



HEALTHCARE UNDER FORD

PUBLIC CARE · PRIVATE PROFIT

Ontario's universal public healthcare system is being hollowed out. Public hospitals face deficits and long waits while private staffing agencies, for-profit clinics, and corporate operators capture more publicly funded capacity — often at higher cost.



BILLIONS TO STAFFING AGENCIES

BILL 124 WAGE CAPS

FOR-PROFIT CLINICS EXPAND

PRIVATE STAFFING AGENCIES

CCPA's "Hollowed Out" report and Ontario Public Accounts document the shift of hospital budgets to temp agencies.

- Hospital spending on private staffing agencies has surged year over year while full-time public staffing struggles to keep pace.
- Agency nurses and workers often cost far more per hour than equivalent public employees — the public pays the premium.
- Bill 124 (2019) capped compensation for many public-sector workers, including healthcare staff, while agency use increased.
- Agency reliance is a policy choice: it transfers public money to private intermediaries instead of building stable public capacity.
- Rural and understaffed hospitals feel this pressure most acutely — closures and reduced services follow funding gaps.

FOR-PROFIT CLINICS & BILL 60

Private surgical and diagnostic clinics are expanding with public funding — sometimes paid more than hospitals for the same work.

- Bill 60 and related policies expand for-profit delivery of publicly insured services.
- CBC reporting documented cases where for-profit clinics were paid more per procedure than public hospitals.
- Every dollar to for-profit clinics is a dollar not rebuilding public hospital capacity and staffing.
- Wait-list optics may improve for some procedures while the system becomes more fragmented and expensive.
- American-style two-tier pressure grows when public capacity is deliberately constrained.

HOSPITALS, ER WAITS & LONG-TERM CARE

Ontarians still face hallway medicine, closed ERs, and LTC decisions that favour private beds.

- Emergency department wait times and hallway medicine remain defining crises across the province.
- Ontario ranks poorly on per-capita acute care beds compared to other provinces (CIHI data).
- Long-term care bed allocations have repeatedly favoured for-profit operators in licensing rounds.
- Ontario Health Coalition and other groups have documented the tilt toward corporate LTC chains.
- Underfunding public capacity while expanding private delivery is a political choice — not an inevitability.

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