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**Bill 74, *The People's Health Care Act, 2019*:**  
**Recommended amendments to ensure the protection of**  
**French language health services under the new health care scheme**

François Boileau, Commissioner

Brief of the French Language Services Commissioner,  
submitted to the members of the Standing Committee on Social Policy  
in connection with its study on Bill 74, *The People's Health Care Act, 2019*

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## 1. INTRODUCTION

[1] The Office of the French Language Services Commissioner (the “Commissioner”) has been mandated by the Legislative Assembly of Ontario since 2007 to oversee and ensure compliance with the *French Language Services Act* (“*FLSA*”). The Commissioner recommends improvements for the delivery of French language services in Ontario and monitors progress. In executing its mandate, the Commissioner conducts independent investigations in response to complaints or on its own initiative, prepares investigations and audit reports, and provides the Ontario government with advice in order to foster compliance with the *FLSA*.

[2] The Commissioner has been following the development of Bill 74, *An Act concerning the provision of health care, continuing Ontario Health and making consequential and related amendments and repeals* (“Bill 74” or “*The People’s Health Care Act, 2019*”). The Commissioner commends the Committee on Social Policy’s (the “Committee”) decision to study Bill 74.

[3] As the Committee is aware, Bill 74 purports to overhaul Ontario’s health care system, primarily through centralizing services in Ontario Health (or the “Agency”). The Commissioner has been evaluating how the changes will impact the provision of health care services in French, something the Commissioner has been doing for many years as Ontario’s health care system has continued to change. Indeed, the Commissioner has appeared before other committees of the Legislative Assembly to speak about the *Local Health System Integration Act, 2006* and the impact of previous legislative changes to the provision of French health care services.

[4] The Commissioner has particular concerns about how the new health care scheme under Bill 74 will ensure that the provision of health care services in Ontario will respect the requirements of the *FLSA* and the role of the French speaking community in the planning, design, delivery, and evaluation of health services. Thus, the Commissioner has prepared these submissions for the Committee to identify the anticipated harmful impacts of the new scheme on the provision of health care services in French, and to recommend specific amendments to Bill 74 to correct those impacts.

[5] Thank you for considering the Commissioner’s submissions and its recommended amendments to Bill 74.

## 2. THE IMPACTS OF BILL 74 ON THE PROVISION OF HEALTH CARE SERVICES IN FRENCH

### 2.1. Bill 74 restructures the health care system, which may broadly impact how health services are provided in French

[6] As the Committee is aware, the purpose of Bill 74 is to restructure the health care system by centralizing the oversight of health care services in the Agency, and by providing mechanisms by which health care services can be integrated to a seamless system. In addition to creating the Agency, Bill 74 introduces integrated care delivery systems (known as Ontario health teams), which would be made up of local health care providers that would work as coordinated groups.

[7] The Commissioner is concerned that the restructuring process – including the integration of services – may impact the level of health care services being provided in French. Therefore, in section 3 below, the Commissioner recommends a number of amendments to Bill 74 that would ensure respect for the *FLSA* and maintain the present level of French health care services: see Recommendations #1, 4, 5, 8, and 9.

### 2.2. Bill 74 creates uncertainty as to whether or not the health service providers (“HSPs”) and Ontario health teams must comply with the *FLSA*

[8] In the past, the LHINs have disputed whether they have obligations to comply with the *FLSA*. In November 2016, the Commissioner appeared before the Standing Committee on the Legislative Assembly on that matter, and proposed amendments to the *Local Health System Integration Act, 2006* to clarify any ambiguity.

[9] The position of the LHINs had been that, although they may be classified as a government agency for the purposes of the *FLSA* and its regulations, the HSPs were not providing a service on behalf of the LHINs because the LHINs had no explicit legislative mandate to deliver health services themselves. Therefore, according to the LHINs, it could not be said that the LHINs were delegating their service obligations to the HSPs, and the LHINs had no responsibility for overseeing the HSPs to ensure that they complied with the *FLSA*.

[10] In order to remedy that legislative gap, the *Local Health System Integration Act, 2006* was amended to include s. 5(e.1), which states that:

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 [...]	5 La mission de chaque réseau local d'intégration des services de santé consiste à planifier, à financer et à intégrer le système de santé local de façon à réaliser l'objet de la présente loi et, notamment, à faire ce qui suit :
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<p>(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, <u>and to respect the diversity of communities and the requirements of the <i>French Language Services Act</i> in the planning, design, delivery and evaluation of services</u> [emphasis added].</p>	<p>e.1) promouvoir l'équité dans le domaine de la santé, y compris des résultats équitables en matière de santé, réduire ou éliminer les disparités et les inégalités dans le domaine de la santé, reconnaître l'incidence des déterminants sociaux de la santé et respecter la diversité des collectivités et les exigences de la Loi sur les services en français dans le cadre de la planification, la conception, la prestation et l'évaluation des services</p>
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[11] With the role of the LHINs being largely centralized in the Agency, it is important that the Agency be required to ensure that the HPSs and Ontario health teams comply with the *FLSA*. However, no such assurance is included within Bill 74. To remedy this, in section 3 below, the Commissioner recommends specific amendments be made to Bill 74: see Recommendations #2, 3, and 7.

**2.3. Eradicating the LHINs will impact local consultation with the Francophone communities throughout Ontario**

[12] Under the previous regime, and pursuant to the *Engagement With the Francophone Community Under Section 16 of the Act*, O Reg 515/09 (the “*Engagement Regulation*”), French language health planning entities (the “Entities”) were prescribed for the geographic area of each LHIN. The *Engagement Regulation* then set out the requirements of each LHIN for engaging and collaborating with the relevant Entity, including on the health needs and priorities of the French speaking community in the area, the health services available to the French speaking community in the area, and strategies to improve access to and accessibility and integration of French language health services in the local system.

[13] The relationship established between the LHINs and the Entities was important for ensuring that the Francophone communities’ needs and priorities were heard and considered in the processes of planning, integrating, and delivery health care services. The consultation requirements set out in the *Engagement Regulation* established a means by which Francophone needs could be met at a local level.

[14] Although Bill 74 does not dissolve the LHINs, the new health care structure does not contemplate their continued existence, with their responsibilities being absorbed by the Agency. Bill 74 does contemplate the continued existence of the Entities (see s. 44(2)(b)), and requires the Agency to consult with them as part of its duties of community engagement. However,

because the Agency will have a provincial rather than local mandate, there is no consultation mechanism at the local level.

[15] A consultation requirement between the Agency and the Entities is not sufficient to replace local consultation. Ontario's Francophone community is dispersed throughout the province, and different communities have different needs and priorities. To ensure that consultation remains meaningful, it is necessary that local bodies – like the health service providers or the Ontario health teams – be required to work with the Entities in the same way as the LHINs. In section 3 below, the Commissioner proposes an amendment to Bill 74 to ensure that there continues to be a means by which the Francophone communities' needs and priorities will be heard and considered at the local level: see Recommendation #6.

#### **2.4. Bill 74 revokes the *Engagement Regulation*, leaving a gap in the requirement to consult the Entities**

[16] Schedule 3 of Bill 74 revokes the *Engagement Regulation* (see s. 11(3) of Schedule 3), thereby revoking the consultation requirements currently established between the Entities and the LHINs. Further, because the Entities were prescribed pursuant to the *Engagement Regulation*, revoking that regulation will eradicate the existing Entities.

[17] Thus, in section 3 below, the Commissioner has proposed an amendment to Bill 74 to ensure that the consultation requirement is continued, albeit under the current scheme of Bill 74 as between the Agency and the Entities: see Recommendation #10.

[18] Further, the Commissioner has prepared a draft regulation to replace the *Engagement Regulation*: see Appendix A. This regulation has been prepared assuming Bill 74 as it read when referred to the Committee is not amended. As explained in the previous section, however, the Commissioner is recommending amendments to Bill 74 that would require the Ontario health teams and HSPs to consult with the Entities (Recommendation #6). If that recommendation is adopted, amendments to the draft regulation attached as Appendix A would be required.

#### **2.5. Bill 74 revokes *French Language Health Services Advisory Council* regulation, leaving a gap in the existence of the Advisory Council**

[19] Schedule 3 of Bill 74 revokes the *French Language Health Services Advisory Council* regulation, O Reg 162/07, which prescribes the members of the Advisory Council. Thus, in section 3 below, the Commissioner has proposed an amendment to Bill 74 to ensure that the Advisory Council is re-established immediately: see Recommendation #11.

**3. RECOMMENDED AMENDMENTS TO BILL 74 TO ADDRESS THE CONCERNS OVER THE PROVISION OF HEALTH SERVICES IN FRENCH UNDER THE NEW HEALTH CARE SCHEME**

[20] In order to ensure that the new health care scheme respects the provision of health care services in French, including the requirements of the *FLSA* and the role of the French speaking community in the planning, design, delivery, and evaluation of health services, amendments to Bill 74 are required. To achieve those goals, the Commissioner recommends the following specific amendments to Bill 74.

**3.1. Recommendation #1: Amend the preamble to recognize a specific role for the French speaking community in the provision of health care services**

[21] While the current preamble recognizes the requirements of the *FLSA* in serving Ontario’s French speaking community, it could go further to recognize a specific role for the French speaking community in the provision of health care services, as has been done for Ontario’s Indigenous communities. The recommended amendment tracks the language of the preamble pertaining to the role of the Indigenous community in “the planning, design, delivery and evaluation of health services.”

ENGLISH	FRANÇAIS
<p><b>Preamble</b></p> <p>[...]</p> <p>Acknowledge that the public health system should recognize the diversity within all of Ontario’s communities;</p> <p><u>Respect the requirements of the <i>French Language Services Act</i> and recognize the role of Ontario’s French-speaking community in the planning, design, delivery and evaluation of health services; and</u></p> <p>[...]</p>	<p><b>Préambule</b></p> <p>[...]</p> <p>Reconnaissent que le système de santé publique devrait tenir compte de la diversité des collectivités de l’Ontario ;</p> <p><u>Respectent les exigences de la <i>Loi sur les services en français</i> et reconnaissent le rôle que joue la collectivité ontarienne de langue française dans la planification, la conception, la prestation et l’évaluation de services de santé ;</u></p> <p>[...]</p>

**3.2. Recommendation #2: Amend s. 19(2) to ensure the accountability agreement between the Minister and the Agency includes a provision whereby the Agency will be responsible for ensuring the Ontario Health teams and HSPs comply with the *FLSA***

[22] As explained above, there have been disputes in the past between the LHINs and the Commissioner as to the LHINs’ responsibility for ensuring the HSPs comply with the *FLSA*. In the past, the Minister worked with the Commissioner to amend the *Local Health System Integration Act, 2006* to establish mechanisms to ensure fulfillment of the Minister and LHINs’ obligations to ensure there is sufficient availability of French language services where required by the *FLSA*.

[23] Unfortunately, nothing in Bill 74 legislates the Minister and the Agency’s obligations to require compliance with the *FLSA* by the Ontario health teams and HSPs. This could be remedied with an amendment that requires the Agency to establish a plan for ensuring compliance with the *FLSA* as part of the accountability agreement between the Minister and the Agency.

ENGLISH	FRANÇAIS
<p><b>Accountability of Agency</b></p> <p>19 (1) The Minister and the Agency shall enter into an accountability agreement.</p> <p><b>Accountability agreement</b></p> <p>(2) The accountability agreement shall be for more than one fiscal year and shall include,</p> <p>[...]</p> <p><u>(f) a plan for how the Agency will ensure compliance with the <i>French Language Services Act</i> by designated or identified health service providers, integrated care delivery systems or other person or entity that receives funding under section 21 of this Act; and</u></p> <p>(g) all other prescribed matters, if any.</p>	<p><b>Responsabilisation de l’Agence</b></p> <p>19 (1) Le ministre et l’Agence concluent une entente de responsabilisation.</p> <p><b>Entente de responsabilisation</b></p> <p>(2) L’entente de responsabilisation couvre plus d’un exercice et comprend les éléments suivants :</p> <p>[...]</p> <p><u>f) un plan prévoyant la manière dont l’Agence surveillera l’observation de la <i>Loi sur les services en français</i> par les fournisseurs de santé, désignés ou identifiés, systèmes intégrés de prestation de soins ou autre personne ou entité recevant du financement en vertu de l’article 21 de la présente loi ;</u></p> <p>g) les autres questions prescrites, le cas échéant.</p>

**3.3. Recommendation #3: Amend s. 22 to ensure that the service accountability agreements between the Agency and the Ontario health teams and HSPs include a provision whereby the Agency will hold both accountable for complying with the *FLSA***

[24] With the amendment to s. 19(2), it is also important that the Bill 74 include a provision by which the Agency will directly require both the ICDSs and HSPs to respect the *FLSA* where they have been identified or designated (fully or partially) by the Agency and the Entities for the delivery of services in French. The Commissioner proposes this be done by requiring that the service accountability agreements between the Agency and the Ontario health teams and HSPs address the need for all to respect the *FLSA*.

ENGLISH	FRANÇAIS
<p><b>Service Accountability Agreement</b></p> <p>22 (1) Where the Agency proposes under section 21 to provide funding to a delivery organization, the Agency and the delivery organization shall enter into a service accountability agreement.</p> <p>[...]</p> <p><b><u>Compliance with the <i>French Language Services Act</i></u></b></p> <p><u>(10) In entering into service accountability agreements with a delivery organization that has been identified or designated, either fully or partially, by the Agency and the French language health planning entities for the delivery of services in French, the Agency shall ensure that the provision of health services by that delivery organization satisfies the requirements of the <i>French Language Services Act</i>.</u></p>	<p><b>Entente de responsabilisation en matière de services</b></p> <p>22 (1) Si elle se propose en vertu de l'article 21 d'accorder un financement à un organisme de prestation, l'Agence et l'organisme de prestation concluent une entente de responsabilisation en matière de services.</p> <p>[...]</p> <p><b><u>Observation de la <i>Loi sur les services en français</i></u></b></p> <p><u>(10) En concluant une entente de responsabilisation en matière de services avec un organisme de prestation ayant été identifié ou désigné, en tout ou en partie, par l'Agence et les entités de planification des services de santé en français pour la prestation de services en français, l'Agence veille à ce que la prestation de services de santé par cet organisme de prestation soit conforme aux exigences de la <i>Loi sur les services en français</i>.</u></p>

**3.4. Recommendation #4: Amend s. 20(2) to ensure the Minister does not issue any directives that would reduce the availability of health services in French**

[25] Bill 74 expressly prevents the Minister from issuing directives that would require a religious organization to provide a service contrary to that religion. A similar restriction should be included to prevent the Minister from issuing any directives that would reduce the provision of health care services in French, or that would otherwise prejudice Ontario’s French speaking community.

ENGLISH	FRANÇAIS
<p><b>Directives by Minister</b></p> <p>20 (1) Where the Minister considers it in the public interest to do so, the Minister may issue directives to any or all of the following:</p> <ol style="list-style-type: none"> <li>1. The Agency.</li> <li>2. A person or entity that receives funding from the Agency under section 21.</li> </ol> <p><b>Restriction</b></p> <p>(2) The Minister shall not issue a directive under subsection (1) that,</p> <p>(a) [...]; or</p> <p><u>(b) would reduce the provision of health care services in French, as prescribed by the French Language Services Act.</u></p>	<p><b>Directives du ministre</b></p> <p>20 (1) S’il estime que l’intérêt public le justifie, le ministre peut donner des directives à l’une ou l’autre ou à l’ensemble des entités et personnes suivantes :</p> <ol style="list-style-type: none"> <li>1. L’Agence.</li> <li>2. Une personne ou entité qui reçoit un financement de l’Agence en application de l’article 21.</li> </ol> <p><b>Restriction</b></p> <p>(2) Le ministre ne doit pas donner une directive en vertu du paragraphe (1) qui,</p> <p>a) [...];</p> <p><u>b) pourrait diminuer la prestation de services de santé en français, tel que prescrit par la Loi sur les services en français.</u></p>

**3.5. Recommendation #5: Amend s. 33(2) to protect against the closure of institutions of the French language minority and the deterioration of French language services**

[26] It is essential to ensure that existing designated services are not ordered to close, or to integrate in such a way as to deteriorate the provision of French language services. This section also includes an express restriction preventing the Minister from issuing an order that would prejudice religious organizations in its provision of health services. A similar restriction should be included to prevent the Minister from issuing any order that would prejudice the provision of health care services in French.

ENGLISH	FRANÇAIS
<p><b>Required Integration</b> [...]</p> <p><b>Restrictions</b> (2) Despite subsection (1), the Minister shall not  [...] <u>(b) issue an order under subsection (1) that would reduce the provision of health care services in French, as prescribed by the French Language Services Act.</u></p>	<p><b>Intégration obligatoire</b> [...]</p> <p><b>Restrictions</b> (2) Malgré le paragraphe (1), le ministre ne doit pas faire ce qui suit :  [...] <u>b) prendre, en vertu du paragraphe (1), un arrêté qui pourrait diminuer la prestation de services de santé en français, tel que prescrit par la Loi sur les services en français.</u></p>

**3.6. Recommendation #6: Amend s. 44 to require the Agency, the Ontario health teams, and the HSPs to consult with the Entities in a manner that respects the FLSA and recognizes the role of the French speaking community in the planning, design, delivery, and evaluation of health services**

[27] It is important that the Entities have consultation opportunities at both the provincial and the local levels to ensure that the needs of the various French speaking communities across the province are met. In order to achieve this, it is necessary that the Act be amended to enable the Lieutenant Governor in Council to regulate multi-level consultation.

ENGLISH	FRANÇAIS
<p><b>Community engagement</b></p> <p>44 (1) The Agency, integrated care delivery systems and health service providers shall 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.</p> <p><b>Duties</b></p> <p><u>(2) (b) As part of the engagement mechanisms under subsection (1), the Agency, integrated care delivery systems, and health service providers shall consult, with respect to the matters provided for in the regulations, the prescribed French language health planning entities.</u></p>	<p><b>Participation communautaire</b></p> <p>44 (1) L'agence, les systèmes intégrés de prestation de soins et les fournisseurs de services de santé créent des mécanismes de collaboration avec les patients, les familles, les fournisseurs de soins, les employés du secteur de la santé et d'autres intervenants dans le cadre de leurs processus de planification opérationnelle conformément aux règlements, s'il y en a.</p> <p><b>Obligations</b></p> <p><u>(2) (b) Dans le cadre des mécanismes de collaboration prévus au paragraphe (1), l'agence, les systèmes intégrés de prestation de soins et les fournisseurs de services de santé consultent les entités de planification des services de santé en français prescrites au sujet des questions prévues aux règlements.</u></p>

**3.7. Recommendation #7: Amend the objects of the Agency to include respecting the requirements of the *FLSA***

[28] The objects of the Agency remain broad and wide-reaching, and it is important to have legislative clarity that the Agency must respect the requirements of the *FLSA* in carrying out its duties under the new scheme.

ENGLISH	FRANÇAIS
<p><b>Objects of the Agency</b>            6 The objects of the Agency are,            [...]  <u>(h) to respect the diversity of communities and the requirements of the <i>French Language Services Act</i> in carrying out all of its objects; and</u>            (i) any other prescribed objects.</p>	<p><b>Mission de l'Agence</b>            6 La mission de l'Agence est la suivante :            [...]  <u>h) respecter la diversité des communautés et les exigences de la <i>Loi sur les services en français</i> en accomplissant sa mission;</u>            i) réaliser toute autre mission prescrite.</p>

**3.8. Recommendation #8: Amend s. 30 to ensure that integration opportunities are identified keeping in mind the requirements of the *FLSA***

[29] The Commissioner recommends to include a specific reference to the *FLSA*.

ENGLISH	FRANÇAIS
<p><b>Identifying integration opportunities</b></p> <p>30 The Agency and each health service provider and integrated care delivery system shall separately and in conjunction with each other identify opportunities to integrate the services of the health system to provide appropriate, co-ordinated, effective and efficient services, <u>and must do so in a way that respects the diversity of communities and the requirements of the <i>French Language Services Act</i>.</u></p>	<p><b>Recensement d’occasions d’intégration</b></p> <p>30 L’Agence et chaque fournisseur de services de santé et système intégré de prestation de soins recensent séparément et conjointement des occasions d’intégrer les services du système de santé afin de fournir des services appropriés, coordonnés, efficaces et efficaces <u>et le font de telle façon à respecter la diversité des communautés et les exigences de la <i>Loi sur les services en français</i>.</u></p>

**3.9. Recommendation #9: Amend s. 45 to protect the provision of French language services**

[30] In making decisions in the public interest, it is important that each of the Lieutenant Governor in Council, the Minister, and the Agency, consider the accessibility to health services in French, which is expressly acknowledged as a goal of the legislation in the preamble.

ENGLISH	FRANÇAIS
<p><b>Public Interest</b></p> <p>45 In making a decision in the public interest under this Act, the Lieutenant Governor in Council, the Minister or the Agency, as the case may be, may consider any matter they regard as relevant, including, without limiting the generality of the foregoing,</p> <p>[...]</p> <p><u>(f) accessibility to health services in French.</u></p>	<p><b>Intérêt public</b></p> <p>45 Lorsqu'ils prennent une décision dans l'intérêt public en vertu de la présente loi, le lieutenant - gouverneur en conseil, le ministre ou l'Agence, selon le cas, peuvent prendre en considération les questions qu'ils estiment pertinentes, notamment les questions qui se rapportent à ce qui suit :</p> <p>[...]</p> <p><u>f) l'accessibilité aux services de santé en français.</u></p>

**3.10. Recommendation #10: Create a new s. 44 in Part V requiring the Minister to immediately establish a regulation to replace the *Engagement Regulation***

[31] Because Bill 74 revokes the *Engagement Regulation*, the French language health planning entities will be in limbo until re-established. It is essential that the French language health planning entities be re-established immediately so that they are involved in any steps taken to restructure health care services once the Act is in force.

ENGLISH	FRANÇAIS
<p><b>Part V</b></p> <p><b>Transfers</b></p> <p><b><u>French language health planning entities</u></b></p> <p><u>44. (1) By the time this Act comes into force, the Lieutenant Governor in Council shall, by regulation:</u></p> <p>(a) <u>prescribe the French language health planning entities for the purposes of section 44(2); and</u></p> <p>(b) <u>set out the duties of the Agency, the integrated care delivery systems and health service providers for consulting with the French language health planning entities.</u></p> <p><u>(2) Nothing provided for in the regulation established for the purposes of subsection (1) shall reduce the consultative role of the French language health planning entities as provided for under the former <i>Engagement with the Francophone Community Under Section 16 of the Act</i>, O Reg 515/09, established pursuant to the <i>Local Health System Integration Act, 2006</i>, SO 2006, c 4.</u></p>	<p><b>Partie V</b></p> <p><b>Transferts</b></p> <p><b><u>Entités de planification des services de santé en français</u></b></p> <p><u>44. (1) Avant l'entrée en vigueur de la présente loi, le lieutenant-gouverneur en conseil prend un règlement qui</u></p> <p>a) <u>prescrit les entités de planification des services de santé en français aux fins du paragraphe 44(2); et</u></p> <p>b) <u>prévoit les obligations de l'Agence, des systèmes intégrés de prestation de soins et des fournisseurs de services de santé dans la consultation des entités de planification des services de santé en français.</u></p> <p><u>(2) Le règlement pris en vertu du paragraphe (1) ne réduit d'aucune façon le rôle consultatif des entités de planification des services de santé en français prévu dans l'ancien <i>Engagement de la collectivité francophone en application de l'article 16 de la loi, Règl de l'Ont 515/09</i>, établi en vertu de la <i>Loi de 2006 sur l'intégration du système de santé local LO 2006, c 4.</i></u></p>

**3.11. Recommendation #11: Adjust s 8.1 of the Ministry of Health and Long-Term Care Act in regards to the French language health services advisory council**

[32] Bill 74 also revokes the *French Language Health Services Advisory Council* regulation, leaving the Advisory Council in limbo. It is essential that the French Language Health Services Advisory Council be re-established immediately so that it can be involved in any steps taken to restructure health care services once the Act is in force.

ENGLISH	FRANÇAIS
<p><b>Councils</b></p> <p>8.1 (1) The Minister shall establish the following councils:</p> <ol style="list-style-type: none"> <li>1. An Indigenous health council to advise the Minister about health and service delivery issues related to Indigenous peoples.</li> <li>2. A French language health services advisory council to advise the Minister about health and service delivery issues related to <u>French-speaking</u> communities.</li> </ol> <p><b>Members</b></p> <p>(2) The Minister shall appoint the members of each of the councils established under subsection (1) who shall be representatives of the organizations that are prescribed.</p> <p><u>(3) The Minister shall appoint the members of each of the councils established under subsection (1) by the time this Act comes into force.</u></p>	<p><b>Conseils</b></p> <p>8.1 (1) Le ministre crée les conseils suivants :</p> <ol style="list-style-type: none"> <li>1. Un conseil des services de santé aux Autochtones, chargé de le conseiller sur les questions en matière de santé et de prestation de services qui concernent les Autochtones.</li> <li>2. Un conseil consultatif des services de santé en français, chargé de le conseiller sur les questions en matière de santé et de prestation de services qui concernent les collectivités <u>de langue française</u>.</li> </ol> <p><b>Membres</b></p> <p>(2) Le ministre nomme les membres de chacun des conseils créés en application du paragraphe (1). Ces membres sont des représentants des organismes prescrits.</p> <p><u>(3) Le ministre nomme les membres de chacun des conseils créés en application du paragraphe (1) avant la date d'entrée en vigueur de la présente loi.</u></p>