

Bill 41 Summary of Amendments Affecting Family Physicians

Bill 41, the omnibus bill that will enable *Patients First*, was amended through the committee process by the members of the Standing Committee of the Legislative Assembly. This legislation is far reaching and amends many existing pieces of legislation. The bill passed on December 7, 2016.

Family physicians have been most concerned with several sections in the bill. Several amendments have been made following public hearings and Committee review.

| Bill 41 Previous | Bill 41 Amendments |
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| <p>Section 37.1 noted family physicians and others in the health system would provide information to the LHIN about transitions in practice – openings, closings, extended leaves and retirements, and practice and service capacity for the purposes of local planning.</p> <p>This LHIN function will only come into effect on proclamation and not when the bill become law.</p> | <p>Section 37.1 remains intact with the amendment that information to support collaboration and local planning <u>excludes personal health information</u>. The information and reports requested relate to transitions in practice – openings, closings, extended leaves and retirements, and practice and service capacity for the purposes of LHIN/sub-region planning. This remains as taking effect on proclamation and not when the bill passed.</p> |
| <p>Section 2 (2.1) of the Health Insurance Act noted that the Minister may appoint the LHIN as an agent to carry out certain functions. This may have affected the negotiation or amendment of physician contracts.</p> | <p>Section 2 of the Health Insurance Act now includes a subsection (2.2) which notes that a LHIN cannot negotiate or amend physician contracts even if the Minister appoints the LHIN as an agent.</p> |
| <p>Section 5 of the LHIN Act noted the mandate to promote health equity, reduce health disparities and inequities, and respect the diversity of communities and requirements of the <i>French Language Services Act</i> in the planning, design, delivery and evaluation of services.</p> | <p>Section 5 expanded to include promotion of health equity, equitable health outcomes, to reduce or eliminate health disparities and inequities to recognize the impact of social determinants of health, and to recognize the <i>French Language Services Act</i> in the planning, design, delivery and evaluation of services. Additionally, the LHIN will participate in the development and implementation of health promotion strategies in cooperation with primary health care service, public health and community-based services to support population health improvement and outcomes.</p> |
| <p>Several sections in Bill 41 note the enhanced LHIN role for oversight including to conduct investigations in the public interest. This could include personal health information, which is to be redacted in any public facing report.</p> | <p>Bill 41 includes several amendments to the LHINs oversight including investigative authority, with better defined protection of personal health information. No LHIN supervisor or investigator should collect, use or disclose any personal health information other than what is reasonably necessary for the supervisor to conduct their review. Anything that will become public must remain de-identified, and a patient must provide consent if their personal health information is to be accessed as part of the investigation.</p> |

As noted in the table above, family physicians may still be expected to report changes in practice to their LHINs. Many stakeholders presented to the Standing Committee, and while there were some amendments – most notably to the protection of personal health information, the legislation to enable *Patients First* has passed and is now law.