

## **Appendix: Proposed Regulatory Amendments to further support Implementation of the *Patients First Act, 2016***

The Ministry of Health and Long-Term Care (ministry) and Office of Francophone Affairs are proposing regulatory amendments to reflect the implementation of changes enabled by the *Patients First Act, 2016* (PFA), including the completion of transfers of all Community Care Access Centre (CCAC) assets, liabilities, rights, obligations and employees to the Local Health Integration Networks (LHINs) by Minister's Order.

The ministry is proposing changes to several regulations under various Acts to support a post-transition environment, in which the fourteen CCACs are dissolved and the fourteen LHINs are responsible for the administration and coordination of home and community care services and long-term care home placement services. The majority of the proposed regulatory amendments would remove references to CCACs or repeal regulations, as necessary. Other proposed regulatory amendments will help support quality improvement, as well as clarify expectations and strengthen accountability for the planning of French Language Services by the LHINs, in consultation with the French Language Health Planning Entities.

**The following are proposed regulations and amendments to reflect the implementation of changes enabled by the *Patients First Act, 2016* (PFA):**

1. Reg. 515/09, Engagement with Francophone Community under s. 16 of the Act under LHSIA
  - Proposed amendments will now require:
    - LHINs to collaborate in addition to engage with the French Language Health Planning Entities (Entities).
    - The Minister to consult with the LHINs in the future selection/re-selection of the Entities, and will give the Minister increased flexibility to add or reduce the number of Entities, as deemed necessary.
    - LHINs to work with the Entities to develop French Language Services strategies, as per section 3 (e) of the regulation; incorporate those strategies into their Integrated Health Service Plans (IHSP) as appropriate; and engage the Entities in the implementation of their IHSP and other planning priorities, in support of French Language Services.
    - LHINs to report on planning in addition to engagement activities in their annual reports.
2. Reg. 417/06, Committees of the Board of Directors of a Local Health Integration Network under LHSIA
  - Amend O.REG. 417/06 to add a new Quality Committee of the LHIN board of directors with duties related to quality improvement and patient safety.
3. Reg. 279/07, Exemptions under the *Local Health System Integration Act, 2006* (LHSIA)
  - Revoke a spent regulation, which exempts LHINs from entering into Service Accountability Agreements with listed Health Service Providers under LHSIA because the listed dates until which the exemption expires are all past due (e.g., March 31, 2008 and March 31, 2009).

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4. Reg. 95/09, Application of Corporations Information Act, under the *Community Care Access Corporations Act, 2001*(CCAC Act)
  - Repeal regulation to reflect the dissolution of the CCACs.
5. Reg. 554/06, Community Care Access Corporations, under CCAC Act
  - Repeal regulation to reflect the dissolution of the CCACs.
6. Reg. 398/93, Designation of Public Service Agencies under the *French Language Services Act* (FLSA)
  - The proposed amendments to O. Reg. 398/93 under the FLSA are intended to remove two CCACs that were designated in 2015 from the list of designated agencies under the FLSA: Champlain CCAC and North East CCAC. The services in French for which these two CCACs were designated will continue to be offered by the Champlain and North East LHINs.

As required by the legislation, the proposed texts of the regulatory amendments under the *Local Health System Integration Act, 2006* are provided below.

**Disclaimer:**

This consultation draft is intended to facilitate dialogue concerning its contents. Should the decision be made to proceed with the proposal, the comments received during consultation will be considered during the final preparation of the regulation. The content, structure, form and wording of the consultation draft are subject to change as a result of the consultation process and as a result of review, editing and correction by the Office of Legislative Counsel.

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## PROPOSED AMENDMENTS

made under the

### LOCAL HEALTH SYSTEM INTEGRATION ACT, 2006

Amending O. Reg. 515/09  
(Engagement with the Francophone Community)

#### Purposes

1. The purposes of this Regulation are,

(a) to prescribe a French language health planning entity for the geographic area of each local health integration network for the purposes of clause 16 (4) (b) of the Act; and

(b) to set out the duties of each local health integration network for engaging and collaborating with the French language health planning entity for the geographic area of the network for the purposes of section 16 of the Act.

#### French language health planning entity

2. (1) For the purposes of clause 16 (4) (b) of the Act and for each local health integration network, the Minister shall select an entity as the French language health planning entity for the geographic area of the network in accordance with this section,

(a) no later than six months after this Regulation comes into force for the first entity selected for the area; and

(b) upon the cancellation or the expiry of the selection of an entity for the area under this section.

(2) The Minister shall not select an entity as the French language health planning entity for the geographic area of a local health integration network unless the entity meets the following criteria:

1. It is incorporated under the laws of Ontario and is a going concern.

2. It has a demonstrated relationship with the Francophone community in the area.

3. It has experience with or knowledge of the local health system and the health needs of the Francophone community in the area, including the needs of diverse groups within the Francophone community.

4. It has demonstrated an awareness of or involvement in the planning or delivery of health services.

5. It has demonstrated the capacity and skills to engage the network about the local health system under subsection 16 (1) of the Act to further the purpose of the Act, including the ability to provide timely advice consistent with the planning cycles of the network.

6. It agrees to engage the network on the matters listed in clauses 3 (1) (a) to (f) of this Regulation in accordance with section 16 of the Act.

7. It agrees to engage the network on the matters listed in clauses 3 (1) (a) to (f) of this Regulation in the best interests of the Francophone community in the area and not seek to obtain any benefit for itself.

8. It agrees to enter into an agreement with the network about roles and responsibilities relating to the matters listed in clauses 3 (1) (a) to (f) of this Regulation.

(3) The Minister shall select an entity to act as the French language health planning entity for the geographic area of one or more local health integration network(s).

(4) The Minister shall consult with a local health integration network before selecting the French language health planning entity for the geographic area of the network.

(5) If after having been selected as a French language health planning entity, an entity ceases to meet the criteria set out in subsection (2), fails to reasonably engage the network as set out in subsection (2) 6 and 7, fails to enter into an agreement with the network as set out subsection (2) 8, or otherwise fails to fulfill its obligations as a French language health planning entity, the Minister in consultation with the local health integration network may cancel the selection and, in that case, shall select another entity to act as the French language health planning entity.

(6) Subject to subsection (5), the selection of an entity as a French language health planning entity expires five years after it was made, at which time that Minister shall make a selection as required under subsection (1), either reselecting the same entity or selecting another entity.

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### **Community engagement**

3. (1) For the purposes of section 16 of the Act and subject to subsection (2), each local health integration network shall engage the French language health planning entity selected under section 2 of this Regulation for the geographic area of the network to advise the network on,

- (a) methods of engaging the Francophone community in the area;
- (b) the health needs and priorities of the Francophone community in the area, including the needs and priorities of diverse groups within that community;
- (c) the health services available to the Francophone community in the area;
- (d) the identification and designation of health service providers for the provision of French language health services in the area;
- (e) strategies to improve access to, accessibility of and integration of French language health services in the local health system; and
- (f) the planning for and integration of health services in the area.

(2) Before carrying out the engagement mentioned in subsection (1), a local health integration network shall enter into an agreement with the French language health planning entity selected under section 2 for the geographic area of the network about roles and responsibilities relating to the matters listed in clauses (1) (a) to (f).

### **Planning**

4. (1) The local health integration network shall work with the French language health planning entity to develop the strategies under section 3 (1) (e).

(2) The local health integration network shall work with the French language health planning entity to incorporate the strategies developed under section 3 (1) (e) into the Integrated Health Service Plan, as appropriate, per section 15(3) of the Act.

(3) The local health integration network shall engage the French language health planning entity on the implementation of the Integrated Health Service Plan and other planning priorities of the network to support the implementation of the French language health services strategies.

### **Reporting**

5. Each local health integration network shall report, in its annual report, on its engagement and planning activities described in sections 3 and 4.

6. Omitted (provides for coming into force of provisions of this Regulation).

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## PROPOSED AMENDMENTS

made under the

### LOCAL HEALTH SYSTEM INTEGRATION ACT, 2006

Amending O. Reg. 417/06  
(Committees of the Board of Directors of a Local Health Integration Network)

#### Required committees

1. The board of directors of every local health integration network shall establish, by by-law, the following committees:

- 1. Audit Committee.
- 2. Community Nominations Committee.
- 3. Quality Committee.

#### Accountability

2. The committees listed in section 1 shall report to and be accountable to the board of directors of the local health integration network.

#### Duties of committees

3. (1) The Audit Committee of a local health integration network shall review and provide advice and recommendations to the board of directors of the network on,

- (a) the network's obligations with respect to appropriate accounting and financial reporting;
- (b) whom the network should appoint annually as its auditor;
- (c) the annual audit plan of the network;
- (d) the audited financial statements of the network;
- (e) appropriate risk management activities; and
- (f) whom a health service provider should appoint as its auditor to audit its accounts and financial transactions, if the network directs the service provider under section 21 of the Act to have such an auditor.

(2) The Community Nominations Committee of a local health integration network shall,

- (a) give notice to the public of vacancies on the board of directors of the network;
- (b) inform the public about the objects and role of the network;
- (c) identify potential appointees to the board of directors of the network through a local community nomination process; and
- (d) recommend to the board of directors of the network potential appointees to the board of directors of the network.

(3) The Quality Committee of a local health integration network shall review and provide advice and recommendations to the board of directors of the network on,

- a) Any responsibilities specified by the board with respect to quality issues;
- b) Overall quality of health services delivered or arranged by the network;
- c) Quality improvement initiatives and policies.

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### PROPOSED REVOCATION

made under the

### LOCAL HEALTH SYSTEM INTEGRATION ACT, 2006

Revoking O. Reg. 279/07  
(Exemptions)

#### Exemptions

1. A local health integration network is exempt from the requirement to enter into a service accountability agreement under subsection 20 (1) of the Act with a health service provider set out in Column 1 of Table 1 until the end of the day set out for the corresponding item number in Column 2 of Table 1, and the health service provider is exempt from the equivalent requirement to enter into such an agreement with a local health integration network during the same period.

#### Exemptions

2. A local health integration network set out in Column 1 of Table 2 is exempt from the requirement to enter into a service accountability agreement under subsection 20 (1) of the Act with the health service provider set out in Column 2 of Table 2 until the end of the day set out for the corresponding item in Column 3 of Table 2, and the health service provider is exempt from the equivalent requirement to enter into such an agreement with the local health integration network during the same period. 3. Omitted (provides for coming into force of provisions of this Regulation).

TABLE 1

Item number	Column 1	Column 2
	Health service provider	Date that exemption applies until
1.	A private hospital within the meaning of the <i>Private Hospitals Act</i> .	March 31, 2008
2.	A not for profit corporation without share capital incorporated under Part III of the <i>Corporations Act</i> that operates a community health centre.	March 31, 2009
3.	A person or entity approved under the <i>Long-Term Care Act, 1994</i> to provide community services, other than a community care access corporation within the meaning of the <i>Community Care Access Corporations Act, 2001</i> .	March 31, 2009
4.	A community care access corporation within the meaning of the <i>Community Care Access Corporations Act, 2001</i> .	March 31, 2009
5.	A not for profit entity that provides community mental health and addiction services.	March 31, 2009
6.	An approved corporation within the meaning of the <i>Charitable Institutions Act</i> that operates and maintains an approved charitable home for the aged within the meaning of that Act.	the day before section 1 of the <i>Long-Term Care Homes Act, 2007</i> comes into force
7.	A municipality or a board of management maintaining a home for the aged or a joint home for the aged under the <i>Homes for the Aged and Rest Homes Act</i> .	the day before section 1 of the <i>Long-Term Care Homes Act, 2007</i> comes into force
8.	A licensee within the meaning of the <i>Nursing Homes Act</i> .	the day before section 1 of the <i>Long-Term Care Homes Act, 2007</i> comes into force

TABLE 2

Column 1	Column 2	Column 3
Local Health Integration Network	Health service provider	Date that exemption applies until
Champlain Local Health Integration Network	University of Ottawa Heart Institute/Institut de cardiologie de l'Université d'Ottawa	March 31, 2008
Waterloo Wellington Local Health Integration Network	Homewood Health Centre Inc.	March 31, 2008

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**PROPOSED AMENDMENTS**

made under the

**FRENCH LANGUAGE SERVICES ACT, R.S.O. 1990 c. F. 32**

Amending O. Reg. 398/93

1. (1) Paragraph 63.1 of section 1 of Ontario Regulation 398/93 is revoked

(2) Paragraph 155.1 of section 1 of the Regulation is revoked.

Commencement

2. This regulation comes into force on the later of (TBD)