

HAVE YOU BEEN CHARGED USER FEES FOR HEALTH CARE?

Survey on Privatization of Public Health Care and its Impact on Patients (2024)

This survey is being conducted by the Ontario Health Coalition, a public interest group dedicated to protecting and improving public health care. The survey takes most people less than 5 minutes to complete and almost everyone finishes within 10 minutes. It's really easy to do!

The survey deadline is February 29, 2024.

Needed medical services provided by hospitals and doctors are supposed to be covered by OHIP, paid through our taxes, and provided free of charge when we are sick or in need. However, we are receiving complaints from patients who are being charged extra fees for this care.

The Canada Health Act says that patients cannot be charged these extra fees for medically necessary hospital and physician services. Public health care is supposed to cover all Canadians equally, but sometimes private clinics charge extra fees to patients unlawfully.

Some examples of unlawful extra fees are:

- I was charged \$2,000 for cataract surgery
- My mother was charged \$50 for a consultation with a doctor
- The private clinic told my grandfather that he had to pay a fee for the clinic to keep his medical records
- My wife was charged a “facility fee” at the endoscopy clinic.



Sometimes private clinics charge fees for medically *unnecessary* tests or procedures. For example, when you go in for cataract surgery which is a medically necessary procedure, they might charge you for extra eye measurements that are medically unnecessary. Here are some examples:

- I was charged \$200 for extra eye measurement tests when I went in for cataract surgery
- My father was charged a \$50 fee for orange juice and a DVD at a private colonoscopy or endoscopy clinic
- My grandmother was told she should pay \$1,500 for special lenses when she went in for cataract surgery.

We are concerned that the increase in extra charges threatens equal access to health care for Canadians. We are hoping to find out what extra fees patients are being charged and whether patients are given a clear choice about paying fees for unnecessary services.

We will use the information to make a public report and submissions to the provincial and federal governments to stop extra user charges for patients and protect equal access to public health care for all Canadians. We will not include any patients' names or personal information in the report without permission to do so. Thank you for taking the time to fill out this survey.

If you have completed a previous version of this survey, please do not submit the same occasion of being charged extra fees more than once.

SURVEY QUESTIONS

1. Have you or a member of your direct family (spouse, father, mother, child, grandparent) been asked to pay an extra fee for a medically needed health care service provided by a doctor/nurse practitioner, a hospital or a clinic? Please put an "x" in the correct box.

Yes

No

If YES, please fill out the questions 2 - 13 below. If NO, please go to question 13 on page 4.

2. Which direct family member was charged the extra fee? (please circle one)

You Your spouse Your sibling Your parent Your child Your grandparent

3. Your age or the age of the person in your direct family when they were charged the fee (please circle one):

0 - 15 years 16 – 25 years 26 – 60 years 61 – 75 years 75+ years

4. When did this happen? Please circle one. (If it has happened on more than one occasion, choose one to tell us about.)

Within 1 – 3 years 4 – 6 years ago More than 6 years ago

5. What service was the extra charge supposed to cover?

Examples:

- I was told that I had to pay for my cataract surgery.
- I was told that I should get eye measurements and I had to pay for them.
- I was told that there is an administrative fee at the clinic where I got my colonoscopy.
- I was told that there is a fee to create my patient records at the clinic where I got my heart tested.
- I was urged to pay for special lenses that are said to be better.
- I was charged for an MRI.

Please provide details here: _____

6. Were you or your family member given a choice of whether or not to pay? Please explain, including any reasons you were given for the extra fee. If you need more space, please use the back side of this page or an extra sheet of paper.

7. What, if anything, did you (or your family member) believe would happen if you did not pay for the service?

8. How much was the charge? \$ _____

9. What impact, if any, did the extra fee for this service have on your family's household budget?

10. Estimated annual family income when you/your family member were charged the health care user fee described above (please circle one):

\$0 - \$35,000 \$36,000 - \$50,000 \$51,000 - \$75,000 \$76,000 - \$100,000 \$101,000+

11. Is there any other information about this that you would like to provide? If you need more space, please use the back of this page or an extra sheet of paper.

Questions 12 and 13 are optional. Feel free to answer both questions, just one, or none.

12. What is the name and location (city/town) of the hospital or clinic where you were charged the extra fee?

13. The information collected will be used to make a public report and submissions to the provincial and federal governments to stop extra charges to patients for needed health care services. **We will not include your name or personal information in our reports and submissions without your permission.**

We would appreciate it if you wish to tell us who you are so we can contact you about your answers.

****OPTIONAL** CONTACT INFORMATION**

Your Name _____

Your Cell Phone Number _____

Your Home Phone Number _____

Your Email Address _____

Please return your completed survey to the Ontario Health Coalition, 15 Gervais Drive, Suite 201, Toronto, Ontario M3C 1Y8, (416) 441-2502, ontariohealthcoalition@gmail.com by February 29, 2024.

**** OPTIONAL ****

If you support the goals and objectives of the Ontario Health Coalition in protecting and improving universal, single-tier public health care for all Canadians, and if you would like us to keep in touch with you with updates and information, please provide your additional contact information below:

Mailing Address _____

City/Town _____ Postal Code _____

Your Email Address _____