

VIA EMAIL

July 28, 2025

College of Physicians and Surgeons of Ontario (CPSO)
80 College Street
Toronto, Ontario M5G 2E2
consultations@cpsso.on.ca

RE: CPSO Consultation – ISAC’s Recommendations on “Uninsured Services: Billing and Block Fees” Policy and Advice to the Profession

To Whom it May Concern:

The Income Security Advocacy Centre (ISAC) writes in response to the CPSO’s request for stakeholder feedback on its Uninsured Services: Billing and Block Fees Policy (the “Policy”) and Advice to the Profession: Uninsured Services (the “Advice”). [ISAC](#) is a specialty legal clinic funded by Legal Aid Ontario. ISAC’s mandate is to advance the rights and interests of low-income Ontarians with respect to income security and employment. We carry out our mandate through test case litigation, policy advocacy, community development, and public education. Founded in 2001, we are governed by a community Board of Directors representing all regions of Ontario. We work closely with Ontario’s 70 other community legal clinics who serve people living on low incomes.

ISAC’s interest in this consultation

We write to ensure that the voices and concerns of the most vulnerable Ontarians who seek access to last-resort public disability benefits are heard and reflected in this consultation. Many of those applying for disability benefits survive on Ontario Works, a basic social assistance program. For those relying on social assistance, **every dollar matters** — and many are forced to choose between putting food on the table and paying for a doctor’s note. This is because living on social assistance means [living well below the poverty line](#). Social assistance is intended for households who have exhausted all other means of financial support.

Applications for public disability benefits, like the Ontario Disability Support Program (ODSP), Disability Tax Credit, and Canada Pension Plan Disability benefits, require medical forms, reports, and records. Patients depend on their physicians to accurately complete these applications and to provide medical evidence to pursue vital disability benefits.

These records and reports are often uninsured services that require patients to pay out-of-pocket fees. The fees can be onerous, if not prohibitive, for low-income patients. To make matters more complicated, many do not have regular access to a family doctor familiar with their medical history. Even if completion of the initial application is paid for by OHIP or another government source, patients often have to pay an additional out-of-pocket fee for a consultation

report to fix an inaccurate or incomplete application. They may have to pay fees for records from multiple health care providers to fill in gaps. Health is deeply intertwined with socioeconomic status. Often, the poorer you are, [the poorer your health is](#). This inequity is exacerbated by barriers to accessing medical information necessary to secure more adequate income.

Physicians should be adequately compensated for their services. They should be compensated through the public health care system to meaningfully complete medical forms so patients have the best chance of securing desperately needed disability benefits, without facing financial barriers. The Policy and Advice should continue to balance adequate compensation with a patient's ability to pay.

1) Does the current policy provide helpful guidance to physicians?

We applaud the current Policy for making it mandatory for a physician to consider a patient's ability to pay when charging for an uninsured service, as well as requiring physicians to consider the financial burden that these fees might place on the patient. The Policy also provides helpful guidance about how it may be appropriate to reduce, waive, or allow for flexibility on fees on "compassionate grounds". All of this content should be maintained if the Policy is revised.

The Advice also provides important support and explanations on patients' ability to pay that ought to be maintained if the Advice is revised.

2) Are the expectations set out in the current policy clear and reasonable?

We recommend two additions that could help make the Policy clearer.

First, the Policy should include more details on the fees for release of patient records the Information and Privacy Commissioner of Ontario (IPC) has set out in its binding decisions. The current Policy does not refer to these fees, nor does it state that if physicians fail to comply with the IPC's guidance, they may face complaints under the *Personal Health Information Protection Act*. The current Policy requires physicians to give consideration to the recommended fees set out in the Ontario Medical Association's [Physician's Guide to Uninsured Services](#). The OMA Guide, in turn, describes the IPC's set fees (pp. 16-19). The Advice briefly mentions that "in some instances fees will be set out in law or by order of the Information and Privacy Commissioner."

This guidance is not sufficiently clear for physicians to understand their legal duty to provide a patient with their records and charge only for "reasonable cost recovery". At the very least, the Policy should refer to the IPC's set fees for copies of medical records, and link to the CPSO's Medical Records Management Policy for more details.

Second, the Policy should specify that it is an act of professional misconduct to charge a fee that is excessive in relation to the services provided (see Section 1(1) paragraph 21 of the *Professional Misconduct Regulation*). This would help clarify the gravity of failing to consider a patient's ability to pay in setting a fee for uninsured services like medical reports and records.

This guidance is contained in an endnote to the Policy and in the text of the Advice, but should be highlighted in the text of the Policy as well.

3) Are there issues not addressed in the current policy that should be?

We recommend including more information in the Policy and/or Advice on the situations in which physicians ought to exercise their discretion to reduce or waive fees when a client is facing financial hardship. For example, ODSP is income of last resort for people with disabilities. The Policy and/or Advice should include applications and appeals for ODSP as an example of a situation where a physician ought to consider reducing or waiving fees, according to their professional judgment. This is because many people applying for ODSP are living on Ontario Works, which provides only \$733 per month for a single person. They are often in dire financial circumstances and cannot afford to pay a fee that amounts to a significant portion of their monthly income. Charging an unaffordable fee could leave the patient unable to qualify for ODSP, and therefore unable to access vital increased income support and other benefits from ODSP such as dental and vision care.

The Policy should also specify that if a request for records or reports comes from an Ontario community legal clinic, this should be a factor in exercising discretion on fees. This is because Ontario's community legal clinics provide poverty law services to Ontario's low-income communities. Clients of legal clinics are disproportionately those living with physical and mental disabilities, single mothers, recent immigrants, people of colour, the elderly, victims of abuse and torture and other historically disadvantaged groups. Legal clinic clients are required to reimburse clinics for the cost of medical records and reports, even if a legal clinic might pay a physician's invoice. When legal clinic staff write to a physician on a patient's behalf to request medical records or reports in support of an ODSP appeal or other legal process, they are assisting people with meeting their most basic needs. This is different from a patient pursuing a lawsuit against an insurance company through a private lawyer, for example.

Finally, we recommend that the policies dealing with fees for medical records and reports be streamlined to make them easier to navigate. The Medical Records Management Policy, the Third Party Medical Reports Policy and the Uninsured Services Policy overlap and create a confusing patchwork of guidance for physicians and the public on medical reports and records.

Conclusion

Like physicians, we are deeply concerned about the health care crisis and the administrative burden involved in supporting patients living in poverty who are pursuing disability benefits. The relationship between income and health outcomes is well established. We urge the CPSO to consider the health equity implications of uninsured services for those who rely on or seek public disability benefits.

Thank you for considering our feedback. We would be pleased to discuss any of the above with you.

Sincerely,



Robin Nobleman
Staff Lawyer
416-597-5820 ext. 5142
robin.nobleman@isac.clcj.ca

per: Income Security Advocacy Centre | Centre d'action pour la sécurité du revenu