



## **OMA Section on Laboratory Medicine Newsletter**

April 15, 2026  
Volume 21, No 1

### **In This Special Issue: An Update from the OMA on the Laboratory Medicine APP and Negotiations**

**From the OMA Negotiations Team:**

#### **1. Laboratory Medicine APP and Negotiations Update**

As part of the ongoing work to advance an Alternate Payment Plan (APP) for laboratory medicine under the 2024–28 PSA, the OMA is refining the implementation approach to better support progress through the active bargaining process. To date, several key efforts have laid the groundwork for advancing an APP. The Lab APP Working Group, established under the 2021-24 PSA, was tasked with identifying a funding model that is single-sourced, administered through OHIP and cost neutral. Although some common groundwork and principles were established, the complexity of issues and the constraint of cost neutrality pushed this work into the 2024-2028 PSA. This working group has been dissolved however work is continuing through the mechanisms in the new PSA which has provided \$120 million for new and expanded APPs. This presents a pathway to establish a Lab APP which more fulsomely addresses the ongoing challenges faced by Ontario laboratory physicians to continue to provide high quality laboratory services for all patients in the province. We are aware of these challenges and have outlined them in our discussions with the OMA negotiating task force (an outdated and complicated dual funding stream, increasing unrecognized workload demands and complexity, lack of recognized workload measurement tool and data collection process which respects and aligns with current systems in use as well as compensation inequities compared to other provinces).

As we know the LMFFA does not include on call compensation. We have been assured by the other OMA physician leaders that laboratory physicians will be included in the revised burden-based HOCC system. We are hopeful that good news is forthcoming for laboratory physicians in this regard.

Building on this foundational work, APP-related negotiations for Laboratory Medicine will be led by the Negotiations Task Force (NTF). This approach strengthens the negotiating mandate and aligns APP implementation more directly with the formal bargaining process between the parties.

While there is no longer an APP working group, Laboratory section executives will continue to play an important and active role as trusted advisors alongside OMA staff, ensuring that specialty-specific expertise remains central to the work ahead. Physician input is crucial to this process.

We recognize the burden that the lack of a modernized and effective compensation model has placed on laboratory physicians in Ontario. We also understand the frustration experienced by members. Please be assured that this work remains a priority, and we are committed to advancing a fair and sustainable APP model that supports both patient care and physician practice across Ontario. We will continue to keep members informed as this work progresses.

## **2. Additional Information for Laboratory Directors**

### **General Process Update for Requesting New Positions**

As noted above and in previous communications, a \$120M investment has been made available to support the development of new APPs and the expansion of existing APPs. Laboratory Medicine and other relevant specialties can submit applications to access this funding. The MOH and the OMA are working collaboratively to review and prioritize all incoming expansion requests, including new position requests submitted or to be submitted for your hospitals. We are committed to expediting the review process to ensure current requests are assessed in a timely manner. Unlike in the previous PSA, future requests will now proceed through a joint review and prioritization process and be budgeted against the \$120M investment.

### **Recent Change to MOH's Reporting Requirement for Appendix I (Change of Status Notice Form)**

We have recently been advised of an MOH change to the reporting requirements for Appendix I – Change of Status Notice Form, with the addition of Billing #. OMA can confirm that: even though the version of Appendix I has apparently been used in past years, the Ministry does recognize member concerns that have been raised and are ok with the **OHIP Billing ID# column being left blank**. OMA will discuss the form with the MOH to better understand why they want the change to include billing numbers and understand the related concerns of lab physicians and see what changes are appropriate (if any), following the appropriate process.

If you have any questions, please reach out to [info@oma.org](mailto:info@oma.org) and OMA staff will be happy to assist you.

### **Your 2024-26 Section Executive**

Dr. Neil Davis, Chair, [neil.davis@cornwallhospital.ca](mailto:neil.davis@cornwallhospital.ca)

Dr. Katherine Chorneyko, Vice-chair, [katherine.chorneyko@bchsys.org](mailto:katherine.chorneyko@bchsys.org)

Dr. Prashant Jani, Secretary/treasurer, [prashant.jani@tbh.net](mailto:prashant.jani@tbh.net)

Dr. Jason Wasserman, Member-at-large, [jwasserman@toh.ca](mailto:jwasserman@toh.ca)

Dr. William Dubinski, Member-at-large, [wdubinski@hrh.ca](mailto:wdubinski@hrh.ca)

Dr. Christopher Tran, Tariff Lead, [christopher.tran@hpha.ca](mailto:christopher.tran@hpha.ca)

Dr. Catherine Ross, Member-at-large, [Catherine.ross@lifelabs.ca](mailto:Catherine.ross@lifelabs.ca)

Ms. Susanne Bjerno, Section Strategic Consultant, [sbjernolabmed@rogers.com](mailto:sbjernolabmed@rogers.com)

*The Ontario Medical Association (OMA) facilitates the distribution of communications for its various Constituency Groups, and therefore the views and the opinions expressed in this communication may not reflect the views, policies, and opinions of the OMA. The OMA does not warrant the accuracy, timeliness, or completeness of the information contained in this communication, nor does it accept any responsibility for its contents.*