

## Local Health System Integration Act, 2006

### S.O. 2006, CHAPTER 4

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#### **Preamble**

The people of Ontario and their government,

- (a) confirm their enduring commitment to the principles of public administration, comprehensiveness, universality, portability, accessibility and accountability as provided in the *Canada Health Act* (Canada) and the *Commitment to the Future of Medicare Act, 2004*;
- (b) are committed to the promotion of the delivery of public health services by not-for-profit organizations;
- (c) acknowledge that a community's health needs and priorities are best developed by the community, health care providers and the people they serve;
- (d) are establishing local health integration networks to achieve an integrated health system and enable local communities to make decisions about their local health systems;
- (e) 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;
- (f) 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;
- (g) recognize the role of First Nations and Aboriginal peoples in the planning and delivery of health services in their communities;
- (h) 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 continuous quality improvement and efficient delivery of high quality health services to all Ontarians;
- (i) 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
- (j) 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 high quality health services, co-ordinated health care in local health systems and across the province and effective and efficient management of the health system at the local level by local health integration networks. 2006, c. 4, s. 1.

#### **Definitions**

2. (1) In this Act,

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

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

“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”)

“medical officer of health” has the same meaning as in the *Health Protection and Promotion Act*; (“médecin-hygiéniste”)

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

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

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

“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”) 2006, c. 4, s. 2 (1); 2016, c. 30, s. 1 (1-3).

#### **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. REPEALED: 2009, c. 33, Sched. 18, s. 14.

- 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. A licensee within the meaning of the *Long-Term Care Homes Act, 2007*, other than a municipality or board of management described in paragraph 5.
- 5. A municipality or board of management that maintains a long-term care home under Part VIII of the *Long-Term Care Homes Act, 2007*.
- 6. REPEALED: 2007, c. 8, s. 214 (1).
- 7. A community care access corporation within the meaning of the *Community Care Access Corporations Act, 2001*.

**Note: On a day to be named by proclamation of the Lieutenant Governor, paragraph 7 of the definition of “health service provider” in subsection 2 (2) of the Act is repealed. (See: 2016, c. 30, s. 1 (4))**

- 8. A person or entity approved under the *Home Care and Community Services Act, 1994* to provide services.
- 9. A not for profit corporation without share capital incorporated under Part III of the *Corporations Act* that operates a community health centre.

**Note: On a day to be named by proclamation of the Lieutenant Governor, paragraph 9 is amended by striking out “Part III of the Corporations Act” and substituting “the Not-for-Profit Corporations Act, 2010 or a predecessor of that Act”. See: 2010, c. 15, ss. 231 (1), 249.**

- 10. A not for profit entity that provides community mental health and addiction services.
- 11. A not for profit entity that operates a family health team.
- 12. A not for profit entity that operates a nurse-practitioner-led clinic.
- 13. A not for profit entity that operates an Aboriginal health access centre.
- 14. A person or entity that provides primary care nursing services, maternal care or inter-professional primary care programs and services.
- 15. A not for profit entity that provides palliative care services, including a hospice.
- 16. A person or entity that provides physiotherapy services in a clinic setting that is not otherwise a health service provider.
- 17. Any other person or entity or class of persons or entities that is prescribed. 2006, c. 4, s. 2 (2); 2007, c. 8, s. 214 (1, 2); 2009, c. 33, Sched. 18, s. 14; 2016, c. 30, s. 1 (5).

#### 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. 2006, c. 4, s. 2 (3).

#### Exclusion, community services

(4) A person or entity that provides, as a service provider within the meaning of the *Home Care and Community Services Act, 1994*, a community service that has been purchased by a local health integration network, is not a health service provider within the meaning of this Act in respect of the provision of the purchased service. 2016, c. 30, s. 1 (6).

## 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/TABLEAU  
CORPORATIONS CONTINUED AS LOCAL HEALTH INTEGRATION NETWORKS/PERSONNES MORALES  
PROROGÉES EN TANT QUE RÉSEAUX LOCAUX D'INTÉGRATION DES SERVICES DE SANTÉ

Item Point	Column/Colonne 1 Name of corporation in English Dénomination sociale anglaise de la personne morale	Column/Colonne 2 Name of corporation in French Dénomination sociale française de la personne morale	Column/Colonne 3 Date of incorporation Date de constitution	Column/Colonne 4 Name of continued corporation in English Dénomination sociale anglaise de la personne morale prorogée	Column/Colonne 5 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'Érie St-Clair	June 2, 2005 2 juin 2005	Erie St. Clair Local Health Integration Network	Réseau local d'intégration des services de santé d'Érie 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

	Column/Colonne 1	Column/Colonne 2	Column/Colonne 3	Column/Colonne 4	Column/Colonne 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
					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

2006, c. 4, s. 3 (1).

#### Extinguishment of letters patent

(2) The letters patent issued to constitute a corporation continued under subsection (1) are extinguished. 2006, c. 4, s. 3 (2).

#### 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. 2006, c. 4, s. 3 (3).

#### 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;
  - (b.1) change the geographic area of one 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, division or change of geographic area of one or more local health integration networks made by a regulation under clause (a), (b) or (b.1), 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. 2006, c. 4, s. 3 (4); 2016, c. 30, s. 2.

#### 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. 2006, c. 4, s. 4 (1).

#### Other Acts

(2) The *Corporations Act* and the *Corporations Information Act* do not apply to a local health integration network, except as prescribed. 2006, c. 4, s. 4 (2).

**Note: On a day to be named by proclamation of the Lieutenant Governor, subsection (2) is repealed and the following substituted:**

#### Non-application of *Corporations Information Act*

(2) The *Corporations Information Act* does not apply to a local health integration network, except as prescribed. 2010, c. 15, s. 231 (2).

See: 2010, c. 15, ss. 231 (2), 249.

#### 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. REPEALED: 2009, c. 33, Sched. 2, s. 45.
2. *Charities Accounting Act*. 2006, c. 4, s. 4 (3); 2009, c. 33, Sched. 2, s. 45.

#### No charitable property

(4) The property of a local health integration network is not charitable property. 2006, c. 4, s. 4 (4).

#### Non-application of single employer rule

(5) Subsection 1 (4) of the *Labour Relations Act, 1995* does not apply to a local health integration network. 2016, c. 30, s. 3.

#### Objects

5. The objects of a local health integration network are to plan, fund and integrate the local health system to achieve the purpose of this Act, 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, including needs regarding physician resources, 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;
- (e.1) to promote health equity, including equitable health outcomes, to reduce or eliminate health disparities and inequities, to recognize the impact of social determinants of health, and to respect the diversity of communities and the requirements of the *French Language Services Act* in the planning, design, delivery and evaluation of services;
- (e.2) to participate in the development and implementation of health promotion strategies in cooperation with primary health care services, public health services and community-based services to support population health improvement and outcomes;
- (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, including academic health science centres, 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 patient care and access to high quality 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;
- (m.1) to provide health and related social services and supplies and equipment for the care of persons in home, community and other settings and to provide goods and services to assist caregivers in the provision of care for such persons;
- (m.2) to manage the placement of persons into long-term care homes, supportive housing programs, chronic care and rehabilitation beds in hospitals, and other programs and places where community services are provided under the *Home Care and Community Services Act, 1994*;
- (m.3) to provide information to the public about, and make referrals to, health and social services;
- (m.4) to fund non-health services that are related to health services that are funded by the Minister or a local health integration network; and
- (n) to carry out the other objects that the Minister specifies by regulation made under this Act. 2006, c. 4, s. 5; 2016, c. 30, s. 4.

#### **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. 2006, c. 4, s. 6 (1).

#### **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. 2006, c. 4, s. 6 (2).

#### **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., 7. REPEALED: 2016, c. 30, s. 5.

2006, c. 4, s. 6 (3); 2016, c. 30, s. 5.

#### **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. 2006, c. 4, s. 6 (4).

#### **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. 2006, c. 4, s. 6 (5).

#### **No political donations**

(6) A local health integration network shall not make any political donations. 2006, c. 4, s. 6 (6).

#### **Board of directors**

7. (1) Each local health integration network shall consist of no more than 12 members appointed by the Lieutenant Governor in Council who shall form the board of directors of the network, except that the Lieutenant Governor in Council may prescribe a higher number of members that is not more than 14. 2016, c. 30, s. 6 (1).

#### **Term**

(2) Subject to subsection (3), the following provisions apply respecting the term of members of the board of directors of a local health integration network:

1. Each member shall hold office for a term of up to three years at the pleasure of the Lieutenant Governor in Council and may be reappointed for any number of terms of up to three years.
2. Despite paragraph 1, no person may be a member for more than six years in total.
3. Despite paragraph 2, a member who is designated as chair under subsection (6) after serving at least three years as a member may, despite anything else in subsection (6), be appointed for one further term of up to three years while designated as chair. 2016, c. 30, s. 6 (2).

#### **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. 2006, c. 4, s. 7 (3).
- (4) REPEALED: 2016, c. 30, s. 6 (3).

#### **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. 2006, c. 4, s. 7 (5).

#### **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. 2006, c. 4, s. 7 (6).

#### **Chair's role**

(7) The chair shall preside over the meetings of the board of directors. 2006, c. 4, s. 7 (7).

#### **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. 2006, c. 4, s. 7 (8).

#### **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. 2006, c. 4, s. 7 (9).

#### **Where no designation**

(10) If the Lieutenant Governor in Council has not designated a chair or a vice-chair of a network, the members of the board of directors may select a chair or vice-chair from among their members to hold office as provided for by by-law, until such time as the Lieutenant Governor in Council makes a designation. 2016, c. 30, s. 6 (4).

#### **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. 2006, c. 4, s. 8 (1).

#### **By-laws and resolutions**

(2) Subject to subsections (3) and (4), a board of directors may make by-laws and pass resolutions regulating its proceedings and generally for the conduct and management of the affairs of the local health integration network including establishing committees. 2016, c. 30, s. 7 (1).

#### **Officers**

(2.1) Without limiting the generality of subsection (2), a board of directors may make by-laws or pass resolutions to appoint officers and assign to them such powers and duties as the board considers appropriate. 2016, c. 30, s. 7 (1).

#### **Delegation**

(2.2) A board of directors may delegate any of its powers or duties under this Act or any other Act to such person or persons as the board considers appropriate and may impose conditions and restrictions with respect to the delegation. 2016, c. 30, s. 7 (1).

#### **Restrictions on delegation**

(2.3) Despite subsection (2.2), a board of directors may not delegate any power under the following provisions of this Act:

1. Subsection 20 (8) and clause 20 (11) (c).

**Note: On a day to be named by proclamation of the Lieutenant Governor, subsection 8 (2.3) of the Act is amended by adding the following paragraphs: (See: 2016, c. 30, s. 7 (2))**

- 1.1 Section 20.2.
- 1.2 Section 21.1.
- 1.3 Section 21.2.

2. Clause 25 (2) (a).
3. Section 26.
4. Section 27. 2016, c. 30, s. 7 (1).

**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. 2006, c. 4, s. 8 (3).

**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. 2006, c. 4, s. 8 (4).

**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. 2006, c. 4, s. 8 (5).

**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. 2006, c. 4, s. 8 (6).

**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*. 2006, c. 4, s. 8 (7).

(8) REPEALED: 2016, c. 30, s. 7 (3).

**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. 2006, c. 4, s. 9 (1).

**Quorum**

(2) A majority of the directors constitutes a quorum for the conduct of business of the board. 2006, c. 4, s. 9 (2).

**Notice**

(3) A local health integration network shall give reasonable notice to the public of the meetings of its board of directors and its committees. 2006, c. 4, s. 9 (3).

**Public meetings**

(4) All meetings of the board of directors of a local health integration network and its committees shall be open to the public. 2006, c. 4, s. 9 (4).

**Exceptions**

- (5) Despite subsection (4), a local health integration network may exclude the public from any part of a meeting if,
  - (a) financial, personal or other matters may be disclosed of such a nature that the desirability of avoiding public disclosure of them in the interest of any person affected or in the public interest outweighs the desirability of adhering to the principle that meetings be open to the public;
  - (b) matters of public security will be discussed;
  - (c) the security of the members or property of the network will be discussed;
  - (d) personal health information, as defined in section 4 of the *Personal Health Information Protection Act, 2004*, will be discussed;
  - (e) a person involved in a civil or criminal proceeding may be prejudiced;
  - (f) the safety of a person may be jeopardized;

- (g) personnel matters involving an identifiable individual, including an employee of the network, will be discussed;
- (h) negotiations or anticipated negotiations between the network and a person, bargaining agent or party to a proceeding or an anticipated proceeding relating to labour relations or a person's employment by the network will be discussed;
- (i) litigation or contemplated litigation affecting the network will be discussed, or any legal advice provided to the network will be discussed, or any other matter subject to solicitor-client privilege will be discussed;
- (j) matters prescribed for the purposes of this clause will be discussed; or
- (k) the network will deliberate whether to exclude the public from a meeting, and the deliberation will consider whether one or more of clauses (a) through (j) are applicable to the meeting or part of the meeting. 2006, c. 4, s. 9 (5).

#### **Educational or training sessions**

(5.1) Despite subsection (4), a local health integration network may exclude the public from a meeting if the following conditions are both satisfied:

1. The meeting is held for the purpose of educating or training the members of the local health integration network.
2. At the meeting, no member discusses or otherwise deals with any matter in a way that materially advances the decision-making of the local health integration network. 2016, c. 30, s. 8.

#### **Motion stating reasons**

(6) A local health integration network shall not exclude the public from a meeting before a vote is held on a motion to exclude the public, which motion must clearly state the nature of the matter to be considered at the closed meeting and the general reasons why the public is being excluded. 2006, c. 4, s. 9 (6).

#### **Taking of vote**

(7) The meeting shall not be closed to the public during the taking of the vote on the motion under subsection (6). 2006, c. 4, s. 9 (7).

#### **Chief executive officer**

10. (1) Each local health integration network shall appoint and employ a chief executive officer. 2006, c. 4, s. 10 (1).

#### **Restriction**

(2) The chief executive officer of a local health integration network shall not be a member of the board of directors of any local health integration network. 2006, c. 35, Sched. C, s. 63 (1).

#### **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. 2006, c. 4, s. 10 (3).

#### **Medical officer of health engagement**

(3.1) A local health integration network shall ensure that its chief executive officer engages with each medical officer of health for any health unit located in whole or in part within the geographic area of the network, or with the medical officer of health's delegate, on an ongoing basis on issues related to local health system planning, funding and service delivery. 2016, c. 30, s. 9.

#### **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. 2006, c. 4, s. 10 (4).

#### **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. 2006, c. 4, s. 11 (1).

- (2) REPEALED: 2006, c. 35, Sched. C, s. 63 (2).

#### **Directives by Minister**

11.1 (1) The Minister may issue operational or policy directives to a local health integration network where the Minister considers it to be in the public interest to do so. 2016, c. 30, s. 10.

#### **Binding**

- (2) A local health integration network shall comply with every directive of the Minister. 2016, c. 30, s. 10.

#### **General or particular**

- (3) An operational or policy directive of the Minister may be general or particular in its application. 2016, c. 30, s. 10.

**Non-application of *Legislation Act, 2006***

(4) Part III (Regulations) of the *Legislation Act, 2006* does not apply to operational or policy directives. 2016, c. 30, s. 10.

**Public availability**

(5) The Minister shall make every directive under this section available to the public. 2016, c. 30, s. 10.

**Law prevails**

(6) For greater certainty, in the event of a conflict between a directive issued under this section and a provision of any applicable Act or rule of any applicable law, the Act or rule prevails. 2016, c. 30, s. 10.

**Provincial standards**

11.2 (1) The Minister may issue provincial standards for the provision of health services that are provided or arranged by local health integration networks or health service providers where the Minister considers it to be in the public interest to do so. 2016, c. 30, s. 10.

**General or particular**

(2) A standard of the Minister may be general or particular in its application. 2016, c. 30, s. 10.

**Obligations re standards**

(3) Every local health integration network and health service provider to which a standard under this section is directed shall comply with the standard. 2016, c. 30, s. 10.

**Non-application of *Legislation Act, 2006***

(4) Part III (Regulations) of the *Legislation Act, 2006* does not apply to a standard under this section. 2016, c. 30, s. 10.

**Resolving differences over priorities**

(5) If a standard of a local health integration network or a health service provider conflicts with a provincial standard, the provincial standard prevails. 2016, c. 30, s. 10.

**Same**

(6) In the event of a conflict between a standard issued under this section and a provision of any applicable Act or rule of any applicable law, the Act or rule prevails. 2016, c. 30, s. 10.

**Public availability**

(7) The Minister shall make every standard under this section available to the public. 2016, c. 30, s. 10.

**Audit**

12. (1) The board of directors of a local health integration network shall appoint an auditor licensed under the *Public Accounting Act, 2004* to audit the accounts and financial transactions of the network annually. 2006, c. 4, s. 12 (1).

**Other audits**

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

- (a) the Minister may, at any time, review or audit any aspect of the operations of a local health integration network; and
- (b) the Auditor General may, at any time, audit any aspect of the operations of a local health integration network. 2006, c. 4, s. 12 (2); 2010, c. 25, s. 26.

**Investigators**

12.1 (1) The Minister may appoint one or more investigators to investigate and report on the quality of the management and administration of a local health integration network, or any other matter relating to a local health integration network, where the Minister considers it in the public interest to do so. 2016, c. 30, s. 11.

**Powers**

- (2) An investigator may, without a warrant and at reasonable times,
  - (a) enter the premises of a local health integration network; and
  - (b) inspect the premises and the records relevant to the investigation. 2016, c. 30, s. 11.

**Identification**

(3) An investigator conducting an investigation shall produce, on request, evidence of his or her appointment. 2016, c. 30, s. 11.

**Powers of investigator**

(4) An investigator conducting an investigation may,

- (a) require the production of records or anything else that is relevant to the investigation, including books of account, documents, bank accounts, vouchers, correspondence and payroll records, records of staff hours worked and records of personal health information;
- (b) examine and copy any record or thing required under clause (a);
- (c) upon giving a receipt and showing the evidence of appointment, remove a record or anything else that is relevant to the investigation for review or copying, as long as the review or copying is carried out with reasonable dispatch and the record or thing is promptly returned to the local health integration network;
- (d) in order to produce a record in readable form, use data storage, information processing or retrieval devices or systems that are normally used in carrying on business in the place; and
- (e) question a person on matters relevant to the investigation. 2016, c. 30, s. 11.

**Obligation to produce and assist**

(5) If an investigator requires the production of a record or anything else that is relevant to the investigation, the local health integration network that has custody of the record or thing shall produce it and, in the case of a record, shall on request provide any assistance that is reasonably necessary to interpret the record or to produce it in a readable form. 2016, c. 30, s. 11.

**Restriction**

(6) An investigator shall not exercise the investigator's powers under subsections (4) and (5) to access personal health information except,

- (a) with the consent of the individual who is the subject of the personal health information; or
- (b) in such circumstances as may be prescribed. 2016, c. 30, s. 11.

**Same**

- (7) If an investigator accesses personal health information under subsection (6), the investigator shall not,
  - (a) collect, use or disclose the personal health information if other information will serve the purpose of the investigation; or
  - (b) collect, use or disclose more personal health information than is reasonably necessary for the purpose of the investigation. 2016, c. 30, s. 11.

**Confidentiality**

(8) An investigator and his or her agents shall keep confidential all information that comes to the investigator's knowledge in the course of an investigation under this Act and shall not communicate any information to any other person except as required by law or except where the communication is to the Minister or a person employed in or performing services for the Ministry. 2016, c. 30, s. 11.

**Report**

- (9) The investigator shall, upon completion of an investigation, make a report in writing to the Minister. 2016, c. 30, s. 11.

**De-identification of personal health information**

(10) Before providing a report to the Minister under subsection (9), the investigator shall ensure that all personal health information is de-identified. 2016, c. 30, s. 11.

**Same**

(11) The Minister shall cause a copy of the report of an investigation, with all personal health information de-identified, to be delivered to the chair of the board of directors of the local health integration network. 2016, c. 30, s. 11.

**Public availability**

- (12) The Minister shall make every report of an investigation available to the public. 2016, c. 30, s. 11.

**Local health integration network supervisor**

12.2 (1) On the recommendation of the Minister, the Lieutenant Governor in Council may appoint a person as a local health integration network supervisor where the Lieutenant Governor in Council considers it in the public interest to do so. 2016, c. 30, s. 11.

**Notice of appointment**

(2) The Minister shall give the board of a local health integration network at least 14 days notice before recommending to the Lieutenant Governor in Council that a local health integration network supervisor be appointed. 2016, c. 30, s. 11.

**Term of office**

(3) The appointment of a local health integration network supervisor is valid until terminated by order of the Lieutenant Governor in Council. 2016, c. 30, s. 11.

**Powers of supervisor**

(4) Unless the appointment provides otherwise, a local health integration network supervisor has the exclusive right to exercise all of the powers of the board of the network and of the network and its directors, officers and members. 2016, c. 30, s. 11.

**Same**

(5) The Lieutenant Governor in Council may specify the powers and duties of a local health integration network supervisor appointed under this section and the terms and conditions governing those powers and duties. 2016, c. 30, s. 11.

**Additional powers of supervisor**

(6) If, under the order of the Lieutenant Governor in Council, the board of the network continues to have the right to act with regard to any matters, any such act of the board is valid only if approved in writing by the local health integration network supervisor. 2016, c. 30, s. 11.

**Right of access**

(7) A local health integration network supervisor appointed for a local health integration network has the same rights as the board and the chief executive officer of the network in respect of the documents, records and information of the board and the network. 2016, c. 30, s. 11.

**Restrictions, personal health information**

(8) A local health integration network supervisor shall not,

- (a) collect, use or disclose personal health information if other information will serve the purposes of the supervisor; or
- (b) collect, use or disclose more personal health information than is reasonably necessary for the purposes of the supervisor. 2016, c. 30, s. 11.

**Minister's directions**

(9) The Minister may issue directions to a local health integration network supervisor with regard to any matter within the jurisdiction of the supervisor. 2016, c. 30, s. 11.

**Directions to be followed**

(10) A local health integration network supervisor shall carry out every direction of the Minister. 2016, c. 30, s. 11.

**Report to Minister**

(11) A local health integration network supervisor shall report to the Minister as required by the Minister. 2016, c. 30, s. 11.

**De-identification of personal health information**

(12) Before providing a report to the Minister under subsection (11), the local health integration network supervisor shall ensure that all personal health information is de-identified. 2016, c. 30, s. 11.

**Public availability**

(13) The Minister shall make every report of a supervisor available to the public. 2016, c. 30, s. 11.

**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. 2006, c. 4, s. 13 (1).

**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. 2006, c. 4, s. 13 (2).

**Contents**

(3) The annual report shall include,

- (a) audited financial statements for the fiscal year of the local health integration network to which the report relates; and
- (b) data relating specifically to Aboriginal health issues addressed by the local health integration network. 2006, c. 4, s. 13 (3).

#### **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. 2006, c. 4, s. 13 (4).

#### **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. 2006, c. 4, s. 13 (5).

#### **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. 2006, c. 4, s. 13 (6).

### **PART III PLANNING AND COMMUNITY ENGAGEMENT**

#### **Provincial strategic plan**

14. (1) 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. 2006, c. 4, s. 14 (1).

#### **Councils**

- (2) The Minister shall establish the following councils:
- 1. An Aboriginal and First Nations health council to advise the Minister about health and service delivery issues related to Aboriginal and First Nations peoples and priorities and strategies for the provincial strategic plan related to those peoples.
  - 2. A French language health services advisory council to advise the Minister about health and service delivery issues related to francophone communities and priorities and strategies for the provincial strategic plan related to those communities. 2006, c. 4, s. 14 (2).

#### **Members**

(3) The Minister shall appoint the members of each of the councils established under subsection (2) who shall be representatives of the organizations that are prescribed. 2006, c. 4, s. 14 (3).

#### **Consultation**

(4) In developing priorities and strategic directions for the health system and the local health systems in the provincial strategic plan, the Minister shall seek the advice of province-wide health planning organizations that are mandated by the Government of Ontario. 2006, c. 4, s. 14 (4).

#### **Adhering to *French Language Services Act***

(5) In developing priorities and strategic directions for the health system and the local health systems in the provincial strategic plan, the Minister shall ensure that the priorities and strategic directions foster the provision of health services in a way that meets the requirements of the *French Language Services Act*. 2016, c. 30, s. 12.

#### **Sub-regions**

14.1 (1) Each local health system integration network shall establish geographic sub-regions in its local health system for the purposes of planning, funding and integrating services within those geographic sub-regions. 2016, c. 30, s. 13.

#### **Maps**

- (2) Each network shall make a map of the sub-regions available to the public. 2016, c. 30, s. 13.

#### **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. 2006, c. 4, s. 15 (1).

#### **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. 2006, c. 4, s. 15 (2).

**Sub-regions, direction**

(2.1) The integrated health service plan shall include strategic directions and plans for the geographic sub-regions of a local health system in order to achieve the purposes of this Act. 2016, c. 30, s. 14 (1).

**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. 2006, c. 4, s. 15 (3).

**Consultations**

(4) A local health integration network shall engage and seek advice from each board of health for any health unit located in whole or in part within the geographic area of the network in developing its integrated health service plan. 2016, c. 30, s. 14 (2).

**Community engagement**

16. (1) A local health integration network shall engage the community of diverse 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. 2006, c. 4, s. 16 (1).

**Definition**

(2) In this section,

“community” includes, in respect of a local health integration network that engages the community,

- (a) patients and other individuals in the geographic area of the network,
- (b) health service providers and any other person or entity that provides services in or for the local health system, and
- (c) employees involved in the local health system. 2006, c. 4, s. 16 (2).

**Methods of engagement**

(3) The methods for carrying out community engagement under subsection (1) may include holding community meetings or focus group meetings or establishing advisory committees. 2006, c. 4, s. 16 (3).

**Duties**

(4) In carrying out community engagement under subsection (1), the local health integration network shall engage,

- (a) the Aboriginal and First Nations health planning entity for the geographic area of the network that is prescribed; and
- (b) the French language health planning entity for the geographic area of the network that is prescribed. 2006, c. 4, s. 16 (4).

**Patient and family advisory committee**

(4.1) Each local health integration network shall establish one or more patient and family advisory committees. 2016, c. 30, s. 15 (1).

**Health professionals advisory committee**

(5) Each local health integration network may 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. 2006, c. 4, s. 16 (5); 2016, c. 30, s. 15 (2).

**Engagement by health service providers**

(6) Each health service provider shall engage the community of diverse persons and entities in the area where it provides health services when developing plans and setting priorities for the delivery of health services. 2006, c. 4, s. 16 (6).

## **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. 2006, c. 4, s. 17 (1).

**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. 2006, c. 4, s. 17 (2).



#### **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. 2006, c. 4, s. 18 (1).

#### **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. 2006, c. 4, s. 18 (2).

#### **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). 2006, c. 4, s. 18 (3).

#### **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, that the Minister requires for the purposes of administering this Act. 2006, c. 4, s. 18 (4); 2016, c. 30, s. 16.

#### **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. 2006, c. 4, s. 18 (5).

#### **Funding of health service providers**

19. (1) A local health integration network may provide funding,
- (a) to a health service provider in respect of services that the service provider provides in or for the geographic area of the network; and
  - (b) to a health service provider in respect of services that the service provider provides in or for the geographic area of another network. 2016, c. 30, s. 17.

#### **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. 2006, c. 4, s. 19 (2).

#### **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. 2006, c. 4, s. 19 (3).

#### **Exception**

(4) Despite subsection (3), the Minister shall not assign to a local health integration network an agreement for the provision of funding for services by a person described in subsection 2 (3) that the Minister has entered into under the authority of paragraph 4 of subsection 6 (1) of the *Ministry of Health and Long-Term Care Act* or subsection 2 (2) of the *Health Insurance Act*. 2006, c. 4, s. 19 (4).

#### **Termination date**

(5) 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. 2006, c. 4, s. 19 (5).

**Service accountability agreement**

20. (1) Where a local health integration network proposes to provide funding to a health service provider or amend a service accountability agreement with a health service provider, the network and the provider shall enter into a service accountability agreement or amend such an agreement in accordance with this section. 2016, c. 30, s. 18.

**Notification required**

(2) A local health integration network shall notify a health service provider that it intends to enter into a service accountability agreement with the provider or that it seeks to amend such an agreement. 2016, c. 30, s. 18.

**Negotiation**

(3) After being notified under subsection (2), the parties shall seek to negotiate the terms and conditions of the service accountability agreement or the amendment. 2016, c. 30, s. 18.

**Where agreement cannot be negotiated**

(4) If the parties have not negotiated a service accountability agreement or an amendment within 90 days of the notice under subsection (2), each party shall, within a further 60 days, develop a written issues statement and provide a copy to the other party. 2016, c. 30, s. 18.

**Written issues statement**

- (5) The written issues statement mentioned in subsection (4) shall include,
- (a) a description of the facts and events leading to the inability to negotiate the service accountability agreement or amendment;
  - (b) a consideration as to whether the facts and events leading to the inability to negotiate the service accountability agreement or amendment affect the health service provider alone or whether they affect more than one provider, including the health system generally; and
  - (c) a list of potential options for settling the terms and conditions of the service accountability agreement or amendment that are at issue. 2016, c. 30, s. 18.

**Meeting of CEOs**

(6) If the parties have not negotiated a service accountability agreement or amendment within the 60 day period mentioned in subsection (4), the chief executive officer of the local health integration network shall offer to meet the chief executive officer of the health service provider within 14 days of the expiry of that 60 day period, and, if they meet, they shall seek to negotiate the terms and conditions of the service accountability agreement or the amendment. If the parties have not negotiated a service accountability agreement or an amendment through their respective chief executive officers within 21 days of the first meeting, then either party may refer the matter to the chairs of their boards of directors. 2016, c. 30, s. 18.

**Meeting of chairs**

(7) If a referral to the chairs is made under subsection (6), the chair of the board of the local health integration network shall offer to meet with the chair of the board of the health service provider within 14 days of the end of the 21 day period mentioned in subsection (6) and, if they meet, they shall seek to negotiate the terms and conditions of the service accountability agreement or the amendment. 2016, c. 30, s. 18.

**Where chairs do not agree**

(8) If the parties have not negotiated a service accountability agreement or an amendment within 21 days after the expiry of the 14 day period mentioned in subsection (7), then, at any time after the 21st day, the local health integration network may deliver a notice of an offer to the health service provider setting out the terms and conditions of the proposed service accountability agreement or amendment, and the network shall notify the Minister of that offer. 2016, c. 30, s. 18.

**Deemed acceptance**

(9) If the health service provider does not deliver a rejection notice within 30 days of receiving the notice of an offer under subsection (8), then the notice of offer shall be deemed to be the service accountability agreement between the network and the provider or an amendment to such an agreement, as the case may be, and the network and the provider shall comply with that agreement. 2016, c. 30, s. 18.

**Rejection**

(10) The health service provider may reject any offer referred to in subsection (8) by providing a notice to the network and the Minister within 30 days of receiving the notice of offer from the network and the provider shall state its reasons for rejecting the offer. 2016, c. 30, s. 18.

**Setting the terms**

- (11) If the health service provider delivers a notice under subsection (10),
- (a) the local health integration network shall consider the reasons for rejecting the offer that are stated in the notice;
  - (b) the local health integration network may at any time give notice to the provider that it intends to set the terms and conditions of the service accountability agreement or amendment to such an agreement, as the case may be, and, if such notice is provided, the local health integration network shall give the Minister a copy of the notice;
  - (c) at any time more than 30 days after giving notice under clause (b), if the local health integration network and the provider have not negotiated a service accountability agreement or amendment, as the case may be, the local health integration network may, if it considers it in the public interest to do so, deliver an offer of a service accountability agreement or amendment on the terms and conditions that the network determines, which shall be deemed to be the service accountability agreement, or amendment as the case may be, between the local health integration network and the provider; and
  - (d) the network and the provider shall comply with the terms and conditions of the agreement or amendment as set out in the offer under clause (c). 2016, c. 30, s. 18.

#### **Saving**

(12) Nothing in subsections (4) to (11) prevents the network and the provider from negotiating a service accountability agreement or an amendment during the time periods set out in those subsections. 2016, c. 30, s. 18.

#### **Interpretation**

(13) In this section, a reference to a chief executive officer or a chair refers to any person in the relevant party with such a title, a person holding an equivalent position, or a person who has been designated by the party to act in respect of the matters referred to in this section. 2016, c. 30, s. 18.

#### **No restriction on patient mobility**

20.1 (1) A local health integration network shall not enter into any agreement or other arrangement, including issuing an integration decision under Part V of this Act, that restricts or prevents an individual from receiving services based on the geographic area in which the individual resides. 2016, c. 30, s. 18.

#### **Geographic restrictions for homecare services**

(2) For greater certainty, subsection (1) applies to a service accountability agreement in respect of funding provided by a local health integration network for the delivery of services by a health service provider under section 20, but it does not apply to any agreement between a local health integration network and a service provider under the *Home Care and Community Services Act, 1994* that requires the service provider to deliver services in the geographic area or a sub-region of the network. 2016, c. 30, s. 18.

**Note:** On a day to be named by proclamation of the Lieutenant Governor, the Act is amended by adding the following section: (See: 2016, c. 30, s. 19)

#### **Directives by local health integration networks**

20.2 (1) A local health integration network may issue operational or policy directives to a health service provider to which it provides funding where the network considers it to be in the public interest to do so. 2016, c. 30, s. 19.

#### **Exception**

(2) Subsection (1) does not apply to a licensee within the meaning of the *Long-Term Care Homes Act, 2007*, a person or entity that operates a public hospital within the meaning of the *Public Hospitals Act*, or the University of Ottawa Heart Institute/Institut de cardiologie de l'Université d'Ottawa. 2016, c. 30, s. 19.

#### **Notice**

(3) Before issuing a directive, a local health integration network shall give notice of a draft directive to the Minister and to each health service provider to which it is intended to be issued. 2016, c. 30, s. 19.

#### **Restriction**

(4) A directive shall not unjustifiably as determined under section 1 of the *Canadian Charter of Rights and Freedoms* require a health service provider that is a religious organization to provide a service that is contrary to the religion related to the organization. 2016, c. 30, s. 19.

#### **Binding**

(5) A health service provider shall comply with every directive of a local health integration network. 2016, c. 30, s. 19.

#### **General or particular**

(6) An operational or policy directive of a local health integration network may be general or particular in its application. 2016, c. 30, s. 19.

**Law prevails**

(7) For greater certainty, in the event of a conflict between a directive issued under this section and a provision of any applicable Act or rule of any applicable law, the Act or rule prevails. 2016, c. 30, s. 19.

**Non-application of *Legislation Act, 2006***

(8) Part III (Regulations) of the *Legislation Act, 2006* does not apply to the operational or policy directives. 2016, c. 30, s. 19.

**Public availability**

(9) A local health integration network shall make every directive under this section available to the public. 2016, c. 30, s. 19.

**Audits, reviews, etc.**

21. A local health integration network may at any time direct that a health service provider that receives funding from the network,

- (a) 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; or
- (b) engage in or permit an operational review or peer review of the provider's activities. 2016, c. 30, s. 20.

**Note:** On a day to be named by proclamation of the Lieutenant Governor, the Act is amended by adding the following sections: (See: 2016, c. 30, s. 21)

**Investigators**

21.1 (1) A local health integration network may appoint one or more investigators to investigate and report on the quality of the management of a health service provider, the quality of the care and treatment of persons by a health service provider or any other matter relating to a health service provider where the local health integration network considers it to be in the public interest to do so. 2016, c. 30, s. 21.

**Application**

(2) Subsection (1) applies to health service providers that receive funding from the local health integration network but does not apply to a licensee within the meaning of the *Long-Term Care Homes Act, 2007*. 2016, c. 30, s. 21.

**Notice of appointment**

(3) Before appointing an investigator, the local health integration network shall give notice of its intention to appoint an investigator to the Minister and the health service provider. 2016, c. 30, s. 21.

**Powers**

- (4) An investigator may, without a warrant and at reasonable times,
  - (a) enter the premises of a health service provider that may be investigated under this section;
  - (b) subject to subsection (5), enter any premises where a health service provider provides services; and
  - (c) inspect the premises, the services provided on the premises and the records relevant to the investigation. 2016, c. 30, s. 21.

**Dwellings**

(5) No investigator shall enter a place that is being used as a dwelling, except with the consent of the occupier. 2016, c. 30, s. 21.

**Identification**

(6) An investigator conducting an investigation shall produce, on request, evidence of his or her appointment. 2016, c. 30, s. 21.

**Powers of investigator conducting investigation**

- (7) An investigator conducting an investigation may,
  - (a) require the production of records or anything else that is relevant to the investigation, including books of account, documents, bank accounts, vouchers, correspondence and payroll records, records of staff hours worked and records of personal health information;
  - (b) examine and copy any record or thing required under clause (a);
  - (c) upon giving a receipt and showing the evidence of appointment, remove a record or anything else that is relevant to the investigation for review or copying, as long as the review or copying is carried out with reasonable dispatch and the record or thing is promptly returned to the local health integration network;

- (d) in order to produce a record in readable form, use data storage, information processing or retrieval devices or systems that are normally used in carrying on business in the place; and
- (e) question a person on matters relevant to the investigation. 2016, c. 30, s. 21.

**Obligation to produce and assist**

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

1. The health service provider.
2. Any person employed by the provider.
3. Any person performing services for the provider. 2016, c. 30, s. 21.

**Restriction**

(9) An investigator shall not exercise the investigator's powers under subsections (7) and (8) to access personal health information except,

- (a) with the consent of the individual who is the subject of the personal health information; or
- (b) in such circumstances as may be prescribed. 2016, c. 30, s. 21.

**Same**

(10) If an investigator accesses personal health information under subsection (9), the investigator shall not,

- (a) collect, use or disclose the personal health information if other information will serve the purpose of the investigation; or
- (b) collect, use or disclose more personal health information than is reasonably necessary for the purpose of the investigation. 2016, c. 30, s. 21.

**Confidentiality**

(11) An investigator and his or her agents shall keep confidential all information that comes to the investigator's knowledge in the course of an investigation under this Act and shall not communicate any information to any other person except as required by law or except where the communication is to the local health integration network or a person employed in or performing services for the local health integration network. 2016, c. 30, s. 21.

**Report of investigator**

(12) The investigator shall, upon completion of an investigation, make a report in writing to the local health integration network. 2016, c. 30, s. 21.

**De-identification of personal health information**

(13) Before providing a report to the local health integration network under subsection (12), the investigator shall ensure that all personal health information is de-identified. 2016, c. 30, s. 21.

**Same**

(14) The local health integration network shall cause a copy of the report of an investigation, with all personal health information de-identified, to be delivered to the health service provider. 2016, c. 30, s. 21.

**Public availability**

(15) The local health integration network shall make every report of an investigation available to the public. 2016, c. 30, s. 21.

**Health service provider supervisor**

21.2 (1) A local health integration network may appoint a person as a health service provider supervisor of a health service provider to which it provides funding where the network considers it in the public interest to do so. 2016, c. 30, s. 21.

**Certain providers excepted**

(2) This section does not apply with respect to a health service provider that is,

- (a) 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*; or
- (b) a licensee within the meaning of the *Long-Term Care Homes Act, 2007*. 2016, c. 30, s. 21.

**Notice of appointment**

(3) The local health integration network shall give the Minister and the governing body of the health service provider at least 14 days notice before appointing the supervisor. 2016, c. 30, s. 21.

**Immediate appointment**

(4) Subsection (3) does not apply if there are not enough members of the governing body to form a quorum. 2016, c. 30, s. 21.

**Term of office**

(5) The appointment of a health service provider supervisor is valid until terminated by order of the network. 2016, c. 30, s. 21.

**Powers of supervisor**

(6) Unless the appointment provides otherwise, a health service provider supervisor has the exclusive right to exercise all of the powers of the governing body of the provider and its directors, officers, members or shareholders as the case may be. 2016, c. 30, s. 21.

**Same**

(7) The local health integration network may specify the powers and duties of a health service provider supervisor appointed under this section and the terms and conditions governing those powers and duties. 2016, c. 30, s. 21.

**Additional powers of supervisor**

(8) If, under the order of the network, the governing body continues to have the right to act with regard to any matters, any such act of the body is valid only if approved in writing by the health service provider supervisor. 2016, c. 30, s. 21.

**Right of access**

(9) A health service provider supervisor appointed for a health service provider has the same rights as the governing body and the chief executive officer of the provider in respect of the documents, records and information of the body and the provider. 2016, c. 30, s. 21.

**Restriction**

(10) A health service provider supervisor shall not,

- (a) collect, use or disclose personal health information if other information will serve the purposes of the supervisor; or
- (b) collect, use or disclose more personal health information than is reasonably necessary for the purposes of the supervisor. 2016, c. 30, s. 21.

**Reports**

(11) A health service provider supervisor shall make a report to the network as required by the network. 2016, c. 30, s. 21.

**De-identification of personal health information**

(12) Before providing a report to the network under subsection (11), the health service provider supervisor shall ensure that all personal health information is de-identified. 2016, c. 30, s. 21.

**Network's directions**

(13) The local health integration network may issue directions to a health service provider supervisor with regard to any matter within the jurisdiction of the supervisor. 2016, c. 30, s. 21.

**Directions to be followed**

(14) A health service provider supervisor shall carry out every direction of the network. 2016, c. 30, s. 21.

**Public availability**

(15) The network shall make every report of a supervisor available to the public. 2016, c. 30, s. 21.

**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, that the network requires for the purposes of exercising its powers and duties under this Act or for the purposes that are prescribed. 2006, c. 4, s. 22 (1); 2016, c. 30, s. 22 (1).

**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, that the network requires for the purposes of exercising its powers and duties under this Act or for the purposes that are prescribed. 2006, c. 4, s. 22 (2); 2016, c. 30, s. 22 (2).

#### **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. 2006, c. 4, s. 22 (3).

#### **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
  - (b) to the Ontario Health Quality Council if the Council requests the information for the purposes of exercising its powers and duties under the *Excellent Care for All Act, 2010*. 2006, c. 4, s. 22 (4); 2010, c. 14, s. 19; 2016, c. 30, s. 22 (3).

### **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). 2006, c. 4, s. 23.

#### **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. 2006, c. 4, s. 24.

#### **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 where at least one of the persons or entities is a health service provider 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. 2006, c. 4, s. 25 (1).

#### **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 where at least one of the persons or entities is a health service provider 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. 2006, c. 4, s. 25 (2).

#### **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. 2006, c. 4, s. 25 (3).

#### **Parties to decision**

- (4) The following persons and entities are parties to an integration decision issued by a local health integration network:
  - 1. If the decision is issued under clause (2) (a), the parties to the agreement that the network facilitates or negotiates under that clause.

2. If the decision is issued under clause (2) (b) or (c), the health service provider to which the decision is issued. 2006, c. 4, s. 25 (4).

**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) a requirement that the parties to the decision develop a human resources adjustment plan in respect of the integration;
  - (e) the effective date of all transfers of services involved in the integration, if any; and
  - (f) any other matter that the network considers relevant. 2006, c. 4, s. 25 (5).

**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. 2006, c. 4, s. 25 (6).

**Non-application of other Act**

- (7) The *Statutory Powers Procedure Act* does not apply to an integration decision. 2006, c. 4, s. 25 (7).

**Not a regulation**

(8) An integration decision is not a regulation as defined in Part III (Regulations) of the *Legislation Act, 2006*. 2006, c. 4, ss. 25 (8), 40 (3).

**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. 2006, c. 4, s. 25 (9).

**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. 2006, c. 4, s. 25 (10).

**Required integration**

26. (1) Subject to subsections (2) to (6), 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. 2006, c. 4, s. 26 (1).

**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 as determined under section 1 of the *Canadian Charter of Rights and Freedoms* 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). 2006, c. 4, s. 26 (2).

#### **Notice of proposed decision**

- (3) At least 30 days before issuing a decision under subsection (1), a local health integration network shall,
  - (a) notify a health service provider that the network proposes to issue a decision under that subsection;
  - (b) provide a copy of the proposed decision to the service provider; and
  - (c) make copies of the proposed decision available to the public. 2006, c. 4, s. 26 (3).

#### **Submissions**

(4) Any person may make written submissions about the proposed decision to the local health integration network no later than 30 days after the network makes copies of the proposed decision available to the public. 2006, c. 4, s. 26 (4).

#### **Issuing a decision**

(5) If at least 30 days have passed since the local health integration network gave the notice mentioned in subsection (3) and after the network has considered any written submissions made under subsection (4), the network may issue an integration decision under subsection (1), and subsections (3) and (4) do not apply to the issuance of the decision. 2006, c. 4, s. 26 (5).

#### **Variance**

(6) An integration decision mentioned in subsection (5) may be different from the proposed decision that was the subject of the notice mentioned in subsection (3). 2006, c. 4, s. 26 (6).

#### **Integration by health service providers**

- 27. (1) A health service provider may integrate its services with those of another person or entity. 2006, c. 4, s. 27 (1).

#### **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). 2006, c. 4, s. 27 (2).

#### **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,

- (a) shall give notice of the integration to the network, unless the regulations made under this Act prescribe otherwise;
- (b) may proceed with the integration if the service provider is not required to give the notice mentioned in clause (a);
- (c) shall not proceed with the integration until 90 days have passed since giving the notice mentioned in clause (a), if the service provider is required to give the notice and the network does not give notice under subsection (4);
- (d) shall not proceed with the integration until 90 days have passed since the network gives notice under subsection (4), if,
  - (i) the service provider is required to give notice under clause (a),
  - (ii) the network gives notice under that subsection, and
  - (iii) the network does not issue a decision under subsection (6);
- (d.1) despite clauses (c) and (d), may proceed with the integration at any time if the network notifies the provider that the network does not intend to give notice of a proposed decision under subsection (4) or issue a decision under subsection (6); and
- (e) shall not proceed with the integration that is the subject of a decision under subsection (6), if the network issues such a decision. 2006, c. 4, s. 27 (3); 2016, c. 30, s. 23 (1, 2).

#### **Exceptions**

(3.1) Subsection (3) does not apply to an integration that requires a decision of the Minister or a director under the *Independent Health Facilities Act* or the *Long-Term Care Homes Act, 2007*. 2016, c. 30, s. 23 (3).

#### **Requirements of notice**

(3.2) A notice under clause (3) (a) must include,

- (a) a description of the integration proposed by the health service provider, including the identity of the parties involved with the integration;
- (b) the health service provider's analysis of any financial implications, service delivery implications, health system implication or human resource implications of the proposed integration, where applicable;
- (c) where applicable, a description of any community engagement processes that the provider used to consider the proposed integration, and a description of any issues that were raised in those consultation processes and the provider's analysis, if any, of those issues;
- (d) a description of the proposed timing or staging of the implementation of the proposed integration; and
- (e) a description of the level of approval received by the provider within its organization. 2016, c. 30, s. 23 (3).

#### **Notice of proposed decision**

(4) No later than 90 days after the health service provider gives the notice required under subsection (3), the local health integration network may,

- (0.a) request more information about the proposed integration from the provider and where such a request has been made,
  - (i) the provider shall provide such information within 30 days of the request by the network, and
  - (ii) the time limit for the network to take the steps set out in clauses (a), (b) and (c) shall be extended, once only, by an additional 60 days;
- (a) notify a health service provider that the network proposes to issue a decision under subsection (6);
- (b) provide a copy of the proposed decision to the service provider; and
- (c) make copies of the proposed decision available to the public. 2006, c. 4, s. 27 (4); 2016, c. 30, s. 23 (1, 4).

#### **Submissions**

(5) Any person may make written submissions about the proposed decision to the local health integration network no later than 30 days after the network makes copies of the proposed decision available to the public. 2006, c. 4, s. 27 (5).

#### **Issuing a decision**

(6) If more than 30 days, but no more than 90 days, have passed after the local health integration network gives notice under subsection (4) and after the network has considered any written submissions made under subsection (5), the network may, if it considers it in the public interest to do so, issue a decision ordering the health service provider not to proceed with the integration mentioned in the notice under clause (3) (a) or a part of the integration. 2006, c. 4, s. 27 (6); 2016, c. 30, s. 23 (1).

#### **Matters to consider**

(7) In issuing a decision under subsection (6), 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. 2006, c. 4, s. 27 (7).

#### **Variance**

(8) An integration decision mentioned in subsection (6) may be different from the proposed decision that was the subject of the notice given under subsection (4). 2006, c. 4, s. 27 (8).

#### **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 for profit or not for profit basis to do any of the following on or after 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).
3. To transfer all or substantially all of its operations to one or more persons or entities.

4. To do anything or refrain from doing anything necessary for the health service provider to achieve anything under any of paragraphs 1 to 3, including to transfer property to or to receive property from another person or entity in respect of the operations affected by the order. 2006, c. 4, s. 28 (1).

#### **Religious denomination**

(2) An order made by the Minister under subsection (1) shall not unjustifiably as determined under section 1 of the *Canadian Charter of Rights and Freedoms* require a health service provider that is a religious organization to provide a service that is contrary to the religion related to the organization. 2006, c. 4, s. 28 (2).

#### **Restrictions**

- (3) Despite subsection (1), the Minister shall not,
  - (a) issue an order under that subsection to a board of management described in paragraph 5 of the definition of “health service provider” in subsection 2 (2) or a municipality;
  - (b) issue an order under that subsection to a health service provider described in paragraph 4 of the definition of “health service provider” in subsection 2 (2), if the service provider is not also described in another paragraph of that definition;
  - (c) issue an order under paragraph 1 of that subsection, in respect of the operation of a long-term care home, to a health service provider described in paragraph 4 of the definition of “health service provider” in subsection 2 (2), if the service provider is also described in another paragraph of that definition;
  - (d) issue an order under paragraph 2 of that subsection to a health service provider that carries on operations on a not for profit basis to amalgamate with one or more health service providers that carries on operations on a for profit basis; or
  - (e) issue an order under paragraph 3 of that subsection to a health service provider that carries on operations on a not for profit basis to transfer all or substantially all of its operations to one or more persons or entities that carries on operations on a for profit basis. 2006, c. 4, s. 28 (3); 2007, c. 8, s. 214 (3, 4).

#### **Application of other subsections**

(4) Subsections 25 (3) to (10), clauses 26 (2) (g) and (h) and subsections 26 (3) to (6) 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. 2006, c. 4, s. 28 (4).

#### **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. 2006, c. 4, s. 29 (1).

#### **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. 2006, c. 4, s. 29 (2).

**Note:** On a day to be named by proclamation of the Lieutenant Governor, subsection (2) is amended by striking out “the *Corporations Act*” and substituting “the *Not-for-Profit Corporations Act, 2010* or a predecessor of that Act”. See: 2010, c. 15, ss. 231 (3), 249.

#### **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 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. 2006, c. 4, s. 29 (3).

#### **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 to the transferee. 2006, c. 4, s. 30 (1).

#### **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. 2006, c. 4, s. 30 (2).

#### **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. 2006, c. 4, s. 30 (3).

#### **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 under this Act, including an integration decision or a Minister's order made under section 28. 2006, c. 4, s. 31 (1).

#### **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. 2006, c. 4, s. 31 (2).

#### **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 or entity, including a health service provider, 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. 2006, c. 4, s. 31 (3); 2016, c. 30, s. 24.

#### **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. 2006, c. 4, s. 31 (4).

#### **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. 2006, c. 4, s. 32 (1).

#### **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). 2006, c. 4, s. 32 (2).

#### **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. 2006, c. 4, s. 32 (3).

**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. 2006, c. 4, s. 32 (4).

**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. 2006, c. 4, s. 32 (5).

**Definition**

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

“Board” means the Ontario Labour Relations Board. 2006, c. 4, s. 32 (6).

**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). 2006, c. 4, s. 32 (7).

**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. 2006, c. 4, s. 32 (8).

**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. 2006, c. 4, s. 32 (9).

**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. 2006, c. 4, s. 32 (10).

**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. 2006, c. 4, s. 32 (11).

**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. 2006, c. 4, s. 32 (12).

**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. 2006, c. 4, s. 32 (13).

**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*. 2006, c. 4, s. 32 (14).

**Non-application of other Act**

(15) Rules made under subsection (14) apply despite anything in the *Statutory Powers Procedure Act*. 2006, c. 4, s. 32 (15).

#### **Not regulations**

(16) Rules made under subsection (14) are not regulations within the meaning of Part III (Regulations) of the *Legislation Act, 2006*. 2006, c. 4, ss. 32 (16), 40 (3).

#### **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. 2006, c. 4, s. 32 (17).

#### **Timing**

(18) The Board shall make decisions, determinations and orders under this Act in an expeditious fashion. 2006, c. 4, s. 32 (18).

#### **No appeal**

(19) A decision, determination or order made by the Board is final and binding for all purposes. 2006, c. 4, s. 32 (19).

#### **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. 2006, c. 4, s. 32 (20).

#### **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. 2006, c. 4, s. 32 (1).

33. REPEALED: 2016, c. 30, s. 25.

#### **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. 2006, c. 4, s. 34 (1).

#### **Exceptions**

- (2) A regulation made under subsection (1) shall not devolve to a local health integration network,
  - (a) a power to make regulations under any other Act for whose administration the Minister is responsible; or
  - (b) a power, duty or function that applies to a person described in subsection 2 (3) and that exists under the *Health Insurance Act*, Part II of the *Commitment to the Future of Medicare Act, 2004* or paragraph 4 of subsection 6 (1) of the *Ministry of Health and Long-Term Care Act*. 2006, c. 4, s. 34 (2).

#### **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. 2006, c. 4, s. 34 (3).

#### **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 and the modifications with which the power, duty or function is to apply. 2006, c. 4, s. 34 (4).

#### **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 on or 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. 2006, c. 4, s. 34 (5).

## PART V.1 TRANSFER OF COMMUNITY CARE ACCESS CORPORATIONS TO LOCAL HEALTH INTEGRATION NETWORKS

### Definition

34.1 In this Part,

“community care access corporation” means a corporation continued or incorporated under the *Community Care Access Corporations Act, 2001*. 2016, c. 30, s. 26.

### Transfer order

34.2 (1) Despite anything in the *Community Care Access Corporations Act, 2001*, the *Corporations Act* or any other Act, but subject to the processes and requirements set out in this Part and any regulations made under this Part, the Minister may make an order,

- (a) transferring all of the assets, liabilities, rights and obligations of a community care access corporation to the local health integration network that has the same geographic area as the community care access corporation; and
- (b) transferring all of the employees of a community care access corporation to the local health integration network that has the same geographic area as the community care access corporation. 2016, c. 30, s. 26.

### Notification requirement

(2) Before the Minister makes an order under subsection (1), the Minister shall notify the affected community care access corporation and local health integration network. 2016, c. 30, s. 26.

### Contents of order

- (3) An order made under subsection (1),
  - (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. 2016, c. 30, s. 26.

### Non-application of *Legislation Act, 2006*

(4) Part III (Regulations) of the *Legislation Act, 2006* does not apply to an order made under subsection (1). 2016, c. 30, s. 26.

### Notice of order

(5) The Minister shall provide each affected community care access corporation and local health integration network with a copy of the order, and shall make the order available to the public. 2016, c. 30, s. 26.

### Same, duty of corporation

(6) Each community care access corporation and local health integration network that receives a copy of an order provided under subsection (5) shall,

- (a) provide notice of the order and make copies available to affected employees and their bargaining agents and to other persons or entities whose contracts are affected by the order; and
- (b) make copies of the order available to the public. 2016, c. 30, s. 26.

### Assumption of rights, obligations, etc.

34.3 (1) If the Minister makes an order under subsection 34.2 (1),

- (a) the local health integration network affected by the transfer assumes the operations, activities and affairs of the community care access corporation affected by the transfer, as of the date of the transfer; and
- (b) all assets, liabilities, rights and obligations of the community care access corporation affected by the transfer, including contractual rights, interests, approvals, registrations and entitlements that exist immediately before the transfer date continue as the assets, liabilities, rights and obligations of the local health integration network affected by the transfer, and are transferred to the local health integration network affected by the transfer, without compensation. 2016, c. 30, s. 26.

### Convictions, rulings etc.

(2) A conviction against, or ruling, order or judgment in favour of or against a community care access corporation affected by a transfer may be enforced by or against the local health integration network affected by the transfer. 2016, c. 30, s. 26.

**Civil actions, etc.**

(3) The local health integration network affected by a transfer 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 the community care access corporation affected by the transfer before the date of the transfer. 2016, c. 30, s. 26.

**No change of control**

(4) A transfer of the assets, liabilities, rights and obligations of the community care access corporation to the local health integration network shall not constitute a change of control of the community care access corporation in respect of any asset, liability, right or obligation of the community care access corporation affected by the transfer. 2016, c. 30, s. 26.

**No breach, etc.**

(5) A transfer is deemed not to,

- (a) constitute a breach, termination, repudiation or frustration of any contract, including a contract of employment or insurance or a collective agreement;
- (b) constitute a breach of any Act, regulation or municipal by-law;
- (c) constitute an event of default or force majeure;
- (d) give rise to a breach, termination, repudiation or frustration of any licence, permit or other right;
- (e) give rise to any right to terminate or repudiate a contract, licence, permit or other right; or
- (f) give rise to any estoppel. 2016, c. 30, s. 26.

**No new cause of action**

(6) A transfer does not create any new cause of action in favour of,

- (a) a holder of a debt instrument that was issued by the community care access corporation affected by the transfer before the transfer; or
- (b) a party to a contract with the community care access corporation affected by the transfer that was entered into before the transfer. 2016, c. 30, s. 26.

**Transfer binding**

(7) Despite any other Act that requires notice or registration of a transfer, a transfer is binding on the local health integration network affected by the transfer and all other persons. 2016, c. 30, s. 26.

**Non-application of other Acts**

(8) The *Bulk Sales Act*, the *Land Transfer Tax Act* and the *Retail Sales Tax Act* do not apply to the transfer. 2016, c. 30, s. 26.

**Application of FIPPA**

(9) The *Freedom of Information and Protection of Privacy Act* applies to a record that is transferred from a community care access corporation to a local health integration network, unless the record was in the custody or control of the community care access corporation before January 1, 2007. 2016, c. 30, s. 26.

**Transfer of property held for specified charitable purpose**

(10) If a Minister's order transfers to a local health integration network property that a community care access corporation holds for a specified charitable purpose, the local health integration network shall use it for the specified charitable purpose. 2016, c. 30, s. 26.

**Application**

(11) Subsection (10) applies whether the will, deed or other document by which the gift, trust, bequest, devise or grant is made, is executed before or after this section comes into force. 2016, c. 30, s. 26.

**Regulations**

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

- (a) prescribing contracts to which subsections (5) and (6) do not apply;
- (b) prescribing Acts, in addition to those listed in subsection (8), that do not apply to the transfer. 2016, c. 30, s. 26.

**Non-application of s. 38**

(13) Section 38 does not apply to the making of regulations under subsection (12). 2016, c. 30, s. 26.



#### **No expropriation**

(14) Nothing in this Part and nothing done or not done in accordance with this Part constitutes an expropriation or injurious affection for the purposes of the *Expropriations Act* or otherwise at law. 2016, c. 30, s. 26.

#### **Immunity re transfer**

(15) No proceeding for damages or otherwise shall be commenced against a director or officer of a local health integration network, a director or officer of a community care access corporation, or any person employed by a network or an access corporation in respect of a claim arising in connection with a transfer. 2016, c. 30, s. 26.

#### **Definition**

(16) In this section and in section 34.4,

“transfer” means a transfer made pursuant to an order under subsection 34.2 (1). 2016, c. 30, s. 26.

#### **Employees continued**

34.4 (1) Persons who are employees of a community care access corporation affected by an order under subsection 34.2 (1) immediately before the transfer become employees of the local health integration network affected by the order as of the date of the transfer. 2016, c. 30, s. 26.

#### **Same**

(2) For all purposes, the employment of the employees described in subsection (1) immediately before and after the transfer is continuous. 2016, c. 30, s. 26.

#### **Same**

(3) For all purposes, including the purposes of an employment contract, a collective agreement and the *Employment Standards Act, 2000*, the employment of the employees described in subsection (1) is not terminated or severed and those employees are not constructively dismissed because of the transfer. 2016, c. 30, s. 26.

#### **Terms of employment**

(4) All rights, duties and liabilities relating to all employees and former employees of the community care access corporation affected by the transfer that are vested in or bind the community care access corporation affected by the transfer immediately before the effective date of the transfer are vested in or bind the local health integration network affected by the transfer instead of the community care access corporation affected by the transfer immediately after the transfer. 2016, c. 30, s. 26.

#### **Application of s. 69 of *Labour Relations Act, 1995***

(5) A transfer is deemed to be a sale of a business under section 69 of the *Labour Relations Act, 1995* and that section applies to the transfer. 2016, c. 30, s. 26.

#### ***Pay Equity Act***

(6) A transfer is deemed to be a sale of business under section 13.1 of the *Pay Equity Act* and that section is deemed to apply to the transfer. 2016, c. 30, s. 26.

#### **Non-application of s. 9, *Public Sector Labour Relations Transition Act, 1997***

(7) A transfer is not a health services integration for the purposes of section 9 of the *Public Sector Labour Relations Transition Act, 1997*. 2016, c. 30, s. 26.

#### **Application of ss. 36 (2) to (7), *Public Sector Labour Relations Transition Act, 1997***

(8) Subsections 36 (2) to (7) of the *Public Sector Labour Relations Transition Act, 1997* apply to a collective agreement binding on a local health integration network and a bargaining agent that represented employees subject to a transfer. 2016, c. 30, s. 26.

#### **Same**

(9) For the purposes of subsections 36 (2) to (7) of the *Public Sector Labour Relations Transition Act, 1997*, the community care access corporation and the local health integration network subject to a transfer are predecessor employers and the local health integration network is the successor employer. 2016, c. 30, s. 26.

#### **Dissolution order**

34.5 (1) The Minister may make an order to dissolve a community care access corporation that is affected by an order made under subsection 34.2 (1). 2016, c. 30, s. 26.

#### **Dissolution of community care access corporation**

(2) If the Minister makes an order under subsection (1), the community care access corporation affected by the order is dissolved as of the date specified in the order, despite any requirement that would otherwise apply under the *Community Care Access Corporations Act, 2001*. 2016, c. 30, s. 26.

**Members terminated**

(3) The persons who are the members of the community care access corporation affected by the order immediately before the dissolution cease to be members on the day of the dissolution. 2016, c. 30, s. 26.

**Directors terminated**

(4) The terms of office of the directors and officers of the community care access corporation affected by the order who are in office immediately before its dissolution are terminated on the day of the dissolution. 2016, c. 30, s. 26.

**Final annual report**

(5) Despite the dissolution of a community care access corporation affected by an order, the chair and chief executive officer of the local health integration network affected by the order shall prepare and deliver the annual report for every fiscal year of the community care access corporation affected by the order before its dissolution for which the annual report has not already been delivered by the community care access corporation. 2016, c. 30, s. 26.

**Same**

(6) For the purposes of subsection (5), if the community care access corporation affected by the order is dissolved in any year on a date other than March 31, its last fiscal year is deemed to be from the preceding April 1 to the date of its dissolution. 2016, c. 30, s. 26.

**Other filings**

(7) The chair and chief executive officer of the local health integration network affected by the order shall make any other filings or reports that a community care access corporation may make or that would have been required of the community care access corporation immediately before its dissolution, and the chair and chief executive officer are deemed to have all the rights of a member, director or officer of the community care access corporation to make the filings or reports. 2016, c. 30, s. 26.

**No change of control**

(8) The dissolution of the community care access corporation affected by the order shall not constitute a change of control of the community care access corporation in respect of any asset, liability, right or obligation of the community care access corporation referred to in subsection (1). 2016, c. 30, s. 26.

**PART VI  
GENERAL**

**Public interest**

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

- (a) the quality of the management and administration of the local health integration network or the health service provider, as the case may be;
- (b) the proper management of the health care system in general;
- (c) the availability of financial resources for the management of the health care system and for the delivery of health care services;
- (d) the accessibility to health services in the geographic area or sub-region where the local health integration network or the health service provider, as the case may be, is located; and
- (e) the quality of the care and treatment of patients. 2016, c. 30, s. 27 (1).

**No liability**

35.1 (1) 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) of this Act, shall be commenced against any of the following with respect to any act done or omitted to be done or any decision, directive, standard or order made or issued under this Act that is done in good faith in the execution or intended execution of a power or duty under this Act:

- 1. The Crown.
- 2. The Minister.
- 3. A local health integration network.

4. Any member, director or officer of a local health integration network or an agent or a volunteer of a local health integration network.
5. Any person employed by the Crown, the Minister or a local health integration network.
6. An investigator or a supervisor appointed under section 12.1 or 12.2, or their staffs. 2016, c. 30, s. 27 (1).

**Note: On a day to be named by proclamation of the Lieutenant Governor, paragraph 6 of subsection 35.1 (1) of the Act is amended by striking out “under section 12.1 or 12.2” and substituting “under section 12.1, 12.2, 21.1 or 21.2”. (See: 2016, c. 30, s. 27 (2))**

#### **No protection re negligent health service delivery**

(2) Nothing in subsection (1) prevents a claim for compensation with respect to the delivery of services by a local health integration network or the delivery of services arranged by a local health integration network, and, for greater certainty, a local health integration network does not deliver services, and services are not arranged by a local health integration network, when the network funds services under subsection 19 (1) to be delivered by a health service provider. 2016, c. 30, s. 27 (1).

#### **Information for public**

36. The Minister and each local health integration network shall establish and maintain websites on the Internet and shall publish on their respective websites the documents that the Minister or the network, as the case may be, is required to make available to the public under this Act. 2006, c. 4, s. 36.

#### **Regulations**

37. (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;

**Note: On a day to be named by proclamation of the Lieutenant Governor, clause (d) is amended by striking out “the *Corporations Act*” and substituting “the *Not-for-Profit Corporations Act, 2010*”. See: 2010, c. 15, ss. 231 (4), 249.**

- (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 (5), 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;
- (i.1) respecting the content or terms and conditions of a service accountability agreement under section 20;
- (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. 2006, c. 4, s. 37 (1); 2016, c. 30, s. 28.

#### **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). 2006, c. 4, s. 37 (2).

#### 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. 2006, c. 4, s. 37 (3).

#### 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. 2006, c. 4, s. 37 (4).

**Note: On a day to be named by proclamation of the Lieutenant Governor, the Act is amended by adding the following section: (See: 2016, c. 30, s. 29)**

#### Information and reports

37.1 The Lieutenant Governor in Council may make regulations respecting the provision of information, other than personal health information, from prescribed persons and entities to a local health integration network in order to support collaboration between health service providers, local health integration networks, physicians and others in the health care system, and to support planning of primary care services, including physician services, that ensure timely access and improve patient outcomes, including information to facilitate understanding by the network of,

- (a) transitions in practice, including opening, closing, retirements and extended leaves; and
- (b) practice and service capacity to address population needs of the local health system in the geographic area of the network. 2016, c. 30, s. 29.

#### Public consultation before making regulations

38. (1) Subject to subsection (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 (2) have expired;
- (d) the Minister has considered whatever comments that persons have made on the proposed regulation in accordance with subsection (2) 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. 2006, c. 4, s. 38 (1); 2007, c. 10, Sched. J, s. 3.

#### Contents of notice

- (2) 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. 2006, c. 4, s. 38 (2).

#### Time period for comments

(3) The time period mentioned in clause (2) (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 (4). 2006, c. 4, s. 38 (3).

#### Shorter time period for comments

- (4) 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. 2006, c. 4, s. 38 (4).

**Discretion to make regulations**

(5) Upon receiving the Minister's report mentioned in clause (1) (e), the Lieutenant Governor in Council, without further notice under subsection (1), may make the proposed regulation with the changes that the Lieutenant Governor in Council considers appropriate, whether or not those changes are mentioned in the Minister's report. 2006, c. 4, s. 38 (5).

**Same, Minister's regulations**

(6) If the Minister may make the proposed regulation and the conditions set out in subsection (1) have been met, the Minister, without further notice under that subsection, may make the proposed regulation with the changes that the Minister considers appropriate. 2006, c. 4, s. 38 (6).

**No public consultation**

(7) The Minister may decide that subsections (1), (2), (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. 2006, c. 4, s. 38 (7).

**Notice**

(8) If the Minister decides that subsections (1), (2), (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. 2006, c. 4, s. 38 (8).

**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. 2006, c. 4, s. 38 (9).

**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. 2006, c. 4, s. 38 (10).

**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. 2006, c. 4, s. 38 (11).

**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. 2006, c. 4, s. 38 (12).

**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. 2006, c. 4, s. 38 (13).

**Corporation**

39. (1) The Lieutenant Governor in Council may by regulation incorporate a corporation without share capital to provide shared services to local health integration networks and others. 2016, c. 30, s. 30.

**Matters in regulations**

(2) The Lieutenant Governor in Council may, in the regulations incorporating the corporation without share capital, or in other regulations, make regulations with respect to the following:

1. The name of the corporation.
2. The conditions and restrictions that apply with respect to the corporation.
3. The composition of the corporation.
4. The composition of the board of directors and the appointment and remuneration of directors. As an option, the regulation may authorize the Lieutenant Governor in Council to make the appointment and determine the remuneration.

5. The objects of the corporation, which may include the provision of shared services to local health integration networks, health service providers or other entities whose primary function is to deliver health services.
6. The capacity, rights, powers and privileges of the corporation and any restrictions on them.
7. The office of a chair and one or more vice-chairs, and their functions.
8. The appointment and remuneration of the chief executive officer. As an option, the regulation may authorize the Lieutenant Governor in Council to make the appointment and determine the remuneration.
9. The appointment of auditors.
10. The frequency, nature and scope of reporting from the corporation and to whom the reports will be given.
11. The corporation's authority to employ or otherwise engage persons for the proper conduct of its activities.
12. Requirements for the investigation, review and audits of the corporation by the Minister or his or her delegate.
13. The application or non-application to the corporation of the *Business Corporations Act*, the *Corporations Information Act* or the *Corporations Act* or any provisions of those Acts or any successor of those Acts or any regulations under any of those Acts.
14. The procedures and administration of the corporation.
15. Directives and policies that the Minister may issue to the corporation relating to the exercise of its powers or the performance of its duties and the duty of the board of directors to ensure that the directives and policies are implemented promptly and efficiently.
16. Amalgamating the corporation or any part of it with any other person or entity or dissolving the corporation or any part of it, and doing all things necessary to accomplish the amalgamation or dissolution, including dealing with the assets and liabilities of the corporation, and transferring such assets or transferring employees to the Crown, a Crown agent or another corporation.
17. Any other matters the Lieutenant Governor in Council considers necessary or desirable. 2016, c. 30, s. 30.

**Crown agency**

- (3) The corporation is a Crown agent for all purposes unless a regulation specifies otherwise. 2016, c. 30, s. 30.

**Non-application of s. 38**

- (4) Section 38 does not apply to the making of a regulation under this section. 2016, c. 30, s. 30.

**No personal liability**

(5) No action or other proceeding for damages may be instituted against any member, director, officer, employee or agent of the corporation for any act done in the execution or intended execution of the person's duty or for any alleged neglect or default in the execution in good faith of the person's duty. 2016, c. 30, s. 30.

**Non-application of single employer rule**

- (6) Subsection 1 (4) of the *Labour Relations Act, 1995* does not apply to the corporation. 2016, c. 30, s. 30.

**Restrictions on borrowing, etc.**

(7) The corporation shall not, as a Crown agent, borrow, invest funds or manage financial risks, unless it is permitted to do so by regulation and unless the activity is authorized by a by-law that has been approved in writing by the Minister of Health and Long-Term Care and by the Minister of Finance. 2016, c. 30, s. 30.

**Same**

(8) Subject to subsection (9), the Ontario Financing Authority shall co-ordinate and arrange all borrowing, investing of funds and managing of financial risks for the corporation. 2016, c. 30, s. 30.

**Direction re borrowing, etc.**

(9) The Minister of Finance may, in writing, direct a person other than the Ontario Financing Authority to coordinate and arrange the borrowing, investing of funds and managing of financial risks for the corporation. 2016, c. 30, s. 30.

**Same**

(10) The direction under subsection (9) may be general or specific and may include terms and conditions that the Minister of Finance considers advisable. 2016, c. 30, s. 30.

**Use of certain revenues**

(11) The revenues that the corporation receives as a Crown agent shall be used for the purposes specified by regulation, and for no other purpose. 2016, c. 30, s. 30.

#### **Information disclosure**

(12) If the corporation is requested by a local health integration network to provide assistance to the network to process a person's request under the *Freedom of Information and Protection of Privacy Act*, the network shall disclose such information to the corporation as is necessary for that purpose, including personal information, but shall not disclose any information whose disclosure is not necessary for the purpose of processing the request. 2016, c. 30, s. 30.

#### **Definition**

(13) In this section,  
“corporation” means the corporation without share capital incorporated by regulation under subsection (1). 2016, c. 30, s. 30.

#### **Transfer order**

40. (1) Despite anything in the *Corporations Act* or any other Act, but subject to the processes and requirements set out in this section and any regulations made under this section, the Minister may make an order,

- (a) transferring the assets, liabilities, rights and obligations from the Ontario Association of Community Care Access Centres or its successor corporation to a corporation without share capital incorporated under subsection 39 (1); and
- (b) transferring employees from the Ontario Association of Community Care Access Centres or its successor corporation to a corporation without share capital incorporated under subsection 39 (1). 2016, c. 30, s. 30.

#### **Notification requirement**

(2) Before the Minister makes an order under subsection (1), the Minister shall notify the affected corporations. 2016, c. 30, s. 30.

#### **Contents of order**

- (3) An order made under subsection (1),
  - (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. 2016, c. 30, s. 30.

#### **Non-application of *Legislation Act, 2006***

(4) Part III (Regulations) of the *Legislation Act, 2006* does not apply to an order made under subsection (1). 2016, c. 30, s. 30.

#### **Notice of order**

(5) The Minister shall provide each affected corporation with a copy of the order, and shall make the order available to the public. 2016, c. 30, s. 30.

#### **Same, duty of corporation**

- (6) Each corporation that receives a copy of an order provided under subsection (5) shall,
  - (a) provide notice of the order and make copies available to affected employees and their bargaining agents and to other persons or entities whose contracts are affected by the order; and
  - (b) make copies of the order available to the public. 2016, c. 30, s. 30.

#### **Rules regarding a transfer of assets by order**

(7) The following provisions apply to the transfer of assets, liabilities, rights and obligations to a corporation without share capital incorporated under subsection 39 (1) in accordance with an order made under subsection (1), unless the regulations provide otherwise:

1. A conviction against, or ruling, order or judgment in favour of or against a person from whom any assets, liabilities, rights or obligations are transferred to the corporation may be enforced by or against the corporation.
2. The 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 a person from whom any assets, liabilities, rights or obligations are transferred to the corporation before the date of the transfer.
3. A transfer of the assets, liabilities, rights and obligations from a person to the corporation shall not constitute a change of control in respect of any asset, liability, right or obligation of the person.
4. A transfer of the assets, liabilities, rights and obligations from a person to the corporation is deemed not to,

- i. constitute a breach, termination, repudiation or frustration of any contract, including a contract of employment or insurance,
  - ii. constitute a breach of any Act, regulation or municipal by-law,
  - iii. constitute an event of default or force majeure,
  - iv. give rise to a breach, termination, repudiation or frustration of any licence, permit or other right,
  - v. give rise to any right to terminate or repudiate a contract, licence, permit or other right, or
  - vi. give rise to any estoppel.
5. A transfer of the assets, liabilities, rights and obligations from a person to the corporation does not create any new cause of action in favour of,
- i. a holder of a debt instrument that was issued by the person before the transfer, or
  - ii. a party to a contract with the person that was entered into before the transfer.
6. Despite any other Act that requires notice or registration of a transfer, a transfer is binding on the corporation and all other persons.
7. The *Bulk Sales Act*, the *Land Transfer Tax Act* and the *Retail Sales Tax Act* do not apply to the transfer.
8. Nothing in this section and nothing done or not done in accordance with this section constitutes an expropriation or injurious affection for the purposes of the *Expropriations Act* or otherwise at law.
9. No proceeding for damages or otherwise shall be commenced against a director or officer of the corporation or any person employed by the corporation in respect of a claim arising in connection with a transfer in accordance with a regulation made under this section. 2016, c. 30, s. 30.

**Rules regarding a transfer of employees by order**

(8) Persons who are employees of the Ontario Association of Community Care Access Centres or its successors affected by an order under subsection (1) immediately before the transfer become employees of a corporation without share capital incorporated under subsection 39 (1) in accordance with an order made under subsection (1) as of the date of the transfer, and the following rules apply:

- 1. For all purposes, including for the purposes of an employment contract, a collective agreement and the *Employment Standards Act, 2000*, the employment of the employees is not terminated or severed and the employees are not constructively dismissed because of a transfer to the corporation.
- 2. For all purposes, the employment of the employees immediately before and after the transfer is continuous.
- 3. All rights, duties and liabilities relating to all employees and former employees of the Ontario Association of Community Care Access Centres or its successors affected by the transfer that are vested in or that bind the Ontario Association of Community Care Access Centres or its successors affected by the transfer immediately before the effective date of the transfer are vested in or bind the corporation without share capital incorporated under subsection 39 (1) affected by the transfer instead of the Ontario Association of Community Care Access Centres or its successors immediately after the transfer. 2016, c. 30, s. 30.

**Regulations**

- (9) The Lieutenant Governor in Council may make regulations,
- (a) governing the transfer of assets, liabilities, rights and obligations in accordance with an order made under subsection (1);
  - (b) governing the transfer of employees in accordance with an order made under subsection (1);
  - (c) prescribing Acts, in addition to those listed in paragraph 7 of subsection (7), that do not apply to a transfer. 2016, c. 30, s. 30.

**Non-application of s. 38**

- (10) Section 38 does not apply to the making of a regulation under this section. 2016, c. 30, s. 30.
- 41.-54. OMITTED (AMENDS OR REPEALS OTHER ACTS). 2006, c. 4, ss. 41-54.
55. OMITTED (PROVIDES FOR COMING INTO FORCE OF PROVISIONS OF THIS ACT). 2006, c. 4, s. 55.
56. OMITTED (ENACTS SHORT TITLE OF THIS ACT). 2006, c. 4, s. 56.



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