

Local Health System Integration Act, 2005

EXPLANATORY NOTE

The Bill enacts the *Local Health System Integration Act, 2005*.

Part II continues 14 corporations incorporated under the *Corporations Act* in June 2005 and allows the Lieutenant Governor in Council by regulation to establish other corporations without share capital. The continued corporations and the newly incorporated corporations are corporations known as local health integration networks. The regulations made under the Act can also amalgamate, dissolve or divide networks and deal with all related issues such as the assets, liabilities and employees of the networks involved.

Part II also deals with the corporate organization of each local health integration network. Each network is a Crown agent and the Lieutenant Governor in Council appoints its members. The objects of each network are to plan, fund and integrate the local health system which is defined to be the part of the health system that provides services in the geographic area of the network, whether or not the services are provided to people who reside in the geographic area. The geographic area is set by the regulations made under the Act or, in the absence of them, by maps filed at the Ministry of Health and Long-Term Care. The term “integration” is defined to include co-ordinating services in the local health system, starting or ceasing to provide services and transferring services, operations, persons or entities.

Part III. The Minister of Health and Long-Term Care is required to develop a provincial strategic plan for the provincial health system and to make copies of the plan available to the public at the offices of the Ministry. Based on ongoing consultation with the community of persons and entities involved in the local health system, each network is required to develop an integrated health service plan for the local health system that is consistent with the provincial strategic plan and to make copies of it available to the public at the network’s offices.

Part IV. The Minister of Health and Long-Term Care can provide funding to a local health integration network. The Minister and each network that receives that funding are required to enter into an accountability agreement in respect of the local health system. A network can provide funding to a health service provider in respect of services that the service provider provides in or for the geographic area of the network. A health service provider is defined to be certain specified persons or entities such as a public or a private hospital or a community care access corporation, but not including an individual or health profession corporation that practises as a podiatrist, a dentist, a physician or an optometrist. A network that provides that funding and a health service provider that receives that funding are required to enter into a service accountability agreement as defined in Part III of the *Commitment to the Future of*

Medicare Act, 2004. As well, the network may require the service provider to undergo an audit of its accounts and financial transactions and to provide information and reports to the network.

Part V. A local health integration network is required to issue an integration decision whenever it integrates the local health system in the following three ways. First, a decision can recognize an integration of services on which persons or entities have agreed. Secondly, an integration decision can require a health service provider to proceed with an integration, subject to certain restrictions. The latter include the restriction that the integration not be contrary to the network's integrated health service plan or accountability agreement with the Minister and that the integration not require the service provider to cease operating. Thirdly, an integration decision can order a health service provider not to proceed with an integration if the network considers it in the public interest to so order.

As well, the Minister can order a health service provider that receives funding from a network and that carries on its operations on a not for profit basis to integrate, for example, by ceasing to operate or by amalgamating with other health service providers. No person or entity is entitled to compensation for any loss or damages arising from any transfer of property or the issuing of an integration order of a network or a Minister's integration order except for the portion of the loss that relates to the value of property that was not acquired with money received from the Government of Ontario or its agencies.

The Lieutenant Governor in Council can make regulations ordering a public hospital or the University of Ottawa Heart Institute/Institut de cardiologie de l'Université d'Ottawa to cease performing non-clinical services that the regulations prescribe and to transfer the service to a person or entity that the regulations prescribe. The regulations can also devolve to a network any powers, duties or functions of the Minister under any Act for whose administration the Minister is responsible.

Part VI. There is protection from liability for the Crown, the Minister, the local health integration networks and their members, directors and officers and employees of the Crown, the Minister and the networks. The Lieutenant Governor in Council is required to follow a process of public consultation before making most regulations under the Act.

The Act also amends a number of other Acts. Many of the amendments are consequential, for example, to reflect the fact that funding under those Acts will come from local health integration networks, as opposed to only the Minister of Health and Long-Term Care as presently, and to reflect the power of networks to make integration decisions and the power of the Minister to make integration orders. The following are the other main changes:

Community Care Access Corporations Act, 2001

The current designated community care access corporations are continued. The Lieutenant Governor in Council can, by regulation, incorporate other corporations without share capital which will also be community care access corporations. The members of a community care access corporation will be determined by the by-laws of the corporation, rather than appointed by the Lieutenant Governor in Council as presently. The board of directors of each corporation, instead of the Lieutenant Governor in Council as presently, will appoint the Executive Director of the corporation.

On notice to the affected community care access corporations, the Lieutenant Governor in Council may make regulations amalgamating, dissolving or dividing corporations, and the Minister of Health and Long-Term Care can make orders, which are not regulations, to transfer assets, liabilities and employees of a corporation to another person or entity. The Lieutenant Governor in Council can also make regulations to establish processes or requirements for dealing with the assets, liabilities and employees of the corporations affected.

No person or entity is entitled to compensation for any loss or damages arising from any transfer of property or the issuing of a Minister's order except for the portion of the loss that relates to the value of property that was not acquired with money received from the Government of Ontario or its agencies.

Public Sector Labour Relations Transition Act, 1997

The *Public Sector Labour Relations Transition Act, 1997* currently applies to integrations that occur in certain sectors and within a prescribed transitional period. The Bill amends the scope of the Act as follows:

1. The Act will no longer apply only within the prescribed transitional period but will apply indefinitely to integrations in certain sectors, such as the municipal sector and the school sector.
2. The Act will apply, by order of the Ontario Labour Relations Board, to an integration in the health services sector, including certain integrations involving a health service provider within the meaning of the *Health Services Integration Act, 2005*.
3. The Act will apply to partial integrations if, on and after an integration, a predecessor employer continues to operate. New sections of the Act describe how the current provisions that govern issues such as the status of collective agreements and bargaining rights on a changeover date (sections 14 to 18) shall apply in the case of a partial integration.

**An Act to provide for the integration of the local system
for the delivery of health services**

Note: This Act amends or repeals more than one Act. For the legislative history of these Acts, see [Public Statutes – Detailed Legislative History](http://www.e-Laws.gov.on.ca) on www.e-Laws.gov.on.ca.

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Preamble

The people of Ontario and their government,

- (a) acknowledge that a community's health needs and priorities are best developed by the community, health care providers and the people they serve;
- (b) are establishing local health integration networks to achieve an integrated health system and enable local communities to make decisions about their local health systems;
- (c) recognize the need for communities, health service providers, local health integration networks and the government to work together to reduce duplication and better co-ordinate health service delivery to make it easier for people to access health care;
- (d) believe that the health system should be guided by a commitment to equity and respect for diversity in communities in serving the people of Ontario and respect the requirements of the *French Language Services Act* in serving Ontario's French-speaking community;

- (e) recognize the role of First Nations and Aboriginal peoples in the planning and delivery of health services in their communities;
- (f) believe in public accountability and transparency to demonstrate that the health system is governed and managed in a way that reflects the public interest and that promotes efficient delivery of high quality health services to all Ontarians;
- (g) confirm that access to health services will not be limited to the geographic area of the local health integration network in which an Ontarian lives; and
- (h) envision an integrated health system that delivers the health services that people need, now and in the future.

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

PART I INTERPRETATION

Purpose of the Act

1. The purpose of this Act is to provide for an integrated health system to improve the health of Ontarians through better access to health services, co-ordinated health care and effective and efficient management of the health system at the local level by local health integration networks.

Definitions

2. (1) In this Act,

“accountability agreement” means the accountability agreement in respect of the local health system that a local health integration network is required to enter into with the Minister under subsection 18 (1); (“entente de responsabilisation”)

“geographic area”, in relation to a local health integration network, means,

- (a) if the network is continued under subsection 3 (1) and no geographic area is prescribed for the network, the geographic area for the network that is set out on the local health integration network maps numbers 1 to 14 dated August 2005 that are available for inspection by the public at the offices of the Ministry and published on the Ministry’s website on the Internet, and
- (b) if clause (a) does not apply to the network, the geographic area that is prescribed for the network; (“zone géographique”)

“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,
- (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 health service plan” means the plan that a local health integration network develops under section 15 for the local health system; (“plan de services de santé intégrés”)

“integration decision” means a decision issued under subsection 25 (2); (“décision d’intégration”)

“local health integration network” means a corporation that is continued under subsection 3 (1) or incorporated by regulation under subsection 3 (3); (“réseau local d’intégration des services de santé”)

“local health system” means the part of the health system that provides services in the geographic area of a local health integration network, whether or not the services are provided to people who reside in the geographic area; (“système de santé local”)

“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”)

“prescribed” means prescribed by the regulations made under this Act; (“prescrit”)

“provincial strategic plan” means the plan that the Minister develops under section 14 for the health system; (“plan stratégique provincial”)

“service accountability agreement” means the service accountability agreement that a local health integration network and a health service provider are required to enter into under subsection 20 (1). (“entente de responsabilisation en matière de services”)

Health service provider

(2) In this Act,

“health service provider”, subject to subsection (3), 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. an institution within the meaning of the *Mental Hospitals Act*,
 - ii. a correctional institution operated or maintained by a member of the Executive Council, other than the Minister, or
 - iii. 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. An approved corporation within the meaning of the *Charitable Institutions Act* that operates and maintains an approved charitable home for the aged within the meaning of that Act.
5. Each municipality or a board of management maintaining a home for the aged or a joint home for the aged under the *Homes for the Aged and Rest Homes Act*.
6. A licensee within the meaning of the *Nursing Homes Act*.
7. A community care access corporation within the meaning of the *Community Care Access Corporations Act, 2001*.
8. A person or entity approved under the *Long-Term Care Act, 1994* to provide community services.
9. A not for profit corporation without share capital incorporated under Part III of the *Corporations Act* that operates a community health centre.
10. A not for profit entity that provides community mental health and addiction services.
11. Any other person or entity or class of persons or entities that is prescribed.

Same, exclusions

(3) The following are not health service providers:

1. Any of the following individuals when they provide, or offer to provide, health services to individuals within the scope of practice of their profession:
 - i. A member of the College of Chiropodists of Ontario in the podiatrist class under the *Chiropody Act, 1991*.
 - ii. A member of the Royal College of Dental Surgeons of Ontario under the *Dentistry Act, 1991*.
 - iii. A member of the College of Physicians and Surgeons of Ontario under the *Medicine Act, 1991*.
 - iv. A member of the College of Optometrists of Ontario under the *Optometry Act, 1991*.
2. A health profession corporation that holds a certificate of authorization issued by the College of Chiropodists of Ontario, the Royal College of Dental Surgeons of Ontario, the College of Physicians and Surgeons of Ontario or the College of Optometrists of Ontario under the *Regulated Health Professions Act, 1991* or under Schedule 2 to that Act.

PART II
LOCAL HEALTH INTEGRATION NETWORKS

Continuation and establishment

3. (1) Each corporation that was incorporated under the *Corporations Act* under the name in English set out in Column 1 of the following Table and the name in French set out opposite in Column 2 on the date set out opposite in Column 3 is continued as a corporation without share capital under the name in English set out opposite in Column 4 and the name in French set out opposite in Column 5 and is a local health integration network.

TABLE
CORPORATIONS CONTINUED AS LOCAL HEALTH INTEGRATION NETWORKS

	Column 1	Column 2	Column 3	Column 4	Column 5
Item Point	Name of corporation in English Dénomination sociale anglaise de la personne morale	Name of corporation in French Dénomination sociale française de la personne morale	Date of incorporation Date de constitution	Name of continued corporation in English Dénomination sociale anglaise de la personne morale prorogée	Name of continued corporation in French Dénomination sociale française de la personne morale prorogée
1.	Central Health Integration Network	Réseau d'intégration des services de santé du Centre	June 2, 2005 2 juin 2005	Central Local Health Integration Network	Réseau local d'intégration des services de santé du Centre
2.	Central East Health Integration Network	Réseau d'intégration des services de santé du Centre-Est	June 2, 2005 2 juin 2005	Central East Local Health Integration Network	Réseau local d'intégration des services de santé du Centre-Est
3.	Central West Health Integration Network	Réseau d'intégration des services de santé du Centre-Ouest	June 9, 2005 9 juin 2005	Central West Local Health Integration Network	Réseau local d'intégration des services de santé du Centre-Ouest
4.	Health Integration Network of Champlain	Réseau d'intégration des services de santé de Champlain	June 2, 2005 2 juin 2005	Champlain Local Health Integration Network	Réseau local d'intégration des services de santé de Champlain
5.	Health Integration Network of Erie St. Clair	Réseau d'intégration des services de santé d'Érié St-Clair	June 2, 2005 2 juin 2005	Erie St. Clair Local Health Integration Network	Réseau local d'intégration des services de santé d'Érié St-Clair
6.	Health Integration Network of Hamilton Niagara Haldimand Brant	Réseau d'intégration des services de santé de Hamilton Niagara Haldimand Brant	June 2, 2005 2 juin 2005	Hamilton Niagara Haldimand Brant Local Health Integration Network	Réseau local d'intégration des services de santé de Hamilton Niagara Haldimand Brant
7.	Health Integration Network of Mississauga Halton	Réseau d'intégration des services de santé de Mississauga Halton	June 9, 2005 9 juin 2005	Mississauga Halton Local Health Integration Network	Réseau local d'intégration des services de santé de Mississauga Halton
8.	North East Health Integration Network	Réseau d'intégration des services de santé du Nord-Est	June 9, 2005 9 juin 2005	North East Local Health Integration Network	Réseau local d'intégration des services de santé du Nord-Est
9.	Health Integration Network of North Simcoe Muskoka	Réseau d'intégration des services de santé de Simcoe Nord Muskoka	June 9, 2005 9 juin 2005	North Simcoe Muskoka Local Health Integration Network	Réseau local d'intégration des services de santé de Simcoe Nord Muskoka
10.	Local Health Integration Network (North West Ontario)	Réseau d'intégration des services de santé (Nord-Ouest de l'Ontario)	June 16, 2005 16 juin 2005	North West Local Health Integration Network	Réseau local d'intégration des services de santé du Nord-Ouest
11.	South East Health Integration Network	Réseau d'intégration des services de santé du Sud-Est	June 9, 2005 9 juin 2005	South East Local Health Integration Network	Réseau local d'intégration des services de santé du Sud-Est
12.	South West Health Integration Network	Réseau d'intégration des services de santé du Sud-Ouest	June 2, 2005 2 juin 2005	South West Local Health Integration Network	Réseau local d'intégration des services de santé du Sud-Ouest
13.	Health Integration Network of Toronto Central	Réseau d'intégration des services de santé du Centre-Toronto	June 2, 2005 2 juin 2005	Toronto Central Local Health Integration Network	Réseau local d'intégration des services de santé du Centre-Toronto
14.	Health Integration Network of Waterloo Wellington	Réseau d'intégration des services de santé de Waterloo Wellington	June 2, 2005 2 juin 2005	Waterloo Wellington Local Health Integration Network	Réseau local d'intégration des services de santé de Waterloo Wellington

Extinguishment of letters patent

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

Establishment

(3) The Lieutenant Governor in Council may by regulation incorporate one or more corporations as corporations without share capital and a corporation incorporated under this subsection is a local health integration network.

Regulations

- (4) The Lieutenant Governor in Council may, by regulation,
- (a) amalgamate or dissolve one or more local health integration networks;
 - (b) divide a local health integration network into two or more local health integration networks;
 - (c) change the name of a local health integration network;
 - (d) do all things necessary to accomplish the amalgamation, dissolution or division of one or more local health integration networks made by a regulation under clause (a) or (b), including,
 - (i) dealing with the assets and the liabilities of any of the networks in the manner specified in the regulation, including by,
 - (A) liquidating or selling the assets and paying the proceeds into the Consolidated Revenue Fund, or
 - (B) transferring the assets or liabilities to the Crown, an agency of the Crown or to another network, or
 - (ii) transferring employees to the Crown, an agency of the Crown or to another network.

Crown agency and status

4. (1) A local health integration network is an agent of the Crown and may exercise its powers only as an agent of the Crown.

Other Acts

(2) The *Corporations Act* and the *Corporations Information Act* do not apply to a local health integration network, except as prescribed.

Same

(3) The following Acts do not apply to a local health integration network, the members of its board of directors or to its officers, employees or agents:

1. *Charitable Gifts Act*.
2. *Charities Accounting Act*.

No charitable property

- (4) The property of a local health integration network is not charitable property.

Objects

5. The objects of a local health integration network are to plan, fund and integrate the local health system, including,

- (a) to promote the integration of the local health system to provide appropriate, co-ordinated, effective and efficient health services;
- (b) to identify and plan for the health service needs of the local health system in accordance with provincial plans and priorities and to make recommendations to the Minister about that system, including capital funding needs for it;
- (c) to engage the community of persons and entities involved with the local health system in planning and setting priorities for that system, including establishing formal channels for community input and consultation;
- (d) to ensure that there are appropriate processes within the local health system to respond to concerns that people raise about the services that they receive;
- (e) to evaluate, monitor and report on and be accountable to the Minister for the performance of the local health system and its health services, including access to services and the utilization, co-ordination, integration and cost-effectiveness of services;
- (f) to participate and co-operate in the development by the Minister of the provincial strategic plan and in the development and implementation of provincial planning, system management and provincial health care priorities, programs and services;
- (g) to develop strategies and to co-operate with health service providers, other local health integration networks, providers of provincial services and others to improve the integration of the provincial and local health systems and the co-ordination of health services;
- (h) to undertake and participate in joint strategies with other local health integration networks to improve access to health services and to enhance continuity of health care across local health systems and across the province;
- (i) to disseminate information on best practices and to promote knowledge transfer among local health integration networks and health service providers;
- (j) to bring economic efficiencies to the delivery of health services and to make the health system more sustainable;

- (k) to allocate and provide funding to health service providers, in accordance with provincial priorities, so that they can provide health services and equipment;
- (l) to enter into agreements to establish performance standards and to ensure the achievement of performance standards by health service providers that receive funding from the network;
- (m) to ensure the effective and efficient management of the human, material and financial resources of the network and to account to the Minister for the use of the resources; and
- (n) to carry out the other objects that the Minister specifies by regulation made under this Act.

Powers

6. (1) Except as limited by this Act, a local health integration network has the capacity, rights and powers of a natural person for carrying out its objects.

Use of revenue

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

Cabinet approval

(3) A local health integration network 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 office space that is reasonably necessary for the purposes of the network.
2. Borrowing or lending money.
3. Investing its money.
4. Pledging, charging or encumbering any of its personal property.
5. Creating a subsidiary.
6. Indemnifying any person from liability or guaranteeing the payment of money or the performance of services by another person, except if the indemnification is given under subsection 8 (6).

7. Providing, directly through its directors, officers, employees or agents, any health services to people.

Approval of two Ministers

(4) A local health integration network shall not exercise the following powers without the approval of both the Minister and the Minister of Finance:

1. Receiving money or assets from any person or entity except the Crown in right of Ontario.
2. Acting in association with a person or entity that conducts any fundraising activities or programs, directly or indirectly, for the network.

Approval of Minister

(5) A local health integration network 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. Entering into an agreement with any person, entity or government for the provision of services outside Ontario.
4. 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

(6) A local health integration network shall not make any political donations.

Board of directors

7. (1) Subject to subsection (10), each local health integration network shall consist of no more than nine members appointed by the Lieutenant Governor in Council who shall form the board of directors of the network.

Term

(2) Subject to subsections (3) and (4), the members of the board of directors of a local health integration network 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 one further term.

Termination

(3) A member ceases to be a member of the board of directors of a local health integration network if, before the term of the member expires,

- (a) the Lieutenant Governor in Council revokes the member's appointment as a member of the network; 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 or 13 months, whichever is the longer.

Remuneration

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

Chair and vice-chair

(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.

Vice-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.

Transition

(10) A director, chair or vice-chair of a corporation continued under subsection 3 (1) as a local health integration network who holds office on the day that this section comes into force shall be deemed to be a first director, chair or vice-chair of the network appointed under this section and shall hold office until the Lieutenant Governor in Council appoints or designates a successor in accordance with this section.

Powers and duties of board

8. (1) The affairs of each local health integration network are under the management and control of its board of directors.

By-laws

(2) Subject to subsections (3) and (4), a board of directors may pass by-laws and resolutions for conducting and managing the affairs of the local health integration network, including establishing committees.

Minister's approval

(3) 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

(4) 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.

Committees

(5) The board of directors of a local health integration network shall,

- (a) establish, by by-law, the committees of the board that the Minister, by regulation made under this Act, specifies;
- (b) appoint as members of the committees the persons who meet the qualifications, if any, that the Minister specifies in the regulation; and
- (c) ensure that the committees operate in accordance with the other requirements, if any, that the Minister specifies in the regulation.

Duty of care and indemnification

(6) Subject to subsection (7), subsection 134 (1) and section 136 of the *Business Corporations Act* apply with necessary modifications to each local health integration network, its board of directors and its officers.

Approval of indemnity

(7) A local health integration network 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*.

Conflict of interest

(8) The board of directors of a local health integration network shall develop, in consultation with the Minister, conflict of interest policies for the members and employees of the network.

Meetings

9. (1) The board of directors of a local health integration network 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 directors constitutes a quorum for the conduct of business of the board.

Public meetings

(3) All meetings of the board of directors of a local health integration network and its committees shall be open to the public, except if the Lieutenant Governor in Council prescribes otherwise.

Notice

(4) A local health integration network shall give notice to the public of the meetings of its board of directors and its committees and the notice shall be given in a manner that is reasonable in the circumstances.

Chief executive officer

10. (1) Each local health integration network shall appoint and employ a chief executive officer.

Status

(2) The chief executive officer of a local health integration network is not a civil servant or public servant within the meaning of the *Public Service Act* and shall not be a member of the board of directors of any local health integration network.

Role

(3) The chief executive officer of a local health integration network is responsible for the management and administration of the affairs of the network, subject to the supervision and direction of its board of directors.

Remuneration

(4) The Minister may fix ranges for the salary or other remuneration and benefits of a chief executive officer and each local health integration network 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) A local health integration network may employ the employees, other than a chief executive officer, that the network considers necessary for the proper conduct of the business of the network.

Status

(2) The employees employed under subsection (1) are not civil servants or public servants within the meaning of the *Public Service Act*.

Audit

12. (1) The Auditor General shall audit the accounts and financial transactions of a local health integration network annually.

Minister's audit

(2) In addition to the requirement for an annual audit, the Minister may, at any time, direct that one or more auditors licensed under the *Public Accounting Act, 2004* audit the accounts and financial transactions of a local health integration network.

Reports

13. (1) Each local health integration network shall submit to the Minister an annual report, within the time period that the Minister specifies, on its affairs and operations during its immediately preceding fiscal year.

Fiscal year

(2) The fiscal year of a local health integration network commences on April 1 in each year and ends on March 31 of the following year.

Contents

(3) The annual report shall include audited financial statements for the fiscal year of the local health integration network to which the report relates.

Form

(4) The annual report shall be signed by the chair and one other member of the board of directors of the local health integration network and shall be in the form that the Minister specifies.

Tabling

(5) The Minister shall,

- (a) submit the annual report to the Lieutenant Governor in Council;
- (b) lay the report before the Assembly if it is in session; and
- (c) deposit the report with the Clerk of the Assembly if the Assembly is not in session.

Reports to Ontario Health Quality Council

(6) Each local health integration network shall provide the Ontario Health Quality Council with the information about the local health system that the Council requests.

PART III PLANNING AND COMMUNITY ENGAGEMENT

Provincial strategic plan

14. The Minister shall develop a provincial strategic plan for the health system that includes a vision, priorities and strategic directions for the health system and make copies of it available to the public at the offices of the Ministry.

Integrated health service plan

15. (1) Subject to subsection 16 (1), each local health integration network shall, within the time and in the form specified by the Minister, develop an integrated health service plan for the local health system and make copies of it available to the public at the network's offices.

Contents

(2) The integrated health service plan shall include a vision, priorities and strategic directions for the local health system and shall set out strategies to integrate the local health system in order to achieve the purpose of this Act.

Restrictions

(3) The integrated health service plan shall be consistent with a provincial strategic plan, the funding that the network receives under section 17 and the requirements, if any, that the regulations made under this Act prescribe.

Community engagement

16. (1) A local health integration network shall engage the community of persons and entities involved with the local health system about that system on an ongoing basis, including about the integrated health service plan and while setting priorities.

Health professionals advisory committee

(2) Each local health integration network shall establish a health professionals advisory committee consisting of the persons that the network appoints from among members of those regulated health professions that the network determines or that are prescribed.

Engagement by health service providers

(3) Each health service provider shall engage the community of persons and entities in the area where it provides health services when developing plans and setting priorities for the delivery of health services.

PART IV FUNDING AND ACCOUNTABILITY

Funding of networks

17. (1) The Minister may provide funding to a local health integration network on the terms and conditions that the Minister considers appropriate.

Savings by a network

(2) When determining the funding to be provided to a local health integration network 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 local health system generated in the previous fiscal year and that the network proposes to spend on patient care in subsequent fiscal years in accordance with the accountability agreement.

Accountability of networks

18. (1) The Minister and each local health integration network shall enter into an accountability agreement in respect of the local health system.

Accountability agreement

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

- (a) performance goals and objectives for the network and the local health system;
- (b) performance standards, targets and measures for the network and the local health system;
- (c) requirements for the network to report on the performance of the network and the local health system;
- (d) a plan for spending the funding that the network receives under section 17, which spending shall be in accordance with the appropriation from which the Minister has provided the funding to the network;
- (e) a progressive performance management process for the network; and
- (f) all other prescribed matters, if any.

If no agreement

(3) If the Minister and a local health integration network 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) A local health integration network 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 as defined in subsection 31 (5) of the *Commitment to the Future of Medicare Act, 2004*, that the Minister requires for the purposes of administering this Act.

Availability to the public

(5) The Minister and each local health integration network shall make copies of the accountability agreement of the network available to the public at the offices of the Ministry and the network, respectively.

Funding of health service providers

19. (1) A local health integration network may provide funding to a health service provider in respect of services that the service provider provides in or for the geographic area of the network.

Terms and conditions

(2) The funding that a local health integration network provides under subsection (1) shall be on the terms and conditions that the network considers appropriate and in accordance with the funding that the network receives under section 17, the network's accountability agreement and the prescribed requirements, if any.

Assignment of agreements

(3) The Minister may assign to a local health integration network the Minister's rights and obligations under all or part of an agreement between the Minister and a health service provider, including an agreement to which a person or entity that is not a health service provider is also a party.

Termination date

(4) In an assignment under subsection (3), 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 network and the health service provider enter into a service accountability agreement; and

- (c) the date, as the Minister specifies, that the network and the health service provider have to enter into a service accountability agreement.

Accountability of health service providers

20. (1) A local health integration network and a health service provider that receives funding from the network under subsection 19 (1) shall enter into a service accountability agreement, as defined in Part III of the *Commitment to the Future of Medicare Act, 2004*.

No restriction on patient mobility

(2) A local health integration network shall not enter into any agreement or other arrangement that restricts or prevents an individual from receiving services based on the geographic area in which the individual resides.

Community care access corporations

(3) Subsection (2) does not apply to any agreement between a local health integration network and a community care access corporation that requires the latter corporation to deliver services in the area in which it is approved to provide services.

Audit

21. A local health integration network may, at any time, direct that a health service provider that receives funding from the network under subsection 19 (1) engage or permit one or more auditors licensed under the *Public Accounting Act, 2004* to audit the accounts and financial transactions of the service provider.

Information and reports

22. (1) A local health integration network may require that any health service provider to which the network provides funding or proposes to provide funding under subsection 19 (1) provide to the network the plans, reports, financial statements and other information, other than personal health information as defined in subsection 31 (5) of the *Commitment to the Future of Medicare Act, 2004*, that the network requires for the purposes of exercising its powers and duties under this Act or for the purposes that are prescribed.

Same, other persons

(2) A local health integration network may require that a prescribed person or entity provide to the network the prescribed plans, reports and other information, other than personal health information as defined in subsection 31 (5) of the *Commitment to the Future of Medicare Act, 2004*, that the network requires for the purposes of exercising its powers and duties under this Act or Part III of the latter Act or for the purposes that are prescribed.

Form of reports

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

Disclosure of information

- (4) A local health integration network may disclose information that it collects under this section,
- (a) 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 or Part III of the *Commitment to the Future of Medicare Act, 2004*; or
 - (b) to the Ontario Health Quality Council if the Council requests the information for the purposes of exercising its powers and duties under the *Commitment to the Future of Medicare Act, 2004*.

PART V INTEGRATION AND DEVOLUTION

Definition

23. In this Part,

“service” includes,

- (a) a service or program that is provided directly to people,
- (b) a service or program, other than a service or program described in clause (a), that supports a service or program described in that clause, or
- (c) a function that supports the operations of a person or entity that provides a service or program described in clause (a) or (b).

Identifying integration opportunities

24. Each local health integration network and each health service provider shall separately and in conjunction with each other identify opportunities to integrate the services of the local health system to provide appropriate, co-ordinated, effective and efficient services.

Integration by networks

25. (1) A local health integration network may integrate the local health system by,

- (a) providing or changing funding to a health service provider under subsection 19 (1);
- (b) facilitating and negotiating the integration of persons or entities or the integration of services between health service providers or between a health service provider and a person or entity that is not a health service provider;

- (c) issuing a decision under section 26 that requires a health service provider to proceed with the integration described in the decision; or
- (d) issuing a decision under section 27 that orders a health service provider not to proceed with the integration described in the decision.

Integration decision

- (2) A local health integration network shall issue an integration decision when the network,
 - (a) facilitates or negotiates the integration of persons or entities or the integration of services between health service providers or between a health service provider and a person or entity that is not a health service provider and the parties reach an agreement with respect to that integration;
 - (b) requires a health service provider to proceed with an integration under section 26; or
 - (c) orders a health service provider not to proceed with an integration under section 27.

Prohibition

(3) 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.

Parties to decision

(4) When a local health integration network issues an integration decision, the persons or entities that are the subject of the decision are the parties to the decision.

Form of decision

- (5) An integration decision issued by a local health integration network shall set out,
 - (a) the purpose and nature of the integration, except in the case of a decision issued under section 27;
 - (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) the effective date of all transfers of services involved in the integration, if any; and
 - (e) any other matter that the network considers relevant.

Notice of decision

(6) On issuing an integration decision, a local health integration network shall give the decision to the parties to the decision and make copies of it available to the public at its offices.

Non-application of other Act

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

Not a regulation

(8) An integration decision is not a regulation as defined in the *Regulations Act*.

Amendment

(9) A local health integration network that issues an integration decision under clause (2) (a) or (b) may amend the decision; subsections (3) to (8) apply to the amendment with necessary modifications and, in the case of an integration decision under clause (2) (b), section 26 also applies to the amendment.

Revocation

(10) A local health integration network that makes an integration decision may revoke the decision and subsections (4), (6), (7) and (8) apply to the decision that does the revocation.

Required integration

26. (1) Subject to subsections (2) to (4), a local health integration network that has made copies of an integrated health service plan available to the public may, if it considers it in the public interest to do so, make a decision that requires one or more health service providers to which it provides funding under subsection 19 (1) to do any one or more of the following on or after a date set out in the decision:

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 carry out another type of integration of services that is prescribed.
6. To do anything or refrain from doing anything necessary for the health service providers to achieve anything under any of paragraphs 1 to 5, including to transfer property to or to receive property from another person or entity in respect of the services affected by the decision.

Restrictions

(2) A decision made by a local health integration network under this section,

- (a) shall not be contrary to the network's integrated health service plan or accountability agreement;
- (b) shall not relate to services for which a local health integration network does not provide or propose to provide funding, in whole or in part, to the health service provider;
- (c) shall not require a health service provider to cease operating or carrying on business or to dissolve or wind up its operations or business;
- (d) shall not require a health service provider to change the composition or structure of its membership or board of directors;
- (e) shall not require two or more health service providers to amalgamate;
- (f) shall not unjustifiably require a health service provider that is a religious organization to provide a service that is contrary to the religion related to the organization;
- (g) shall not require a health service provider to transfer property that it holds for a charitable purpose to a person or entity that is not a charity;
- (h) shall not require a health service provider 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;
and
- (i) shall not require a health service provider to do anything that is prescribed in addition to the restrictions set out in clauses (a) to (h).

Request for reconsideration

(3) Within 30 days after receiving a decision under this section, a health service provider that is a party to the decision may request that the local health integration network that issued the decision reconsider it and may make submissions to the network about the decision.

Reconsideration

(4) If a health service provider requests that a local health integration network reconsider a decision under subsection (3), the network shall,

- (a) reconsider the decision;
- (b) confirm the decision or amend or revoke it under subsection 25 (9) or (10); and
- (c) give notice of the action that it takes under clause (b) to the parties to the decision.

No further reconsideration

(5) If a local health integration network amends or revokes a decision under clause (4) (b), subsection (3) does not apply to the decision that does the amendment or revocation.

Integration by health service providers

27. (1) A health service provider 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 to network

(3) If the integration mentioned in subsection (1) relates to services that are funded, in whole or in part, by a local health integration network, the health service provider shall,

- (a) give notice of the integration to the network, unless the regulations made under this Act prescribe otherwise; and
- (b) not proceed with the integration until 60 days have passed since giving the notice mentioned in clause (a), if the service provider is required to give the notice.

Stopping integration

(4) If the local health integration network considers it in the public interest to do so, the network may, no later than 60 days after the health service provider gives the notice required under subsection (3), issue a decision ordering the service provider not to proceed with the integration.

Matters to consider

(5) In making a decision under subsection (4), a local health integration network shall consider the extent to which the integration is not consistent with the network's integrated health service plan and any other matter that the network considers relevant.

Request for reconsideration

(6) Within 30 days after receiving a decision under subsection (4), a health service provider that is a party to the decision may request that the local health integration network that issued the decision reconsider it and may make submissions to the network about the decision.

Reconsideration

(7) If a health service provider requests that a local health integration network reconsider a decision under subsection (6), the network shall,

- (a) reconsider the decision;

- (b) confirm the decision or amend or revoke it under subsection 25 (9) or (10); and
- (c) give notice of the action that it takes under clause (b) to the parties to the decision.

No further reconsideration

(8) If a local health integration network amends or revokes a decision under clause (7) (b), subsection (6) does not apply to the decision that does the amendment or revocation.

Integration by the Minister

28. (1) After receiving advice from the local health integration networks involved, the Minister may, if the Minister considers it in the public interest to do so and subject to subsection (2), order a health service provider that receives funding from a local health integration network under subsection 19 (1) and that carries on its operations on a not for profit basis to do any of the following on or before the date set out in the order:

1. To cease operating, to dissolve or to wind up its operations.
2. To amalgamate with one or more health service providers that receive funding from a local health integration network under subsection 19 (1) and that carry on operations on a not for profit basis or to take the necessary steps to amalgamate under section 113 of the *Corporations Act* with such a health service provider.
3. To transfer all or substantially all of its operations to one or more persons or entities that carry on operations on a not for profit basis.
4. To take any other action necessary to carry out any action described in paragraph 1, 2 or 3, including to transfer property related to the operations affected by the order.

Religious denomination

(2) An order made by the Minister under subsection (1) shall not unjustifiably require a health service provider that is a religious organization to provide a service that is contrary to the religion related to the organization.

Application of other subsections

(3) Subsections 25 (3) to (10) and 26 (3) to (5) apply to an order made by the Minister under subsection (1) as if it were an integration decision and all references to a local health integration network in those subsections shall be read as references to the Minister.

Compliance

29. (1) A person or entity that is a party to an integration decision or a Minister's order made under section 28 shall comply with it.

Corporate powers

(2) Despite any Act, regulation or other instrument related to the corporate governance of a health service provider that is a corporation and that is a party to an integration decision or a Minister's order made under section 28, including the *Business Corporations Act*, the *Corporations Act*, any articles of incorporation, any letters patent, any supplementary letters patent or any by-laws, the service provider shall be deemed to have the necessary powers to comply with the decision or the order, as the case may be.

Court order

(3) A local health integration network that has issued an integration decision or the Minister after making an order under section 28 may apply to the Superior Court of Justice, after the point in time specified in subsection (4), for an order directing a person or entity that is a party to the decision or the Minister's order, as the case may be, to comply with it.

Time for application

(4) The point in time mentioned in subsection (3) is,

- (a) the time at which the network issues the integration decision, if it is a decision issued under clause 25 (2) (a);
- (b) 30 days after the network issues the integration decision or the Minister makes the order, if subsection 26 (3), 27 (6) or 28 (3) applies to the decision or order, as the case may be, and if no request for a reconsideration is made under the applicable subsection;
- (c) the time at which the network or the Minister gives the notice described in clause 26 (4) (c) or 27 (7) (c), as applicable, if subsection 26 (3), 27 (6) or 28 (3) applies to the decision or order, as the case may be, and if a request for a reconsideration is made under the applicable subsection.

Transfer of property held for charitable purpose

30. (1) If an integration decision or a Minister's order made under section 28 directs a health service provider 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 of 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.

No compensation

31. (1) Despite any other Act and subject to subsection (3), a health service provider is not 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 Minister or a local health integration network takes, including an integration decision or a Minister's order made under section 28.

Same, transfer of property

(2) Despite any other Act and subject to subsection (3), no person or entity, including a health service provider, 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 an integration decision or a Minister's order made under section 28.

Exception

(3) If an integration decision or a Minister's order made under section 28 directs a health service provider to transfer property to or to receive property from a person or entity, a person 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 or an agency of the Government, whether or not it is a Crown agent.

No expropriation

(4) 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.

Transfers, application of other Act

32. (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 an integration decision;
- (b) the transfer of all or substantially all of the operations of a health service provider under a Minister's order made under section 28; or
- (c) the amalgamation of two or more persons or entities under an integration decision issued with respect to an integration described in clause 25 (2) (a) or under a Minister's order made under section 28.

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 integration decision or the Minister's 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.
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) 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

(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).

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), 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 his or her sole discretion or, if the chair is absent or unable to act, selected by the alternate chair in his or her 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 the *Regulations Act*.

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.

Integration by regulation

33. (1) The Lieutenant Governor in Council may, by regulation, order one or more persons or entities that operate a public hospital within the meaning of the *Public Hospitals Act* and the University of Ottawa Heart Institute/Institut de cardiologie de l'Université d'Ottawa to cease performing any prescribed non-clinical service and to integrate the service by transferring it to the prescribed person or entity on the prescribed date.

Compliance

(2) The persons and entities mentioned in a regulation made under subsection (1) shall comply with the regulation and subsections 29 (2), (3) and (4) and sections 30 and 31 apply with respect to the persons and entities, except that references in those subsections to an integration decision or a Minister's order shall be read as references to the regulation.

Application of other Act

(3) Unless otherwise prescribed, the *Public Sector Labour Relations Transition Act, 1997* applies when the integration of services ordered by a regulation made under subsection (1) occurs and for the purposes of that Act,

- (a) the changeover date is the effective date of the integration or whatever other date the regulation prescribes;
- (b) the predecessor employer or employers are each person or entity prescribed in the regulation from which the services are transferred; and
- (c) the successor employer or employers are each person or entity prescribed in the regulation to which the services are transferred.

Same

(4) Even if a regulation made under this Act prescribes that the *Public Sector Labour Relations Transition Act, 1997* does not apply to the integration, sections 12 and 36 of that Act apply to the integration, if applicable.

Repeal

(5) This section is repealed on a day to be named by proclamation of the Lieutenant Governor.

Devolution

34. (1) Despite any other Act, and except as provided in subsection (2), the Lieutenant Governor in Council may, by regulation, devolve to a local health integration network any of the powers, duties or functions, under any other Act for whose administration the Minister is responsible at the time of making the regulation, of the Minister or a person appointed by the Minister or the Lieutenant Governor in Council.

Exception

(2) A regulation made under subsection (1) shall not devolve to a local health integration network a power to make regulations under any other Act for whose administration the Minister is responsible.

List of Acts

(3) The Minister shall publish on the Ministry's website on the Internet a list of the Acts for whose administration the Minister is responsible and shall maintain the list current.

Conditions on devolution

(4) A regulation under subsection (1) may devolve all or part of a power, duty or function to a local health integration network and may set out conditions on the exercise by a local health integration network of the power, duty or function.

Effect of devolution

(5) If a regulation under subsection (1) devolves a power, duty or function under an Act to a local health integration network,

- (a) the person or entity on which the Act confers the power, duty or function,
 - (i) shall no longer perform the power, duty or function to the extent that the regulation devolves it to the network, and
 - (ii) is released from any liability with respect to the power, duty or function to the extent that the regulation devolves it to the network if the liability arises after the day on which the regulation comes into force;
- (b) the network,
 - (i) has the authority to exercise the power, duty or function to the extent that the regulation devolves it if it does so in accordance with the Act, and
 - (ii) has the rights and immunities of the person or entity on which the Act confers the power, duty or function to the extent that the regulation devolves it to the network, as if the network were that person or entity under that Act; and
- (c) the powers, duties or functions of any other person in respect of the devolved power, duty or function shall be read as if the Act provided that the network had the power, duty or function.

PART VI GENERAL

No liability

35. No proceeding for damages or otherwise, other than an application for judicial review under the *Judicial Review Procedure Act* or a claim for compensation that is permitted under subsection 31 (3), shall be commenced against the Crown, the Minister, a 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 with respect to any act done or omitted to be done or any decision or order under this Act that is done in good faith in the execution or intended execution of a power or duty under this Act.

Regulations

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

- (a) governing anything described in this Act as being prescribed;
- (b) specifying persons, entities or classes of persons or entities that are excluded from the definition of “health service provider” in section 2;
- (c) exempting a health service provider, a local health integration network or a class of health service providers or local health integration networks from any provision of this Act or the regulations made under it and specifying circumstances in which the exemption applies;
- (d) prescribing provisions of the *Corporations Act* that apply to a local health integration network and the modifications with which those provisions are to so apply;
- (e) specifying a person or any class of persons who may not be appointed as members of a local health integration network;
- (f) respecting community engagement under section 16, including how and with whom a local health integration network or a health service provider shall engage the community, the matters about which a local health integration network or a health service provider shall engage the community and the frequency of the engagement;
- (g) respecting the health professionals advisory committee established under subsection 16 (2), including requirements for the membership on the committee and its functions;
- (h) governing funding that a local health integration network provides to health service providers under subsection 19 (1);

- (i) requiring a health service provider to institute a system for reconciling the funding that it receives from a local health integration network on the basis set out in the regulation, including,
 - (i) requiring the service provider to pay the network for any excess payment of funding, and
 - (ii) allowing the network to recover any excess payment of funding by deducting the excess from subsequent payments to the service provider;
- (j) respecting matters that relate to or arise as a result of a transfer of property under an integration decision or a Minister's order made under section 28, including matters related to present and future rights, privileges and liabilities;
- (k) governing compensation payable under subsection 31 (3), 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 or an agency of the Government is to be determined;
- (l) 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.

Same, Minister

- (2) The Minister may make regulations,
 - (a) specifying additional objects of a local health integration network;
 - (b) respecting any matter that can be dealt with by a regulation mentioned in subsection 8 (5).

Scope

(3) A regulation made under this Act may be general or specific in its application, may create different classes and may make different provisions for different classes or circumstances.

Classes

(4) A class described in the regulations made under this Act may be described according to any characteristic or combination of characteristics and may be described to include or exclude any specified member, whether or not with the same characteristics.

Public consultation before making regulations

37. (1) Subject to subsections (2) and (8), the Lieutenant Governor in Council or the Minister shall not make any regulation under this Act unless,

- (a) the Minister has published a notice of the proposed regulation in *The Ontario Gazette* and given notice of the proposed regulation by all other means that the Minister considers appropriate for the purpose of providing notice to the persons and entities who may be affected by the proposed regulation;
- (b) the notice complies with the requirements of this section;
- (c) the time periods specified in the notice, during which persons may make comments under subsection (3) have expired;
- (d) the Minister has considered whatever comments that persons have made on the proposed regulation in accordance with subsection (3) or an accurate synopsis of the comments; and
- (e) if the Lieutenant Governor in Council may make the regulation, the Minister has reported to the Lieutenant Governor in Council on what, if any, changes to the proposed regulation the Minister considers appropriate.

Exception

(2) This section does not apply to,

- (a) a regulation prescribing the geographic area of a local health integration network for the purpose of section 2;
- (b) a regulation made under section 3 or clause 36 (1) (d) or (e); or
- (c) a matter that can be dealt by a regulation for the purpose of subsection 4 (2), 8 (5) or clause 18 (2) (f).

Contents of notice

(3) The notice mentioned in clause (1) (a) shall contain,

- (a) a description of the proposed regulation and the text of it;
- (b) a statement of the time period during which any person may submit written comments on the proposed regulation to the Minister and the manner in which and the address to which the comments must be submitted;
- (c) a statement of where and when any person may review written information, if any, about the proposed regulation; and
- (d) all other information that the Minister considers appropriate.

Time period for comments

(4) The time period mentioned in clause (3) (b) shall be at least 60 days after the Minister gives the notice mentioned in clause (1) (a) unless the Minister shortens the time period in accordance with subsection (5).

Shorter time period for comments

(5) The Minister may shorten the time period if, in the Minister's opinion,

- (a) the urgency of the situation requires it;
- (b) the proposed regulation clarifies the intent or operation of this Act or the regulations made under it; or
- (c) the proposed regulation is of a minor or technical nature.

Discretion to make regulations

(6) Upon receiving the Minister's report mentioned in clause (1) (e), the Lieutenant Governor in Council or the Minister, as applicable, without further notice under subsection (1), may make the proposed regulation with the changes that the Lieutenant Governor in Council or the Minister respectively considers appropriate, whether or not those changes are mentioned in the Minister's report.

No public consultation

(7) The Minister may decide that subsections (1), (3), (4), (5) and (6) should not apply to the power to make a regulation under this Act if, in the Minister's opinion,

- (a) the urgency of the situation requires it;
- (b) the proposed regulation clarifies the intent or operation of this Act or the regulations made under it; or
- (c) the proposed regulation is of a minor or technical nature.

Notice

(8) If the Minister decides that subsections (1), (3), (4), (5) and (6) should not apply to the power to make a regulation under this Act,

- (a) those subsections do not apply to the power to make the regulation; and
- (b) the Minister shall give notice of the decision to the public as soon as is reasonably possible after making the decision.

Contents of notice

(9) The notice mentioned in clause (8) (b) shall include a statement of the Minister's reasons for making the decision and all other information that the Minister considers appropriate.

Publication of notice

(10) The Minister shall publish the notice mentioned in clause (8) (b) in *The Ontario Gazette* and give the notice by all other means that the Minister considers appropriate.

No review

(11) Subject to subsection (12), no court shall review any action, decision, failure to take action or failure to make a decision by the Lieutenant Governor in Council or the Minister under this section.

Exception

(12) Any person resident in Ontario may make an application for judicial review under the *Judicial Review Procedure Act* on the grounds that the Minister has not taken a step required by this section.

Time for application

(13) No person shall make an application under subsection (12) with respect to a regulation later than 21 days after the day on which the Minister publishes a notice with respect to the regulation under clause (1) (a) or subsection (10), if applicable.

Transition, amendment

38. (1) Subsections (2) and (3) apply only if Bill 14 (*An Act to promote access to justice by amending or repealing various Acts and by enacting the Legislation Act, 2005*, introduced on October 27, 2005) receives Royal Assent.

Same

(2) References in subsection (3) to provisions of Bill 14 are references to those provisions as they were numbered in the first reading version of the Bill.

Same, reference to regulations

(3) On the later of the day this section and the day Part III of Schedule F to Bill 14 come into force, the following provisions are amended by striking out "the *Regulations Act*" wherever that expression appears and substituting in each case "Part III (Regulations) of the *Legislation Act, 2005*":

- 1. Subsection 25 (8).**
- 2. Subsection 32 (16).**

**PART VII
COMPLEMENTARY AMENDMENTS**

Community Care Access Corporations Act, 2001

39. (1) The definition of “community care access corporation” in subsection 1 (1) of the *Community Care Access Corporations Act, 2001* is repealed and the following substituted:

“community care access corporation” means a corporation that is continued under subsection 2 (1) or incorporated under subsection 2 (4); (“société d’accès aux soins communautaires”)

(2) Section 2 of the Act is repealed and the following substituted:

CONTINUATION OR ESTABLISHMENT OF CORPORATIONS

Community care access corporations

2. (1) Each corporation designated as a community care access corporation immediately before subsection 39 (2) of the *Local Health System Integration Act, 2005* came into force is continued and is a community care access corporation with the names that it had immediately before that time.

Extinguishment of letters patent

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

Transition

(3) The Minister may, by regulation, revoke a regulation made under this section, as it read immediately before subsection 39 (2) of the *Local Health System Integration Act, 2005* came into force.

Establishment

(4) The Lieutenant Governor in Council may by regulation incorporate one or more corporations without share capital and a corporation incorporated under this subsection is a community care access corporation.

(3) Subsection 4 (1) of the Act is repealed.

(4) Subsection 4 (2) of the Act is repealed and the following substituted:

Members, transition

(2) On the day subsection 39 (4) of the *Local Health System Integration Act, 2005* comes into force, the members of a community care access corporation shall be the members of its board of directors who held office immediately before that day.

(5) Subsection 4 (3) of the Act is repealed.

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

Corporations Information Act

(5) The *Corporations Information Act* does not apply to a community care access corporation except if the regulations made under this Act specifically provide otherwise.

Corporations Act

(5.1) The *Corporations Act* does not apply to a community care access corporation except if this Act or the regulations made under it specifically provide otherwise.

Exception

(5.2) The following provisions of the *Corporations Act* apply to a community care access corporation as if it were a corporation under that Act and references in those provisions to letters patent or supplementary letters patent shall be disregarded and references to the Act shall be read as references to the *Corporations Act*: sections 1, 120, 122 and 123, subsections 124 (1) and (2), sections 125 and 127, subsection 128 (1), section 129 except for clause (1) (e), sections 283, 285, 286, 287, 289, 290, subsection 291 (1), sections 292 to 310 and subsections 311 (1) and (2).

(7) Section 5 of the Act is amended by adding the following paragraph:

6. To carry out any charitable object that is prescribed and that is related to any of the objects described in paragraphs 1 to 5.

(8) Subsections 7 (1) and (2) of the Act are repealed and the following substituted:

Board of directors

(1) The members of the board of directors of a community care access corporation who held office immediately before subsection 39 (8) of the *Local Health System Integration Act, 2005* came into force continue to hold office until replaced.

(9) Subsection 7 (4) of the Act is repealed.

(10) Subsection 7 (6) of the Act is repealed.

(11) Subsection 8 (1) of the Act is repealed.

(12) Section 9 of the Act is repealed and the following substituted:

Committees

9. A board of directors may establish committees of the board as it considers appropriate.

(13) Subsections 10 (6) and (7) of the Act are repealed and the following substituted:

Transition

(6) Subject to subsection (7), when a community care access corporation is amalgamated, dissolved or divided under subsection 15 (1), the employment of a person who is employed as the Executive Director of the corporation immediately before the amalgamation, dissolution or division, as the case may be, is terminated.

Same, exception

(7) If the person mentioned in subsection (6) accepts an appointment under this section as the Executive Director of a community care access corporation effective no later than the date of the amalgamation, dissolution or division mentioned in that subsection, as the case may be,

- (a) the employment of the person mentioned in that subsection shall be deemed to have not been terminated and to be continuous for the purposes of all termination and severance provisions applicable under contract or under an Act; and
- (b) the terms and conditions of the person's employment as Executive Director shall reflect the salary or other remuneration and the benefits fixed by the Minister under subsection (4).

(14) Section 10 of the Act is repealed and the following substituted:**Executive Director**

10. (1) The board of directors of a community care access corporation shall appoint an Executive Director who shall be the chief executive officer responsible for the management and administration of the corporation, subject to the supervision and direction of the board.

Not a director

(2) The Executive Director of a community care access corporation shall not be a member of the board of directors of any community care access corporation.

Removal

(3) The board of directors of a community care access corporation may remove the Executive Director of the corporation.

Transition

(4) The employment of the Executive Director of a community care access corporation who holds office immediately before subsection 39 (14) of the *Local Health System Integration Act, 2005* comes into force is continued with the terms and conditions of employment that existed at that time.

Remuneration

(5) Each community care access corporation shall fix the salary or other remuneration and the benefits, including rights relating to severance, termination, retirement and superannuation, of its Executive Director.

Acting Executive Director

(6) The board of directors of a community care access corporation may, by by-law or resolution, appoint an employee of the corporation to act in the place of the Executive Director when the Executive Director is absent or refuses to act or the office of the Executive Director is vacant, and while so acting, the employee has all of the rights and powers and shall perform all of the duties of the Executive Director.

(15) Subsections 12 (2) and (3) of the Act are repealed and the following substituted:

Transition

(2) If subsection 39 (15) of the *Local Health System Integration Act, 2005* comes into force after the first day and before the last day of a fiscal year of a community care access corporation, the corporation shall give a copy of every auditor's report for that fiscal year to the Minister within six months after the end of that fiscal year.

(16) Section 13 of the Act is repealed and the following substituted:

Annual report

13. (1) If subsection 39 (16) of the *Local Health System Integration Act, 2005* comes into force after the first day and before the last day of a fiscal year of a community care access corporation, the corporation shall give an annual report on its affairs for that fiscal year to the Minister within six months after the end of that fiscal year.

Contents of report

(2) The annual report shall include the information that the Minister specifies.

(17) Subsection (18) applies only if a proclamation has not been issued under section 23 of the Act at the time the *Local Health System Integration Act, 2005* receives Royal Assent.

(18) Sections 15, 16 and 17 of the Act are repealed and the following substituted:

ORGANIZATION OF CORPORATIONS

Corporate changes

15. (1) Subject to the processes and requirements set out in section 15.1, the Lieutenant Governor in Council may, by regulation,

- (a) amalgamate or dissolve one or more community care access corporations;

- (b) divide a community care access corporation into two or more community care access corporations; or
- (c) change the names of a community care access corporation.

Same

- (2) The Lieutenant Governor in Council may, by regulation,
 - (a) establish processes or requirements for dealing with the assets, including real and personal property, liabilities, rights and obligations of community care access corporations upon the amalgamation, dissolution or division of one or more community care access corporations under clause (1) (a) or (b);
 - (b) establish processes or requirements for transferring employees of community care access corporations upon the amalgamation, dissolution or division of one or more community care access corporations under clause (1) (a) or (b);
 - (c) provide for any transitional matters that are necessary for the establishment, amalgamation, dissolution or division of one or more community care access corporations under clause (1) (a) or (b).

Transfer order

- (3) Subject to the processes and requirements set out in this section, section 15.1 and the regulations made under this section, the Minister may, by order,
 - (a) transfer some or all of the assets, liabilities, rights and obligations of a community care access corporation to one or more other community care access corporations or another person or entity; or
 - (b) transfer some or all of the employees of a community care access corporation to one or more other community care access corporations.

Contents of order

- (4) An order made under subsection (3),
 - (a) shall specify a date on which the transfer of assets, liabilities, rights, obligations or employees, as the case may be, takes effect; and
 - (b) may specify that issues arising out of the interpretation of the order be resolved by the method specified in the order.

Non-regulations

- (5) An order made under subsection (3) is not a regulation as defined in the *Regulations Act*.

Notice of order

(6) The Minister shall provide each affected community care access corporation with a copy of the order.

Same, duty of corporation

(7) Each community care access corporation that receives an order under subsection (6) shall,

- (a) provide notice of the order to affected employees and their bargaining agents and to other persons or entities whose contracts are affected by the order; and
- (b) make copies of the order available to the public.

Repeal

(8) Clause (2) (c) is repealed on the second anniversary of the day on which the *Local Health System Integration Act, 2005* receives Royal Assent.

Transition, amendment

(9) Subsections (10) and (11) apply only if Bill 14 (*An Act to promote access to justice by amending or repealing various Acts and by enacting the Legislation Act, 2005*), introduced on October 27, 2005) receives Royal Assent.

Same

(10) References in subsection (11) to provisions of Bill 14 are references to those provisions as they were numbered in the first reading version of the Bill.

Same, reference to regulations

(11) On the later of the day this section and the day Part III of Schedule F to Bill 14 come into force, subsection (5) is amended by striking out “the *Regulations Act*” and substituting “Part III (Regulations) of the *Legislation Act, 2005*”.

Proposals report

15.1 (1) Before the Lieutenant Governor in Council makes a regulation under subsection 15 (1) or the Minister makes an order under subsection 15 (3), the Minister shall notify the affected community care access corporations and may require them to jointly prepare and submit a report that contains proposals for one or more of the following:

1. The reorganization of the community care access corporations.
2. The transfer of assets, liabilities, rights and obligations of each corporation.
3. The transfer of employees.

Indication of agreement

(2) If the affected community care access corporations under subsection (1) cannot agree on one or more of the proposals included in the report, the report shall indicate the proposals affected and the reasons why the corporations do not agree with the proposals.

Minister's directions

(3) The Minister may give directions to the community care access corporations on any matter related to the report, including requiring the corporations to further develop and resubmit the report, and may require the corporations to provide information to the Minister about any matter affected by the proposals.

Form of report

(4) The report shall be in a form and contain the details that the Minister requires.

Time for submission

(5) The community care access corporations shall submit the report within the time period that the Minister specifies.

Discretion to make regulations and orders

15.2 (1) After the expiry of the time period for community care access corporations to submit a report under section 15.1, the Lieutenant Governor in Council may make regulations under subsection 15 (1) and the Minister may make orders under subsection 15 (3).

If report received

(2) If the Minister receives a report under section 15.1 within the required time,

- (a) the regulations may implement, with the modifications that the Lieutenant Governor in Council considers necessary, the proposals for the reorganization of the corporations that are contained in the report; and
- (b) the Minister's orders may implement, with the modifications that the Minister considers necessary, the proposals for the transfer of assets, liabilities, rights, obligations and employees of the corporations that are contained in the report.

Amalgamation of corporations

15.3 If a regulation made under subsection 15 (1) amalgamates two or more community care access corporations into one corporation, the following rules apply and no regulation made by the Lieutenant Governor in Council under that subsection or order made by the Minister under subsection 15 (3) shall conflict with them:

1. The amalgamating corporations are amalgamated and continue as one community care access corporation in accordance with the terms and conditions and under the name set out in the regulation.

2. The amalgamating corporations cease to exist.
3. The amalgamated corporation stands in the place of the amalgamating corporations for all purposes and possesses all the assets, liabilities, rights and obligations of the amalgamating corporations.
4. A conviction against, or ruling, order or judgment in favour or against one of the amalgamating corporations may be enforced by or against the amalgamated corporation.
5. The amalgamated corporation 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 one of the amalgamating corporations before the amalgamation has become effective.
6. The *Public Sector Labour Relations Transition Act, 1997* applies and for the purposes of the application of that Act,
 - i. the amalgamating corporations are the predecessor employers,
 - ii. the amalgamated corporation is the successor employer, and
 - iii. the date of the amalgamation is the changeover date.

Transfer of property on dissolution

16. If a regulation made under subsection 15 (1) dissolves a community care access corporation, the Minister shall, after the payment of all debts and liabilities of the corporation, transfer the remaining property of the corporation to one or more of the following in an order made under subsection 15 (3):

1. A community care access corporation providing services in the same area as the dissolved corporation.
2. Another body or entity that the Minister specifies in the order.
3. The Crown.

Transfer of property held for charitable purpose

16.1 (1) If a Minister's order made under clause 15 (3) (a) transfers to a transferee property that a community care access corporation 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.

Amalgamation

(3) If a regulation made under subsection 15 (1) amalgamates two or more community care access corporations into one corporation, all gifts, bequests, devises and grants of property that form part of the property that becomes the property of the amalgamated corporation shall be deemed to be gifts, trusts, devises and grants of property to the amalgamated corporation.

Specified purpose

(4) If a will, deed or other document by which a gift, trust, bequest, devise or grant mentioned in subsection (3) is made indicates that the property that becomes the property of the amalgamated corporation is to be used for a specified purpose, the corporation shall use it for the specified purpose.

Application

(5) Subsections (1) to (4) 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.

No compensation

16.2 (1) Despite any other Act and subject to subsection (3), a community care access corporation is not entitled to any compensation for any loss or damages, including loss of revenue or loss of profit, arising from a Minister's order made under subsection 15 (3).

Same, transfer of property

(2) Despite any other Act and subject to subsection (3), no person or entity, including a community care access corporation, 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 Minister's order made under subsection 15 (3).

Exception

(3) If a Minister's order made under subsection 15 (3) directs a community care access corporation to transfer property to a community care access corporation or another person or entity or to receive property from a community care access corporation, a person 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 from the Government of Ontario or an agency of the Government, whether or not it is a Crown agent.

Transfer of employees

17. If a Minister's order made under clause 15 (3) (b) transfers some or all of the employees of a community care access corporation to one or more other community care access corporations, the following rules apply:

1. The *Public Sector Labour Relations Transition Act, 1997* applies to the transfer and for the purposes of the application of that Act,
 - i. the community care access corporation that employees are transferred from is the predecessor employer,
 - ii. a community care access corporation that employees are transferred to is a successor employer, and
 - iii. the date specified in the order for the transfer is the changeover date.
2. Without limiting the application of the *Public Sector Labour Relations Transition Act, 1997* under paragraph 1,
 - i. the employment contract and the terms and conditions of employment and the rights and benefits of employment of an employee who is transferred together with the employment obligations of the employee are assumed by and continued with the community care access corporation to which the employee is transferred, and
 - ii. the employment of a person with a community care access corporation that he or she is being transferred from shall not be considered to have been terminated by the transfer for any purpose.

(19) Subsection (20) applies only if a proclamation has been issued under section 23 of the Act at the time the *Local Health System Integration Act, 2005* receives Royal Assent.

(20) The Act is amended by adding the sections set out in subsection (18).

(21) Section 18 of the Act is repealed.

(22) Section 22 of the Act is amended by adding the following subsection:

Regulations

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

- (a) prescribing objects for the purpose of paragraph 6 of section 5;

- (b) governing compensation payable under subsection 16.2 (3), 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 or an agency of the Government is to be determined.

(23) Clause 22 (1) (a) of the Act is amended by adding “other than the things that the Lieutenant Governor in Council may prescribe by regulation under subsection (0.1)” at the end.

(24) Clauses 22 (1) (b) and (c) of the Act are repealed and the following substituted:

- (b) prescribing, for the purposes of subsection 4 (5) or (5.1), provisions of the *Corporations Information Act* or the *Corporations Act*, as the case may be, that apply to a community care access corporation and the modifications with which those provisions are to so apply.

(25) Subsection (26) applies only if a proclamation has not been issued under section 23 of the Act at the time the *Local Health System Integration Act, 2005* receives Royal Assent.

(26) Section 23 of the Act is repealed.

(27) The Act is amended by adding the following section:

Repeal

23.1 Subsection 12 (2) and section 13 are repealed on a day to be named by proclamation of the Lieutenant Governor.

(28) The Schedule to the Act is repealed.

Public Sector Labour Relations Transition Act, 1997

40. (1) Section 2 of the *Public Sector Labour Relations Transition Act, 1997* is amended by adding the following definition:

“health services integration” means an integration that affects the structure or existence of one or more employers or that affects the provision of programs, services or functions by the employers, including but not limited to an integration that involves a dissolution, amalgamation, division, rationalization, consolidation, transfer, merger, commencement or discontinuance, where every employer subject to the integration is either,

- (a) a health service provider within the meaning of the *Local Health System Integration Act, 2005*, or

- (b) an employer whose primary function is or, immediately following the integration, will be the provision of services within or to the health services sector; (“intégration des services de santé”)

(2) Clauses 3 (1) (a), (b) and (d) of the Act are amended by striking out “during the transitional period” wherever that expression appears.

(3) Subsection 8 (1) of the Act is amended by striking out “during the transitional period” at the end.

(4) Section 9 of the Act is repealed and the following substituted:

Application of Act to health sector

9. (1) An employer that is or will be subject to a health services integration or a bargaining agent that represents employees of such an employer may request the Board to make an order declaring that this Act applies to the health services integration in question.

Board order

(2) The Board may by order declare that this Act applies to a health services integration if requested to do so under subsection (1).

Factors to consider

(3) When deciding whether to make an order under this section, the Board shall consider the following factors and such other matters as it considers relevant:

1. The scope of agreements under which services, programs or functions are or will be shared by employers subject to the health services integration.
2. The extent to which employers subject to the health services integration have rationalized or will rationalize the provision of services, programs or functions.
3. The extent to which programs, services or functions have been or will be transferred among employers subject to the health services integration.
4. The extent of labour relations problems that have resulted or could result from the health services integration.

Order — timing and terms

(4) The Board may make an order,

- (a) before or after the health services integration in question occurs; and
- (b) on such terms as it considers appropriate.

Predecessor and successor employers

(5) The Board shall specify in an order which employers are the predecessor employers and which are the successor employers for the purposes of this Act.

Changeover date

(6) For the purposes of this Act, the changeover date is,

- (a) the date specified in the order, which may be a date earlier than the date on which the order is made; or
- (b) if there is no date specified in the order, the date on which the health services integration takes effect.

Limitation, certain employers

(7) This section does not apply with respect to an employer that is the Crown.

(5) Subsection 10 (1) of the Act is amended by striking out “during the transitional period” at the end.

(6) Subsection 12 (1) of the Act is amended by striking out “during the transitional period” in the portion before clause (a).

(7) Subsection 12 (2) of the Act is repealed and the following substituted:

Exception

(2) Section 36 does not apply with respect to an event to which this Act applies,

- (a) in accordance with sections 3 to 10; or
- (b) in accordance with the *Local Health System Integration Act, 2005*.

(8) Section 13 of the Act is repealed and the following substituted:

Labour Relations Act, 1995

13. Section 69 of the *Labour Relations Act, 1995* does not apply with respect to an event to which this Act applies,

- (a) in accordance with sections 3 to 10; or
- (b) in accordance with the *Local Health System Integration Act, 2005*.

(9) The Act is amended by adding the following sections:

MODIFICATION OF THE ACT TO PARTIAL INTEGRATIONS

Application

19.1 (1) This section and sections 19.2 to 19.6 clarify how sections 14 to 18 of this Act shall be modified to apply in the case of a partial integration.

Interpretation

(2) In this section and in sections 19.2 to 19.6,

“non-affected bargaining unit” means, with respect to a predecessor employer that is subject to a partial integration, a bargaining unit of the employer in respect of which none of the programs, services or functions performed by employees in the unit are transferred to or otherwise integrated with a successor employer; (“unité de négociation non touchée”)

“partial integration” means an event to which this Act applies where,

- (a) some or all of the programs, services or functions performed by employees in a particular bargaining unit at a predecessor employer are transferred to or otherwise integrated with a successor employer, and
- (b) on and after the changeover date, the predecessor employer continues to operate; (“intégration partielle”)

“predecessor bargaining unit” means a bargaining unit of a predecessor employer in respect of which,

- (a) a bargaining agent has bargaining rights, and
- (b) some or all of the programs, services or functions performed by employees in the unit are transferred to or otherwise integrated with a successor employer; (“unité de négociation précédente”)

“successor bargaining unit” means a bargaining unit of a successor employer in respect of which, on and after the changeover date, a bargaining agent has bargaining rights in accordance with subsection 19.2 (2). (“unité de négociation qui succède”)

Bargaining units at successor employer

19.2 (1) Subsection 14 (1) applies to a partial integration in accordance with this section.

Same

(2) On the changeover date, each bargaining agent that has bargaining rights in respect of a predecessor bargaining unit immediately before the changeover date has bargaining rights in respect of a like bargaining unit at the successor employer, but the description of the bargaining unit shall be such as to include only,

- (a) employees who, immediately before the changeover date,
 - (i) were employees of the predecessor employer in the bargaining unit for which the bargaining agent has bargaining rights, and
 - (ii) were employed in the delivery of programs, services or functions that are being transferred to or otherwise integrated with the successor employer; and
- (b) employees who are hired to replace employees described in clause (a).

No rights re non-affected bargaining unit

(3) For greater certainty, a bargaining agent that has bargaining rights in respect of a non-affected bargaining unit does not have bargaining rights in respect of a like bargaining unit at the successor employer on the changeover date.

Application of certain provisions

19.3 Subsections 14 (2) and (3) and sections 15, 16 and 17 apply, with necessary modifications, to a partial integration.

Conciliation officer

19.4 (1) Subsections 18 (1) and (2) apply to a partial integration in accordance with this section.

Existing appointment

(2) Where a conciliation officer has been appointed under section 49 of the *Fire Protection and Prevention Act, 1997*, section 18 of the *Labour Relations Act, 1995* or section 121 of the *Police Services Act* for the purpose of endeavouring to effect a collective agreement between a predecessor employer and a bargaining agent that has bargaining rights in respect of a predecessor bargaining unit or a non-affected bargaining unit, the appointment continues to be valid on the changeover date with respect to those parties.

Same — successor employer

(3) A conciliation officer described in subsection (2) has no status with respect to a successor employer and a bargaining agent that has bargaining rights in respect of a successor bargaining unit and his or her appointment shall not be interpreted as giving him or her the authority to endeavour to effect a collective agreement between those parties.

No appointments

(4) Subsection 18 (2) applies, with necessary modifications, with respect to a successor bargaining unit and no conciliation officer shall be appointed in respect of a dispute concerning a collective agreement for a successor bargaining unit on or after the changeover date unless the conditions described in subsection 18 (2) are satisfied.

Duty to bargain

19.5 (1) Subsections 18 (3) and (4) apply to a partial integration in accordance with this section.

Existing notice to bargain

(2) If, before the changeover date, a notice to bargain had been given by either of a predecessor employer or a bargaining agent that had bargaining rights in respect of a predecessor bargaining unit or a non-affected bargaining unit to the other, the notice continues to be valid between those parties on the changeover date.

Same — successor employer

(3) A notice to bargain described in subsection (2) does not apply with respect to a successor employer and the bargaining agent that has bargaining rights in respect of a successor bargaining unit and neither of those parties is under an obligation to bargain as a result of the notice.

New notice to bargain — predecessor employer

(4) Subsection 18 (4) does not apply with respect to a predecessor employer and a bargaining agent that has bargaining rights in respect of a predecessor bargaining unit or non-affected bargaining unit and either of those parties may give notice to bargain for a collective agreement on or after the changeover date if entitled to do so under section 47 of the *Fire Protection and Prevention Act, 1997* or under section 16 or 59 of the *Labour Relations Act, 1995*.

Same — successor employer

(5) Subsection 18 (4) applies, with necessary modifications, with respect to a successor employer and a bargaining agent that has bargaining rights in respect of a successor bargaining unit and neither of those parties shall give notice to bargain for a collective agreement unless the conditions described in subsection 18 (4) are satisfied.

Interest arbitrations

19.6 (1) Subsection 18 (5) applies to a partial integration in accordance with this section.

Existing arbitrations

(2) Subsection 18 (5) does not apply with respect to a predecessor employer and a bargaining agent that has bargaining rights in respect of a predecessor bargaining unit or non-affected bargaining unit and interest arbitrations in relation to those parties in which a final decision was not issued before the changeover date continue on and after the changeover date unless the arbitrations are otherwise lawfully terminated.

Same — further submissions

(3) With respect to interest arbitrations described in subsection (2) in which the parties are a predecessor employer and a bargaining agent that has bargaining rights in respect of a predecessor bargaining unit, the arbitrator or arbitration board shall not issue a final decision without giving those parties full opportunity to make further submissions that address the partial integration, regardless of whether the time in which parties were permitted to present evidence and make submissions in the arbitrations has passed.

Procedure

(4) An arbitrator or arbitration board shall determine its own procedure for the purposes of subsection (3).

Arbitrations — successor employer

(5) Interest arbitrations in relation to a predecessor employer and a bargaining agent that has bargaining rights in respect of a predecessor bargaining unit in which a final decision was not issued before the changeover date do not apply in relation to a successor employer and a bargaining agent that has bargaining rights in respect of a successor bargaining unit and the previous appointment of an arbitrator or arbitration board shall not be interpreted as giving it the authority to make a decision respecting the successor employer and bargaining unit.

(10) Subsection 22 (1) of the Act is amended by striking out “described in sections 3 to 10” at the end and substituting “of an event to which this Act applies”.

(11) Section 40 of the Act is amended by adding the following subsection:

Same

(3.1) Without limiting the generality of clause (1) (c), a regulation made under clause (1) (c) may prescribe a health services integration as an event to which this Act applies in accordance with section 10.

(12) Subsection 40 (5) of the Act is repealed and the following substituted:

General or specific regulations, classes

(5) A regulation made under this section may,

- (a) be general or specific in its application;
- (b) apply in respect of any class of person, party, organization or activity.

**PART VIII
CONSEQUENTIAL AMENDMENTS**

Charitable Institutions Act

41. (1) Section 1 of the *Charitable Institutions Act* is amended by adding the following definitions:

“local health integration network” means a local health integration network as defined in section 2 of the *Local Health System Integration Act, 2005*; (“réseau local d’intégration des services de santé”)

“service accountability agreement” means a service accountability agreement as defined in section 21 of the *Commitment to the Future of Medicare Act, 2004*; (“entente de responsabilisation en matière de services”)

(2) Subsection 3.1 (1) of the Act is amended by striking out “a service agreement between the Crown in right of Ontario” and substituting “a service accountability agreement between a local health integration network”.

(3) Subsection 3.1 (3) of the Act is amended by striking out “a service agreement” and substituting “a service accountability agreement”.

(4) Subclauses 5 (1) (e) (i) and (ii) of the Act are repealed and the following substituted:

- (i) the approved corporation is a party to a service accountability agreement with a local health integration network that relates to the home, and
- (ii) the service accountability agreement complies with this Act, the *Commitment to the Future of Medicare Act, 2004* and the regulations made under those Acts.

(5) Sections 9, 9.1 and 9.2 of the Act are repealed and the following substituted:

Operating subsidy

9. (1) The Minister may provide funding to maintain and operate an approved charitable home for the aged to the approved corporation maintaining and operating the home.

Terms and conditions

(2) The Minister may impose terms and conditions on the funding.

Reduction or refusal of subsidy

(3) The Minister may reduce or withhold the funding or may direct a local health integration network that provides funding, under the *Local Health System Integration Act, 2005*, to the approved corporation to reduce or withhold the funding if,

- (a) the approved corporation is in contravention of this Act, the regulations or the terms and conditions imposed on the funding under subsection (2); or
- (b) the approved corporation has breached the service accountability agreement relating to the home.

Compliance

(4) A local health integration network shall comply with a direction of the Minister under subsection (3).

(6) The English version of clause 9.3 (1) (c) of the Act is amended by adding “or” at the end.

(7) Clause 9.3 (1) (d) of the Act is repealed.

(8) Clause 9.3 (1) (e) of the Act is amended by striking out “clause (a), (b), (c) or (d) or (2) (a)” and substituting “clause (a), (b) or (c)”.

(9) Clause 9.3 (2) (a) of the Act is repealed.

(10) Clause 9.3 (2) (b) of the Act is amended by striking out “clause (1) (b), (c) or (d)” and substituting “clause (1) (b) or (c)”.

(11) Clauses 9.5 (1) (a) and (b) of the Act are repealed and the following substituted:

- (a) deduct the amount of the payment from payments owing by the Crown to the approved corporation and pay the amount deducted to the person from whom the payment was accepted; or
- (b) direct a local health integration network that provides funding to the approved corporation under the *Local Health System Integration Act, 2005* to deduct the amount of the payment from payments owing by the network to the approved corporation and to pay the amount deducted to the person from whom the payment was accepted.

(12) Clauses 9.5 (2) (a) and (b) of the Act are repealed and the following substituted:

- (a) deduct the excess from payments owing by the Crown to the approved corporation and pay the amount deducted to the person from whom the excessive payment was accepted; or

- (b) direct a local health integration network that provides funding to the approved corporation under the *Local Health System Integration Act, 2005* to deduct the excess from payments owing by the network to the approved corporation and to pay the amount deducted to the person from whom the payment was accepted.

(13) Clauses 9.5 (3) (a) and (b) of the Act are repealed and the following substituted:

- (a) deduct the portion of the payment that the Minister considers appropriate from payments owing by the Crown to the approved corporation and pay the amount deducted to the person from whom the payment was accepted; or
- (b) direct a local health integration network that provides funding to the approved corporation under the *Local Health System Integration Act, 2005* to deduct the portion of the payment that the network considers appropriate from payments owing by the network to the approved corporation and to pay the amount deducted to the person from whom the payment was accepted.

(14) Section 9.5 of the Act is amended by adding the following subsection:

Compliance

(4) A local health integration network shall comply with a direction of the Minister under clause (1) (b), (2) (b) or (3) (b).

(15) Subsection 9.6 (17) of the Act is amended by striking out “a service agreement” and substituting “a service accountability agreement”.

(16) Clause 9.17 (1) (b) of the Act is amended by striking out “the service agreement” and substituting “the service accountability agreement”.

(17) Clause 9.18 (1) (b) of the Act is repealed and the following substituted:

- (b) a copy of the service accountability agreement relating to the home;

(18) Clause 9.21 (b) of the Act is amended by striking out “the service agreement” and substituting “the service accountability agreement”.

(19) Subsection 10.1 (2) of the Act is amended by striking out the portion before clause (a) and substituting the following:

Entry and inspection

(2) For the purpose of determining whether there is compliance with this Act, the regulations, the terms and conditions of funding imposed under subsection 9 (2) or a service accountability agreement, an inspector,

(20) Clause 11 (1) (a) of the Act is repealed and the following substituted:

- (a) any director, officer or servant of the approved corporation has contravened or knowingly permitted any person under his or her control and direction to contravene this Act, the regulations or the terms and conditions of funding imposed under subsection 9 (2) and the contravention occurred through lack of competence or with intent to evade those requirements;

(21) Subclauses 11 (1) (c) (i) and (ii) of the Act are repealed and the following substituted:

- (i) the approved corporation maintaining and operating the home has contravened this Act, the regulations or the terms and conditions of funding imposed under subsection 9 (2),
- (ii) the approved corporation maintaining and operating the home has breached the service accountability agreement relating to the home, or

(22) Clauses 12 (1) (s) and (s.1) of the Act are repealed and the following substituted:

- (s) prescribing the terms and conditions of funding provided under section 9;
- (s.1) governing how funding in section 9 is to be determined or the circumstances or requirements that must be met as conditions for receiving funding;

Commitment to the Future of Medicare Act, 2004

42. (1) Subsection 2 (5) of the *Commitment to the Future of Medicare Act, 2004* is repealed.

(2) The definition of “accountability agreement” in section 21 of the Act is repealed.

(3) The definition of “health resource provider” in section 21 of the Act is repealed and the following substituted:

“health resource provider” has the meaning set out in subsection (2); (“fournisseur de ressources en santé”)

(4) Section 21 of the Act is amended by adding the following definitions:

“local health integration network” means a local health integration network as defined in section 2 of the *Local Health System Integration Act, 2005*; (“réseau local d’intégration des services de santé”)

“service accountability agreement” means an agreement establishing any one or more of,

- (a) performance goals and objectives, roles and responsibilities, service quality, accessibility of services, related health human resources, performance management framework, shared and collective responsibilities for health system outcomes, consumer and population health status, value for money, consistency, and other prescribed matters,
- (b) a plan and a timeframe for meeting anything mentioned in clause (a),
- (c) requirements for reporting and the provision of information, excluding personal information,
- (d) any other prescribed matter, and
- (e) the standards and measures to be used with respect to anything mentioned in clauses (a) to (d). (“enente de responsabilisation en matière de services”)

(5) Section 21 of the Act is amended by adding the following subsections:

Health resource provider

(2) In this Part,

“health resource provider”, subject to subsection (3), means,

- (a) in respect of the exercise by a local health integration network of a power under this Part, a health service provider as defined in section 2 of the *Local Health System Integration Act, 2005* to which the network provides or proposes to provide funding under subsection 19 (1) of that Act, or
- (b) in respect of the exercise by the Minister of a power under this Part, a licensee under the *Independent Health Facilities Act*.

Same, exclusions

(3) The following are not health resource providers:

1. Any of the following individuals when they provide, or offer to provide, health services to individuals within the scope of practice of their profession:
 - i. A member of the College of Chiropodists of Ontario in the podiatrist class under the *Chiropody Act, 1991*.

- ii. A member of the Royal College of Dental Surgeons of Ontario under the *Dentistry Act, 1991*.
 - iii. A member of the College of Physicians and Surgeons of Ontario under the *Medicine Act, 1991*.
 - iv. A member of the College of Optometrists of Ontario under the *Optometry Act, 1991*.
2. A health profession corporation that holds a certificate of authorization issued by the College of Chiropodists of Ontario, the Royal College of Dental Surgeons of Ontario, the College of Physicians and Surgeons of Ontario or the College of Optometrists of Ontario under the *Regulated Health Professions Act, 1991* or under Schedule 2 to that Act.
 3. A trade union.

(6) Subsection 22 (1) of the Act is repealed and the following substituted:

Governing principle

(1) In administering this Part, the Minister and each local health integration network shall be governed by the principle that accountability is fundamental to a sound health system.

(7) Subsection 22 (2) of the Act is amended by striking out the portion before paragraph 1 and substituting the following:

Public interest

(2) The Minister, the Lieutenant Governor in Council or a local health integration network may exercise any authority under this Part where he, she or it considers it in the public interest to do so and, in doing so, the Minister, the Lieutenant Governor in Council or the network may consider any matter that he, she or it considers relevant in the circumstances, including any of the following:

.

(8) Subsections 23 (1), (2) and (3) of the Act are repealed and the following substituted:

Service accountability agreements

(1) The Minister may, and a local health integration network shall, give notice to a health resource provider that the Minister or the network, as the case may be,

- (a) proposes to enter into a service accountability agreement with the health resource provider; or

- (b) proposes to enter into a service accountability agreement with the health resource provider and one or more other health resource providers.

Discussion

(2) After giving the notice under subsection (1), the Minister or the local health integration network, on the one hand, and the health resource provider, on the other hand, shall negotiate the terms of a service accountability agreement and enter into a service accountability agreement within the applicable time period provided for in subsection (3).

Time period

(3) The applicable time period is,

- (a) 90 days or such other time period that is prescribed if the Minister or a local health integration network gives notice to the health resource provider under subsection (1),
 - (i) for the first time, or
 - (ii) for the second time, if the first service accountability agreement was for a term of one year or less; and
- (b) in all other cases, 60 days or such other time period that is prescribed.

(9) Subsection 23 (4) of the Act is amended by striking out the portion before clause (a) and substituting the following:

Information

(4) The Minister or the local health integration network, on the one hand, and the health resource provider, on the other hand, shall disclose to each other any information, other than personal information, that they consider necessary for the purposes of negotiating a service accountability agreement, but this subsection does not,

.

(10) Clause 23 (4) (a) of the Act is amended by adding “or the network” after “Minister”.

(11) Clause 23 (4) (d) of the Act is amended by striking out “the Minister or” and substituting “the Minister, the network or”.

(12) Subsection 23 (5) of the Act is repealed and the following substituted:

Direction

(5) If the health resource provider does not enter into a service accountability agreement with the Minister or the local health integration network within the applicable number of days

after the Minister or the network, as the case may be, gave notice under subsection (1), the Minister or the network may direct the health resource provider to enter into a service accountability agreement with the Minister or the network and with any other health resource provider on the terms that the Minister or the network determines, and the health resource provider shall enter into and shall comply with the service accountability agreement.

(13) The following provisions of the Act are amended by striking out “accountability agreement” wherever that expression appears and substituting in each case “service accountability agreement”:

1. Subsection 23 (6).
2. Subsection 23 (7).
3. Paragraph 4 of subsection 24 (1).
4. Paragraph 5 of subsection 24 (1).
5. Paragraph 3 of subsection 25 (3).

(14) Subsection 24 (1) of the Act is amended by striking out the portion before paragraph 1 and substituting the following:

Notice of non-compliance

(1) The Minister or a local health integration network may give notice in writing to a health resource provider if the Minister or the network believes that any of the following circumstances have occurred:

.

(15) Paragraph 1 of subsection 24 (1) of the Act is repealed and the following substituted:

1. A health resource provider has not entered into a service accountability agreement as directed by the Minister or a local health integration network under subsection 23 (5).

(16) The French version of the following provisions of the Act is amended by adding “ou ordre donné” after “arrêté pris” in each case:

1. Paragraph 9 of subsection 24 (1).
2. Subclause 24 (3) (b) (ii).

(17) The French version of the following provisions of the Act is amended by adding “ou un ordre” after “un arrêté” in each case:

- 1. Clause 24 (2) (b).**
- 2. Subsection 24 (3) in the portion before clause (a).**

(18) The following provisions of the Act are amended by adding “or the local health integration network” after “Minister” wherever that expression appears:

- 1. Clause 24 (2) (a).**
- 2. Clause 24 (2) (b).**
- 3. Subsection 24 (3) in the portion before clause (a).**
- 4. Subsection 24 (5).**
- 5. Subsection 24 (6) in the portion before clause (a).**
- 6. Paragraph 5 of subsection 25 (3).**
- 7. Paragraph 6 of subsection 25 (3).**
- 8. Paragraph 9 of subsection 25 (3).**
- 9. Subsection 25 (4).**
- 10. Subsection 25 (5).**
- 11. Subsection 25 (6).**
- 12. Subsection 27 (4).**
- 13. Subsection 27 (5).**

(19) Subsection 24 (4) of the Act is repealed and the following substituted:

Process of dispute resolution

(4) If a health resource provider that receives a notice under subsection (1) disputes any matter set out in it,

- (a) the Minister or the local health integration network, on the one hand, and the health resource provider, on the other hand, shall discuss the circumstances that resulted in the notice or any directions that are proposed in the notice;
- (b) the Minister or the local health integration network shall provide to the health resource provider any information that the Minister or the network believes,
 - (i) is appropriate for the Minister or the network to disclose to the health resource provider, and
 - (ii) is necessary to an understanding of the circumstances referred to in the notice or the directions that are proposed in the notice; and
- (c) the health resource provider may make representations to the Minister or the local health integration network about the matters set out in the notice.

(20) The French version of subsection 24 (5) of the Act is amended by striking out “ou de prendre un arrêté” and substituting “ou encore de prendre un arrêté ou de donner un ordre”.

(21) The French version of subsection 24 (6) of the Act is amended by adding “ou au fait de donner un ordre” after “arrêté” in the portion before clause (a).

(22) The French version of clause 24 (6) (a) of the Act is amended by striking out the portion before subclause (i) and substituting the following:

- a) il s’est produit une situation décrite au paragraphe (1) qui exige qu’un arrêté ou un ordre visé au paragraphe 27 (1) soit pris ou donné d’urgence à l’intention d’un fournisseur de ressources en santé et la situation :

(23) Subsection 25 (1) of the Act is repealed and the following substituted:

Compliance directives

(1) If any circumstance referred to in a notice under subsection 24 (1) continues for more than 30 days after the Minister or the local health integration network gave the notice, the Minister or the network, as the case may be, may issue a compliance directive to the health resource provider.

(24) Paragraph 1 of subsection 25 (3) of the Act is repealed and the following substituted:

1. Requiring the health resource provider to enter into a service accountability agreement with the Minister or the local health integration network on the terms set out in the compliance directive.

(25) Paragraph 4 of subsection 25 (3) of the Act is repealed and the following substituted:

4. Requiring the health resource provider to meet with the Minister, the local health integration network or any person designated by the Minister or the network, at a time and place set out in the compliance directive, for the purposes of discussing any non-compliance identified by the Minister or the network.

(26) Paragraph 7 of subsection 25 (3) of the Act is repealed and the following substituted:

7. Requiring the health resource provider to provide any information identified in the compliance directive to the Minister or the local health integration network or to otherwise assist the Minister, the network or any person authorized by the Minister or the network to conduct an audit or carry out a study or report in respect of the operations of the health resource provider.

(27) Section 26 of the Act is repealed and the following substituted:

Recognition of accomplishment

26. If a health resource provider meets or exceeds all or part of the terms of a service accountability agreement, the Minister or a local health integration network may, in his, her or its discretion, make an order directing that the accomplishment be recognized in any prescribed manner.

(28) Subsection 27 (1) of the Act is repealed and the following substituted:

Order

(1) The Minister or a local health integration network may issue an order to a health resource provider if,

- (a) the Minister or the network gave a notice to the health resource provider under subsection 24 (1) and proposed in the notice to issue an order under this section and the circumstance referred to in the notice continued for more than 30 days after the giving of the notice; or
- (b) the Minister or the network did not give a notice to the health resource provider under subsection 24 (1) by virtue of subsection 24 (6) and the circumstance described in subsection 24 (1) has continued for more than 30 days.

Order of network

(1.1) An order issued under subsection (1) by a local health integration network shall be approved by the board of directors of the network.

(29) The French version of subsection 27 (2) of the Act is amended by adding “ou à l’ordre donné” after “à l’arrêté pris”.

(30) The French version of subsection 27 (3) of the Act is amended by adding “ou l’ordre donné” after “L’arrêté pris” in the portion before paragraph 1.

(31) Paragraph 3 of subsection 27 (3) of the Act is repealed and the following substituted:

3. Holding back, reducing or discontinuing any payment payable to or on behalf of a health resource provider by the Crown, the Minister, or a local health integration network in any manner and for any period of time as provided in the order and despite any provision in a contract to the contrary.

(32) Paragraph 5 of subsection 27 (3) of the Act is repealed and the following substituted:

5. Varying, as set out in the order, any term of an agreement made between the Crown, the Minister or a local health integration network on the one hand and the health resource provider on the other hand.

(33) The French version of subsection 27 (4) of the Act is amended by adding “ou un ordre” after “un arrêté”.

(34) The French version of subsection 27 (5) of the Act is amended by adding “ou l’ordre” after “L’arrêté”.

(35) Subsections 27 (6) and (7) of the Act are repealed and the following substituted:

Varying

(6) The Minister or the local health integration network may vary an order after it is issued if the changes relate to a circumstance which caused the order to be issued under subsection (1).

Orders without notice

(7) If, by virtue of subsection 24 (6), the Minister or a local health integration network did not give notice under subsection 24 (1) before issuing an order under this section, the Minister or the network, as the case may be, shall, as soon as reasonably possible after issuing the order, provide the health resource provider with,

- (a) reasons for issuing the order;
- (b) the matters that the Minister or the network took into account in making the decision to issue an order; and

- (c) the matters that caused the Minister or the network to form a belief under subsection 24 (6) and to not follow the procedures set out in subsections 24 (1) to (5).

(36) Subsection 28 (1) of the Act is repealed and the following substituted:

Notice in exceptional circumstance

(1) A local health integration network may give notice in writing to a person or entity mentioned in subsection (1.1) and its chief executive officer if,

- (a) the network has issued a compliance directive or an order under subsection 27 (1) to the person or entity in respect of non-compliance by the person or entity under the service accountability agreement or this Part or by its chief executive officer under a performance agreement or any provision of this Part, with which the chief executive officer is required to comply;
- (b) the network believes that the person or entity has not complied with a service accountability agreement or this Part or the chief executive officer has not complied with a performance agreement or has not complied with a provision of this Part, with which the chief executive officer is required to comply, despite a compliance directive or an order under subsection 27 (1); and
- (c) the network believes that, even though attempts have been made to require the person, entity or chief executive officer to comply, an exceptional circumstance may exist that may require that an order be issued under subsection (5) to the person or entity and its chief executive officer.

Person or entity

(1.1) The person or entity mentioned in subsection (1) is,

- (a) a person or entity that operates a hospital within the meaning of the *Public Hospitals Act*; or
- (b) the University of Ottawa Heart Institute/Institut de cardiologie de l'Université d'Ottawa.

(37) Clause 28 (2) (b) of the Act is amended by striking out “the Minister” and substituting “the local health integration network”.

(38) Subsection 28 (3) of the Act is repealed and the following substituted:

Dispute resolution process

(3) If the person, entity or chief executive officer who receives a notice under subsection (1) disputes any matter set out in the notice,

- (a) the local health integration network and the person, entity or chief executive officer shall discuss the circumstances that resulted in the notice or any directions that are proposed in the notice;
- (b) the local health integration network shall provide to the person, entity or chief executive officer any information that the network believes is necessary to an understanding of the reasons for the notice or the directions that are proposed in the notice; and
- (c) the person, entity or chief executive officer may make representations to the local health integration network about the matters set out in the notice.

(39) Subsection 28 (4) of the Act is amended by striking out “The Minister” at the beginning and substituting “The local health integration network”.

(40) Section 28 of the Act is amended by adding the following subsections:

Recommendation to Minister

(4.1) After following the process set out in subsections (1) to (4), the local health integration network may recommend to the Minister that an order be made under subsection (5) and the network shall provide the Minister with any information that the Minister requires.

Recommendation to Cabinet

(4.2) After receiving a recommendation under subsection (4.1), the Minister may recommend to the Lieutenant Governor in Council to make an order under subsection (5) and, if the Minister makes the recommendation, he or she shall notify the local health integration network, the person or entity and its chief executive officer of the recommendation and the reasons for it.

(41) Subsection 28 (5) of the Act is repealed and the following substituted:

Order

(5) The Lieutenant Governor in Council may make an order to the person or entity and to its chief executive officer if,

- (a) the Lieutenant Governor in Council believes that an exceptional circumstance exists which makes it necessary to issue an order;
- (b) a period of 30 days has passed since a local health integration network gave notice under subsection (1) and the circumstance of non-compliance that caused the notice under subsection (1) to be issued has not been remedied to the satisfaction of the network;

- (c) the local health integration network and the Minister have both recommended that the Lieutenant Governor in Council make the order; and
- (d) the Minister has given the notice mentioned in subsection (4.2).

(42) Subsection 28 (6) of the Act is amended by striking out the portion before paragraph 1 and substituting the following:

Directions

(6) An order made under subsection (5) may require the person or entity and its chief executive officer to comply with any directions set out in the order relating to any or all of the following:

.

(43) Subsections 28 (7) and (8) of the Act are repealed and the following substituted:

Compliance

(7) A person, entity or chief executive officer shall comply with the directions set out in the order.

Times

(8) In an order under subsection (5), the Lieutenant Governor in Council may specify the times when or the periods of time within which the person or entity and its chief executive officer must comply with the order.

(44) Subsection 28 (9) of the Act is amended by striking out “the Minister” and substituting “the local health integration network”.

(45) Clauses 28 (12) (a) and (b) of the Act are repealed and the following substituted:

- (a) no person shall provide any payment, compensation or benefit to the person, entity or chief executive officer or to any other person on behalf of the person, entity or chief executive officer to compensate for or reduce or alleviate the effects of the order on the chief executive officer, despite any provision at law or in a contract to the contrary; and
- (b) the person, entity or chief executive officer shall not accept or permit any other person to accept on his, her or its behalf any compensation, payment or benefit to compensate for or to reduce or alleviate the effects of the order on the chief executive officer, despite any provision at law or in a contract to the contrary.

(46) Subsection 28 (13) of the Act is repealed and the following substituted:

Civil enforcement

(13) The local health integration network that gave a notice under subsection (1) that resulted in the making of an order under subsection (5) that requires a chief executive officer to pay an amount may file the order with a local registrar of the Superior Court of Justice and enforce the order as if it were an order of that court.

(47) The following provisions of the Act are amended by adding “a local health integration network” after “Minister” wherever that expression appears:

1. **Clause 29 (1) (b).**
2. **Clause 29 (1) (c).**

(48) Section 30 of the Act is amended by striking out the portion before clause (a) and substituting the following:

Change in funding, agreement, etc.

30. If, as the result of an order made under subsection 27 (1), any funding or payment by the Crown, the Minister or a local health integration network to a health resource provider is withheld, reduced or discontinued, or any term of a contract or agreement between the Crown, the Minister or a local health integration network, on the one hand, and a health resource provider, on the other hand, is varied, the reduction, variance or discontinuance,

.

(49) Subsections 31 (1), (2) and (3) of the Act are repealed and the following substituted:

Information

(1) For the purposes of carrying out this Part, the Minister or a local health integration network may require any health resource provider or chief executive officer to provide the Minister or the network with a performance agreement or any information that the Minister or the network considers necessary other than personal health information, in the form and at the times that the Minister or the network requires, and the health resource provider or chief executive officer shall comply with the requirement of the Minister or the network.

Posting and distribution

(2) A health resource provider shall post in a conspicuous place or distribute all or part of any service accountability agreement, notice under subsection 24 (1), compliance directive, order issued under subsection 27 (1), notice under subsection 28 (1) or order issued under subsection 28 (5) when required to do so by the Minister or a local health integration network, even if this results in the disclosure of personal information.

Public disclosure

(3) The Minister or a local health integration network shall disclose to the public all or part of any service accountability agreement, notice under subsection 24 (1), representations under subsection 24 (5), compliance directive, order issued under subsection 27 (1), notice under subsection 28 (1), representations under subsection 28 (3), order issued under subsection 28 (5) or any enforcement action taken by the Minister or the network even if personal information is contained in what is disclosed, if the Minister or the network is of the opinion that disclosure would promote accountability.

(50) Subsections 32 (1) and (2) of the Act are repealed and the following substituted:

No liability

(1) No compensation or damages shall be payable by the Crown, the Minister, a local health integration network or an employee or agent of the Crown, the Minister or a local health integration network for any act done in good faith in the execution or intended execution of a duty or authority under this Part or the regulations, or for any alleged neglect or default in the execution in good faith of any such duty or authority.

Same

(2) No action or proceeding for damages or otherwise, other than an application for judicial review, shall be instituted against the Crown, the Minister, a local health integration network or an employee or agent of the Crown, the Minister or a local health integration network for any act done in good faith in the execution or intended execution of a duty or authority under this Part or the regulations or for any alleged neglect or default in the execution in good faith of any such duty or authority.

(51) The French version of subsection 33 (1) of the Act is repealed and the following substituted:

Infraction

(1) Sous réserve du paragraphe (2), sont coupables d'une infraction le fournisseur de ressources en santé qui ne se conforme pas à un arrêté pris ou à un ordre donné en vertu du paragraphe 27 (1), le fournisseur de ressources en santé ou le chef de la direction qui ne se conforme pas à un décret pris en vertu du paragraphe 28 (5), quiconque ne se conforme pas au paragraphe 28 (12) et quiconque tente délibérément de se soustraire ou de faire obstruction à un arrêté ou décret pris ou à un ordre donné en vertu du paragraphe 27 (1) ou 28 (5), selon le cas.

(52) The French version of subsection 33 (2) of the Act is amended by adding “ou à un ordre donné” after “à un arrêté pris”.

(53) Clause 34 (1) (b) of the Act is amended by striking out “accountability agreement” and substituting “service accountability agreement”.

(54) The French version of clause 34 (1) (c) of the Act is amended by adding “ou les ordres donnés” after “les arrêtés pris”.

Health Facilities Special Orders Act

43. Section 8 of the *Health Facilities Special Orders Act* is repealed and the following substituted:

Payment for services

8. The licensee of a health facility is not entitled to payment for any service that is provided by the health facility while the health facility is under the control of the Minister under this Act, whether or not the payment is from the Crown, the Minister, a local health integration network as defined in section 2 of the *Local Health System Integration Act, 2005*, a person receiving a service from the licensee or another person.

Homes for the Aged and Rest Homes Act

44. (1) Section 1 of the *Homes for the Aged and Rest Homes Act* is amended by adding the following definitions:

“local health integration network” means a local health integration network as defined in section 2 of the *Local Health System Integration Act, 2005*; (“réseau local d’intégration des services de santé”)

“service accountability agreement” means a service accountability agreement as defined in section 21 of the *Commitment to the Future of Medicare Act, 2004*; (“entente de responsabilisation en matière de services”)

(2) The following provisions of the Act are amended by striking out “a service agreement” wherever that expression appears and substituting in each case “a service accountability agreement”:

1. Subsection 1.1 (1).

2. Subsection 1.1 (3).

(3) Subsection 18 (17) of the Act is amended by striking out “service agreement” and substituting “service accountability agreement”.

(4) Subsection 21 (2) of the Act is amended by striking out the portion before clause (a) and substituting the following:

Entry and inspection

(2) For the purpose of determining whether there is compliance with this Act, the regulations, the terms and conditions of funding imposed under subsection 28 (2) or a service accountability agreement, an inspector,

.

(5) Section 28 of the Act is repealed and the following substituted:

Operating subsidy

28. (1) The Minister may provide funding to maintain and operate a home or a joint home to a municipality maintaining and operating the home, to the municipalities maintaining and operating the joint home or to a board of management of the home, as the case may be.

Terms and conditions

(2) The Minister may impose terms and conditions on the funding.

Reduction or refusal of subsidy

(3) The Minister may reduce or withhold the funding or may direct a local health integration network that provides funding, under the *Local Health System Integration Act, 2005*, to the municipality maintaining and operating the home, to any of the municipalities maintaining and operating the joint home or to the board of management of the home to reduce or withhold the funding if the municipality maintaining and operating the home, any of the municipalities maintaining and operating the joint home or the board of management of the home, as the case may be,

- (a) is in contravention of this Act, the regulations or the terms and conditions imposed on the funding under subsection (2); or
- (b) has breached the service accountability agreement relating to the home or joint home, as the case may be.

Compliance

(4) A local health integration network shall comply with a direction of the Minister under subsection (3).

(6) Sections 29 and 30 of the Act are repealed.

(7) The English version of clause 30.1 (1) (c) of the Act is amended by adding “or” at the end.

(8) Clause 30.1 (1) (d) of the Act is repealed.

(9) Clause 30.1 (1) (e) of the Act is amended by striking out “clause (a), (b), (c), (d) or (2) (a)” and substituting “clause (a), (b) or (c)”.

(10) Clause 30.1 (2) (a) of the Act is repealed.

(11) Clause 30.1 (2) (b) of the Act is amended by striking out “clause (1) (b), (c) or (d)” and substituting “clause (1) (b) or (c)”.

(12) Clauses 30.3 (1) (a) and (b) of the Act are repealed and the following substituted:

- (a) deduct the amount of the payment from payments owing by the Crown to the municipality, the municipalities or the board of management, as the case may be, and pay the amount deducted to the person from whom the payment was accepted; or
- (b) direct a local health integration network that provides funding to the municipality, the municipalities or the board of management, as the case may be, under the *Local Health System Integration Act, 2005* to deduct the amount of the payment from payments owing by the network to the municipality, the municipalities or the board of management, as the case may be, and to pay the amount deducted to the person from whom the payment was accepted.

(13) Clauses 30.3 (2) (a) and (b) of the Act are repealed and the following substituted:

- (a) deduct the excess from payments owing by the Crown to the municipality, the municipalities or the board of management, as the case may be, and pay the amount deducted to the person from whom the payment was accepted; or
- (b) direct a local health integration network that provides funding to the municipality, the municipalities or the board of management, as the case may be, under the *Local Health System Integration Act, 2005* to deduct the excess from payments owing by the network to the municipality, the municipalities or the board of management, as the case may be, and to pay the amount deducted to the person from whom the payment was accepted.

(14) Clauses 30.3 (3) (a) and (b) of the Act are repealed and the following substituted:

- (a) deduct the portion of the payment that the Minister considers appropriate from payments owing by the Crown to the municipality, the municipalities or the board of management, as the case may be, and pay the amount deducted to the person from whom the payment was accepted; or
- (b) direct a local health integration network that provides funding to the municipality, the municipalities or the board of management, as the case may be, under the *Local Health System Integration Act, 2005* to deduct the portion of the payment that the network considers appropriate from payments owing by the network to the municipality, the municipalities or the board of management, as the case may be, and to pay the amount deducted to the person from whom the payment was accepted.

(15) Section 30.3 of the Act is amended by adding the following subsection:

Compliance

(4) A local health integration network shall comply with a direction of the Minister under clause (1) (b), (2) (b) or (3) (b).

(16) The following provisions of the Act are amended by striking out “the service agreement” wherever that expression appears and substituting in each case “the service accountability agreement”:

1. **Clause 30.4 (1) (b).**
2. **Clause 30.5 (b).**
3. **Clause 30.8 (b).**

(17) Paragraphs 27 and 28 of subsection 31 (1) of the Act are repealed and the following substituted:

27. prescribing the terms and conditions of funding provided under section 28;
28. governing how funding in section 28 is to be determined or the circumstances or requirements that must be met as conditions for receiving funding;

Long-Term Care Act, 1994

45. (1) Subsection 2 (1) of the *Long-Term Care Act, 1994* is amended by adding the following definitions:

“local health integration network” means a local health integration network as defined in section 2 of the *Local Health System Integration Act, 2005*; (“réseau local d’intégration des services de santé”)

“service accountability agreement” means a service accountability agreement as defined in section 21 of the *Commitment to the Future of Medicare Act, 2004*; (“entente de responsabilisation en matière de services”)

(2) Subclause 5 (1) (a) (i) of the Act is amended by adding “or under the *Local Health System Integration Act, 2005*” after “this Act”.

(3) Clause 25 (2) (e) of the Act is amended by adding “or a service accountability agreement with a local health integration network” after “clause 4 (c)”.

(4) Clause 31 (b) of the Act is amended by adding “or a service accountability agreement with a local health integration network” after “clause 4 (c)”.

(5) Clause 50 (c) of the Act is amended by adding the following subclause:

- (iii.1) the agency has breached a provision of the service accountability agreement, if any, entered into with a local health integration network,

(6) Section 50 of the Act is amended by striking out “or” at the end of clause (b), by adding “or” at the end of clause (c) and by adding the following clause:

- (d) a local health integration network has issued an integration decision as defined in the *Local Health System Integration Act, 2005* or the Minister has made an order under section 28 of that Act to the agency.

(7) Section 51 of the Act is amended by striking out “or” at the end of clause (b), by adding “or” at the end of clause (c) and by adding the following clause:

- (d) a local health integration network has issued an integration decision as defined in the *Local Health System Integration Act, 2005* or the Minister has made an order under section 28 of that Act to the agency.

(8) Clause 52 (d) of the Act is amended by striking out “or” at the end of subclause (ii), by adding “or” at the end of subclause (iii) and by adding the following subclause:

- (iv) the agency has breached a provision of the service accountability agreement, if any, entered into with a local health integration network; or

(9) Section 52 of the Act is amended by striking out “or” at the end of clause (c) and by adding the following clause:

- (e) a local health integration network has issued an integration decision as defined in the *Local Health System Integration Act, 2005* or the Minister has made an order under section 28 of that Act to the agency.

(10) Clause 53 (1) (c) of the Act is amended by adding the following subclause:

- (iv.1) the agency has breached a provision of the service accountability agreement, if any, entered into with a local health integration network,

(11) Subsection 62 (2) of the Act is amended by adding “a service accountability agreement with a local health integration network” after “clause 4 (c)” in the portion before clause (a).

(12) Paragraph 1 of subsection 64 (1) of the Act is amended by adding “a service accountability agreement with a local health integration network” after “clause 4 (c)”.

Ministry of Health and Long-Term Care Act

46. (1) Section 8.1 of the *Ministry of Health and Long-Term Care Act* is repealed.

(2) Clauses 12 (d), (d.1), (d.2), (d.3), (i) and (j) of the Act are repealed.

Nursing Homes Act

47. (1) Subsection 1 (1) of the *Nursing Homes Act* is amended by adding the following definitions:

“local health integration network” means a local health integration network as defined in section 2 of the *Local Health System Integration Act, 2005*; (“réseau local d’intégration des services de santé”)

“service accountability agreement” means a service accountability agreement as defined in section 21 of the *Commitment to the Future of Medicare Act, 2004*; (“entente de responsabilisation en matière de services”)

(2) Subsection 2 (1) of the Act is amended by striking out “a service agreement between the Crown in right of Ontario” and substituting “a service accountability agreement between a local health integration network”.

(3) Subsection 2 (3) of the Act is amended by striking out “a service agreement” and substituting “a service accountability agreement”.

(4) Clauses 4 (2) (a) and (b) of the Act are repealed and the following substituted:

- (a) the licensee is a party to a service accountability agreement with a local health integration network that relates to the home; and
- (b) the service accountability agreement complies with this Act, the *Commitment to the Future of Medicare Act, 2004* and the regulations made under those Acts.

(5) Clauses 13 (a) and (a.1) of the Act are repealed and the following substituted:

- (a) the licensee is in contravention of this Act, the regulations, the terms and conditions imposed on funding under subsection 20.13 (2) or any other Act or regulation that applies to the nursing home;
- (a.1) the licensee has breached the service accountability agreement with a local health integration network relating to the nursing home;

(6) Subsection 20.1 (17) of the Act is amended by striking out “service agreement” and substituting “service accountability agreement”.

(7) Section 20.13 of the Act is repealed and the following substituted:

Operating subsidy

20.13 (1) The Minister may provide funding to maintain and operate a nursing home to a licensee of the nursing home.

Terms and conditions

(2) The Minister may impose terms and conditions on the funding.

Reduction or refusal of subsidy

(3) The Minister may reduce or withhold the funding or may direct a local health integration network that provides funding, under the *Local Health System Integration Act, 2005*, to the licensee to reduce or withhold the funding if,

- (a) the licensee is in contravention of this Act, the regulations or the terms and conditions imposed on the funding under subsection (2); or
- (b) the licensee has breached the service accountability agreement relating to the nursing home.

Compliance

(4) A local health integration network shall comply with a direction of the Minister under subsection (3).

(8) Sections 20.14 and 20.15 of the Act are repealed.

(9) The following provisions of the Act are amended by striking out “the service agreement” wherever that expression appears and substituting in each case “the service accountability agreement”:

- 1. **Clause 20.16 (1) (b).**
- 2. **Clause 20.17 (1) (b).**

(10) The English version of clause 21 (1) (c) of the Act is amended by adding “or” at the end.

(11) Clause 21 (1) (d) of the Act is repealed.

(12) Clause 21 (1) (e) of the Act is amended by striking out “clause (a), (b), (c), (d) or (2) (a)” and substituting “clause (a), (b) or (c)”.

(13) Clause 21 (2) (a) of the Act is repealed.

(14) Clause 21 (2) (b) of the Act is amended by striking out “clause (1) (b), (c) or (d)” and substituting “clause (1) (b) or (c)”.

(15) Clauses 22 (1) (a) and (b) of the Act are repealed and the following substituted:

- (a) deduct the amount of the payment from payments owing by the Crown to the licensee and pay the amount deducted to the person from whom the payment was accepted; or
- (b) direct a local health integration network that provides funding to the licensee under the *Local Health System Integration Act, 2005* to deduct the amount of the payment from payments owing by the network to the licensee and to pay the amount deducted to the person from whom the payment was accepted.

(16) Clauses 22 (2) (a) and (b) of the Act are repealed and the following substituted:

- (a) deduct the excess from payments owing by the Crown to the licensee and pay the amount deducted to the person from whom the excessive payment was accepted; or
- (b) direct a local health integration network that provides funding to the licensee under the *Local Health System Integration Act, 2005* to deduct the excess from payments owing by the network to the licensee and to pay the amount deducted to the person from whom the payment was accepted.

(17) Clauses 22 (3) (a) and (b) of the Act are repealed and the following substituted:

- (a) deduct the portion of the payment that the Minister considers appropriate from payments owing by the Crown to the licensee and pay the amount deducted to the person from whom the payment was accepted; or
- (b) direct a local health integration network that provides funding to the licensee under the *Local Health System Integration Act, 2005* to deduct the portion of the payment that the network considers appropriate from payments owing by the network to the licensee and to pay the amount deducted to the person from whom the payment was accepted.

(18) Section 22 of the Act is amended by adding the following subsection:

Compliance

(4) A local health integration network shall comply with a direction of the Minister under clause (1) (b), (2) (b) or (3) (b).

(19) Subsection 24 (2) of the Act is amended by striking out the portion before clause (a) and substituting the following:

Entry and inspection

(2) For the purpose of determining whether there is compliance with this Act, the regulations, the terms and conditions of funding imposed under subsection 20.13 (2) or a service accountability agreement, an inspector,

.

(20) Clause 30 (b) of the Act is amended by striking out “the service agreement” and substituting “the service accountability agreement”.

(21) Paragraphs 36 and 37 of subsection 38 (1) of the Act are repealed and the following substituted:

36. prescribing the terms and conditions of funding provided under section 20.13;

37. governing how funding in section 20.13 is to be determined or the circumstances or requirements that must be met as conditions for receiving funding;

Pay Equity Act

48. (1) Section 1 under the Ministry of Health in the Appendix to the Schedule to the *Pay Equity Act* is amended by striking out the portion before clause (a) and substituting the following:

1. Any corporation or organization of persons, other than one that has no employees other than employees who directly or indirectly control it, whether or not it is funded in whole or in part by the Ministry of Health and Long-Term Care or a local health integration network as defined in section 2 of the *Local Health System Integration Act, 2005*, if the corporation or organization operates or provides,

.

(2) Clauses 1 (d), (h), (h.1), (i) and (j) under the Ministry of Health in the Appendix to the Schedule to the Act are repealed and the following substituted:

(d) a psychiatric facility within the meaning of the *Mental Health Act* (R.S.O. 1990, c. M.7);

.

(h) a detoxification centre;

(h.1) services relating to addiction;

(i) an adult community mental health service;

(j) a placement service.

(3) Section 2 under the Ministry of Health in the Appendix to the Schedule to the Act is repealed.

(4) Clause 14 (b) under the Ministry of Health in the Appendix to the Schedule to the Act is repealed and the following substituted:

(b) who receives funding from the Ministry of Health and Long-Term Care or a local health integration network as defined in section 2 of the *Local Health System Integration Act, 2005* in accordance with the number or type of services provided.

(5) Clause 15 (b) under the Ministry of Health in the Appendix to the Schedule to the Act is repealed and the following substituted:

(b) receives funding from the Ministry of Health and Long-Term Care or a local health integration network as defined in section 2 of the *Local Health System Integration Act, 2005* in accordance with the number of individuals on the roster.

Personal Health Information Protection Act, 2004

49. (1) Section 2 of the *Personal Health Information Protection Act, 2004* is amended by adding the following definition:

“local health integration network” means a local health integration network as defined in section 2 of the *Local Health System Integration Act, 2005*; (“réseau local d’intégration des services de santé”)

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

(3) Clause 39 (1) (a) of the Act is amended by adding “by a local health integration network” after “the Government of Ontario or Canada”.

(4) Subsection 46 (1) of the Act is repealed and the following substituted:

Monitoring health care payments

(1) A health information custodian shall, upon the request of the Minister, disclose to the Minister personal health information about an individual for the purpose of monitoring or verifying claims for payment for health care funded wholly or in part by the Ministry of Health and Long-Term Care or a local health integration network or for goods used for health care funded wholly or in part by the Ministry of Health and Long-Term Care or a local health integration network.

Public Hospitals Act

50. (1) The definitions of “hospital” and “patient” in section 1 of the *Public Hospitals Act* are repealed and the following substituted:

“hospital” means any institution, building or other premises or place that is established for the purposes of the treatment of patients and that is approved under this Act as a public hospital; (“hôpital”)

“patient” means an in-patient or an out-patient; (“malade”)

(2) Section 1 of the Act is amended by adding the following definitions:

“in-patient” means a person admitted to a hospital for the purpose of treatment; (“malade hospitalisé”)

“local health integration network” means a local health integration as defined in section 2 of the *Local Health System Integration Act, 2005*; (“réseau local d’intégration des services de santé”)

(3) Subsections 6 (0.1) to (8) of the Act are repealed and the following substituted:

Directions

(1) This section applies to a hospital that received a direction under this section, as it read immediately before subsection 50 (3) of the *Local Health System Integration Act, 2005* came into force.

Compliance

(2) Subject to subsection (10), a hospital that received a direction mentioned in subsection (1) shall comply with it.

Amendment of direction

(3) The Minister may amend a direction mentioned in subsection (1) if the Minister considers it in the public interest to do so.

(4) Subsections 6 (10) and (11) of the Act are repealed and the following substituted:

Conflict

(10) An integration decision as defined in section 2 of the *Local Health System Integration Act 2005* or a Minister's order made under section 28 of that Act prevails over a direction under this section, as it read immediately before subsection 50 (3) of the *Local Health System Integration Act, 2005* came into force.

Revocation of direction

(11) If the Minister considers it in the public interest to do so, the Minister may revoke a direction mentioned in subsection (10).

Repeal

(12) This section is repealed on a day to be named by proclamation of the Lieutenant Governor.

(5) Subsection 14 (1) of the Act is amended by striking out “or an out-patient”.

(6) Subsection 14 (2) of the Act is amended by adding “as it read immediately before subsection 50 (3) of the *Local Health System Integration Act, 2005* came into force” after “subsection 6 (1)”.

(7) Section 20 of the Act is repealed and the following substituted:

Admission of patients

20. A hospital shall accept a person as an in-patient if,

- (a) the person has been admitted to the hospital pursuant to the regulations; and
- (b) the person requires the level or type of hospital care for which the hospital is approved by the regulations.

(8) Section 21 of the Act is amended by striking out the portion before clause (a) and substituting the following:

Refusal of admission

21. Nothing in this Act requires any hospital to admit as an in-patient,

.

(9) Clause 32 (1) (t) of the Act is repealed.

(10) Clause 32 (1) (z.1) of the Act is amended by striking out “section 6 or”.

(11) Subsection 32 (4) of the Act is repealed and the following substituted:

Regulations for subsidiaries, etc.

(4) The Minister may, by regulation,

- (a) require hospital subsidiaries and hospital foundations to provide financial reports and returns to the Minister and a local health integration network;
- (b) prescribe the accounting principles and rules to be followed in making those financial reports and returns and the manner in which those financial reports and returns are to be provided.

(12) The following provisions of the Act are amended by striking out “and out-patients” wherever that expression appears:

1. **Subsection 34 (1).**
2. **Subsection 34 (2).**

(13) Subsection 34 (3) of the Act is repealed and the following substituted:

Duty where serious problem exists

(3) If an officer of the medical staff who is responsible under subsection (1) or (2) becomes aware that, in his or her opinion a serious problem exists in the diagnosis, care or treatment of a patient, the officer shall forthwith discuss the condition, diagnosis, care and treatment of the patient with the attending physician.

Relieving attending physician

(3.1) If changes in diagnosis, care or treatment satisfactory to the officer are not made promptly, he or she shall,

- (a) assume forthwith the duty of investigating, diagnosing, prescribing for and treating the patient; and
- (b) notify the attending physician, the administrator and, if possible, the patient that the member of the medical staff who was in attendance will cease forthwith to have any hospital privileges as the attending physician for the patient.

(14) Subsections 44 (1) and (2) of the Act are repealed and the following substituted:

Ceasing to operate

(0.1) Subsection (1) applies if,

- (a) a board of a hospital determines that the hospital will cease to operate as a public hospital;

- (b) a local health integration network has made an integration decision under clause 25 (2) (a) of the *Local Health System Integration Act, 2005* under which a hospital will cease to operate as a public hospital;
- (c) the board of a hospital has received a direction under section 6, as it read immediately before subsection 50 (3) of the *Local Health System Integration Act, 2005* came into force, together with the amendments, if any, made to the direction under subsection 6 (3), to cease to operate as a public hospital; or
- (d) the Minister as defined in section 2 of the *Local Health System Integration Act, 2005* has made an order under section 28 of that Act that requires a hospital to cease to operate as a public hospital.

Same

(1) If one of the conditions set out in subsection (0.1) applies, the board of the hospital mentioned in that subsection may make any decision in the exercise of its powers under section 36 that the board considers necessary or advisable in order to implement the board's determination, the integration decision, the direction under section 6 or the Minister's order mentioned in that subsection, including,

- (a) refusing the application of any physician for appointment or reappointment to the medical staff or for a change in hospital privileges;
- (b) revoking the appointment of any physician; and
- (c) cancelling or substantially altering the privileges of any physician.

Ceasing to provide service

(1.1) Subsection (2) applies if,

- (a) a board of a hospital determines that the hospital will cease to provide a service;
- (b) a local health integration network has made an integration decision as defined in section 2 of the *Local Health System Integration Act, 2005* under which a hospital will cease to provide a service;
- (c) the board of a hospital has received a direction under section 6, as it read immediately before subsection 50 (3) of the *Local Health System Integration Act, 2005* came into force, together with the amendments, if any, made to the direction under subsection 6 (3), to cease to provide a service; or
- (d) the Minister as defined in section 2 of the *Local Health System Integration Act, 2005* has made an order under section 28 of that Act that requires a hospital to cease to provide a service.

Same

(2) If one of the conditions set out in subsection (1.1) applies, the board of the hospital mentioned in that subsection may make any of the following decisions that the board considers necessary or advisable in order to implement the board's determination, the integration decision, the direction under section 6 or the Minister's order mentioned in that subsection:

1. Refuse the application of any physician for appointment or reappointment to the medical staff of the hospital if the only hospital privileges to be attached to the appointment or reappointment relate to the provision of that service.
2. Refuse the application of any physician for a change in hospital privileges if the only privileges to be changed relate to the provision of that service.
3. Revoke the appointment of any physician if the only hospital privileges attached to the physician's appointment relate to the provision of that service.
4. Cancel or substantially alter the hospital privileges of any physician which relate to the provision of that service.

Social Contract Act, 1993

51. (1) Section 1 under the Ministry of Health in the Appendix to the Schedule to the *Social Contract Act, 1993* is amended by striking out the portion before clause (a) and substituting the following:

1. Any authority, board, commission, corporation, office, person or organization of persons, whether or not it is funded in whole or in part by the Ministry of Health and Long-Term Care or a local health integration network as defined in section 2 of the *Local Health System Integration Act, 2005*, if it operates or provides,

.

(2) Clauses 1 (d), (h), (i), (j), and (k) under the Ministry of Health in the Appendix to the Schedule to the Act are repealed and the following substituted:

(d) a psychiatric facility within the meaning of the *Mental Health Act* (R.S.O. 1990, c. M.7);

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(h) a detoxification centre;

(i) services relating to addiction;

- (j) an adult community mental health service;
- (k) a placement service.

(3) Section 2 under the Ministry of Health in the Appendix to the Schedule to the Act is repealed.

(4) Clause 13 (b) under the Ministry of Health in the Appendix to the Schedule to the Act is repealed and the following substituted:

- (b) who receives funding from the Ministry of Health and Long-Term Care or a local health integration network as defined in section 2 of the *Local Health System Integration Act, 2005* in accordance with the number or type of services provided.

(5) Clause 14 (b) under the Ministry of Health in the Appendix to the Schedule to the Act is repealed and the following substituted:

- (b) receives funding from the Ministry of Health and Long-Term Care or a local health integration network as defined in section 2 of the *Local Health System Integration Act, 2005* in accordance with the number of individuals on the roster.

Tobacco Control Act, 1994

52. Clause (b) of the definition of “home health-care worker” in subsection 9.1 (5) of the *Tobacco Control Act, 1994* is amended by adding “or a local health integration network as defined in section 2 of the *Local Health System Integration Act, 2005*” at the end.

**PART IX
COMMENCEMENT AND SHORT TITLE**

Commencement

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

Same

(2) Subsections 9 (3) and (4), 18 (1), (2), (3) and (5), section 19, subsection 20 (1), section 21, subsections 39 (4), (6), (8), (9), (11), (14), (15), (16), (21), (24) and (27), section 41, subsections 42 (2) to (54) and sections 44, 45 and 47 come into force on a day to be named by proclamation of the Lieutenant Governor.

Short title

54. The short title of this Act is the *Local Health System Integration Act, 2005*.