

## COMPENDIUM

### **An Act concerning the provision of health care, continuing Ontario Health and making consequential and related amendments and repeals ("The People's Health Care Act, 2019")**

The proposed legislation consists of three sections and 3 Schedules, as set out in section 1.

Subsection 2(1) of the proposed legislation would provide that, subject to subsections (2) and (3), it would come into force on the day it receives Royal Assent. Subsections 2(2) and (3) would provide that the Schedules would come into force in the manner specified in those Schedules, and that if any Schedule provides that its provisions are to come into force on a day to be named by proclamation of the Lieutenant Governor, then 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.

Section 3 would provide that the short title of the proposed legislation is ***The People's Health Care Act, 2019***.

## SCHEDULE 1

### CONNECTING CARE ACT, 2019

Schedule 1 to *The People's Health Care Act, 2019* would, if passed, enact the *Connecting Care Act, 2019* (the "Proposed Act"). The Proposed Act includes a preamble that outlines a vision for the delivery of publicly-funded health services for the people of Ontario.

Section 1 of Schedule 1 would define certain terms used in the Proposed Act. The term "Agency", when used throughout the Proposed Act, would refer to the corporation that is continued under section 3 under the name Ontario Health. "Integrated care delivery system" would be defined as a person or entity, or a group of persons or entities, designated under subsection 29(1) of the Proposed Act. This section would list the types of persons and entities that are included under the definition of "health service provider". It would also exclude from the definition of "health service provider" entities that provide, as service providers under the *Home Care and Community Services Act, 1994*, community services purchased by a health service provider or integrated care delivery system.

Section 2 of Schedule 1 would provide that the Minister may delegate to the Agency any of the Minister's powers or duties under the Proposed Act, or any other Act for which the Minister is responsible, other than the power to make regulations. The Minister could make any such delegation subject to the conditions that the Minister considers appropriate.

Section 3 of Schedule 1 would continue the corporation that was incorporated under the name Health Program Initiatives as a corporation without share capital under the name Ontario Health (the "Agency"). This section would also extinguish the letters patent under which the corporation was originally constituted.

Section 4 of Schedule 1 would provide that the Agency is a Crown agent and that the Agency can only exercise its powers as a Crown agent.

Section 5 of Schedule 1 would provide that specified Acts, and specified sections of Acts, do not apply to the Agency. This section would also clarify that the Agency's property is not charitable property.

Section 6 of Schedule 1 would establish the Agency's corporate objects which include, among other things, implementing the Ministry's health system strategies, health system operational management and coordination, and quality improvement.

Section 7 of Schedule 1 would provide that the Agency has the capacity, rights and powers of a natural person in carrying out its objects, except as limited under the Proposed Act. This section would require the Agency to carry out its operations without the purpose of gain and to not use its revenue for any purpose other than to further its

objects. This section lists certain powers that could not be exercised without the approval of either the Lieutenant Governor in Council or the Minister of Health and Long-Term Care. This section would also prohibit the Agency from making political donations.

Section 8 of Schedule 1 would address matters relating to the appointment of members to the Agency's board of directors, including the maximum number of members, term limits, remuneration and termination, and requirements for the designation of a Chair and Vice-Chair(s).

Section 9 of Schedule 1 would require the Agency's board of directors to hold a minimum of four meetings each calendar year, and would provide that a majority of the board of directors constitutes a quorum.

Section 10 of Schedule 1 would require the Agency to appoint and employ a chief executive officer who would be responsible for the management and administration of the Agency's affairs, subject to the supervision and direction of the board of directors. This section provides that the chief executive officer (CEO) would not be a member of the board of directors, and that the Minister may fix ranges for the CEO's salary and benefits.

Section 11 of Schedule 1 would confer authority on the CEO to appoint such employees as are considered necessary for the proper conduct of the Agency's affairs. This section would also provide that employees of Health Program Initiatives would continue as employees of the Agency until their employment otherwise ends.

Section 12 of Schedule 1 would provide that the Agency's board of directors must manage or supervise the management of the activities and affairs of the Agency. This section would also permit the board of directors to delegate to employees the board's powers or duties under the Proposed Act, or any other Act, subject to certain exceptions.

Section 13 of Schedule 1 would provide that the board of directors may make by-laws and pass resolutions in relation to the conduct and management of the Agency's affairs. The board could pass by-laws or resolutions to appoint officers and to assign to them such powers and duties as the board considers appropriate. The board would also be required to establish any committees that the Minister might specify by regulation, appoint as members to those committees persons who meet the specified qualifications, and to ensure that the committees operate in accordance with any requirements prescribed by the Minister. This section would also confer authority on the Minister to require the board to submit a by-law, either before or after its making, to the Minister for approval.

Section 14 of Schedule 1 would provide that subsection 134(1) and section 136 of the *Business Corporations Act*, which address duty of care and indemnification, respectively, apply with necessary modifications to the Agency, its board and its

officers. The section would also prohibit the Agency from giving an indemnity to any person unless the indemnity has been approved in accordance with section 28 of the *Financial Administration Act*.

Section 15 of Schedule 1 would require the Minister of Finance to pay from the Consolidated Revenue Fund the amount of any judgement against the Agency that remains unpaid after the Agency has made all reasonable efforts to pay it, including liquidating its assets.

Section 16 of Schedule 1 would provide that the fiscal year of the Agency commences on April 1 of each year and ends on March 31 of the following year.

Section 17 of Schedule 1 would require the accounts and financial transactions of the Agency to be audited annually by the Auditor General. The Minister or the Auditor General could audit any aspect of the Agency's operations at any time.

Section 18 of Schedule 1 would provide that the Minister may provide funding to the Agency on the terms and conditions that the Minister considers appropriate. This section would also require the Minister to consider, in any fiscal year, 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.

Section 19 of Schedule 1 would require the Minister and the Agency to enter into an accountability agreement which would address the matters specified in this section. If the Minister and the Agency were unable to conclude an accountability agreement through negotiations, this section would authorize the Minister to set the terms of the agreement. This section would also require the Agency to provide the Minister, within the time and in the form the Minister specifies, with the plans, reports, financial statements and information (other than personal health information) that the Minister would require to administer the Proposed Act. This section would also require the Agency to publish a current copy of the accountability agreement on its website.

Section 20 of Schedule 1 would confer authority on the Minister to issue binding directives to the Agency or any person or entity that receives funding from the Agency where the Minister considers it to be in the public interest to do so. This section would clarify that a directive could be general or particular in its application and that, in the event of a conflict between a Minister's directive and a provision of any applicable Act or rule of any applicable law, the Act or rule prevails. This section would also prohibit the Minister from issuing a directive 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. The Minister would be required to publish every directive on a website.

Section 21 of Schedule 1 would authorize the Agency to provide funding to a health service provider or integrated care delivery system in relation to the health services that

they provide. This section would also permit the Agency to provide funding to a health service provider, integrated care delivery system or other person or entity in relation to non-health services that support the provision of health care. Any funding provided by the Agency would have to be in accordance with the Agency's accountability agreement with the Minister, and meet any requirements that might be established by regulation. This section would permit the Minister to assign the Minister's rights and obligations under specific agreements, or parts of specific agreements, to the Agency, a health service provider, an integrated care delivery system, or a person or entity that supports the provision of health care. This section would also provide the Minister with authority to set termination dates for agreements that are assigned under this section.

Section 22 of Schedule 1 would require the Agency to enter into a service accountability agreement with a delivery organization where the Agency proposes to provide funding to the delivery organization. "Delivery organization" is defined for the purposes of this section to include a health service provider, integrated care delivery system, or other person or entity that may be funded by the Agency. The Agency would be required to notify the delivery organization of the Agency's intent to enter into a service accountability agreement with it, following which the parties would seek to negotiate the terms and conditions. If the parties have not negotiated an agreement within 90 days, the section provides that the Agency may deliver a notice of offer to the delivery organization setting out the terms of the proposed service accountability agreement, following which the parties would continue their negotiations. If the parties have not reached a negotiated agreement within 60 days of the notice of offer, the notice of offer would be deemed to be the service accountability agreement and the parties would be required to comply with that agreement. This section would also provide that the Agency and delivery service organization may agree in writing to establish a different process for reaching a service accountability agreement. If the Agency and delivery organization agree to a different process, they would be required to notify the Minister of this agreement and the Agency would be required to post the agreement on its website. This section would also apply to any proposal to amend an existing service accountability agreement.

Section 23 of Schedule 1 would prohibit the Agency, a health service provider, an integrated care delivery system or any other person or entity that receives funding from the Agency from entering into an agreement or arrangement that restricts or prevents an individual from receiving services based on the geographic area in Ontario in which the individual resides. This restriction would not apply to agreements entered into under the *Home Care and Community Services Act, 1994* that require a health service provider or integrated care delivery system to deliver services in a specific geographic area.

Section 24 of Schedule 1 would confer authority on the Agency to direct any person or entity that it funds to engage in or permit audits, operational reviews or peer reviews.

Section 25 of Schedule 1 would confer authority on the Agency to require any person or entity to which the Agency provides or proposes to provide funding to provide to the

Agency, within the specified time and format, the plans, reports, financial statements, and other information that the Agency requires to exercise its powers and duties under the Proposed Act. The Agency would not have authority to require the production of personal health information under this section. This section would authorize the Agency to disclose information that it collects under the Proposed Act, other than personal health information, to the Minister if required by the Minister for the purpose of administering the Proposed Act.

Section 26 of Schedule 1 would confer authority on both the Agency and the Minister to appoint investigators in the public interest. Investigators could only be appointed for health service providers and integrated care delivery systems that are funded by the Agency. Investigators could not be appointed under the Proposed Act to investigate licensees within the meaning of *Long-Term Care Homes Act, 2007*. Only the Lieutenant Governor in Council, on the recommendation of the Minister, could appoint investigators for a public hospital within the meaning of the *Public Hospitals Act* or for an integrated care delivery system that includes a public hospital. This section would specify the powers of the investigator, and would require persons being investigated to cooperate with and to assist the investigator as reasonably may be required. An investigator would also be subject to specified restrictions relating to the collection, use and disclosure of personal health information and respecting the use of other confidential information. An investigator would be required to provide a written report to the Agency or Minister, as applicable, as well as the investigated parties upon the completion of the investigation. A copy of every investigation report would have to be made public.

Section 27 of Schedule 1 would confer authority on the Minister to appoint a supervisor for a health service provider or an integrated care delivery system where the Minister considers it to be in the public interest to do so, subject to an exclusion for licensees under the *Long-Term Care Homes Act, 2007*. Only the Lieutenant Governor in Council, on the recommendation of the Minister, could appoint a supervisor for a public hospital within the meaning of the *Public Hospitals Act* or for an integrated care delivery system that includes a public hospital. This section would also set out requirements relating to the appointment of a supervisor, specify the powers of a supervisor, and specify restrictions relating to a supervisor's collection, use and disclosure of personal health information. This section also provides that the Minister may issue directions to a supervisor, and that any report of a supervisor would have to be made public.

Section 28 of Schedule 1 would define the terms "facilitation decision" and "integration decision" for the purposes of Part IV of the Proposed Act.

Section 29 of Schedule 1 would provide that the Minister may designate a person or entity, or a group of persons or entities, as an integrated care delivery system where the requirements set out in the Proposed Act, or in any regulations, have been met. A designation could not be made unless a person or entity or group of persons or entities has the ability to deliver, in an integrated and coordinated manner, at least three of the following types of services: hospital services; primary care services; mental health or addiction services; home care or community services; long-term care home services;

palliative care services; and any other type of service that may be prescribed. This section would also provide that any obligation, power or decision that applies to an integrated care delivery system under the Proposed Act would apply to, and be binding on, each constituent person or entity of the integrated care delivery system.

Section 30 of Schedule 1 would require the Agency and each health service provider and integrated care delivery system, separately and in conjunction with each other, to identify opportunities to integrate the services of the health system to provide appropriate, co-ordinated, effective and efficient services.

Section 31 of Schedule 1 would allow the Agency to integrate the health system by: providing or changing funding to a health service provider or integrated care delivery system; facilitating and negotiating the integration of health service providers and integrated care delivery systems; or facilitating and negotiating the integration of services among health service providers, integrated care delivery systems, and persons or entities which support the provision of health care.

Section 32 of Schedule 1 would require the Agency to issue a facilitation decision when the Agency facilitates or negotiates an integration.

Section 33 of Schedule 1 would confer authority on the Minister to issue an order in the public interest to require one or more funded health service providers or integrated care delivery systems to do anything to integrate the health system, including: to provide all or part of a service or to cease providing a service; to provide a service to a certain level, quality or extent; to transfer a service from one location to another; to cease operating or dissolve; to amalgamate; to coordinate services with or partner with another person or entity; to transfer all or substantially all of one's operations; and to do anything necessary to achieve a directed integration. This section would also set out restrictions on the Minister's power to issue an integration order, including a prohibition against issuing an order 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. At least 30 days before issuing an integration order, the Minister would be required to notify the affected health service provider or integrated care delivery system of the intent to issue an order, to provide them with a copy of the proposed order, and to invite members of the public to make written submissions respecting the proposed order by publishing it on a website. After considering any written submissions that may have been made, the Minister would be authorized to issue a final order which may differ from the order that was initially proposed.

Section 34 of Schedule 1 would prohibit an integration decision that permits a transfer of services resulting in a requirement for an individual to pay for those services, except as otherwise permitted by law. This section would also specify requirements related to the contents of the integration decision, notice and publication requirements, and would provide for the amendment and revocation of integration decisions by the Agency or the Minister, as applicable. This section would provide that the *Statutory Powers*

*Procedure Act* does not apply to an integration decision, and that an integration decision is not a regulation as defined in Part III of the *Legislation Act, 2006*.

Section 35 of Schedule 1 would set out the process that applies when a health service provider or integrated care delivery system wishes to integrate its services with those of another person or entity. Unless the regulations provide otherwise, a funded health service provider or integrated care delivery system would be required to give the Minister notice of the proposed integration, and would not be permitted to proceed with the integration unless the Minister does not object. The section confers authority on the Minister to request additional information about a proposed integration before making a decision, and sets out requirements respecting timelines, notices of proposed integrations, public consultations, decisions, and publication. The requirements under this section would 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*.

Section 36 of Schedule 1 would require a person or entity that is a party to an integration decision to comply with the decision. Despite any Act, regulation or other instrument related to the corporate governance of a corporation that is subject to an integration decision, the corporation would be deemed to have the necessary powers to comply with the decision. This section would also provide that 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.

Section 37 of Schedule 1 would specify that 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. This section would also require the transferee to use the property for a specified purpose, if a will, deed or other document indicates that the property being transferred is to be used for the specified purpose.

Section 38 of Schedule 1 would provide that the *Public Sector Labour Relations Transition Act, 1997* (PSLRTA) applies to integrations resulting from certain types of integration decisions under the Proposed Act. This section provides that the specified parties may agree in writing that PSLRTA does not apply to an integration that would otherwise be subject to PSLRTA under the Proposed Act, and that the parties may request the Ontario Labour Relations Board (the "Board") to make an order declaring that it does not apply. This section would also set out certain powers of the Board and establish procedural and other requirements relating to Board proceedings.

Section 39 of Schedule 1 would define the terms "transfer", "transferor" and "transfer recipient" for the purposes of Part V of the Proposed Act.



Section 40 of Schedule 1 would confer authority on the Minister to make an order transferring all or part of the assets, liabilities, rights and obligations of the specified organizations to the Agency, a health service provider or an integrated care delivery system. The organizations from which assets, liabilities, rights, obligations or employees may be transferred pursuant to a transfer order are listed under subsection (2). These organizations would be: Cancer Care Ontario; eHealth Ontario; HealthForceOntario Marketing and Recruitment Agency; Health Shared Services Ontario; Ontario Health Quality Council; Trillium Gift of Life Network; any local health integration network; and any other organization that may be prescribed that receives funding from the Ministry or the Agency and that provides programs or services that are consistent with the objects of the Agency. This section confers authority on the Minister to require an organization to provide any information that the Minister may require to prepare for the issuance of a transfer order, excluding personal health information. The section would set out rules respecting the provision of notice to affected parties, the contents of transfer orders, and requirements relating to publication.

Section 41 of Schedule 1 would address various issues relating to the legal rights, obligations and liabilities of transferors and transfer recipients, and would provide that a transfer is deemed not to constitute or give rise to any type of contractual or legislative breach or create any new cause of action. A transfer would be binding on the transfer recipient and all other persons. The section would specify the application and non-application of certain Acts, specify restrictions relating to transferred property that is held for charitable purposes, and provide that the Lieutenant Governor in Council may make certain regulations relating to transfers.

Section 42 of Schedule 1 would provide that persons who are employees of a transferor immediately before the transfer become employees of the transfer recipient as of the date of the transfer. The section provides that the employment of such employees would be continuous, would not be terminated or severed, and that those employees would not be constructively dismissed because of the transfer. 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 transfer date would vest in or bind the transfer recipient immediately after the transfer.

Section 43 of Schedule 1 would confer authority on the Minister to dissolve an organization listed under subsection 40(2) of the Proposed Act as of the date specified in the order. If an order is made under this section, the persons who are members of the organization immediately before dissolution would cease to be members on the day of dissolution and the directors and officers of the organization would be terminated. The chair and chief executive officer of the Agency would be required and authorized to make any filings or reports that the organization would have been required to make before its dissolution. The dissolution of an organization under this section would not constitute a change of control of the organization in respect of its assets, liabilities, rights or obligations.

Section 44 of Schedule 1 would require the Agency, integrated care delivery systems and health service providers to establish mechanisms for engaging with patients, families, caregivers, health sector employees and others as part of their operational planning processes. In fulfilling its duties under this section, the Agency would be required to engage the prescribed Indigenous health planning entities, French language health planning entities, the Minister's Patient and Family Advisory Council, and to meet any additional requirements that may be provided for in the regulations.

Section 45 of Schedule 1 would set out the factors that may be considered in making a decision in the public interest under the 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 limitation: the quality of the management and administration of the Agency, the health service provider, integrated care delivery system or other person or entity that receives funding from the Agency, as the case may be; the proper management of the health care system in general; the availability of financial resources for the management of the health care system and for the delivery of the health care services; accessibility to health services; and the quality of the care and treatment of patients.

Section 46 of Schedule 1 would provide that no cause of action arises, and no proceeding may be brought or maintained, against the persons specified with respect to any good faith act done or omitted to be done or any decision, directive, standard, regulation or order made or issued under the Proposed Act, the *Trillium Gift of Life Network Act*, or the *Excellent Care for All Act, 2010*. This section would also specify that no cause of action would arise against a current or former director, officer or employee of a transfer recipient in respect of a claim arising in connection with a transfer order under the Proposed Act. This section would not prevent a claim for compensation or damages against the Agency with respect to the delivery of health services by the Agency. This section would also provide that no person or entity is entitled to any compensation for any loss or damages arising from any direct or indirect action that the Lieutenant Governor in Council, the Minister or the Agency takes under the Proposed Act or any loss or damages that arise from the transfer of property under a decision or order made under the Proposed Act. If a person were to suffer a loss resulting from the transfer of property under an integration decision, that person would be 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 public funds.

Section 47 of Schedule 1 would confer authority on the Minister to do all things necessary to wind up the affairs of the Agency if the Minister considered it to be in the public interest to do so.

Section 48 of Schedule 1 would set out the powers of the Lieutenant Governor in Council to make regulations under the Proposed Act. Among the regulation-making powers established under this section are the power to make regulations specifying persons or entities that are included in or excluded from the definition of health service provider, governing designations of integrated care delivery systems, governing the

content or terms of service accountability agreements, governing engagement mechanisms, and governing transitional matters that might arise if the Proposed Act is enacted. The Minister would have the power to make regulations respecting committees that the Agency board would be required to establish.

Section 49 of Schedule 1 would make certain technical and housekeeping amendments to the Proposed Act on proclamation.

Section 50 of Schedule 1 would provide that the Proposed Act comes into force on a day to be named by proclamation of the Lieutenant Governor.

Section 51 of Schedule 1 would provide that the short title of the Act set out in Schedule 1 is the *Connecting Care Act, 2019*.

## **SCHEDULE 2**

### **MINISTRY OF HEALTH AND LONG-TERM CARE ACT**

Section 1 of Schedule 2 would amend the *Ministry of Health and Long-Term Care Act* by adding a new section 8.1 to require the Minister to establish an Indigenous health council to advise the Minister about health and service delivery issues related to Indigenous peoples. The Minister would also be required to establish a French language health services advisory council to advise the Minister about health and service delivery issues related to francophone communities. The Minister would appoint the members of each of these councils, and such appointees would be representatives of organizations that would be prescribed.

Section 2 of Schedule 2 would amend section 12 of the *Ministry of Health and Long-Term Care Act* by adding a power to make regulations prescribing organizations that would be represented on the Minister's councils.

Section 3 of Schedule 2 would provide that the Schedule comes into force on a day to be proclaimed by the Lieutenant Governor.

## **SCHEDULE 3**

### **REPEALS, REVOCATIONS AND CONSEQUENTIAL AND RELATED AMENDMENTS**

Section 1 of Schedule 3 would amend the *Anti-Racism Act, 2017* to remove references to the *Local Health System Integration Act, 2006*. It would also add a reference to the term "health service provider" within the meaning of the *Connecting Care Act, 2019* in order to make such health service providers subject to the Act.

Section 2 of Schedule 3 would amend the *Broader Public Sector Accountability Act, 2010* to add references to "Ontario Health" and the *Connecting Care Act, 2019* and to

make Ontario Health subject to the same requirements to which local health integration networks are currently subject. It also includes provisions to remove references to local health integration networks and to the *Local Health System Integration Act, 2006* which would be proclaimed into force when the *Local Health System Integration Act, 2006* is repealed.

Section 3 of Schedule 3 would amend the *Cancer Act* to change the board composition requirements for the Ontario Cancer Treatment and Research Foundation. It would also provide for the repeal of the Act, and allow for the repeal of select provisions on different dates.

Section 4 of Schedule 3 would amend *Commitment to the Future of Medicare Act, 2004* by striking out the reference to the Ontario Health Quality Council in the preamble.

Section 5 of Schedule 3 would amend the *Crown Foundation Act, 1996* to remove a reference to the Ontario Cancer Treatment and Research Foundation.

Section 6 of Schedule 3 would repeal section 74.2.1 of the *Employment Standards Act, 2000*.

Section 7 of Schedule 3 would amend the *Excellent Care for All Act, 2010* by changing the board composition requirements for the Ontario Health Quality Council (the "Council"). It would also provide for the repeal of the provisions which constitute the Council as a statutory corporation and which establish most of its powers, duties and functions. The Act would also be amended by adding a definition for "Agency" which would refer to Ontario Health, the corporation that would be continued by the *Connecting Care Act, 2019*. The Council's duties under the Act to support the functions of the Patient Ombudsman would be conferred on the Agency. The person appointed by the Lieutenant Governor in Council to act as Patient Ombudsman would be employed by the Agency, and the office of the Patient Ombudsman would be staffed by Agency employees. This section would further amend the Act to set out the authority of the Agency to collect, use and disclose personal health information for purposes relating to the functions of the Patient Ombudsman.

Section 8 of Schedule 3 would amend the *Health Facilities Special Orders Act* to add references to the "Agency" within the meaning of the *Connecting Care Act, 2019*, and to provide for the separate removal of references to local health integration networks and the *Local Health System Integration Act, 2006*.

Section 9 of Schedule 3 would amend the *Health Protection and Promotion Act* by removing references to local health integration networks.

Section 10 of Schedule 3 would amend the *Home Care and Community Services Act, 1994* by adding references to funding that may be provided under service accountability agreements within the meaning of the *Connecting Care Act, 2019*. This section would provide for the removal of the provision of home care and community services by local

health integration networks as well as other references to local health integration networks. It would also provide for approved agencies to provide funding to or on behalf of persons and provide for regulation-making authority for transitional matters that may arise relating to the *Connecting Care Act, 2019*.

Section 11 of Schedule 3 would amend the *Local Health System Integration Act, 2006* to remove a reference to the Ontario Health Quality Council. It would provide for the repeal of the Act and regulations made under the Act, and allow for the repeal of select provisions on different dates.

Section 12 of Schedule 3 would amend the *Long-Term Care Homes Act, 2007* by adding a definition of "Agency" to mean the corporation continued by the *Connecting Care Act, 2019*. It would provide for the removal of references to local health integration networks or the *Local Health System Integration Act, 2006* and add references to the Agency, the *Connecting Care Act, 2019* as well as funding and service accountability agreements under the *Connecting Care Act, 2019*. It would add compliance with the *Connecting Care Act, 2019* as a condition of a licence and would provide the Minister with the ability to direct the Agency to withhold funding from a licensee.

Section 13 of Schedule 3 would provide for the repeal of the *Lung Health Act, 2017* and for the repeal of select provisions on different dates.

Section 14 of Schedule 3 would amend the *Oversight of Health Facilities and Devices Act, 2017* to add references to the "Agency" within the meaning of the *Connecting Care Act, 2019*, as well as its officers, directors, and employees, and to provide for the separate removal of references to local health integration networks and their officers, directors, and employees.

Section 15 of Schedule 3 would amend the *Pay Equity Act* by adding references to the *Connecting Care Act, 2019* and Ontario Health and repealing the section that lists the Ontario Cancer Treatment and Research Foundation Act.

Section 16 of Schedule 3 would amend the *Pension Benefits Act* by replacing a reference to the *Local Health System Integration Act, 2006* with a reference to the *Connecting Care Act, 2019*.

Section 17 of Schedule 3 would amend the *Personal Health Information Protection Act, 2004* to add a definition of "Agency", add references to the "Agency" within the meaning of the *Connecting Care Act, 2019*, and provide for the separate removal of references to local health integration networks.

Section 18 of Schedule 3 would amend the *Private Hospitals Act* to add references to the "Agency" within the meaning of the *Connecting Care Act, 2019*, and to provide for the separate removal of references to local health integration networks.

Section 19 of Schedule 3 would amend the *Public Hospitals Act* by repealing a number of provisions and adding references to orders made by the Minister under the *Connecting Care Act, 2019*.

Section 20 of Schedule 3 would amend the *Public Sector Labor Relations Transition Act, 1997* to add references to the *Connecting Care Act, 2019*, and to provide for the separate removal of references to the *Local Health System Integration Act, 2006*.

Section 21 of Schedule 3 would amend the *Retirement Homes Act, 2010* by repealing a clause that refers to local health integration networks.

Section 22 of Schedule 3 would amend the *Smoke-Free Ontario Act, 2017* to add references to the "Agency" within the meaning of the *Connecting Care Act, 2019*, and to provide for the separate removal of references to local health integration networks and the *Local Health System Integration Act, 2006*.

Section 23 of Schedule 3 would amend the Schedule to the *Substitute Decisions Act, 1992* to add a reference to the *Connecting Care Act, 2019*, and to provide for the removal of the reference to the *Cancer Act*.

Section 24 of Schedule 3 would amend the *Tobacco Damages and Health Care Costs Recovery Act, 2009* by adding references to payments made under the *Connecting Care Act, 2019* to the definition of "health care benefits".

Section 25 of Schedule 3 would amend the *Trillium Gift of Life Network Act* by providing for the repeal of the provisions constituting the Trillium Gift of Life Network "Network" as a statutory corporation. The Act would also be amended by adding a definition for "Agency" which would refer to the corporation named Ontario Health that would be continued under the *Connecting Care Act, 2019*. The Network's powers and duties under the Act would be conferred on the Agency. This section would also rename the Act as *The Gift of Life Act*.

Section 26 of Schedule 3 would repeal subsection 82(1) of Schedule 8 to the *Cutting Unnecessary Red Tape Act, 2017*.

Section 27 of Schedule 3 would repeal section 246 of the *Not-for-Profit Corporations Act, 2010*.

Section 28 of Schedule 3 would repeal section 38 of the *Patients First Act, 2016*.

Section 29 of Schedule 3 would repeal section 85 and subsection 86(5) of Schedule 9 to the *Strengthening Quality and Accountability for Patients Act, 2017*.

Section 30 of Schedule 3 would provide that the Schedule comes into force on a day to be named by proclamation of the Lieutenant Governor. It would also specify sections that would come into force on Royal Assent.

