (b) and (c) shall be extended, once only, by an additional 60 days;
- (b) notify the provider or system that the Minister proposes to issue a decision under subsection (8);
- (c) provide a copy of the proposed decision to the provider or system; and
- (d) publish the proposed decision on a website.

Submissions

(7) Any person may make written submissions about the proposed decision to the Minister no later than 30 days after the Minister publishes the proposed decision on a website.

Issuing a decision

(8) If more than 30 days, but no more than 90 days, have passed after the Minister gives notice under subsection (6) and after the Minister has considered any written submissions made under subsection (7), the Minister may, if the Minister considers it in the public interest to do so, issue a decision ordering the health service provider or integrated care delivery system not to proceed with the integration mentioned in the notice under clause (3) (a) or with a part of the integration.

Matters to consider

(9) In issuing a decision under subsection (8), the Minister may consider any matter that the Minister considers relevant.

Variance

(10) An integration decision mentioned in subsection (8) may be different from the proposed decision that was the subject of the notice given under subsection (6).

Compliance

36 (1) A person or entity that is a party to an integration decision shall comply with it.

Corporate powers

(2) Despite any Act, regulation or other instrument related to the corporate governance of a corporation that is subject to an integration decision, including the *Business Corporations Act*, the *Corporations Act*, any articles of incorporation, any letters patent, any supplementary letters patent or any by-laws, the corporation shall be deemed to have the necessary powers to comply with the decision, and for greater certainty, a corporation shall comply with an integration decision despite any requirement for any meeting or approval of any member, shareholder or director of a corporation under any Act, regulation, or other instrument related to the corporate governance of the corporation.

Court order

(3) The Minister may apply to the Superior Court of Justice for an order directing a person or entity that is a party to an integration decision to comply with it.

Transfer of property held for charitable purpose

37 (1) If an integration decision directs a health service provider or integrated care delivery system to transfer to a transferee property that it holds for a charitable purpose, all gifts, trusts, bequests, devises and grants of property that form part of the property being transferred shall be deemed to be gifts, trusts, bequests, devises and grants of property to the transferee.

Specified purpose

(2) If a will, deed or other document by which a gift, trust, bequest, devise or grant mentioned in subsection (1) is made indicates that the property being transferred is to be used for a specified purpose, the transferee shall use it for the specified purpose.

Application

(3) Subsections (1) and (2) apply whether the will, deed or document by which the gift, trust, bequest, devise or grant is made, is made before or after this section comes into force.

Transfers, application of other Act

- 38** (1) The *Public Sector Labour Relations Transition Act, 1997* applies when an integration occurs that is,
- (a) the transfer of all or part of a service of a person or entity under a facilitation decision of the Agency under section 32 or a required integration order of the Minister under section 33;
 - (b) the transfer of all or substantially all of the operations of a health service provider or integrated care delivery system under a facilitation decision of the Agency under section 32 or a required integration order of the Minister under section 33;
 - (c) the amalgamation of two or more persons or entities under a facilitation decision of the Agency under section 32 or under a required integration order made by the Minister under section 33.

Same

- (2) For the purposes of the application of the *Public Sector Labour Relations Transition Act, 1997*,
- (a) the changeover date is the effective date of the integration described in subsection (1) as set out in the facilitation decision or the required integration order, as the case may be;
 - (b) the predecessor employer or employers are,
 - (i) each person or entity from which the service or operations is or are transferred, in the case of an integration described in clause (1) (a) or (b), or
 - (ii) each of the persons or entities that is amalgamated, in the case of an integration described in clause (1) (c); and
 - (c) the successor employer or employers are,
 - (i) each person or entity to which the service or operations is or are transferred, in the case of an integration described in clause (1) (a) or (b), or
 - (ii) the person or entity that exists when the amalgamation takes effect, in the case of an integration described in clause (1) (c).

Exception

(3) Despite subsection (1) but subject to subsection (5), the *Public Sector Labour Relations Transition Act, 1997* does not apply when an integration described in subsection (1) occurs if the following describes the person or entity who would be the successor employer if that Act applied:

1. That person or entity is not a health service provider or an integrated care delivery system.
2. The primary function of that person or entity is not the provision of services within or to the health services sector.

Same, consent of all parties

(4) Despite subsection (1) but subject to subsection (5), the *Public Sector Labour Relations Transition Act, 1997* does not apply when an integration described in subsection (1) occurs if all of the following agree in writing that that Act does not apply to the integration:

1. The person or entity who would be the successor employer if that Act applied.
2. Every bargaining agent that has bargaining rights in respect of a bargaining unit at the person or entity who would be the successor employer if that Act applied.
3. Every bargaining agent that would have bargaining rights in respect of a bargaining unit at the person or entity who would be the successor employer if that Act applied.

Certain provisions still apply

(5) Where the *Public Sector Labour Relations Transition Act, 1997* does not apply to an integration described in subsection (1) of this section by virtue of subsection (3) or an agreement entered into under subsection (4), sections 12 and 36 of that Act are not affected and, if applicable, apply to the integration in question.

Definition

(6) In subsections (7) to (21),

“Board” means the Ontario Labour Relations Board.

Application to Board

(7) Any person, entity or bargaining agent described in paragraph 1, 2 or 3 of subsection (4) may request the Board to make an order declaring that the *Public Sector Labour Relations Transition Act, 1997* does not apply to an integration described in subsection (1) of this section.

Board order

(8) If requested to do so under subsection (7), the Board may by order declare that the *Public Sector Labour Relations Transition Act, 1997*, other than sections 12 and 36 of that Act, does not, despite subsection (1) of this section, apply to the integration in question.

Factors to consider

(9) When deciding whether to make an order under subsection (8), the Board shall consider the factors set out in subsection 9 (3) of the *Public Sector Labour Relations Transition Act, 1997* and the other matters that it considers relevant.

Certain provisions still apply

(10) If the Board makes an order under subsection (8), the order shall specify that it does not affect sections 12 and 36 of the *Public Sector Labour Relations Transition Act, 1997* and that, if applicable, those provisions apply to the integration.

Proceedings before the Board

(11) Subject to subsections (12) to (19), sections 110 to 118 of the *Labour Relations Act, 1995* apply, with necessary modifications, with respect to anything the Board does under this section.

No panels

(12) If the Board is given authority to make a decision, determination or order under this section, it shall be made,

- (a) by the chair or, if the chair is absent or unable to act, by the alternate chair; or
- (b) by a vice-chair selected by the chair in the chair's sole discretion or, if the chair is absent or unable to act, selected by the alternate chair in the alternate chair's sole discretion.

Labour relations officers

(13) The Board may authorize a labour relations officer to inquire into any matter that comes before it under this section and to endeavour to settle the matter.

Rules to expedite proceedings

(14) The Board has, in relation to any proceedings under this section, the same powers to make rules to expedite proceedings as the Board has under subsection 110 (18) of the *Labour Relations Act, 1995*.

Non-application of other Act

(15) Rules made under subsection (14) apply despite anything in the *Statutory Powers Procedure Act*.

Not regulations

(16) Rules made under subsection (14) are not regulations within the meaning of Part III (Regulations) of the *Legislation Act, 2006*.

Interim orders

(17) The Board may make interim orders with respect to a matter that is or will be the subject of a pending or intended proceeding.

Timing

(18) The Board shall make decisions, determinations and orders under this Act in an expeditious fashion.

No appeal

(19) A decision, determination or order made by the Board is final and binding for all purposes.

Application of other provisions

(20) Subsections 96 (6) and (7) and sections 122 and 123 of the *Labour Relations Act, 1995* apply, with necessary modifications, with respect to proceedings before the Board and its decisions, determinations and orders under this section.

Non-application of *Arbitration Act, 1991*

(21) The *Arbitration Act, 1991* does not apply with respect to a proceeding before the Board under this section.

PART V TRANSFERS

Definitions

39 In this Part,

“transfer” means a transfer pursuant to an order under subsection 40 (1); (“transfert”)

“transfer recipient” means the Agency, health service provider or integrated care delivery system to which assets, liabilities, rights, obligations or employees are being transferred pursuant to an order under subsection 40 (1); (“destinataire du transfert”)

“transferor” means an organization from which assets, liabilities, rights, obligations or employees are being transferred pursuant to an order under subsection 40 (1). (“auteur du transfert”)

Transfer order

40 (1) Despite anything in any other Act, but subject to subsection (3) and the processes and requirements set out in this Part and any regulations made under this Part, the Minister may make an order,

- (a) transferring all or part of the assets, liabilities, rights and obligations, including, for greater certainty, any rights or obligations under a funding agreement or accountability agreement of an organization listed in subsection (2) to the Agency, a health service provider or an integrated care delivery system; and
- (b) transferring all or some of the employees of an organization listed in subsection (2) to the Agency, a health service provider or an integrated care delivery system.

Organizations

(2) The following are the organizations for the purposes of subsection (1):

- 1. Cancer Care Ontario.
- 2. eHealth Ontario.
- 3. HealthForceOntario Marketing and Recruitment Agency.
- 4. Health Shared Services Ontario.
- 5. Ontario Health Quality Council.
- 6. Trillium Gift of Life Network.
- 7. Any local health integration network.
- 8. Any other prescribed organization that receives funding from the Ministry or the Agency and that provides programs or services that are consistent with the objects of the Agency.

Notification requirement

(3) Before the Minister makes an order under subsection (1), the Minister shall notify the Agency and each affected transferor and transfer recipient.

Information for preparation, etc.

- (4) For the purpose of preparing for and determining the content of an order or potential order under subsection (1),
 - (a) the Minister may require an organization to provide to the Minister information, including personal information, relating to its operations, employees, assets, liabilities, rights and obligations; and
 - (b) the Minister may collect personal information from the organization.

Format

(5) The Minister may require that the information be provided in the format specified by the Minister.

Compliance

(6) An organization shall comply with a requirement under this section.

Exclusion, personal health information

(7) For greater certainty, the authority of the Minister to require an organization to provide and of the Minister to collect personal information under this section does not include the authority to require the provision or authorize the collection of personal health information.

No notice to individual

(8) Any collection by the Minister of personal information under this section is exempt from the application of subsection 39 (2) of the *Freedom of Information and Protection of Privacy Act*.

Consistent purpose

(9) For the purposes of the *Freedom of Information and Protection of Privacy Act*, personal information collected under subsection (4) of this section may be used by the Ministry for the purpose described in that subsection, and that use shall be deemed to be for a purpose that is consistent with the purpose for which the personal information was obtained or compiled.

Contents of order

- (10) An order made under subsection (1),
- (a) shall provide for the assets, liabilities, rights, obligations or employees that are to be transferred;
 - (b) shall specify a date on which the transfer of assets, liabilities, rights, obligations or employees, as the case may be, takes effect; and
 - (c) may specify that issues arising out of the interpretation of the order be resolved by the method specified in the order.

Non-application of *Legislation Act, 2006*

- (11) Part III (Regulations) of the *Legislation Act, 2006* does not apply to an order made under subsection (1).

Notice of order

- (12) The Minister shall provide the transferor and transfer recipient with a copy of the order, and shall publish the order on a website.

Same

- (13) The transferor and transfer recipient that receives a copy of an order provided under subsection (12) shall,
- (a) provide notice of the order and make copies available to affected employees and their bargaining agents and to other persons or entities whose contracts are affected by the order; and
 - (b) publish the order on a website.

Assumption of rights, obligations, etc.

- 41** (1) If the Minister makes an order under section 40,
- (a) the transfer recipient assumes the operations, activities and affairs of the transferor, as of the date of the transfer; and
 - (b) the assets, liabilities, rights and obligations of the transferor that are provided for in the order, including contractual rights, interests, approvals, registrations and entitlements, that exist immediately before the transfer date continue as the assets, liabilities, rights and obligations of the transfer recipient and are transferred to the transfer recipient.

Convictions, rulings etc.

- (2) Where a transfer involves transferring the assets, liabilities, rights and obligations of a transferor to a transfer recipient, a conviction against, or ruling, order or judgment in favour of or against a transferor may be enforced by or against the transfer recipient.

Civil actions, etc.

- (3) Where a transfer involves transferring the assets, liabilities, rights and obligations of a transferor to a transfer recipient, the transfer recipient shall be deemed to be the party plaintiff or the party defendant, as the case may be, in any civil action commenced by or against a transferor before the date of the transfer.

No change of control

- (4) A transfer shall not constitute a change of control of the transferor in respect of any asset, liability, right or obligation of the transferor affected by the transfer.

No breach, etc.

- (5) A transfer is deemed not to,
- (a) constitute a breach, termination, repudiation or frustration of any agreement, including a contract of employment or insurance or a collective agreement;
 - (b) constitute a breach of any Act, regulation or municipal by-law;
 - (c) constitute an event of default or force majeure;
 - (d) give rise to a breach, termination, repudiation or frustration of any licence, permit or other right;
 - (e) give rise to any right to terminate or repudiate an agreement, licence, permit or other right; or
 - (f) give rise to any estoppel.

No new cause of action

- (6) A transfer does not create any new cause of action in favour of,
- (a) a holder of a debt instrument that was issued by a transferor before the transfer; or
 - (b) a party to an agreement with a transferor that was entered into before the transfer.

Transfer binding

(7) Despite any other Act that requires notice or registration of a transfer, a transfer is binding on the transfer recipient and all other persons.

Non-application of other Acts

(8) The *Land Transfer Tax Act* and the *Retail Sales Tax Act* do not apply to the transfer.

Application of FIPPA

(9) For greater certainty, the *Freedom of Information and Protection of Privacy Act* applies to a record that is transferred from a transferor to an institution within the meaning of that Act unless the record was in the custody or control of a transferor who was not an institution within the meaning of that Act as of the date on which an order under section 40 in respect of the transferor was issued.

Transfer of property held for specified charitable purpose

(10) If a Minister's order transfers to a transfer recipient property that a transferor holds for a specified charitable purpose, the transfer recipient shall use it for the specified charitable purpose.

Application

(11) Subsection (10) applies whether the will, deed or other document by which the gift, trust, bequest, devise or grant is made is executed before or after this section comes into force.

Regulations

(12) The Lieutenant Governor in Council may make regulations,

- (a) prescribing agreements to which subsections (5) and (6) do not apply;
- (b) prescribing Acts, in addition to those listed in subsection (8), that do not apply to the transfer.

Employees continued

42 (1) Persons who are employees of a transferor immediately before the transfer become employees of the transfer recipient as of the date of the transfer.

Same

(2) For all purposes, the employment of the employees described in subsection (1) immediately before and after the transfer is continuous.

Same

(3) For all purposes, including the purposes of an employment contract, a collective agreement and the *Employment Standards Act, 2000*, the employment of the employees described in subsection (1) of this section is not terminated or severed and those employees are not constructively dismissed because of the transfer.

Terms of employment

(4) All rights, duties and liabilities relating to all employees and former employees of a transferor that are vested in or bind the transferor immediately before the effective date of the transfer are vested in or bind the transfer recipient instead of the transferor immediately after the transfer.

Dissolution order

43 (1) The Minister may make an order to dissolve an organization that is listed in subsection 40 (2).

Dissolution of organization

(2) If the Minister makes an order under subsection (1), the organization affected by the order is dissolved as of the date specified in the order, despite any requirement that would otherwise apply under any other Act.

Members terminated

(3) The persons who are the members of the organization affected by the order immediately before the dissolution cease to be members on the day of the dissolution.

Directors terminated

(4) The terms of office of the directors and officers of the organization affected by the order who are in office immediately before its dissolution are terminated on the day of the dissolution.

Filings

(5) The chair and chief executive officer of the Agency shall make any filings or reports that the organization may have made or that it would have been required to make before its dissolution, and the chair and chief executive officer are deemed to have all the rights of a member, director or officer of the organization to make the filings or reports.

No change of control

(6) The dissolution of an organization affected by the order shall not constitute a change of control of the organization in respect of its assets, liabilities, rights or obligations.

**PART VI
GENERAL**

Community engagement

44 (1) The Agency, integrated care delivery systems and health service providers shall establish mechanisms for engaging with patients, families, caregivers, health sector employees and others as part of their operational planning processes in accordance with the regulations, if any.

Duties

- (2) In fulfilling its duties under subsection (1), the Agency shall,
- (a) engage the prescribed Indigenous health planning entities in a manner that recognizes the role of Indigenous peoples in the planning and delivery of health services in their communities;
 - (b) engage the prescribed French language health planning entities;
 - (c) engage the Minister's Patient and Family Advisory Council established under the *Ministry of Health and Long-Term Care Act*; and
 - (d) meet any additional engagement requirements that may be provided for in the regulations.

Public interest

45 In making a decision in the public interest under this Act, the Lieutenant Governor in Council, the Minister or the Agency, as the case may be, may consider any matter they regard as relevant, including, without limiting the generality of the foregoing,

- (a) the quality of the management and administration of the Agency, the health service provider, the integrated care delivery system or the other person or entity that receives funding from the Agency under section 21, as the case may be;
- (b) the proper management of the health care system in general;
- (c) the availability of financial resources for the management of the health care system and for the delivery of health care services;
- (d) accessibility to health services; and
- (e) the quality of the care and treatment of patients.

Extinguishment of causes of action

46 (1) Subject to subsections (5) and (8), no cause of action arises against any of the following with respect to any act done or omitted to be done or any decision, directive, standard, regulation or order made or issued under this Act, the *Trillium Gift of Life Network Act*, or the *Excellent Care for All Act, 2010* that is done in good faith in the execution or intended execution of a power or duty under any of those Acts:

1. The Crown.
2. Any current or former member of the Executive Council, including the Minister.
3. The Agency.
4. Any current or former member, director or officer of the Agency or a volunteer of the Agency.
5. Any current or former employee, agent or adviser of the Crown or the Agency.
6. Any current or former investigator or supervisor appointed under this Act, or any current or former member of their staffs.

Same, transfer orders

(2) No cause of action arises against a current or former director, officer or employee of a transferor or transfer recipient in respect of a claim arising in connection with a transfer order made under this Act.

Proceedings barred

(3) No proceeding, including but not limited to any proceeding for a remedy in contract, restitution, unjust enrichment, tort, trust or fiduciary obligation, or any remedy under any statute, that is directly or indirectly based on or related to anything referred to in subsection (1) or (2) may be brought or maintained against a person referred to in those subsections.

Application

(4) Subsection (3) applies to any action or other proceeding claiming any remedy or relief, including specific performance, injunction, declaratory relief, any form of compensation or damages, or any other remedy or relief, and includes a proceeding to enforce a judgment or order made by a court or tribunal outside of Canada.

Health services

(5) Nothing in subsection (1), (3) or (4) prevents a claim for compensation or damages against the Agency with respect to the delivery of health services by the Agency to an individual, and, for greater certainty, the Agency does not deliver services when the Agency funds services under section 21 to be delivered by a health service provider, an integrated care delivery system or other person or entity.

No compensation

(6) Despite any other Act, but subject to subsection (8), no person or entity, including a health service provider or integrated care delivery system, is entitled to any compensation for any loss or damages, including loss of revenue or loss of profit, arising from any direct or indirect action that the Lieutenant Governor in Council, the Minister or the Agency takes under this Act, including an integration decision or a transfer order .

Same, transfer of property

(7) Despite any other Act, but subject to subsection (8), no person or entity, including a health service provider or integrated care delivery system, is entitled to compensation for any loss or damages, including loss of use, loss of revenue and loss of profit, arising from the transfer of property under a decision or order made under this Act, including an integration decision or a transfer order.

Exception

(8) If an integration decision directs a health service provider or integrated care delivery system to transfer property to or to receive property from a person or entity, a person or entity, including a health service provider or integrated care delivery system, who suffers a loss resulting from the transfer is entitled to compensation as prescribed in respect of the portion of the loss that relates to the portion of the value of the property that was not acquired with money received from the Government of Ontario, the Agency or any other agency of the Government, whether or not it is a Crown agent.

No expropriation

(9) Nothing in this Act and nothing done or not done in accordance with this Act constitutes an expropriation or injurious affection for the purposes of the *Expropriations Act* or otherwise at law.

Agency dissolution

47 If the Minister considers it to be in the public interest to wind up the affairs of the Agency, the Minister may do all things necessary to accomplish that, including dealing with the assets and liabilities of the Agency by,

- (a) liquidating or selling the assets and paying the proceeds into the Consolidated Revenue Fund,;
- (b) transferring the assets and liabilities to the Crown, including another agency of the Crown; or
- (c) transferring the Agency's employees to the Crown or to another agency of the Crown.

PART VII REGULATIONS

Regulations

48 (1) The Lieutenant Governor in Council may make regulations,

- (a) specifying persons or entities that are included in or excluded from the definition of "health service provider" in subsection 1 (2);
- (b) exempting the Agency, a health service provider, an integrated care delivery system or any other person or entity from any provision of this Act or the regulations, and specifying circumstances in which the exemption applies;
- (c) prescribing provisions of the *Corporations Act* and the *Corporations Information Act* or any successor to those Acts that apply to the Agency and the modifications with which those provisions are to so apply;
- (d) specifying persons who may not be appointed as members of the Agency;
- (e) governing funding that the Agency provides to a health service provider, to an integrated care delivery system or to any other person or entity to which the Agency may provide funding under section 21;
- (f) requiring a health service provider, integrated care delivery system, or other person or entity that receives funding from the Agency under section 21 to institute a system for reconciling the funding that it receives from the Agency on the basis set out in the regulation, including,

- (i) requiring the provider, system, person or entity to pay the Agency for any excess payment of funding, and
- (ii) allowing the Agency to recover any excess payment of funding by deducting the excess from subsequent payments to the provider, system, person or entity;
- (g) governing the content or terms and conditions of a service accountability agreement and respecting the process for making a service accountability agreement;
- (h) governing designations of integrated care delivery systems under section 29, and prescribing conditions and requirements that must be met before a designation may be made under that section;
- (i) governing and respecting matters that relate to or arise as a result of a transfer of property under an integration decision under Part IV, including matters related to present and future rights, privileges and liabilities;
- (j) governing and respecting matters that relate to or arise as a result of transfer orders issued under Part V;
- (k) governing engagement mechanisms under section 44;
- (l) governing compensation payable under subsection 46 (8), including who pays the compensation, the amount payable, how the loss for which compensation is payable is to be determined and how the portion of the value of the property that was not acquired with money from the Government of Ontario, the Agency or any other agency of the Government is to be determined;
- (m) defining, for the purposes of this Act, any word or expression used in this Act that has not already been expressly defined in this Act;
- (n) respecting any matter that this Act describes as being prescribed or provided for in the regulations;
- (o) governing transitional matters that may arise due to the enactment of this Act or any amendments, repeals or revocations made by the *The People's Health Care Act, 2019*, including, without in any way limiting the generality of the foregoing, clarifying the application of any provisions and governing situations where a provision has been repealed or revoked and a related provision has not;
- (p) respecting any other matter that the Lieutenant Governor in Council consider necessary or desirable for carrying out the purposes and provisions of this Act.

Minister's regulations

- (2) The Minister may make regulations governing any matter that may be dealt with by regulation under section 13.

Conflict

- (3) If there is a conflict between a regulation made under clause (1) (o) and any Act or any other regulation, the regulation made under that clause prevails.

PART VIII AMENDMENTS TO THIS ACT

Amendments to this Act

49 (1) Paragraph 1 of the definition of "health service provider" in subsection 1 (2) of this Act is amended by striking out "or a private hospital within the meaning of the *Private Hospitals Act*" at the end and substituting "or a community health facility within the meaning of the *Oversight of Health Facilities and Devices Act, 2017* that was formerly licensed under the *Private Hospitals Act*".

(2) Paragraph 15 of the definition of "health service provider" in subsection 1 (2) of this Act is repealed and the following substituted:

15. A community health facility within the meaning of the *Oversight of Health Facilities and Devices Act, 2017*.

(3) Subsection 5 (1) of this Act is repealed and the following substituted:

Other Acts

(1) The *Not-for-Profit Corporations Act, 2010* and the *Corporations Information Act* do not apply to the Agency, except as prescribed.

(4) Clause 6 (c) of this Act is amended by striking out "*Trillium Gift of Life Network Act*" at the end and substituting "*Gift of Life Act*".

(5) Subsection 35 (4) of this Act is repealed and the following substituted:

Exceptions

(4) Subsection (3) does not apply to an integration that requires a decision of the Minister, a director or the executive officer under the *Oversight of Health Facilities and Devices Act, 2017* or the *Long-Term Care Homes Act, 2007*.

(6) Subsection 36 (2) of this Act is amended by striking out “the *Corporations Act*” and substituting “the *Not-for-Profit Corporations Act, 2010*”.

(7) Subsection 46 (1) of this Act is amended by striking out “*Trillium Gift of Life Network Act*” in the portion before paragraph 1 and substituting “*Gift of Life Act*”.

**PART IX
COMMENCEMENT AND SHORT TITLE**

Commencement

50 The Act set out in this Schedule comes into a force on a day to be named by proclamation of the Lieutenant Governor.

Short title

51 The short title of the Act set out in this Schedule is the *Connecting Care Act, 2019*.

SCHEDULE 2
MINISTRY OF HEALTH AND LONG-TERM CARE ACT

1 The *Ministry of Health and Long-Term Care Act* is amended by adding the following section:

Councils

8.1 (1) The Minister shall establish the following councils:

1. An Indigenous health council to advise the Minister about health and service delivery issues related to Indigenous peoples.
2. A French language health services advisory council to advise the Minister about health and service delivery issues related to francophone communities.

Members

(2) The Minister shall appoint the members of each of the councils established under subsection (1) who shall be representatives of the organizations that are prescribed.

2 Section 12 of the Act is amended by adding the following clause:

- (0.b) prescribing organizations for the purposes of subsection 8.1 (2);

Commencement

3 This Schedule comes into force on a day to be named by proclamation of the Lieutenant Governor.

**SCHEDULE 3
REPEALS, REVOCATIONS AND CONSEQUENTIAL AND RELATED AMENDMENTS**

Anti-Racism Act, 2017

1 (1) Clause (g) of the definition of “public sector organization” in subsection 1 (1) of the *Anti-Racism Act, 2017* is repealed.

(2) Clause (h) of the definition of “public sector organization” in subsection 1 (1) of the Act is repealed and the following substituted:

(h) a health service provider within the meaning of the *Local Health System Integration Act, 2006*,

(3) Clause (h) of the definition of “public sector organization” in subsection 1 (1) of the Act, as re-enacted by subsection (2), is repealed.

(4) The definition of “public sector organization” in subsection 1 (1) of the Act is amended by adding the following clause:

(h.1) a health service provider within the meaning of the *Connecting Care Act, 2019*;

(5) The definition of “public sector organization” in subsection 1 (1) of the Act is amended by adding the following clause:

(h.2) a community health facility within the meaning of the *Oversight of Health Facilities and Devices Act, 2017* that was formerly licensed under the *Private Hospitals Act* and that received public funds in the previous fiscal year of the Government of Ontario,

Broader Public Sector Accountability Act, 2010

2 (1) The definition of “local health integration network” in subsection 1 (1) of the *Broader Public Sector Accountability Act, 2010* is repealed.

(2) Subsection 1 (1) of the Act is amended by adding the following definition:

“Ontario Health” means the corporation continued by section 3 of the *Connecting Care Act, 2019*; (“Santé Ontario”)

(3) Subsection 5 (1) of the Act is repealed and the following substituted:

Reporting by Ontario Health, LHINS

(1) Ontario Health and every local health integration network shall prepare reports approved by the board of Ontario Health or the local health integration network, as the case may be, concerning the use of consultants by Ontario Health or the local health integration network.

(4) Subsection 5 (1) of the Act, as re-enacted by subsection (3), is repealed and the following substituted:

Reporting by Ontario Health

(1) Ontario Health shall prepare reports approved by its board concerning its use of consultants.

(5) Subsection 5 (2) of the Act is amended by adding “Ontario Health and to” before “local health integration networks” in the portion before clause (a).

(6) Subsection 5 (2) of the Act, as amended by subsection (5), is amended by striking out “and to local health integration networks” in the portion before clause (a).

(7) Subsection 5 (3) of the Act is amended by adding “Ontario Health and” at the beginning.

(8) Subsection 5 (3) of the Act, as amended by subsection (7), is amended by striking out “and every local health integration network”.

(9) Clause 6 (2) (b) of the Act is amended by striking out “in addition to the board of the local health integration network, to” at the beginning.

(10) Subsection 8 (1) of the Act is repealed and the following substituted:

Public posting of expenses

(1) Ontario Health, every local health integration network and every hospital shall, in compliance with directives made under subsection (2), post on its public website information about expense claims that is required to be posted under the directives.

(11) Subsection 8 (1) of the Act, as re-enacted by subsection (10), is amended by striking out “every local health integration network”.

(12) Subsection 14 (1) of the Act is amended by striking out the portion before clause (a) and substituting the following:

Ontario Health, LHINs

(1) The Agency and every local health integration network shall prepare attestations, made by its chief executive officer and approved by its board, attesting to,

(13) Subsection 14 (1) of the Act, as amended by subsection (12), is amended by striking out “and every local health integration network” in the portion before clause (a).

(14) Subsections 14 (3) and (4) of the Act are amended by adding “Ontario Health and” at the beginning.

(15) Subsections 14 (3) and (4) of the Act, as amended by subsection (14), are amended by striking out “and every local health integration network” wherever it appears.

(16) Section 17 of the Act is repealed and the following substituted:

Ontario Health, LHINs

17 Every obligation of Ontario Health and of a local health integration network under this Act is deemed to be an obligation they are required to comply with under the terms of an accountability agreement required under the *Local Health System Integration Act, 2006* or under the *Connecting Care Act, 2019*.

(17) Section 17 of the Act, as re-enacted by subsection (16), is repealed and the following substituted:

Ontario Health

17 Every obligation of Ontario Health under this Act is deemed to be an obligation it is required to comply with under the terms of the accountability agreement required under the *Connecting Care Act, 2019*.

(18) Section 18 of the Act is amended by striking out “required under section 20 of the *Local Health System Integration Act, 2006*” at the end and substituting “entered into between the hospital and a local health integration network under the *Local Health System Integration Act, 2006* or between the hospital and Ontario Health under the *Connecting Care Act, 2019*”.

(19) Section 18 of the Act, as amended by subsection (18), is amended by striking out “the hospital and a local health integration network under the *Local Health System Integration Act, 2006* or between”.

(20) Subsection 20 (1) of the Act is repealed and the following substituted:

Employment agreements

(1) Every employment or other agreement between a hospital, a local health integration network or Ontario Health and a person employed by the hospital, the network or Ontario Health in a senior management position is deemed to contain a term providing that the obligations of the hospital, the network or Ontario Health under this Act are also the obligations of the person employed by the hospital, the network or Ontario Health.

(21) Subsection 20 (1) of the Act, as re-enacted by subsection (20), is repealed and the following substituted:

Employment agreements

(1) Every employment or other agreement between a hospital or Ontario Health and a person employed by the hospital or Ontario Health in a senior management position is deemed to contain a term providing that the obligations of the hospital or Ontario Health under this Act are also the obligations of the person employed by the hospital or Ontario Health.

(22) Subsection 20 (2) of the Act is repealed and the following substituted:

Reduction in compensation

(2) Despite any employment or other agreement, the board of a hospital, a local health integration network or Ontario Health may, in addition to any other remedy under the agreement or at common law, reduce the compensation of a person employed in a senior management position where the board determines that the person has failed to meet a requirement under this Act.

Same, private hospitals

(3) Despite any employment or other agreement, the superintendent of a private hospital may, in addition to any other remedy under the agreement or at common law, reduce the compensation of a person employed in a senior management position where the superintendent determines that the person has failed to meet a requirement under this Act.

(23) Subsection 20 (2) of the Act, as re-enacted by subsection (22), is amended by striking out “a local health integration network”.

(24) Subsection 20 (3) of the Act, as enacted by subsection (22), is repealed.

Cancer Act

3 (1) Subsection 2 (1) of the *Cancer Act* is repealed and the following substituted:

Members

(1) The Foundation shall consist of the members appointed by the Lieutenant Governor in Council who shall hold office during pleasure.

(2) **The Act is repealed.**

(3) **A proclamation may provide for the repeal of different provisions of the Act on different dates.**

Commitment to the Future of Medicare Act, 2004

4 The preamble to the *Commitment to the Future of Medicare Act, 2004* is amended by striking out “Recognize the importance of an Ontario Health Quality Council that would report to the people of Ontario on the performance of their health system to support continuous quality improvement”.

Crown Foundations Act, 1996

5 The definition of “institution” in section 1 of the *Crown Foundations Act, 1996* is amended by striking out “the Ontario Cancer Treatment and Research Foundation”.

Employment Standards Act, 2000

6 Section 74.2.1 of the *Employment Standards Act, 2000* is repealed.

Excellent Care for All Act, 2010

7 (1) Section 1 of the *Excellent Care for All Act, 2010* is amended by adding the following definition:

“Agency” means the corporation continued by section 3 of the *Connecting Care Act, 2019*; (“Agence”)

(2) **The definition of “Council” in section 1 of the Act is repealed.**

(3) **The definition of “health sector organization” in section 1 of the Act is amended by adding “and” at the end of clause (c) and by striking out clause (c.1).**

(4) **Subsection 8 (4) of the Act is repealed.**

(5) **Subsection 8 (5) of the Act is repealed.**

(6) **Subsection 10 (2) of the Act is amended by striking out “no fewer than nine and”.**

(7) **Sections 10 to 13.0.1 of the Act are repealed.**

(8) **Subsection 13.1 (3) of the Act is amended by striking out “The Council shall employ” at the beginning and substituting “The Agency shall employ”.**

(9) **Subsection 13.1 (4) of the Act is amended by striking out “the Council shall provide” and substituting “the Agency shall provide”.**

(10) **Subsection 13.1 (5) of the Act is amended by striking out “Council” and substituting “Agency”.**

(11) **The definition of “patient or former patient” in subsection 13.1 (9) of the Act is amended by striking out clause (c).**

(12) **Subsection 13.5 (4) of the Act is amended by striking out “the Council’s website” and substituting “a website”.**

(13) **Subsections 13.6 (1) and (2) of the Act are amended by striking out “Council” wherever it appears and substituting in each case “Agency”.**

(14) **Subsection 13.6 (3) of the Act is repealed and the following substituted:**

Disclosure

(3) The Agency may disclose personal health information,

(a) for purposes related to the functions of the patient ombudsman; or

(b) where it is required by law or by an agreement or arrangement made under the authority of a statute of Ontario or Canada.

Other information

(4) In exercising their powers under this Act, the patient ombudsman and the Agency shall not collect, use or disclose personal information if other information will serve the purpose of the collection, use or disclosure.

Extent of information

(5) In exercising their powers under this Act, the patient ombudsman and the Agency shall not collect, use or disclose more personal health information than is reasonably necessary to meet the purpose of the collection, use or disclosure.

(15) **Section 13.6.1 of the Act is amended by striking out “Council’s” and substituting “Agency’s”.**

- (16) Subsection 13.7 (1) of the Act is repealed.
- (17) Subsection 13.7 (3) of the Act is amended by striking out “Council” and substituting “Agency”.
- (18) Clause (a) of the definition of “care provider” in subsection 13.8 (5) of the Act is repealed.
- (19) The definition of “care provider” in subsection 13.8 (5) of the Act is amended by adding the following clause:
 - (a.1) a health service provider within the meaning of the *Connecting Care Act, 2019*,
- (20) Clauses 16 (1) (d) to (m) of the Act are repealed.
- (21) Clause 16 (1) (m.1) of the Act is amended by striking out “Council” and substituting “Agency” and by adding “under this Act” at the end.
- (22) Clause 16 (1) (n) of the Act is amended by striking out “Council” at the end and substituting “Agency under this Act”.
- (23) Clauses 16 (1) (o) to (t) of the Act are repealed.
- (24) A proclamation may provide for the repeal of different provisions of the Act on different dates.

Health Facilities Special Orders Act

- 8 (1) Section 8 of the *Health Facilities Special Orders Act* is amended by adding “the Agency within the meaning of the *Connecting Care Act, 2019*” after “*Local Health System Integration Act, 2006*”.
- (2) Section 8 of the Act, as amended by subsection (1), is amended by striking out “a local health integration network as defined in section 2 of the *Local Health System Integration Act, 2006*”.

Health Protection and Promotion Act

- 9 (1) Subsections 67 (5) and (6) of the *Health Protection and Promotion Act* are repealed.
- (2) Paragraph 9.1 of the definition of “health care provider or health care entity” in subsection 77.7 (6) of the Act is repealed.

Home Care and Community Services Act, 1994

- 10 (1) The definition of “local health integration network” in subsection 2 (1) of the *Home Care and Community Services Act, 1994* is repealed.
- (2) The definition of “service accountability agreement” in subsection 2 (1) of the Act is repealed and the following substituted:

“service accountability agreement” means,

 - (a) a service accountability agreement, as defined in subsection 2 (1) of the *Local Health System Integration Act, 2006*, and
 - (b) a service accountability agreement, as defined in subsection 1 (1) of the *Connecting Care Act, 2019*. (“entente de responsabilisation en matière de services”)
- (3) The definition of “service accountability agreement” in subsection 2 (1) of the Act, as re-enacted by subsection (2), is repealed and the following substituted:

“service accountability agreement” means a service accountability agreement, as defined in subsection 1 (1) of the *Connecting Care Act, 2019*. (“entente de responsabilisation en matière de services”)
- (4) Subclause 5 (1) (a) (i) of the Act is amended by striking out “or under the *Local Health System Integration Act, 2006*” and substituting “under the *Local Health System Integration Act, 2006* or under the *Connecting Care Act, 2019*”.
- (5) Subclause 5 (1) (a) (i) of the Act, as amended by subsection (4), is amended by striking out “under the *Local Health System Integration Act, 2006*”.
- (6) Clause 25 (2) (e) of the Act is amended by striking out “with a local health integration network”.
- (7) Subsection 28 (2) of the Act is amended by striking out “Subject to subsection (3),” at the beginning.
- (8) Subsection 28 (3) of the Act is repealed.
- (9) The heading to Part VII.1 of the Act is repealed and the following substituted:

**PART VII.1
PROVISION OF COMMUNITY SERVICES**

- (10) The heading to Part VII.1 of the Act, as re-enacted by subsection (9), is repealed and the following substituted:

**PART VII.1
FUNDING**

- (11) Sections 28.1 to 28.4 of the Act are repealed.
- (12) Subsection 28.5 (1) of the Act is amended by adding “or an approved agency” after “network”.
- (13) Subsection 28.5 (1) of the Act, as amended by subsection (12), is amended by striking out “a local health integration network or”.
- (14) Subsection 28.5 (4) of the Act is amended by adding “or an approved agency” after “network” in the portion before paragraph 1.
- (15) Subsection 28.5 (4) of the Act, as amended by subsection (14), is amended by striking out “a local health integration network or” in the portion before paragraph 1.
- (16) Paragraphs 1 to 5 of subsection 28.5 (4) of the Act are amended by adding “or agency” after “network” wherever it appears.
- (17) Paragraphs 1 to 5 of subsection 28.5 (4) of the Act, as amended by subsection (16), are amended by striking out “network or” wherever it appears.
- (18) Paragraph 6 of subsection 28.5 (4) of the Act is amended by adding “or approved agency” after “network”.
- (19) Paragraph 6 of subsection 28.5 (4) of the Act, as amended by subsection (18), is amended by striking out “local health integration network or”.
- (20) Paragraph 7 of subsection 28.5 (4) of the Act is amended by adding “or agency” after “network” in the portion before subparagraph i.
- (21) Paragraph 7 of subsection 28.5 (4) of the Act, as amended by subsection (20), is amended by striking out “network or” in the portion before subparagraph i.
- (22) Subsection 28.5 (5) of the Act is amended by striking out “local health integration network, any member, director or officer of a local health integration network, or any person employed by the Crown, the Minister or a local health integration network” and substituting “local health integration network or an approved agency, any member, director or officer of a local health integration network or an approved agency, or any person employed by the Crown, the Minister, a local health integration network or an approved agency”.
- (23) Subsection 28.5 (5) of the Act, as amended by subsection (22), is amended by striking out “a local health integration network or an approved agency, any member, director or officer of a local health integration network or an approved agency, or any person employed by the Crown, the Minister, a local health integration network or an approved agency” and substituting “an approved agency, any member, director or officer of an approved agency, or any person employed by the Crown, the Minister or an approved agency”.
- (24) Clause 31 (b) of the Act is amended by striking out “with a local health integration network” at the end.
- (25) Subclause 50 (c) (iii.1) of the Act is amended by striking out “entered into with a local health integration network” at the end.
- (26) Subclause 50 (c) (iv) of the Act is repealed and the following substituted:
- (iv) the agency is not, with financial assistance under this Act, the *Local Health System Integration Act, 2006* or the *Connecting Care Act, 2019*, financially capable of providing the services that it has been approved to provide, or
- (27) Subclause 50 (c) (iv) of the Act, as re-enacted by subsection (26), is amended by striking out “the *Local Health System Integration Act, 2006*”.
- (28) Section 50 of the Act is amended by adding “or” at the end of clause (b), by striking out “or” at the end of clause (c) and by repealing clause (d).
- (29) Section 51 of the Act is amended by adding “or” at the end of clause (b), by striking out “or” at the end of clause (c) and by repealing clause (d).
- (30) Subclause 53 (1) (c) (iv.1) of the Act is amended by striking out “entered into with a local health integration network” at the end.
- (31) Subclause 53 (1) (c) (v) of the Act is repealed and the following substituted:
- (v) the agency is not, with financial assistance under this Act, the *Local Health System Integration Act, 2006* or the *Connecting Care Act, 2019*, financially capable of providing the services it has been approved to provide, or
- (32) Subclause 53 (1) (c) (v) of the Act, as re-enacted by subsection (31), is amended by striking out “the *Local Health System Integration Act, 2006*”.
- (33) Subsection 62 (2) of the Act is amended by striking out “or section 28.3” in the portion before clause (a).

(34) Subsection 62 (2) of the Act is amended by striking out “with a local health integration network” in the portion before clause (a).

(35) Paragraph 1 of subsection 64 (1) of the Act is amended by striking out “or clause 28.3 (1) (b)”.

(36) Paragraph 1 of subsection 64 (1) of the Act is amended by striking out “with a local health integration network”.

(37) Subsection 68 (1) of the Act is amended by adding the following paragraph:

45. governing transitional matters that may arise due to the enactment of or any amendments, repeals or revocations made by the *The People’s Health Care Act, 2019*.

(38) Section 68 of the Act is amended by adding the following subsection:

Conflict

(5) If there is a conflict between a regulation made under paragraph 45 of subsection (1) and any Act or any other regulation, the regulation made under that paragraph prevails.

Local Health System Integration Act, 2006

11 (1) Subsection 22 (4) of the *Local Health System Integration Act, 2006* is repealed and the following substituted:

Disclosure of information

(4) A local health integration network may disclose information that it collects under this section to the Minister or another local health integration network if the Minister or that network, as the case may be, requires the information for the purposes of exercising powers and duties under this Act.

(2) The Act is repealed.

(3) The following regulations made under the Act are revoked:

1. Ontario Regulation 417/06 (Committees of the Board of Directors of a Local Health Integration Network)
2. Ontario Regulation 162/07 (French Language Health Services Advisory Council).
3. Ontario Regulation 264/07 (General).
4. Ontario Regulation 515/09 (Engagement with the Francophone Community under Section 16 of the Act).
5. Ontario Regulation 456/16 (Health Shared Services Ontario).

(4) A proclamation may provide for the repeal of different provisions of the Act, or of any of the regulations, on different dates.

Long-Term Care Homes Act, 2007

12 (1) Subsection 2 (1) of the *Long-Term Care Homes Act, 2007* is amended by adding the following definition:

“Agency” means the corporation continued by section 3 of the *Connecting Care Act, 2019*; (“Agence”)

(2) The definition of “local health integration network” in subsection 2 (1) of the Act is repealed.

(3) Paragraph 5 of subsection 24 (1) of the Act is amended by striking out “or the *Local Health System Integration Act, 2006*” at the end and substituting “the *Local Health System Integration Act, 2006* or the *Connecting Care Act, 2019*”.

(4) Paragraph 5 of subsection 24 (1) of the Act, as amended by subsection (3), is amended by striking out “the *Local Health System Integration Act, 2006*”.

(5) Paragraph 6 of subsection 25 (1) of the Act is amended by striking out “or the *Local Health System Integration Act, 2006*” at the end and substituting “the *Local Health System Integration Act, 2006* or the *Connecting Care Act, 2019*”.

(6) Paragraph 6 of subsection 25 (1) of the Act, as amended by subsection (5), is amended by striking out “the *Local Health System Integration Act, 2006*”.

(7) Subparagraph 9 ii of subsection 57 (1) of the Act is amended by striking out “and the *Local Health System Integration Act, 2006*” and substituting “the *Local Health System Integration Act, 2006* and the *Connecting Care Act, 2019*”.

(8) Subparagraph 9 ii of subsection 57 (1) of the Act, as amended by subsection (7), is amended by striking out “the *Local Health System Integration Act, 2006*”.

(9) Subparagraph 9 iii of subsection 57 (1) of the Act is amended by adding “or to the Agency” after “network”.

(10) Subparagraph 9 iii of subsection 57 (1) of the Act, as amended by subsection (9), is amended by striking out “a local health integration network or to”.

- (11) Subparagraph 7 ii of subsection 60 (1) of the Act is amended by striking out “and the *Local Health System Integration Act, 2006*” and substituting “the *Local Health System Integration Act, 2006* and the *Connecting Care Act, 2019*”.
- (12) Subparagraph 7 ii of subsection 60 (1) of the Act, as amended by subsection (11), is amended by striking out “the *Local Health System Integration Act, 2006*”.
- (13) Subparagraph 7 iii of subsection 60 (1) of the Act is repealed and the following substituted:
- iii. the financial statements relating to the home filed with the Director under the regulations, with the local health integration network for the geographic area where the home is located under the *Local Health System Integration Act, 2006* and with the Agency, and
- (14) Subparagraph 7 iii of subsection 60 (1) of the Act, as re-enacted by subsection (13), is amended by striking out “with the local health integration network for the geographic area where the home is located under the *Local Health System Integration Act, 2006*”.
- (15) Clause 78 (2) (k) of the Act is amended by striking out “or the *Local Health System Integration Act, 2006*” and substituting “the *Local Health System Integration Act, 2006* or the *Connecting Care Act, 2019*”.
- (16) Clause 78 (2) (k) of the Act, as amended by subsection (15), is amended by striking out “the *Local Health System Integration Act, 2006*”.
- (17) Clause 79 (3) (g.1) of the Act is repealed and the following substituted:
- (g.1) a copy of the service accountability agreement entered into in accordance with section 20 of the *Local Health System Integration Act, 2006* or section 22 of the *Connecting Care Act, 2019*;
- (18) Clause 79 (3) (g.1) of the Act, as re-enacted by subsection (17), is amended by striking out “section 20 of the *Local Health System Integration Act, 2006* or”.
- (19) Subsection 90 (4) of the Act is amended by adding “or the Agency” after “network”.
- (20) Subsection 90 (4) of the Act, as amended by subsection (19), is amended by striking out “a local health integration network or”.
- (21) Subsection 101 (3) of the Act is amended by striking out “the *Commitment to the Future of Medicare Act, 2004*” and substituting “the *Connecting Care Act, 2019*”.
- (22) Subsection 101 (3) of the Act, as amended by subsection (21), is amended by striking out “the *Local Health System Integration Act, 2006*”.
- (23) Clause 154 (4) (b) of the Act is amended by adding “or the Agency, if it provides funding to the licensee under the *Connecting Care Act, 2019*” after “licensee”.
- (24) Clause 154 (4) (b) of the Act, as amended by subsection (23), is amended by striking out “the local health integration network that provides funding under the *Local Health System Integration Act, 2006* to the licensee or”.
- (25) Subsection 154 (5) of the Act is amended by adding “and the Agency” after “network”.
- (26) Subsection 154 (5) of the Act, as amended by subsection (25), is amended by striking out “A local health integration network and” at the beginning.
- (27) Clause 155 (1) (c) of the Act is repealed and the following substituted:
- (c) that a specified amount of funding provided to the licensee by a local health integration network under the *Local Health System Integration Act, 2006* or by the Agency under the *Connecting Care Act, 2019* be returned by the licensee; or
- (28) Clause 155 (1) (c) of the Act, as re-enacted by subsection (27), is amended by striking out “by a local health integration network under the *Local Health System Integration Act, 2006* or”.
- (29) Clause 155 (1) (d) of the Act is amended by adding “or the Agency if it provides funding to the licensee under the *Connecting Care Act, 2019*” after “licensee”.
- (30) Clause 155 (1) (d) of the Act, as amended by subsection (29), is amended by striking out “the local health integration network that provides funding under the *Local Health System Integration Act, 2006* to the licensee or”.
- (31) Subsection 155 (6) of the Act is amended by adding “and the Agency” after “network”.
- (32) Subsection 155 (6) of the Act, as amended by subsection (31), is amended by striking out “A local health integration network and”.
- (33) Paragraph 3 of subsection 157 (6) of the Act is amended by striking out “or the *Local Health System Integration Act, 2006*” at the end and substituting “the *Local Health System Integration Act, 2006* or the *Connecting Care Act, 2019*”.

(34) Paragraph 3 of subsection 157 (6) of the Act, as amended by subsection (33), is amended by striking out “the *Local Health System Integration Act, 2006*”.

(35) Paragraph 4 of subsection 157 (6) of the Act is amended by striking out “or the *Local Health System Integration Act, 2006*” and substituting “the *Local Health System Integration Act, 2006* or the *Connecting Care Act, 2019*”.

(36) Paragraph 4 of subsection 157 (6) of the Act, as amended by subsection (35), is amended by striking out “the *Local Health System Integration Act, 2006*”.

(37) Section 160.1 of the Act is amended by striking out “the *Commitment to the Future of Medicare Act, 2004*” and substituting “the *Connecting Care Act, 2019*”.

(38) Section 160.1 of the Act, as amended by subsection (37), is amended by striking out “the *Local Health System Integration Act, 2006* or”.

(39) Clause 163 (8) (b) of the Act is amended by adding “or the Agency if it provides funding to the licensee under the *Connecting Care Act, 2019*” after “licensee”.

(40) Clause 163 (8) (b) of the Act, as amended by subsection (39), is amended by striking out “the local health integration network that provides funding under the *Local Health System Integration Act, 2006* to the licensee or” at the beginning.

(41) Clause 167 (c) of the Act is amended by adding “or the Agency if it provides funding to the licensee under the *Connecting Care Act, 2019*” at the end.

(42) Clause 167 (c) of the Act, as amended by subsection (41), is amended by striking out “the local health integration network that provides funding under the *Local Health System Integration Act, 2006* to the licensee or”.

(43) Subsections 181 (1) and (2) of the Act are amended by striking out “including a local health integration network, or any officer, director or employee of a local health integration network” wherever it appears and substituting in each case “including a local health integration network and the Agency, or any officer, director or employee of a local health integration network or the Agency”.

(44) Subsections 181 (1) and (2) of the Act, as amended by subsection (43), are amended by striking out “including a local health integration network and the Agency, or any officer, director or employee of a local health integration network or the Agency” wherever it appears and substituting in each case “including the Agency, or any officer, director or employee of the Agency”.

Lung Health Act, 2017

13 (1) The *Lung Health Act, 2017* is repealed.

(2) A proclamation may provide for the repeal of different provisions of the Act on different dates.

Oversight of Health Facilities and Devices Act, 2017

14 (1) The definition of “local health integration network” in section 1 of the *Oversight of Health Facilities and Devices Act, 2017* is repealed.

(2) Subsections 68 (1) and (2) of the Act are amended by striking out “including a local health integration network, or any officer, director or employee of a local health integration network” wherever it appears and substituting in each case “including a local health integration network and the Agency, or any officer, director or employee of a local health integration network or the Agency”.

(3) Subsections 68 (1) and (2) of the Act, as amended by subsection (2), are amended by striking out “including a local health integration network and the Agency, or any officer, director or employee of a local health integration network or the Agency” wherever it appears and substituting in each case “including the Agency, or any officer, director or employee of the Agency”.

(4) Section 68 of the Act is amended by adding the following subsection:

Agency

(3) In this section,

“Agency” means the corporation continued by section 3 of the *Connecting Care Act, 2019*.

Pay Equity Act

15 (1) Section 13.2 of the *Pay Equity Act* is amended by adding “or the *Connecting Care Act, 2019*” at the end.

(2) Clauses 1 (b), (d), (h), (h.1), (i) and (j), 14 (b) and 15 (b) under the heading “MINISTRY OF HEALTH AND LONG-TERM CARE” in the Appendix to the Schedule to the Act are amended by striking out “or a local health integration network as defined in section 2 of the *Local Health System Integration Act, 2006*” wherever it appears and substituting in each case “a local health integration network as defined in section 2 of the *Local Health System Integration Act, 2006* or the corporation continued by section 3 of the *Connecting Care Act, 2019*”.

(3) Section 11 under the heading “MINISTRY OF HEALTH AND LONG-TERM CARE” in the Appendix to the Schedule to the Act is repealed.

Pension Benefits Act

16 Paragraph 5 of subsection 1 (5) of the *Pension Benefits Act* is amended by striking out “*Local Health System Integration Act, 2006*” at the end and substituting “*Connecting Care Act, 2019*”.

Personal Health Information Protection Act, 2004

17 (1) The definition of “local health integration network” in section 2 of the *Personal Health Information Protection Act, 2004* is repealed.

(2) Section 2 of the Act is amended by adding the following definition:

“Agency” means the corporation continued by section 3 of the *Connecting Care Act, 2019*; (“Agence”)

(3) Clause 38 (1) (b) of the Act is amended by striking out “or a local health integration network” and substituting “a local health integration network or the Agency”.

(4) Clause 38 (1) (b) of the Act, as amended by subsection (3), is amended by striking out “a local health integration network”.

(5) Clause 39 (1) (a) of the Act is amended by striking out “or by a municipality” and substituting “by a municipality or by the Agency”.

(6) Clause 39 (1) (a) of the Act, as amended by subsection (5), is amended by striking out “by a local health integration network.”

(7) Subsection 46 (1) of the Act is amended by striking out “or a local health integration network” wherever it appears and substituting in each case “a local health integration network or the Agency”.

(8) Subsection 46 (1) of the Act, as amended by subsection (7), is amended by striking out “a local health integration network” wherever it appears.

Private Hospitals Act

18 (1) Subsection 15.6 (2) of the *Private Hospitals Act*, as enacted by subsection 110 (3) of Schedule 9 to the *Strengthening Quality and Accountability for Patients Act, 2017*, is amended by striking out “local health integration network, or any officer, director or employee of a local health integration network” and substituting “local health integration network or the Agency, or any officer, director or employee of a local health integration network or the Agency”.

(2) Subsection 15.6 (2) of the Act, as amended by subsection (1), is amended by striking out “a local health integration network or the Agency, or any officer, director or employee of a local health integration network or the Agency” and substituting “the Agency, or any officer, director or employee of the Agency”.

(3) Paragraph 2 of subsection 34 (2) of the Act, as enacted by subsection 110 (4) of Schedule 9 to the *Strengthening Quality and Accountability for Patients Act, 2017*, is repealed and the following substituted:

2. Paragraph 1 of the definition of “health service provider” in subsection 1 (2) of the *Connecting Care Act, 2019*.

Public Hospitals Act

19 (1) The definition of “local health integration network” in section 1 of the *Public Hospitals Act* is repealed.

(2) Subsection 14 (2) of the Act is repealed.

(3) Subsection 44 (1) of the Act is amended by adding the following clause:

(a.1) the Minister responsible for the administration of the *Connecting Care Act, 2019* has made an order under that Act that requires a hospital to cease to operate as a public hospital;

(4) Clause 44 (1) (b) of the Act is repealed.

(5) Clause 44 (1) (c) of the Act is repealed.

(6) Clause 44 (1) (d) of the Act is repealed.

(7) Subsection 44 (1.1) of the Act is amended by striking out “board’s determination, the integration decision, the direction under section 6 or the Minister’s order mentioned in that subsection” in the portion before clause (a) and substituting “decision or requirement to cease to operate as a public hospital”.

(8) Subsection 44 (1.2) is amended by adding the following clause:

(a.1) the Minister responsible for the administration of the *Connecting Care Act, 2019* has made an order under that Act that requires a hospital to cease to provide a service;

(9) Clause 44 (1.2) (b) of the Act is repealed.

(10) Clause 44 (1.2) (c) of the Act is repealed.

(11) Clause 44 (1.2) (d) of the Act is repealed.

(12) Subsection 44 (2) of the Act is amended by striking out “board’s determination, the integration decision, the direction under section 6 or the Minister’s order mentioned in that subsection” in the portion before paragraph 1 and substituting “decision or requirement to cease to provide a service”.

Public Sector Labour Relations Transition Act, 1997

20 (1) Clause (a) of the definition of “health services integration” in section 2 of the *Public Sector Labour Relations Transition Act, 1997* is amended by adding “or the *Connecting Care Act, 2019*” at the end.

(2) Clause (a) of the definition of “health services integration” in section 2 of the Act, as amended by subsection (1), is amended by striking out “*Local Health System Integration Act, 2006* or the”.

(3) The definition of “health services integration” in section 2 of the Act is amended by adding “or” at the end of clause (a), by striking out “or” at the end of clause (b) and by repealing clause (c).

(4) Clause 12 (2) (b) of the Act is amended by adding “or the *Connecting Care Act, 2019*” at the end.

(5) Clause 12 (2) (b) of the Act, as amended by subsection (4), is amended by striking out “*Local Health System Integration Act, 2006* or the”.

(6) Clause 13 (1) (b) of the Act is amended by adding “or the *Connecting Care Act, 2019*” at the end.

(7) Clause 13 (1) (b) of the Act, as amended by subsection (6), is amended by striking out “*Local Health System Integration Act, 2006* or the”.

Retirement Homes Act, 2010

21 Clause 54 (2) (p.1) of the *Retirement Homes Act, 2010* is repealed.

Smoke-Free Ontario Act, 2017

22 (1) Clause (a) of the definition of “home health-care worker” in subsection 16 (4) of the *Smoke-Free Ontario Act, 2017* is repealed.

(2) Clause (b) of the definition of “home health-care worker” in subsection 16 (4) of the Act is amended by striking out “or a local health integration network as defined in subsection 2 (1) of the *Local Health System Integration Act, 2006*” at the end and substituting “a local health integration network as defined in subsection 2 (1) of the *Local Health System Integration Act, 2006*, or the Agency within the meaning of the *Connecting Care Act, 2019*”.

(3) Clause (b) of the definition of “home health-care worker” in subsection 16 (4) of the Act, as amended by subsection (2), is amended by striking out “ a local health integration network as defined in subsection 2 (1) of the *Local Health System Integration Act, 2006*,”.

Substitute Decisions Act, 1992

23 (1) The Schedule to the *Substitute Decisions Act, 1992* is amended by striking out “Cancer Act”.

(2) The Schedule to the Act is amended by adding “*Connecting Care Act, 2019*”.

Tobacco Damages and Health Care Costs Recovery Act, 2009

24 The definition of “health care benefits” in subsection 1 (1) of the *Tobacco Damages and Health Care Costs Recovery Act, 2009* is amended by adding the following clause:

(f.1) payments made under the *Connecting Care Act, 2019*,

Trillium Gift of Life Network Act

25 (1) The title of the *Trillium Gift of Life Network Act* is repealed and the following substituted:

Gift of Life Act

(2) The definition of “Network” in section 1 of the Act is repealed.

(3) Section 1 of the Act is amended by adding the following definition:

“Agency” means the corporation continued by section 3 of the *Connecting Care Act, 2019*; (“Agence”)

(4) The Act is amended by striking out “Network” wherever it appears and substituting in each case “Agency”.

(5) The heading to Part II.1 of the Act is repealed and the following substituted:

PART II.1
DESIGNATED FACILITIES – ROUTINE NOTIFICATION AND REQUIRED CONSENT

(6) Section 8.5 of the Act is repealed and the following substituted:

Agency requirements

8.5 (1) The Agency may establish requirements that one or more designated facilities are required to comply with for the purposes of this Act.

Compliance with requirements

(2) Every designated facility shall make reasonable efforts to ensure that it follows such requirements that apply to it as may be established by the Agency.

Public inspection

(3) The Agency shall make details of its requirements established under this Act available for public inspection.

(7) Subsection 8.10 (1) of the Act is amended by striking out “a minimum of 10 and”.

(8) Part II.2 of the Act is repealed.

(9) Paragraphs 1 to 3 of subsection 9 (1) of the Act are repealed and the following substituted:

1. A member of the medical or other staff of a designated facility.
2. Any other person employed in a designated facility.

(10) Subsection 9 (2) of the Act is repealed.

(11) Clause (b) of subsection 15 (1) of the Act is repealed and the following substituted:

- (b) prescribing limitations or restrictions on the rights, powers and privileges of the Agency under this Act.

Cutting Unnecessary Red Tape Act, 2017

26 Subsection 82 (1) of Schedule 8 to the *Cutting Unnecessary Red Tape Act, 2017* is repealed.

Not-for-Profit Corporations Act, 2010

27 Section 246 of the *Not-for-Profit Corporations Act, 2010* is repealed.

Patients First Act, 2016

28 Section 38 of the *Patients First Act, 2016* is repealed.

Strengthening Quality and Accountability for Patients Act, 2017

29 (1) Section 85 of Schedule 9 to the *Strengthening Quality and Accountability for Patients Act, 2017* is repealed.

(2) Subsection 86 (5) of Schedule 9 to the Act is repealed.

Commencement

30 (1) Subject to subsection (2), this Schedule comes into force on a day to be named by proclamation of the Lieutenant Governor.

(2) Subsections 3 (1) and (3), 7 (6), (11) and (24), 11 (4), 13 (2) and 25 (7) and sections 27, 28 and 29 come into force on the day the *The People’s Health Care Act, 2019* receives Royal Assent.