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PRIVILEGED AND CONFIDENTIAL

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DELIVERED VIA EMAIL

Bryan Boles
Chief Administrative Officer, City of Port Colborne
City Hall
66 Charlotte Street, Port Colborne
Ontario, Canada L3K 3C8

Dear Bryan:

Re: Closure of the Port Colborne Urgent Care Centre and Access to Equitable Healthcare Services

You have asked for a legal and policy review regarding the impending closure of the Port Colborne Urgent Care Centre (UCC), currently operated by Niagara Health.

Background

You let me know that the local hospital which had served the community since the 1950s was downgraded to a UCC in 2010. With the opening of the new South Niagara Hospital in 2028, Niagara Health intends to close the UCC entirely, leaving the community with minimal after-hours healthcare and without access to existing diagnostic medical imaging and community-based laboratory services.

After doing an analysis of the community's socio-economic data, and taking into consideration the various barriers to accessing healthcare-such as poor public transportation and limited primary and emergency care-the City is looking to explore legal, policy, and equity avenues to advocate for sustained or alternative healthcare services close to home.

You sent me a series of questions seeking legal advice in relation to each. The scope of this letter is limited to legal analysis. Opinions or suggestions on to how best advocate for change (or whether to do so at all) is beyond the scope of this letter. Where a question was outside the scope of my legal knowledge, I have noted that.

Your questions are bolded and in italics.

Analysis

1. Legislative and Regulatory Framework

Objective: Determine whether the closure aligns with current health legislation, regulations, and obligations.

Key Questions:

- ***What constitutes a hospital under Ontario's Public Hospitals Act, and what distinguishes a hospital site from an urgent care centre?***

Hospitals are defined under the Ontario *Public Hospitals Act* as:

“hospital” means any institution, building or other premises or place that is established for the purposes of the treatment of patients and that is approved under this Act as a public hospital;¹

Hospitals are independent non-share capital (i.e., not-for profit) corporations managed by a board of directors. Although they are independent corporations, all hospitals must be approved by the Minister of Health and are heavily regulated under the *Public Hospitals Act*. For example, the *Public Hospitals Act* requires that the Articles of Incorporation, application to incorporate or amalgamate, and any building, premises or place to be used as a hospital must be approved by the Minister of Health.²

Hospitals are classified under the *Public Hospitals Act* as general hospitals, convalescent hospitals, hospitals for chronic patients, active treatment teaching psychiatric hospitals, active treatment hospitals for alcoholism and drug addiction and regional rehabilitation hospitals.³

Urgent Care Centres and other facilities like walk-in clinics and community health centres are not defined in law in the same way as public hospitals. As such, it is useful to consider how the Ontario Government describes them.

The Ontario government describe **Urgent Care Centres** as:

¹ *Public Hospitals Act*, R.S.O. 1990, c. P.40, at Section 1

² Ontario Public Hospitals Act at sections 4(1), 4(1.1), 4(2) and 4(3).

³ R.R.O. 1990, Regulation 964 Classification of Hospitals

You can receive treatment for most injuries and illnesses such as infections, earaches, eye injuries, sprains, broken bones, cuts, fevers, minor burns and nose and throat complaints through emergency-trained doctors and other health care professionals at an Urgent Care Centre.

Some Urgent Care Centres may offer follow-up appointments to see how your recovery from illness/injury is progressing.⁴

Importantly, Urgent Care Centres are usually part of a larger hospital system functioning as a satellite site for a hospital.

The Ontario government describe **Walk-in Clinics** as:

Walk-in clinics provide medical care for people who do not have a family doctor or have one and are unable to reach them.

You can see a nurse or doctor, often without an appointment at a walk-in clinic, and get advice, assessment and treatment for minor illnesses and injuries such as cuts, bruises, minor infections, sprains and skin complaints.⁵

The Ontario government describes **Community Health Centres** as:

Community Health Centres (CHCs) are not-for-profit community governed organizations with a primary focus on improving the health and well-being of populations who have traditionally faced barriers accessing health services, including:

- those living on low income
- new immigrants
- those with complex mental health issues
- individuals who do not have health insurance

CHCs provide comprehensive primary health care and other services that address the social determinants of health with an emphasis on priority populations who:

- face barriers to accessing services because of geographic isolation or cultural or language barriers

⁴ <https://www.ontario.ca/page/urgent-care-centres#section-0>

⁵ <https://www.ontario.ca/page/walk-clinics#section-0>

- have a higher burden or risk of ill health due to socio-economic status, age, social isolation, mental health issues, gender, sexual identity/orientation, or other factors.⁶

Community Surgical and Diagnostic Centres

In addition to the above, the Ontario Government licences community surgical and diagnostic centres (formerly known as Independent Health Facilities). The Ontario Government describes these centres as follows:

These community-based health care centres are licensed to provide a range of OHIP insured services under the *Integrated Community Health Services Centres Act (ICHSCA)*. There are currently over 900 licensees in operation throughout Ontario, with the majority of them providing diagnostic imaging services.

Services offered by community surgical and diagnostic centres include:

- cataract and other eye surgeries
- plastic surgeries (OHIP insured)
- minimally invasive gynecological surgery
- abortion
- birth centres
- dialysis
- routine diagnostic imaging
- MRI/CT and PET scans
- nuclear medicine
- pulmonary function studies
- sleep studies

All community surgical and diagnostic centres licensed under the ICHSCA are required to comply with the quality and safety standards and participate in a mandatory Quality Assurance program to ensure safe patient care. Each centre has a designated quality assurance advisor who is responsible for maintaining quality and safety standards as set and inspected by Accreditation Canada.⁷

⁶ <https://www.ontario.ca/page/community-health-centres#section-0>

⁷ <https://www.ontario.ca/page/community-surgical-and-diagnostic-centres>

- ***Who has the authority to approve, redesignate, or close a hospital or UCC — the Minister of Health, Ontario Health, or the hospital corporation itself?***

The final authority to approve, redesignate, or close a hospital or Urgent Care Centre (if it is part of a hospital system) rests with the Minister of Health, often acting on the advice of Ontario Health and within the framework of the *Public Hospitals Act*. While hospital boards manage day-to-day operations, they cannot legally close or significantly restructure without ministerial approval.

In Ontario, the primary authority to close a public hospital rests with the Minister of Health and the Lieutenant Governor in Council (the provincial cabinet), acting under the *Public Hospitals Act*. Under the *Public Hospitals Act*, the Minister of Health holds the power to approve the creation, additions, or sale of hospital land and buildings. The Minister (or the Lieutenant Governor in Council) can revoke hospital approvals or order closures/restructuring if it believes that it is in the public interest.

The Board of Directors of a hospital does not have the power to shut down a hospital permanently on its own. The hospital board can make decisions to close, reduce, or alter services (e.g., emergency department, urgent care centres) due to staffing or financial pressures. While permanent closures require approval from the Minister of Health, hospital boards can make operational decisions regarding temporary emergency department or Urgent Care Centre closures due to staffing shortages. The Board of Directors cannot dissolve the hospital corporation or dispose of its assets (effectively closing) without the consent of the Minister of Health.

Ontario Health⁸ acts as the agent for the Ministry to review and advise on proposals, funding, and the integration of health services. Hospitals must submit business cases for closing or changing a site (like an Urgent Care Centre) to Ontario Health. Ultimately, decisions to close UCCs require approval from the Minister of Health, particularly if it involves changing the use of land/buildings or changing hospital privileges⁹.

- ***Does the closure of the Port Colborne UCC contravene any provisions of:***
 - ***the Public Hospitals Act or its regulations (e.g., O. Reg. 965),***

⁸ Ontario Health is a Crown Agency created through the *Connecting Care Act, 2019* to oversee Ontario's health care delivery.

⁹ I have not discussed hospital privileges in this memo; however, it is important to note that the courts have supported a hospital's decision to use its authority under section 44 of the *Public Hospitals Act* to refuse the application of any physician for appointment or reappointment to the medical staff of the hospital when the hospital is to be closed.

As long as Niagara Health has received approvals from the Minister of Health for the consolidation plan and the disposition of assets (i.e., the land and the building(s) associated with the UCC), Niagara Health is in compliance with the *Public Hospitals Act*. Given that the Ontario Government has publicly supported the construction of the new hospital (and has provided funding) it seems likely that Niagara Health has received the necessary approvals from the Ministry of Health.

- ***the Commitment to the Future of Medicare Act, or***

No. The *Commitment to the Future of Medicare Act, 2004* (CFMA) was enacted in order to ensure that Ontario complied with its obligations under the *Canada Health Act* by prohibiting extra-billing and user fees for insured services. It does not directly regulate or prevent hospital or UCC closures or restructuring.

- ***any Ministry or Ontario Health service agreement obligations?***

I have not been able to access the Hospital Service Accountability Agreement between Niagara Health and Ontario Health. However, the continued actions by both parties to the agreement on the regional consolidation of hospital services suggests that both parties either believe that there are no contraventions (or alternatively they have amended the agreement in order to eliminate any contraventions).

- ***Are there prescribed consultation or public notice requirements prior to a hospital service reduction or closure? If so, have they been satisfied?***

In Ontario, there is no mandatory requirement under the *Public Hospitals Act* for a public consultation or public notice before a hospital board decides to reduce services or the Minister of Health approves the closure of a site. The *Connecting Care Act* requires hospitals and Ontario Health to establish "mechanisms for engaging with patients, families, caregivers, health sector employees and others as part of their operational planning processes in accordance with the regulations, if any, made by the Minister".¹⁰ These mechanisms for engagement are not specified beyond identifying certain groups that must be "engaged" and there are no statutory notice periods.¹¹

- ***Has Niagara Health received Ministry approval to close the UCC, and if so, under what process and authority?***

¹⁰ *Connecting Care Act* at section 44.

¹¹ The only regulation related to engagement under the Act identifies the French Language Health Planning Centre as an organization that which must be "engaged".

It appears that the Ministry of Health and Infrastructure Ontario effectively approved the closure of Port Colborne's Urgent Care Centre through the approval of the South Niagara Hospital project.

The planned closure of the Fort Erie and Port Colborne Urgent Care Centres is part of a larger, long-term restructuring initiative Niagara Health calls "Transforming Care," which involves opening the new South Niagara Hospital. This initiative entails a shift to a three-site hospital system which appears to have been approved by the Ontario Ministry of Health.

- ***What pre-conditions exist, or what processes must be followed to be successful in advocating for a new hospital in the future?***
- ***Where is legislation going, or what trends can be identified regarding hospital care funding and the allotment of funded hospital beds counts in a region. Are they looking to change the current method of calculation, and/or will location of increased population growth become more of a factor in decision making?***

Both of these questions are difficult to answer as they depend on a multitude of factors and the priorities of the government of the day.

Legislatively, what we have seen are efforts to move care out of hospitals to other types of care centres. The *Community Health Services Centres Act* passed in 2023 expanded the number of facilities that are licensed to provide surgical and diagnostic services that were previously only available in hospitals. The legislation enabled a wider range of services to be provided outside hospitals, including cataract surgeries, minimally invasive gynecology, and diagnostic imaging.

The Ontario Government has also been focussing funding and increasing the number of Ontario Health Teams.

The Minister of Health has described these initiatives as follows:

Ontario Health Teams bring together health care providers from across health and community sectors, including primary care, hospitals, home and community care, mental health and addictions services, and long-term care, as one collaborative team to better coordinate care and share resources. Working together, they ensure that you can move between health care providers more easily with one patient record and one care plan that follows you wherever you go for help.

Ontario Health Teams are responsible for delivering care for their patients, understanding their health care history, easing their transition from one provider to another, directly

connecting them to different types of care, and providing 24/7 help in navigating the health care system.¹²

Although the Ontario Government has announced long-term funding and plans for hospitals (promising 3,000 new beds), any advocacy for traditional hospitals must take into account that the Ontario Government tends to be moving in the direction of moving procedures out of hospital where possible and expanding alternative community based healthcare facilities.

2. Rights, Access and Health Equity

Objective: Evaluate potential violations of access and equity principles under provincial and federal law.

Key Questions:

- ***Does the closure of the UCC violate the accessibility or comprehensiveness principles of the Canada Health Act?***

Likely not. The federal government's jurisdiction over certain aspects of health is based on matters of national health or welfare and the protection of public health (e.g., tobacco regulation). The largest source of influence over healthcare by the federal government is indirect. It influences the shape of healthcare through its spending power by transferring funds conditional on compliance with certain conditions. This authority is derived from the *Canada Health Act*, RSC 1985, c C-6. The purpose of this Act is to establish criteria and conditions in respect of insured health services and extended healthcare services provided under provincial law that must be met before a full cash contribution may be made. The goals of *Canada Health Act* are reflected in five criteria for provincial public health insurance systems set out in the Act. The provinces must, in establishing their healthcare systems, ensure that healthcare in the province is comprehensive, universal, accessible, portable and publicly administered.

The *Canada Health Act* sets out nine requirements that provincial governments must meet through their public health insurance plan in order to qualify for the full amount of financial support from the federal Government (by way of a transfer from the federal Government to the province, known as the "Canada Health Transfer"). One such requirement is set out at Section 9 of the *Canada Health Act* and is referred to as the "criterion of comprehensiveness". In summary,

¹² *Your Health: A Plan for Connected and Convenient Care* available at: <https://www.ontario.ca/page/your-health-plan-connected-and-convenient-care>

this criterion requires each province's health insurance plan to ensure all health care services that are "medically necessary", including hospital and physician services.

In order to satisfy the criterion respecting accessibility, the health care insurance plan of a province must provide for insured health services on uniform terms and conditions and on a basis that does not impede or preclude, either directly or indirectly whether by charges made to insured persons or otherwise, reasonable access to those services by an insured person.

In short, the *Canada Health Act* governs the health care funding relationship between the federal and provincial governments. It is primarily concerned with ensuring that medically necessary services are provided through a provincial insurance plan (e.g., OHIP) but it does not speak to where those services are provided or how they are delivered. It does not create any offences and no person can be charged with violating the *Canada Health Act*.

- ***Could the closure be viewed as creating or worsening a health inequity within Niagara Region, contrary to Ontario Health's equity mandate and the Health Equity Impact Assessment framework?***

The Health Equity Impact Assessment (HEIA) is a decision-support tool used by Ontario Health and other organizations to identify and address potential unintended negative health impacts of policies and programs on vulnerable or marginalized populations.

According to Ontario Health:

Our Equity, Inclusion, Diversity and Anti-Racism Framework is an essential tool to guide our work to build an organizational culture focused on equity, inclusion, diversity and anti-racism, and to contribute to better outcomes for patients, families and providers within the health system. In order to achieve better outcomes for all, our framework highlights the need to explicitly identify and address the impacts of anti-Indigenous and anti-Black racism as part of our commitment.¹³

The closure of the Urgent Care Centre could be viewed as creating or worsening health inequities, potentially conflicting with the equity-focused healthcare principles. Residents, in particular seniors or the disabled may be disproportionately impacted by the increased travel time required to reach the nearest emergency department (e.g., in Welland or Niagara Falls).

However, given that HEIA is merely one tool that is used by Ontario Health and other organizations when making decisions it is difficult to see how a viable legal argument could

¹³ <https://www.ontariohealth.ca/system/equity/framework>

be made that would require Niagara Health to alter its plans to close the Port Colborne Urgent Care Centre based on this one decision-making tool.

- ***Could residents of Port Colborne—particularly seniors, low-income individuals, or those with disabilities—claim a disproportionate burden or unequal access under Section 15 (equality rights) or Section 7 (security of the person) of the Canadian Charter of Rights and Freedoms?***

Residents of Port Colborne—specifically seniors, low-income individuals, or those with disabilities—could claim a violation of Section 15 (equality) or Section 7 (security of the person) if the closure of Port Colborne’s Urgent Care Centre creates disproportionate burdens, unequal access to services, or exacerbates existing disadvantages.

Under Section 15 of the Charter, individuals are protected from discriminatory impacts based on age, disability, or economic status (analogous grounds). Claims can be made if laws, policies, or service changes (e.g., health service reduction) have a discriminatory impact on disadvantaged groups. This includes "under-inclusion," where a program fails to benefit everyone equally.

Section 7 protects against state actions that threaten life, liberty, or security, which could apply if service reductions directly endanger safety or health. This can be implicated if government actions create a substantial, direct risk to physical or psychological health, such as making essential services inaccessible.

If a violation is found, the government must demonstrate that the violation is justified under Section 1 of the Charter. This means that the government must prove, on a balance of probabilities, that a limit on rights is "prescribed by law" and "demonstrably justified in a free and democratic society". Using the "Oakes test", they must show a pressing/substantial objective and that the infringement is proportional, meaning it is rationally connected, minimally impairs the right, and balances benefits against harms.

However, I have not found any successful challenges to hospital closures or significant restructuring in Ontario directly under the Charter.

By way of example, as recently as 2025, the Ontario Superior Court of Justice dismissed a Charter challenge against the "More Beds, Better Care Act", which allows hospitals to transfer patients to long-term care homes without consent. The court ruled the law did not violate section 7 and 15 Charter rights and was not coercive, despite the \$400 daily fine for refusal. The applicants had argued, among other things, that the Act contravenes section 7 of the Charter because it limits patients’ right to life, liberty and security of the person and such limitations are not in accordance with the principles of fundamental justice. The applicants also argued that the legislation violates section 15 of the Charter because it discriminates against a specific group of patients, being those

patients designated as alternate level of care “ALC”, on the basis of age and disability. The applicants claimed that Bill 7 deprives those patients of personal autonomy over their medical treatment and healthcare. The Court found that the legislation assisted in achieving an important social objective, specifically, conserving healthcare resources and making more hospital beds available faster. In the Court’s view these benefits significantly outweighed any supposed interference with the Charter rights of ALC patients

Courts at all levels have consistently shown deference to government decisions regarding healthcare funding and management, often viewing them as political rather than legal matters. Furthermore, courts have emphasized that the Charter does not guarantee a right to publicly funded healthcare in a specific setting (e.g., a specific hospital).

- ***Does the Ontario Human Rights Code provide any grounds for challenging decisions that disproportionately affect vulnerable groups’ access to healthcare?***

Yes, the Ontario Human Rights Code provides grounds to challenge government decisions, including healthcare, that disproportionately affect vulnerable groups. The Code prohibits discrimination in services—such as healthcare—based on protected grounds (e.g., race, disability, age) and applies to "adverse effect" discrimination, where neutral policies disparately impact protected groups.

Protected grounds are:

- Age
- Ancestry, colour, race
- Citizenship
- Ethnic origin
- Place of origin
- Creed
- Disability
- Family status
- Marital status (including single status)
- Gender identity, gender expression
- Receipt of public assistance (in housing only)
- Record of offences (in employment only)
- Sex (including pregnancy and breastfeeding)

- Sexual orientation.

However, as with the discussion about Charter rights above, I have not been able to find a successful challenge to hospital closures or significant restructuring in Ontario directly under the Human Rights Code. The Human Rights Tribunal of Ontario (HRTO) deals with challenges from individuals who are alleging specific instances of discrimination. Generally, the HRTO will not be able to address challenges to “systemic” matters such as the closure of a hospital or urgent care centre.

3. Accountability and Oversight

Objective: *Clarify who is responsible for ensuring continued access to hospital-level or urgent care services in the community.*

Key Questions:

- ***What legal or contractual obligations exist between Niagara Health and the Ministry of Health or Ontario Health West regarding the operation of the UCC?***

As discussed above, I have not been able to obtain a copy of Niagara Health service accountability agreements between Niagara Health and Ontario Health. However, one should exist as it is required under section 22 of the *Connecting Care Act*, which outlines the obligations of both parties. If the City of Port Colborne is able to obtain a copy, I will be pleased to review it and provide an analysis.

- ***Who is ultimately accountable for maintaining equitable access to hospital or urgent care services across Niagara Region?***

The Ontario Ministry of Health and its agency, Ontario Health are responsible for funding, managing, and coordinating the public healthcare system. The ultimate accountability for maintaining equitable access to hospital and urgent care services across the Niagara Region lies with Niagara Health. Public hospitals are independent corporations managed by boards, but they are accountable to Ontario Health and the Ministry of Health for the quality and efficiency of care.

The Ontario Government describes the role of public hospitals as follows:

Overview

Public hospitals are independent corporations run by their own board of directors. As set out under the *Public Hospitals Act*, boards are responsible for day-to-day operational

decisions on how to allocate the public funding they receive. They are accountable to Ontario Health and the government for the quality and efficacy of the care they provide.

Funding and administration

Ontario Health is a Crown Agency created through the *Connecting Care Act, 2019* (CCA) to oversee Ontario's health care delivery, improve clinical guidance and provide support for health care providers to ensure better quality care for Ontarians. Ontario Health is responsible for the funding, management, and coordination of Ontario's public health care system.

On April 1, 2021, the non-patient care functions of Local Health System Integration Networks were transferred to Ontario Health, including responsibility for funding health service providers such as hospitals.

Under the CCA, Ontario Health is required to enter into service accountability agreements with their health service providers.

Hospital funding

Ministry of Health funding for hospitals falls into two categories:

Targeted — Approximately 40% of ministry funding is targeted. This means the funding is linked to selected services (such as cancer care, critical care, surgeries, specialized services, etc.) or beds within hospitals.

Non-targeted — The remaining 60% of ministry funding is non-targeted. This means hospitals can use this funding to support their core programs and services. The services offered by each hospital will differ depending on hospital administrator decisions to meet the specific population/patient needs.¹⁴

- ***Are there any formal complaint or review mechanisms available (e.g., through the Ontario Ombudsman, Patient Ombudsman, or Auditor General) to challenge or review the closure decision?***

Patient Ombudsman: The Patient Ombudsman deals with complaints about individual patient experiences in Ontario's public hospitals, long-term care homes, home care, and community

¹⁴ <https://www.ontario.ca/page/ontarios-public-hospitals#:~:text=care%20they%20provide,-.Funding%20and%20administration,with%20their%20health%20service%20providers>.

surgical and diagnostic centres. Although they may consider systemic issues, they do not consider decisions related to the closing of hospitals or urgent care centres.

Ontario Ombudsman: The Ontario Ombudsman can investigate complaints about the Ontario Ministry of Health and other provincial government organizations, ensuring they acted fairly. However, the Ombudsman generally does not investigate clinical decisions or direct operational management of hospitals. The Ombudsman does investigate whether public bodies improperly held closed meetings to discuss hospital closures.¹⁵

Auditor General: The Auditor General is an independent officer of the Legislative Assembly that examines government spending and performance (by conducting value-for-money audits). The Auditor General reports and makes recommendations; the Auditor General does not manage or direct healthcare operations. So, while the Auditor General may find through an audit that the closure of a hospital or UCC was unadvisable, it can only make recommendations, it cannot reverse the decision.

Judicial Review: If a hospital board or the Ministry fails to follow proper legal procedures or acts outside their authority in deciding to close a facility, affected parties can apply to the Divisional Court for a judicial review of the decision. However, although hospitals in Ontario are public, they are operated by independent, private not-for-profit corporations. The board of directors has the authority to manage the hospital's day-to-day operations. Generally, the courts afford significant deference to hospitals exercising their discretion around administrative matters. Courts usually do not interfere with hospital policy decisions that are well-supported and based on scientific expertise and specialized knowledge.

It is important to understand that this can be a long and expensive process. A full assessment of the process and a legal opinion should be sought from a litigator on whether it is a viable or practical option.

- ***What role, if any, can the City or local residents play in initiating such a process?***

If a judicial review was applied for, the City and or local residents could seek standing as either a party or an intervenor. The decision of whether to seek standing would form part of a viability assessment.

4. Alternative Models and Precedents

¹⁵ See for example, in 2023 the Ontario Ombudsman investigated whether a closed meeting held by the County of Haliburton to discuss the closure of a local hospital emergency room was permissible.

Objective: Identify pathways or precedents for maintaining urgent or hospital-level care in small or rural municipalities.

Key Questions:

- ***Have other Ontario municipalities successfully retained or re-established hospital or urgent care services following closure announcements?***

I am not aware of any legal challenges that resulted in the retention or re-establishment of hospital or urgent care services.

I understand (from media reports) that residents successfully raised \$5 million to secure a new emergency room for Carleton Place Community Hospital in 2024.

- ***What legal or regulatory frameworks support community hospital models, municipally-supported health hubs, or non-profit operating agreements?***

Community Hospitals

As discussed above, community hospitals are governed by the *Public Hospitals Act*. All hospitals must be approved by the Minister of Health.¹⁶ Given the legal approvals required there is likely not a viable path forward to the community opening a new hospital in the City of Port Colborne.

Municipally Supported Health Hubs/Non-Profit Operating Agreements

There are a number of legal and regulatory frameworks that support municipally supported health hubs, and non-profit operating agreements. Key frameworks include the *Connecting Care Act, 2019*, which established Ontario Health and Ontario Health Teams (OHTs) for integrated care, and the *Integrated Community Health Services Centres Act, 2023*, which regulates community health centers.

The *Connecting Care Act, 2019* authorizes the restructuring of the health system to support integrated, local models like health hubs. It enables the creation of Ontario Health Teams (OHTs), which connect providers to deliver coordinated care in a specific community.

The *Integrated Community Health Services Centres Act, 2023* replaced the *Independent Health Facilities Act*. It provides a new licensing regime for community-based, non-profit or for-profit clinics that are publicly funded through OHIP, supporting a community health hub model by expanding diagnostic and surgical services outside hospitals. A facility that is licensed under the Act is permitted to charge “facility fees”. These are specified operational fees that support the

¹⁶ The *Private Hospitals Act* (R.S.O. 1990, c. P.24) in Ontario govern a limited number of grandfathered, private for-profit hospitals. However, it bans new private hospitals, only permitting allowing specific ones to operate.

provision of health services over and above the fees paid through OHIP to the procedures performed.

The *Not-for-Profit Corporations Act, 2010* provides the legal framework for the incorporation and governance of non-profit entities operating health services. It sets out the fiduciary duties of directors, accountability to members, and financial reporting requirements. This legislation provides a vehicle for the incorporation of entities to own and operate health hubs and other community health centres.

Taken together, these legislative regimes can support municipal governments when creating and maintaining community health hubs.

In Ontario, a person can own and operate a health clinic without being registered with any oversight body. Although in many cases, health clinics are owned and operated by health professionals who are regulated by their respective health professions college, a significant portion of clinics are owned/operated by unregulated persons or corporations.

Municipal governments can and do provide capital funding, land, or operating support for health services, even though healthcare is a provincial responsibility. The City of Port Colborne could assume the operation of the current Urgent Care Centre or create new community health facilities by applying for a licence under the *Integrated Community Health Services Centres Act*. Thought would need to be given to which services would be provided and permission (through a licence) would have to be given by the Ontario Government. Alternatively, or in addition to, the municipality could enter into Non-Profit Operating Agreements with other health providers whereby the municipality supports another operator of a facility through funding, land grants etc. The agreements would define performance expectations, funding levels, and service targets.

- ***Could the City of Port Colborne, or a local partner organization, legally assume operation of the current UCC facility under a new or alternative model?***

Yes, the City of Port Colborne can legally assume operation of the current Urgent Care Centre facility—or a transformed version of it—under a new or alternative model (see the discussion above).

- ***Are there any provincial or federal funding mechanisms designed to support rural health access that could apply to Port Colborne?***

This is outside the scope of my legal knowledge.

- ***Would an adjustment to Port Colborne's Rural Index Score help open the door to more funding or lead to a re-prioritization of healthcare funding?***

This is outside the scope of my legal knowledge.

I hope this has been helpful. I apologize for the delay in getting this to City of Port Colborne. I do look forward to discussing it with the Council.

Yours truly,

MIETKIEWICZ LAW

A handwritten signature in blue ink, appearing to read 'Cathi Mietkiewicz', with a stylized, looping flourish at the end.

Cathi Mietkiewicz

