



Bill 8, Public Sector and MPP Accountability and Transparency Act, 2014

The Issue

Bill 8, *Public Sector and MPP Accountability and Transparency Act, 2014*, will result in an inequity between home care Service Provider Organizations (SPOs) by placing some, but not all, SPOs at a disadvantage by limiting the permissible executive compensation.

Background

Home care service provider organizations in Ontario are usually incorporated entities, and can be one of the following: a non-profit organization, a private corporation, a municipal government or an aboriginal organization.ⁱ SPOs are responsible for providing nursing care; home support services; personal care; physiotherapy; occupational therapy; social work; dietetics; speech language therapy; and medical equipment and supplies in the home to individuals of all ages. "Home" is defined broadly as the location in which the client resides or lives. This may include, but is not limited to, individual residences, shared care buildings, nursing homes, long term care facilities, retirement residences, hospices, assisted living, boarding schools, hospitals, supportive housing, disability housing, jails and shelters.

Services provided by home care SPOs may be funded by various provincial government ministries, municipalities and/or through private sources such as insurance policies and personal funds. Significant provincial funding flows to many home care SPOs through Community Care Access Centres (CCAC). However, SPOs may also receive funding directly from the Local Health Integration Network (LHIN) to deliver government funded programs and as such are considered broader public sector organizations impacted by Bill 8.

The dual / multiple roles that are fulfilled by home care SPOs strengthens their affiliation and commitment with and to their communities. More importantly, by providing a range of services, clients are able to experience continuity of care across funding streams.

Schedule 1 of Bill 8, the Broader Public Sector Executive Compensation Act, 2014, impacts SPOs designated as broader public sector. However, these provider organizations are expressly excluded in the Act, if they undertake "activities for the purpose of profit to its shareholders"ⁱⁱ.

Home Care Ontario does not support the inequity created by this policy. The consequence is that a number of the SPOs will be limited in their ability to recruit and retain individuals who are exceptionally well qualified for an executive position. In a time when reliance on home care is increasing, and service contracts with CCACs can be cancelled if quality of service is inadequate, it is imperative that all SPOs have the latitude to attract and retain qualified executives.

The evidence is clear that the nature of an organization's surplus is not a predictor of quality or operational practices. Accordingly, Home Care Ontario has long advocated that SPOs be treated on the merits of their performance and not on their corporate tax status.¹

Recommendation

Home Care Ontario recommends:

- That the modifications to Schedule 1 of Bill 8 be adjusted to exempt all publicly funded home care SPOs.

Conclusion

All home care service provider organizations, however defined, are vital to the delivery of health care in Ontario. They provide necessary health care services to individuals in their homes. With increasing expectations of the home care sector to meet the growing demand for care, all service providers need the autonomy to recruit and retain the best at all levels throughout their organization. No provider organization should be disadvantaged by tax status and all must be positioned to provide the best quality of care.

About Home Care Ontario

Home Care Ontario, *the voice of home care in Ontario™*, is a member-based organization with a mandate to promote growth and development of the home care sector through advocacy, knowledge transfer, and member service. Home Care Ontario members include those engaged in and/or supportive of home-based health care. In Ontario, service provider organizations are responsible for providing nursing care, home support services, personal care, physiotherapy, occupational therapy, social work, dietetics, speech language therapy and medical equipment and supplies in the home to individuals of all ages. An estimated 54 million hours of publicly and privately purchased home care service is provided annually across the province.

For more information, contact:

Sue VanderBent, CEO

Phone: 905-543-9474

Email: sue.vanderbent@homecareontario.ca

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ENDNOTE

ⁱ MOHLTC. Retrieved on October 12, 2013 from website http://www.health.gov.on.ca/en/public/programs/ltc/5_glossary.aspx

ⁱⁱ 3. (2) 4 of the Act

¹ Members of Home Care Ontario are diverse and eligible for membership based on established performance and quality criteria. Each year, members complete the Association's Quality Template that establishes a self-evaluated level of compliance with Home Care Ontario's Standards. A Balanced Scorecard report to the community is produced annually and can be found at <http://www.homecareontario.ca/about-us/reporting-to-the-community>. The Association also strongly endorses accreditation and at this time 94% of members have achieved and/or are seeking accreditation with provincially approved organizations. See information about Home Care Ontario members at <http://www.homecareontario.ca/our-members/about-members>.