

Ontario's Long-Term Care Minister backs fees for elderly patients who refuse to leave hospital

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Ontario Long-Term Care Minister Paul Calandra says hospitals should be encouraged to use their existing powers to charge elderly patients up to \$1,800 a day for refusing to leave for an available long-term care bed, as his government pushes forward with legislation aimed at moving more people out of crowded hospital wards.

The government's proposed More Beds, Better Care Act, introduced last Friday, is silent on these fees. But it would allow hospitals to temporarily enroll a patient who no longer needs hospital care in a long-term care home not of their choosing, without their consent. The bill would forbid the use of physical restraints, however, and it says reasonable efforts must be made to obtain consent.

Speaking to reporters on Wednesday, Mr. Calandra said hospitals should also use their current powers, which he said have been on the books since 1979, to charge people who refuse to leave their bed the same rate as those without coverage under the Ontario Health Insurance Plan.

"Are there instances where hospitals will be charging? Absolutely," Mr. Calandra said. "If somebody refuses to move into a home, if they refuse to move into their home of preferred choice, should a hospital charge them? Absolutely. We need those spaces for patients who need acute care. We need them for surgery. We need them for our emergency rooms."

He later said patients should be forced to cough up a "co-pay." This refers to another practice of charging patients awaiting a long-term care spot the much-lower fees they would pay in a long-term care home, to cover meals and accommodation. As of this year, this fee had an upper limit of \$63.36 a day.

Confusion has surrounded the government's proposed legislation, which aims to move some of the more than 5,800 "alternate level of care" (ALC) patients across the province, who no longer need hospital beds, into long-term care sooner.

Opposition politicians and advocates for the elderly warn that the new bill could mean people are coerced into moving to long-term care homes far from their families, or into substandard, often for-profit, facilities that had high death rates in the [COVID-19 pandemic](#).

On Wednesday, they also warned the new bill could mean more patients are charged massive fees for refusing to leave hospital. In Question Period, Hamilton NDP MPP Sandy Shaw raised the case of a constituent who last year ended up with a hospital bill of more than \$240,000 after refusing to take what his family believed was an unsuitable long-term care spot. Ms. Shaw said such cases are currently rare but still happen.

Jane Meadus, a lawyer with the Advocacy Centre for the Elderly, said she already gets calls from patients facing hefty hospital charges for not wanting to be discharged to a particular long-term care home.

In these cases, hospitals can charge the uninsured rate for patients choosing not to leave, which Ms. Meadus said varies and could be up to \$1,800 a day. This is on top of the chronic care co-payment most residents are expected to pay while waiting in hospital for a bed.

She said she's concerned this legislation would expand the ability for hospitals to charge these fees.

"I absolutely expect this will be used by the hospitals who are going to say, 'The law says we can't physically move you out, but if you are refusing a bed, we are going to charge you the uninsured rate because you were offered a bed that you turned down,'" Ms. Meadus said in an interview. "Most people when they hear that are going to say, 'I can't afford that.'"

University Health Network spokesperson Gillian Howard said these extra bills for patients are applied "very infrequently" at its four hospitals in Toronto, as most people do want to leave hospital and look at all the options available to them.

Seniors for Social Action Ontario co-founder Dr. Patricia Spindel said the government should be spending more on community-care programs to reduce the strain on hospital capacity instead of signing people up for long-term care homes to which they don't want to go.

"If they really want to empty hospital beds, offer to pay family members to care for people so they can stay home and care for them. They would empty a bunch of hospital beds right off the top," she said.

Mr. Calandra has repeatedly insisted the new bill is not aimed at allowing staff at hospitals to force patients out. He said Wednesday that it allows hospital placement co-ordinators to look at a patient's medical records and find suitable alternative long-term care spots – something current rules, he said, do not allow. Guidelines to govern things such as how far away a home can be from a patient's preferred choice have yet to be released.