Hospital Parking Directive

Ministry of Health and Long-Term Care

May 2016
1) **Effective Date**
   a) This Directive is effective immediately.

2) **Purpose**
   a) The purpose of this Directive is to:
      i) reduce the financial burden of hospital parking fees on patients and their visitors who frequently visit hospital;
      ii) ensure that hospital parking fees and policies are effectively communicated;
      iii) support transparency about hospital parking revenues and expenses, and about the use of hospital parking revenues;
      iv) require hospitals to engage with patients and families when developing or updating their hospital parking fees and policies; and
      v) ensure that hospitals receive and respond to patient and visitor feedback on parking fees and policies.

3) **Application and Scope**
   a) This Directive applies to all hospitals that receive funding from the Ministry of Health and Long-Term Care (Ministry) or a Local Health Integration Network (LHIN).

4) **Definitions**
   a) The following definitions apply for the purposes of this Directive:
      i) **Chief Executive Officer (CEO)** means the chief executive officer of the health care organization, or anyone who holds a position equivalent to chief executive officer, regardless of title.
      
      ii) **Daily maximum rate** means the maximum amount charged for parking in a parking facility over a 24-hour period, whether that amount is explicitly defined for the parking facility as a ‘daily maximum rate’ or is the maximum amount that a person using the parking facility would be required to pay for using it over a 24-hour period. If fees are charged only on entry and not on the length of time a vehicle is parked in the parking facility, then the daily maximum rate is three times the per-entry fee.

      iii) **Hospital** means a hospital within the meaning of the Public Hospitals Act or the Private Hospitals Act.

      iv) **Hospital foundation** means a related or non-related entity that primarily provides funds and/or other support to a hospital.

      v) **In-and-out privileges** means the right of a person with a parking pass to exit and re-enter a parking facility without incurring any additional cost.
vi) *Parking facility* means a parking structure or parking lot that is regularly used by a significant number of patients and visitors who take a personal vehicle to the hospital.

vii) *Parking pass* means a card, ticket or permit that gives a person access to a parking facility.

viii) *Parking policy* means a written policy approved by a hospital’s management and/or Board of Directors that governs the management, terms of use, and rates charged at a parking facility.

ix) *Patient* means a person who has been admitted to, or registered at, a hospital.

x) *Patient and Family Advisory Council* means an advisory body consisting of patients and family members or caregivers that a hospital consults with to address and improve the patient experience, or an equivalent body if a council has not been established.

xi) *Visitor* means a person who is visiting a patient.

5) **General Requirements**

   a) Every hospital that owns or operates a parking facility, or controls the parking facility fees, and charges patients and visitors parking fees for the parking facility must meet the following general requirements.

   b) **Capping Daily Maximum Rates**

      i) Hospitals must cap the parking facility’s daily maximum rate at the amount in effect on January 18, 2016, regardless of the daily maximum rate amount.

      ii) The parking facility’s daily maximum rate must remain at or under this amount until March 31, 2019.

      iii) After March 31, 2019, a hospital may increase the parking facility’s daily maximum rate by a percentage that is no higher than any percentage increase in the Consumer Price Index (CPI) since April 1, 2019. A hospital can ‘carry over’ any unused daily maximum rate increases to future dates by choosing not to raise a daily maximum rate for a period of time and then raising the rate by a percentage up to, but not exceeding, the percentage change in CPI over that time.

   c) **Discounted Parking Passes**

      i) Hospitals that charge a daily maximum rate for the parking facility that is more than $10.00 must offer patients and their visitors discounted parking passes to the parking facility.

      ii) Discounted parking passes must:

          (1) be offered in 5-day, 10-day and 30-day versions;

          (2) be priced to give a discount of at least 50% from the daily maximum rate, so that:
(a) The price of a 5-day parking pass is 50% or less than 5 times the daily maximum rate.

(b) The price of a 10-day parking pass is 50% or less than 10 times the daily maximum rate.

(c) The price of a 30-day parking pass is 50% or less than 30 times the daily maximum rate.

(3) include unlimited in-and-out privileges over a 24-hour period starting from the first time in a calendar day the pass is used;

(4) be transferrable between patients and their visitors and their vehicles;

(5) be valid for consecutive or non-consecutive days, as the user of the pass chooses;

(6) be valid for use in any part of the parking facility available to patients and their visitors; and

(7) be valid for one calendar year from the date of purchase.

iii) Discount passes meeting all of the above criteria must be offered to patients and their visitors by October 1, 2016.

iv) If a parking facility has more than one daily maximum rate (for example, a weekday and a weekend rate) then the highest daily maximum rate will be used to determine whether this section applies and for calculating the minimum discount set out above.

v) Hospitals may, at their discretion:

1) take reasonable measures to prevent the use of passes by persons who are not patients or their visitors, including staff, vendors, and other persons, so long as these measure do not create an undue burden for patients and their visitors or violate the provisions of the Personal Health Information Protection Act, 2004;

2) provide refunds for passes; and

3) provide credits toward the price of a pass for parking fees that have already been paid.

d) Notice of Fees and Policies

i) Hospitals must make parking policies and fees (including daily maximum rates) publicly available, both in print and online.

e) Accessibility of Discounts

i) Hospitals must ensure that discounted parking passes or other concessions on parking fees are well-promoted, and that the methods for obtaining and using concessions are easy to understand, user-friendly, and easily accessible for persons with disabilities.
f) **Consultations with Patients and Families**

   i) Hospitals must consult with their Patient and Family Advisory Council and consider its feedback when setting or updating parking fees and developing or updating parking policies.

g) **Feedback Process**

   i) Hospitals must:

   (1) in consultation with their Patient and Family Advisory Council, implement and communicate a readily accessible process by which individual patients and visitors can provide feedback on parking fees and policies; and

   (2) provide a reasonable response to individual patient and visitor feedback on parking fees and policies within 30 days of receiving the feedback.

h) **Reporting**

   i) Hospitals must report annually to the public on revenues earned from hospital parking and how that revenue is used.

i) **Maintaining Ownership**

   i) Hospitals that owned a parking facility on January 18, 2016 must maintain ownership of the parking facility until March 31, 2019, and may not sell, lease, or otherwise dispose of its parking facility, or otherwise cede control over parking fees for the parking facility, unless the hospital has obtained express written permission from the Ministry.

j) **Information**

   i) Hospitals must provide the Ministry with information on parking revenues and expenses, parking facility usage, and patient and visitor feedback on parking for the time period between April 1, 2016 and September 30, 2017 and in the form and manner specified by the Ministry.

   ii) The Ministry will use this information to evaluate the impacts of this Directive.

   iii) If requested by the Ministry, a hospital must produce an independently audited report verifying parking revenues and expenses.

6) **Requirements for Hospitals that Do Not Charge Fees for Parking**

   a) Hospitals that owned or operated a parking facility and did not charge parking fees to patients and visitors on January 18, 2016 may implement parking fees, at their discretion, so long as:

   i) the fees are no higher than local market rates; and

   ii) the hospital has consulted with its Patient and Family Advisory Council before implementing the fees, as set out in Section 5(f), titled “Consultations with Patients and Families”.
b) Any hospital that implements parking fees for patients and their visitors, when it previously did not charge fees, is immediately subject to the same requirements in this Directive as any other hospital that charges parking fees.

7) Requirements for Hospitals that Do Not Own or Operate Parking Facilities and Do Not Control Parking Facility Fees

a) Parking Facilities Owned or Operated by a Hospital Foundation

i) Where a hospital’s foundation owns or operates a parking facility and controls the parking facility’s parking fees, the hospital must make best efforts to ensure that the foundation:

(1) caps daily maximum rates, as set out in Section 5(b), titled “Capping Daily Maximum Rates”;

(2) if the daily maximum rate is more than $10 per day, offers discounted parking passes for patients and their visitors, as set out in Section 5(c), titled “Discounted Parking Passes”;

(3) if a parking fee has not previously been charged, sets any new fees no higher than local market rates, as set out in Section 6, titled “Requirements for Hospitals that Do Not Charge Fees for Parking”;

(4) provides notice of fees and policies, as set out in Section 5(d), titled “Notice of Fees and Policies”;

(5) ensures accessibility of discounts, as set out in Section 5(e), titled “Accessibility of Discounts”;

(6) consults with the hospital’s Patient and Family Advisory Council prior to setting or updating parking fees and developing or updating parking policies, as set out in Section 5(f), titled “Consultations with Patients and Families”;

(7) reports annually to the public on revenues earned from hospital parking and how that revenue is used, as set out in Section 5(h), titled “Reporting”;

(8) maintains ownership of the parking facility, as set out in Section 5(i), titled “Maintaining Ownership”; and

(9) provides the information set out in Section 5(j), titled “Information”.

ii) The hospital must have a feedback process and provide a reasonable response to patients and visitors on their feedback regarding parking fees and policies, as set out in Section 5(g), titled “Feedback Process”.

iii) If a hospital foundation that controls parking facility fees fails to take the actions set out in Sections 5(b), 5(c), or 6, as applicable, then the hospital must:
(1) offer to reimburse patients and visitors for parking fees paid in excess of fees they would have paid had the foundation taken the actions set out in those sections, as follows:

(a) Where no discount parking pass would have applied, the reimbursement amount is the difference between the fees paid and what the fees would have been if the daily maximum rate had been capped as set out in Section 5(b) or parking fees had been implemented as set out in Section 6, as applicable; and

(b) Where a discount parking pass would have applied, the reimbursement amount is the difference between the fees paid and what the price of a discount pass or passes would have been if a discount pass had been offered as set out in Section 5(c). The discount pass price is to be calculated as 50% of the daily maximum rate as if the daily maximum rate had been capped as set out in Section 5(b) or parking fees had been implemented as set out in Section 6, as applicable, and for the lowest-priced pass (5-day, 10-day, or 30-day pass) that would have been required to cover the number of days of parking for which reimbursement is being sought; and

(2) provide notice to patients and visitors of the reimbursement offer and ensure the accessibility of the reimbursement offer in a manner that is consistent with the terms of Sections 5(d) and 5(e) of the Directive.

b) Parking Facilities Owned or Operated by 3rd Party with a Contract with Hospital

i) Where a hospital has a contract with a parking facility owner or operator who controls the parking facility’s parking fees, the hospital must make best efforts to ensure the owner or operator:

(1) caps daily maximum rates, as set out in Section 5(b), titled “Capping Daily Maximum Rates”;

(2) if the daily maximum rate is more than $10 per day, offers discounted parking passes for patients and their visitors, as set out in Section 5(c), titled “Discounted Parking Passes”;

(3) provides notice of fees and policies, as set out in Section 5(d), titled “Notice of Fees and Policies”;

(4) ensures accessibility of discounts, as set out in Section 5(e), titled “Accessibility of Discounts”; and

(5) if a parking fee has not previously been charged, set any new fees no higher than local market rates, as set out in Section 6, titled “Requirements for Hospitals that Do Not Charge Fees for Parking”.

ii) The hospital must have a feedback process and provide a reasonable response to patients and visitors on their feedback regarding parking fees and policies, as set out in Section 5(g), titled “Feedback Process”.
c) **Parking Facilities Owned or Operated by 3rd Party Without Contract with Hospital**

i) Where a hospital does not have a contract with a parking facility owner or operator who controls the parking facility’s parking fees, the hospital must make reasonable efforts to ensure that the owner or operator:

1) caps daily maximum rates, as set out in Section 5(b), titled “Capping Maximum Daily Rates”;

2) if the daily maximum rate is more than $10 per day, offers discounted parking passes for patients and their visitors, as set out in Section 5(c), titled “Discounted Parking Passes”; and

3) if a parking fee has not previously been charged, set any new fees no higher than local market rates, as set out in Section 6, titled “Requirements for Hospitals that Do Not Charge Fees for Parking”.

ii) The hospital must have a feedback process and provide a reasonable response to patients and visitors on their feedback regarding parking fees and policies, as set out in Section 5(g), titled “Feedback Process”.

8) **Exemptions**

   a) Only the Ministry can grant an exemption from a requirement under this Directive.

   b) The Ministry will only grant an exemption if meeting the requirement would create an unreasonable financial, administrative, or operational burden for the hospital and the exemption is in the public interest.

   c) Hospitals can apply for an exemption from a requirement by submitting a written request that details the following:

      i) the rationale for requesting the exemption;

      ii) options considered for meeting the requirement or requirements, and an explanation as to why each option was rejected;

      iii) a description of relevant consultations with the patient and family advisory council; and

      iv) steps to be taken to mitigate any adverse impacts on patients and visitors who frequently visit the hospital.

9) **Attestations**

   a) Every hospital CEO must attest in writing to the hospital’s LHIN that the hospital has met all relevant requirements in this Directive by no later than September 30, 2016, and by every September 30 thereafter.

   b) This attestation must be signed by the hospital’s CEO.

   c) If the CEO is unable to attest that the requirements have been met, he or she must provide, by September 30 of the relevant year, a written explanation of any material
exceptions, as well as the steps that the hospital will take to meet the requirements, and the timeframe for doing so.

10) Responsibilities

a) Hospitals are responsible for:

i) revising hospital parking fees and policies to meet the requirements set out in this Directive;

ii) ensuring that revised parking rates and policies comply with all relevant federal or provincial statute, directive or policy, including but not limited to the Personal Health Information Protection Act, 2004, the Excellent Care for All Act, 2010, and the Accessibility for Ontarians with Disabilities Act, 2005, and their Regulations;

iii) ensuring there is an appropriate records retention system for information that is required by the Ministry; and

iv) seeking direction from the Ministry when there are questions of application of the requirements.

b) LHINs are responsible for:

i) ensuring that hospitals funded by the LHIN are held accountable for meeting the principles and requirements of the Directive;

ii) relaying information to hospitals on behalf of the Ministry, and relaying information to the Ministry on behalf of a hospital;

iii) receiving attestations from hospital CEOs, and forwarding them to the Ministry;

iv) receiving data from hospitals to support the Ministry’s evaluation of the impact of the Directive;

v) providing additional support for the Ministry’s evaluation, as required; and

vi) providing other support to hospitals as may be requested by the Ministry.

c) The Ministry is responsible for:

i) providing clarification on the requirements in this Directive as required to support implementation by LHINs and hospitals;

ii) taking action in the case of non-compliance with the Directive;

iii) requesting information from hospitals to substantiate that the requirements of the Directive have been met; and

iv) approving or denying a hospital’s request for an exemption from one or more of the requirements in this Directive.