



Ernie Hardeman, MPP, Chair
Vanessa Kattar, Clerk
The Standing Committee on Finance and Economic Affairs
Whitney Block, Room 1405
Toronto, ON, M7A 1A2
416-325-3509
scfea@ola.org

Re: Pre-Budget Consultations 2024

Association of Ontario Midwives Recommendations for the 2024 Pre-Budget Consultations

The Association of Ontario Midwives (AOM) advances the clinical and professional practice of Indigenous and registered midwives in Ontario with a vision of midwives leading decolonized and anti-racist reproductive, pregnancy, birth, and newborn care. There are over one thousand midwives in Ontario, serving more than 250 communities across the province, funded by the Ministry of Health. Since midwifery became a regulated health profession in 1994, more than 400 000 babies¹ have been born under midwifery care.²

Providing the *right care in the right place* reduces the burden on the health-care system and is an economical approach that prioritizes client-centred care. Midwives provide care both in hospital and in the community. They discharge healthy postpartum clients from hospital earlier than other obstetric providers because they provide follow-up care in the community. Midwives divert traffic from emergency rooms because they can be reached by phone by their clients 24-7 and can triage outside of hospital.

The AOM welcomes the opportunity to provide the Standing Committee on Finance and Economic Affairs with recommendations for the 2024 Ontario budget from the perspective of midwives for a stronger, healthier and more equitable Ontario. Budget 2024 must prioritize closing the pay gap for midwives, optimizing midwives' scope of practice, growing midwifery and mitigating social determinants of health.

¹ Better Outcomes Registry and Network (BORN) Ontario. Years Provided: 2003 to 2022. Resource Type: Tabulated data: Midwifery Billable Courses of Care.

² All inferences, opinions and conclusions drawn in this publication are those of the authors and do not necessarily reflect the opinions or policies of BORN Ontario.

For Ontario 2024 Budget, we propose the following recommendations:

1. Close the gender pay gap for midwives by completing the Joint Compensation Study and mobilizing resources to achieve pay equity

In its landmark legal decision in 2020, the Human Rights Tribunal of Ontario ordered the government to take concrete actions to end the gender pay gap for midwives. One of the remedy orders, the Joint Compensation Study (JCS), is lagging three years behind and is anticipated to be completed in 2024. The AOM urges the government to invest resources to ensure the JCS is completed and experiences no further delays.

It is evident from initial JCS analysis that there is substantial overlap in the skills, effort, responsibilities and working conditions (SERW) of midwives and their male comparators. The benchmark 1993 study on which the JCS is based, the Morton Report, also found significant overlap which translated into a justifiable pay gap of \$3000 between midwives and community health centre physicians. However, the gap for midwives has grown to over \$160 000 because of the gender-based discrimination in compensation-setting practices. The JCS will make recommendations to close the gender pay gap and ensure midwifery compensation is free of gender bias.

Pay equity is a fundamental human right guaranteed by the Human Rights Code and the *Pay Equity Act*. For too many years midwives have had their human rights violated through systemic gender discrimination.

We call upon the Ontario government to ensure the completion of the JCS study and mobilize resources to close the gender pay gap according to the recommendations of the study. In addition, we urge the government to take concrete steps recommended by the Equal Pay Coalition to close the gap for all Ontarians.³

2. Remove unnecessary restrictions from scope of practice and allow midwives to prescribe within their existing scope according to drug classifications, rather than lists

Ontario families deserve timely, efficient and effective care. Hustling between different providers to get the right medication or treatment is not client-centered care nor is it evidence based. Midwives must be able to prescribe medications within their scope of practice. Otherwise, clients are forced to visit a physician for the same issue, causing a delay in treatment and the government to be billed

³ Equal Pay Coalition. Mobilize your MPPs [Internet]. Toronto: Equal Pay Coalition; 2023. Cited January 11, 2024. Available from: <http://equalpaycoalition.org/mobilize-your-mpps/>

twice. We ask that the government stop wasting taxpayer dollars with unnecessary visits by allowing midwives to prescribe according to their scope of practice.

3. Invest in growing and sustaining midwifery

As the population of Ontario grows, so does the need for birth services. The Ontario government has pledged to hire *more health-care workers* to ensure the right number, type and distribution of health-care professionals. These commitments must also extend to midwifery, as the needs of an Ontarian family during pregnancy, birth and postpartum are resource intensive and best delivered within the community. Midwives are experts in normal birth and the midwifery model of care is ideal for meeting the needs of underserved communities across the province and reducing the burden on hospitals and physicians. There are not enough midwives to meet the demand of Ontario families.

The base funding of the Ontario Midwifery Education Program (OMEP) has remained static for years and is not sufficient for providing high quality midwifery education that is resource-intensive, due to the requirement for simulation-based learning, small group tutorials and work to secure and ensure quality of clinical placements. The base funding per seat must be increased to \$5625 in 2024 and an annual cost of living increase to base funding implemented to ensure ongoing sustainability. Furthermore, the Ontario Midwifery Education Programs must be allowed to increase tuition by 10% by 2025 with cost-of-living increases applied thereafter.

We call upon the government to increase the number of provincially funded midwifery training seats. We urge the government to make bold investments in Indigenous midwifery programs and create more expanded midwifery care models that offer innovative, creative arrangements to meet the sexual and reproductive health needs of Ontario communities.

4. Add two new consortium sites to address the gap in access to training for Indigenous, francophone, and northern communities

The closure of the midwifery education program at Laurentian University has significantly decreased the accessibility of midwifery education for students from the North, especially northern Indigenous students. Educating Indigenous midwives in northern Ontario is a critical strategy for decolonizing birth and addressing the inadequate access to high-quality, culturally safe reproductive and sexual health care. A new consortium site at Lakehead University in Thunder Bay will improve access to midwifery education in northern Ontario.

Prior to its closure, the French stream of the Laurentian midwifery program graduated over 100 midwives to serve the needs of Ontario's francophone population. The bilingual University of Ottawa offers the ideal location for a strong francophone midwifery education program with robust options for francophone clinical placements.

Expanding the Ontario Midwifery Education Program consortium sites to include University of Ottawa and Lakehead University requires funding the development of each new site at \$200 000 and a commitment of annual support of \$100 000 per site until steady enrollment is achieved. Ongoing annual grants of \$100 000 to each new site will support special programming for the francophone program, the northern program and partnerships with Indigenous institutions.

The health human resources crisis facing Ontario requires strategies that prioritize educating, recruiting and retaining primary health-care providers committed to providing care in northern Ontario and underserved communities. We urge the government to make these critical investments in expanding the midwifery education consortium and sustaining a high-quality midwifery education program to meet the needs of Ontario families.

5. Implement the Pay Transparency Act (2018)

The *Pay Transparency Act, 2018* – Bill 3, supports the elimination of gender and other biases in hiring, promotion, employment status and pay practices. The Act is meant to promote gender equality and equal opportunity in employment and in the workplace, including equality of compensation between women and men, through increased transparency of pay and workforce composition. The Act was scheduled to take effect, until the government amended the law so it would only come into effect on an undefined date proclaimed by the government. The *Pay Transparency Act* was never repealed; it has also never been proclaimed in effect.

While *Working for Workers Four Act, 2023* – Bill 149, includes a pay transparency provision that would require employers to include pay range information in public postings, it is a retreat from the full scope of the Pay Transparency Act. Pay transparency is essential for closing the gender pay gap and eliminating other pay discrimination by making employers prove they are complying with existing laws to deliver discrimination-free pay. Midwives know firsthand how pervasive and invisible gender discrimination in compensation can be.

We call upon the government to be a leader in economic prosperity for women, who are deeply impacted by gender pay gaps, and proclaim the Pay Transparency Act.

6. Fund public services and enhance access to affordable public child care

Strong public services are essential for achieving economic equality and mitigating social determinants of health. Public services provide people with affordable child care, integrated health care, high quality education and essential community services to support families. Privatization

threatens to undermine these gains and deepen the gender pay gap. Privatization reduces access and often leads to lower wages and benefits for workers, the majority of whom are women.

Accessible and affordable child care is critical to ensure parents, especially women, have equal opportunity to work. However, affordable child care cannot be achieved by depressing the wages and working conditions of child-care workers.

We ask the government to cease privatization efforts in health care and instead invest in improving the quality and accessibility of public services. We call upon the government to invest in robust child-care infrastructure that values child-care workers and family services while increasing the affordability and accessibility of care.

7. Exhibit financial transparency and accountability

While ambitious funding announcements are impressive, there is an alarming trend of government falling short in spending what it has promised according to the Financial Accountability Office.⁴ In the context of health care, the government has repeatedly underspent⁵ its budget in this area while at the same time the health-care system has fallen into an unprecedented health human resources crisis, and access to care has decreased with emergency room closures and obstetrical unit redirects.⁶

We urge the government to follow through on its budget and funding commitments.

For further information, please contact:

Leanne Horvath
Policy Analyst
Association of Ontario Midwives
365 Bloor Street E., Suite 800
Toronto, ON, M4W 3L4
416-425-9974 ext. 3016
leanne.horath@aom.on.ca
OntarioMidwives.ca

⁴ Financial Accountability Office of Ontario. Expenditure Monitor 2022-2023: Q4. Toronto: Financial Accountability Office of Ontario, 2023 [cited 2023 January 17]. Available from: [https://www.fao-on.org/en/Blog/Publications/2022-23-expenditure-monitor-q4](https://www.fao.on.org/en/Blog/Publications/2022-23-expenditure-monitor-q4)

⁵ Ibid.

⁶ Ontario Health Coalition. Unprecedented and Worsening: Ontario's Local Hospital Closures 2023. Toronto: Ontario Health Coalition, December 5, 2013 [cited 2024 January 10]. Available from: <https://www.ontariohealthcoalition.ca/index.php/report-release-unprecedented-and-worsening-ontarios-local-hospital-closures-2023/>