



January 30, 2024

Ms. Vanessa Kattar, Clerk  
The Standing Committee on Finance and Economic Affairs  
Room 1405, Whitney Block  
Queen's Park, Toronto, ON  
M7A 1A2  
Submitted via link: [ola.org/en/apply-committees](https://ola.org/en/apply-committees)

**RE: Ontario Physiotherapy Association Submission to the Standing Committee on Finance and Economic Affairs Pre-Budget Consultations**

Dear Ms. Kattar,

The Ontario Physiotherapy Association (OPA) is the Ontario Branch of the Canadian Physiotherapy Association representing member physiotherapists, physiotherapy residents, physiotherapist assistants, and students across the province. Physiotherapists provide assessment, treatment, and rehabilitation in all sectors of the healthcare system across Ontario, including in hospitals, home care, long-term care homes, private clinics, and community rehabilitation programs. Our members include public sector employees and leaders and owners and operators of small to large businesses – all working to provide essential health care to Ontarians.

The OPA pre-Budget submission will focus on three essential areas that will bring substantial returns in meeting the needs of Ontarians for timely access to appropriately-resourced care in all sectors, increasing health system capacity and efficiency and achieving the objectives set by this government:

1. Fully implement the legislated scope of practice for the physiotherapy profession;
2. Ensure a viable and sustainable publicly-funded community physiotherapy clinic program (CPC program) for vulnerable Ontarians including seniors; and,
3. Reduce red tape in the automobile insurance sector that creates barriers to timely access to care for Ontarians and imposes costly and undue burden on health care businesses and address stagnant caps and fees.

## 1. Fully Implementing the Legislated Scope of Practice for the Physiotherapy Profession

OPA notes the extraordinary lengths taken, including the 'As of Right' provisions, to address the health human resource (HHR) crisis facing Ontario today. We note, however, that simpler, proven and readily-actionable solutions to the HHR crisis are also available and should be implemented in this fiscal year: namely, optimization of the scope of practice of regulated health professionals, including physiotherapists, in our current workforce. Indeed, doing so would encourage better labour mobility into Ontario due to the recognition of the full competencies of professionals entering the province.

The expansion of the scopes of practice of regulated healthcare professions to match their competencies has the most potential to make immediate, impactful and needed changes to meet the challenges faced in our health system. Doing so relieves the demand on hospitals and physicians, enhances patient choice, satisfaction and health outcomes, reduces wait times, and decreases the costs generated by "circular referrals." The government has at least implicitly recognized these benefits by increasing the scopes of practice of pharmacists and nurses, but there is much more that can and should be done.

In December 2009, Bill 179 was passed unanimously by the Ontario Legislature and granted Royal Assent. The Bill amended the profession-specific acts of several regulated professions and made collateral and consequential amendments to other legislation to expand the scopes of practice of those professions. These changes were recommended by the Health Professions Regulatory Advisory Council (HPRAC) after extensive reviews and public and stakeholder consultations. In the case of physiotherapy, the scope changes enjoyed widespread stakeholder support, including from the Ontario Medical Association.

The Bill 179 changes to the physiotherapy scope of practice have been implemented with two important exceptions, which require only the passage of regulations to meet the needs of Ontarians:

- Enabling physiotherapists to prescribe x-rays within the physiotherapy scope of practice; and
- Enabling physiotherapists to order laboratory tests within the physiotherapy scope of practice.

In the case of x-rays, Bill 179 amended the *Healing Arts Radiation Protection Act* by adding subsection 6 (2). That subsection was proclaimed into force effective April 1, 2018. Nonetheless, the wording of the amendment, indicating that physiotherapists could prescribe x-rays "in a manner permitted by the regulations," means that the Ministry of Health must develop and process a regulation to animate the statutory amendment.

In the case of laboratory tests, implementing the HPRAC recommendations and the promises made to the profession in 2009 require regulation changes under *the Laboratory and Specimen Collection Centre Licensing Act*.

Enabling physiotherapists to prescribe x-rays and order laboratory tests within the physiotherapy scope of practice removes the need for additional physician visits, ensures transparency to the public on the management of their conditions, and decreases the need to access specialists and emergency rooms and the costs inherent in circular referrals.

All is ready for safe implementation of these changes and the opportunity to make an immediate difference in meeting the needs of Ontarians. The standards of practice are in place and the public registry to roster qualified physiotherapists has been implemented by the College of Physiotherapists of Ontario, which has signaled in repeated submissions that the regulatory framework is ready. Educational programs have been in place for over a decade and the value of physiotherapists working up to their full scope, including diagnostic imaging, has been demonstrated in Ontario and in jurisdictions across Canada where they have already been implemented (at this time Alberta and Québec have implemented and funded tests ordered by physiotherapists, and other provinces are following suit shortly).

Despite considerable efforts and submissions (as requested by Ministry) by the Ontario Physiotherapy Association, the Ministry of Health has not processed the necessary regulation changes, meaning that the Bill 179 amendments, and the commitments made, have gone unrealized for nearly 15 years. No reason has ever been given to the profession for this delay. There is no evidentiary basis that suggests enabling additional professions to order diagnostic tests of any sort will increase utilization and thereby health system costs. The actual evidence is overwhelming and compelling; when skilled professionals with the right expertise, such as physiotherapists, are granted the authority to order diagnostic tests, utilization actually declines and appropriateness of testing increases<sup>1</sup>.

***RECOMMENDATION: That the Budget implementation Bill for Fiscal Year 2024-25 include the remaining regulation amendments necessary to implement outstanding scope of practice changes for the physiotherapy profession to make immediate improvements to patient satisfaction, health outcomes, reduce health system costs and address health human resource shortages.***

## 2. Viable and Sustainable Community Physiotherapy Clinic (CPC) Program for Ontarians

The Community Physiotherapy Clinic (CPC) Program is, for many communities and eligible Ontarians, the only option to access rehabilitation close to home. It is a volume-based, capped program and the unit of service delivery is an Episode of Care (EOC) with a set fee. The program is available in all regions of the province and has tremendous potential to relieve hospitals' postsurgical congestion and demand for long-term care beds, improve health status and health outcomes particularly for seniors, and to reduce overall health

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<sup>1</sup> "Comparison of diagnostic tests per condition ordered by physiotherapists and general practice physicians" FMI Research (UK), February, 2024 (forthcoming).

system costs. Unfortunately, those potentials are not being realized while, in fact, the program faces significant issues impacting the viability and sustainability of the program into the next fiscal year.

The program began in 2013 and has not had a full review since then nor any real increase in the payment for an EOC or the number of EOCs available to Ontarians. In the 2021-22 Fiscal Year, CPC clinics signed interim two-year Transfer Payment Agreements (TPAs) with a 2% payment increase (1% per year), the first increase received since the program was initiated, bringing the fee for the EOC at the end of the current TPA to \$318.27. A 2% increase over more than a decade, and yet the cost of providing services, the complexity of care and demands on the program grew substantially. It should be noted that remuneration for physiotherapists providing equivalent rehabilitation services to the WSIB were increased 4.4% for 2024 alone.

The inflation and the cost for physiotherapists of doing business has increased by 26.63%, based on year-over-year Consumer Price Index over the 2013-2023 period. Particularly small and medium-sized physiotherapy clinics simply cannot afford to continue to provide the program at current fees. Inadequate remuneration has been compounded by difficulties encountered by clinics, such as requirements to treat patients who have far more complex conditions than those originally contemplated by the Program, onerous and expensive reporting and reconciliation requirements, and the open-ended treatment required.

The total annual number of EOCs in this volume-capped program (approximately 125,000) has not changed since 2013. The total expenditures remain below \$40,000,000 with the only change being the 2% increase (1% per year) for the last two years of the program – despite the exponential growth, year over year, of the number of Ontarians who are 65 and older, who need services after surgeries or are on Ontario Works or the Ontario Disability Support Program – all of whom qualify for this program. It is an empty promise to point to a program, that has been under-resourced and not scaled to meet demand, as the solution to the rehabilitation needs of vulnerable Ontarians with no other options.

The only reason the program has continued is the commitment of physiotherapists in the community to preserve access to needed care in the face of these challenges. But the resilience of the program is broken, and the HHR crisis is making it more difficult to recruit physiotherapists to treat people through the program, and more difficult for clinic managers and owners to sustain the program in its current format.

The CPC program is on the verge of collapse. If that collapse is allowed to happen, the impact on hospital and long-term care home wait lists and wait times, and the health status of the demographic cohorts the CPC Program was designed to serve, would be grave.

***RECOMMENDATION: The Community Physiotherapy Clinic program be adequately resourced in terms of the number and distribution of Episodes of Care allocated by the Ministry of Health and the remuneration attached to each Episode of Care. These (and other) actions are urgently required to return the Program to viability.***

**3. Reduce red tape that creates barriers to timely access to care and imposes undue burden on health care practitioners in the automobile insurance sector.**

Ontarians are penalized every day due to unnecessary red tape that creates needless barriers to access care, results in decreased access to care, and generates financial impacts for patients and their families. In particular we would like to draw attention to the impact of Ontarians having to exhaust their employer-based extended health care insurance (EHC) prior to accessing the no-fault Medical, Rehabilitation and Attendant Care Benefit in auto insurance.

In addition to the administrative burden to pursue EHC as the first payor and the delays in initiating health care while doing so, this requirement has negative repercussions for access to health care for the insured and their families. The requirement often exhausts available EHC to access care for injuries or illnesses not associated with the auto accident over the remainder of the year. If the EHC policy is a shared cap among all dependents, this not only robs the claimant of funds for future health care, it also takes it away from dependents, leaving entire families with no alternatives to access health care that would otherwise have been covered under their EHC.

There is little evidence that with already existing minor injury caps, which represent the vast majority of auto insurance claims, the cost to the system of removing the EHC first payor requirement would result in substantial negative financial impacts to the insurance industry. This action, however, would have a substantial positive impact on timely access to care. Such action is necessary to safeguard consumer access to timely care in the auto insurance system for health care needs beyond auto insurance claims, and help reduce demand on the already overburdened public health system.

Of critical note here is that, similarly to the CPC program, the caps on minor injuries, additional care and catastrophic care have not been adjusted to meet growing costs to provide necessary health care to accident victims. This has led to more denials, disputes, insurer examinations and other red tape faced by Ontarians in accessing care, care they have paid for through their premiums.

These challenges, in addition to the lack of adjustment to the Professional Service Guideline fees for professional fees for most years since 2014, and the additional administrative burden of provider licencing under the Financial Services Regulatory Authority of Ontario (despite the fact that regulated health professionals are already regulated under the RHPA and further regulation is, for the most part, redundant), have also contributed to health professionals opting out of billing via the auto insurance system. The administrative burden and costs then fall on the claimant at their most vulnerable time.

***RECOMMENDATION: We recommend that this Budget direct that, in keeping with the commitment to reduce unnecessary red tape and complexity in all levels of government, the requirement for EHC to be first payor prior to accessing auto insurance benefits be removed.***

*RECOMMENDATION: We recommend that a review of the limits for the Minor Injury Guideline, the Minor Injury Cap, the non-catastrophic cap and the catastrophic cap are right-sized to reflect changes since the inception of these caps and to remove growing barriers to accessing care.*

*RECOMMENDATION: We strongly recommend that the Professional Service Guidelines be reviewed and fees adjusted to reflect the growing cost of providing care year over year since 2014.*

The OPA thanks the Standing Committee for this opportunity to highlight these areas for consideration for the upcoming Budget for Fiscal Year 2024-2025.



Dorianne Sauvé  
Chief Executive Officer