

Policy Brief: Bill S-5 – Connected Care for Canadians Act (2026)

Advancing Patient Data Rights, Intra-Provincial Interoperability, and AI-Enabled Care

Prepared for: Senate of Canada

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Purpose of Submission

This submission is provided to support Senate consideration of Bill S-5 (the Connected Care for Canadians Act, 2026). It advances a practical, constitutionally aligned approach to health data modernization in Canada by focusing on two complementary objectives: (1) standardized interoperability within provinces, enabled by national standards [as currently contemplated in the legislation]; and (2) patient-mediated data sharing across provinces, enabled through a clear right for individuals to obtain and use a complete copy of their health data [which is not currently in the legislation].

Overall, we are supportive of the objectives and approach that Bill S-5 takes and are recommending only a modest amendment to strengthen the right of patients to access their health records.

About Oracle Health Canada

As a trusted, long-time partner to many hospitals and health systems throughout Canada, Oracle Health Canada is pleased to provide input to Bill S-5.

Oracle Health Canada provides critical software for Canada's health care system. We are one of the largest (if not the largest) digital health vendor for Canada's hospitals, including the Oracle Health EHR that is used by hospitals to manage their patient care from coast-to-coast. With more than 2,000 employees in Canada, multiple data centres, and partnerships with provinces across the country, we are very proud of the role that we have played in helping to shape Canada's health care system.

As a global leader in cloud, AI, and data management, our team recognizes the value of integrating patient records to streamline processes for clinicians and improve quality of care for patients. Our expertise is already supporting seamless care transitions for our Canadian customers, reducing fragmentation, advancing security, and helping to ensure that the right information is available at the right time—wherever patients receive care.

We are interested in this legislation both because we would fall within its scope and because, as a global organization, we have insights from across the world about what works and what does not. Given this, we hope that you will seriously consider our input.

Key Recommendations

We are supportive of the intent of this language and directions of Bill S-5. Firstly, we would prefer a version that includes enforcement mechanisms as that will help us understand how to implement the intent of the bill. Secondly, we are concerned that compliance for information blocking only falls on health IT vendors and not also other actors, as other countries' laws have done. There are an array of entities that can prevent information from flowing for the benefit of patients, including providers. In the United States, for example, the majority of information blocking complaints have been filed against providers. Thirdly, we also believe that the definition of interoperability may need some revision for clarity. The bill provides authority for regulations for subsection (5)(2)(b) but not subsection (5)(2)(a), which it should to provide for the development of national standards by which IT vendors can be interoperable. Our only other recommended change is that an addition be made to the legislation to give patients a clear, enforceable right to obtain a complete, portable, machine-readable copy of their health data. We believe that this right to access is not only valuable in and of itself, but also because we believe that it is an important element of achieving data sharing across provinces (this position is spelled out in greater detail below).

Fragmented privacy legislation remains a significant barrier to pan-Canadian interoperability. National standards reduce cost and complexity, and they accelerate innovation for provinces and vendors, but it will take a long time to achieve such national standardization, particularly because of the legal patchwork that remains in place across the country. During this transitional period, patient-controlled data can serve as the primary mechanism for inter-provincial information sharing.

Beyond these recommendations, we are supportive of the intent of Bill S-5 and encourage the Senate and House of Commons to pass this legislation with our recommended revisions.

Executive Summary

Canada's health data ecosystem remains fragmented across provinces, limiting interoperability, patient access, and system-wide innovation. Although provinces have invested heavily in digital health, their systems have largely evolved within jurisdictional boundaries rather than around the patient's need for continuity of care. The result is a patchwork environment in which data often remains difficult to move, difficult to compare, and difficult for patients to use in a meaningful way.¹

A major structural barrier is the patchwork of provincial privacy and health information legislation. Each province defines its own requirements for consent, disclosure, and data security, which makes inter-provincial information sharing legally complex and administratively slow. These differences do not simply create technical inconvenience; they create uncertainty for providers, governments, and vendors trying to build systems that must work across multiple jurisdictions.² As a global vendor, this creates particular challenges for us. We build our technologies to comply with digital health standards across the globe, and it is highly complex and difficult to also tailor our solutions to the requirements of each province. This drives up costs for the Canadian health system.

This legislative patchwork also limits Canada's AI potential. Artificial intelligence (AI) is rapidly transforming healthcare, but it depends on access to comprehensive, longitudinal patient data. AI-enabled tools can improve prevention, support earlier detection of disease, and help patients better manage chronic conditions, but only when they can work with complete and usable data.

To be effective, we believe that Bill S-5 needs to do 3 things: (1) establish national interoperability standards for adoption within provinces [which it does], (2) create compliance and enforcement mechanisms for these standards [which it also does], and (3) ensure that patients have a clear right to obtain a complete, portable, and machine-readable copy of their health data [which it does not yet do]. This approach allows provinces to advance interoperability within their own systems while using patient-mediated access as the mechanism for sharing information across provincial boundaries.

After this legislation passes, Canada should plan for a phased 3–5 year implementation timeline, informed by international precedent, that would give provinces, providers, and vendors time to align systems without disrupting care delivery. That timeline is realistic, preserves momentum, and avoids the much longer delay that would likely accompany attempts to harmonize privacy legislation across the country.

Issue and Context

Despite sustained investment in digital health, Canada's systems remain fragmented and institution-centered. Health information is often stored and managed within provider organizations or provincial platforms, with limited ability for patients to access or move their data in a truly useful form. This means that even where digital records exist, they may remain locked within the system that created them rather than becoming an asset that follows the patient.

The practical consequence is that patients who move between provinces or receive care in more than one jurisdiction often face repeated tests, delayed treatment decisions, and gaps in continuity of care. The policy consequence is equally important: fragmented systems reduce the quality of national analytics, complicate coordination across jurisdictions, and slow the development of digital health services that depend on reliable data.

Bill S-5 can solve this problem in a way that is workable in the Canadian federation. It can help provinces standardize their systems internally and gradually shift to a national approach to legislation and technology. During what is likely to be a very protracted transition period, significant progress can be made by making the patient—not the intergovernmental data network—the bridge between provinces.

Privacy Legislation as a Barrier to Pan-Canadian Interoperability

Canada's privacy and health information laws are primarily defined at the provincial level, resulting in a complex and fragmented regulatory environment. Each province establishes its own requirements for consent, disclosure, and security, and those differences matter when information must move across provincial boundaries.

These differences create a significant barrier to pan-Canadian interoperability. Organizations seeking to share data across jurisdictions must navigate multiple legal frameworks, often requiring tailored agreements, customized compliance processes, and lengthy negotiations. That complexity slows innovation and makes full cross-country integration a much longer-term proposition.

As currently written, Bill S-5 does not solve this problem. Our technology and that of other vendors can implement a common *data* standard, but this data cannot move across borders without common *legal* standards. We could, for instance, all agree to record a patient's height in the same way, but the value of this standardization will be minimal if there is no simple, legal way to actually share this data between systems.

After the passage of Bill S-5, attempts to harmonize privacy and security legislation across provinces would likely take many years, if not longer. Bill S-5 can mitigate this challenge by strengthening rights of patient access as the immediate mechanism for information sharing. Patients already have an interest in, and a legal relationship to, their own information; modernizing that access into digital, machine-readable form is a faster and more workable solution than waiting for legislative alignment everywhere. Waiting for legislative alignment could have negative effects for patient outcomes, as a Canadian Health executive recently shared in a public forum, "too many patients have died with their privacy fully intact".

This is not a substitute for privacy. It is a way to respect privacy while making the patient the authorized conduit for information sharing, rather than requiring the healthcare system itself to solve every cross-border legal obstacle at once.

A Dual Strategy to Address This Challenge, Enabled by Bill S-5

Bill S-5 enables a pragmatic dual strategy that reflects Canada's federal structure.

1. The Act can establish national interoperability standards that provinces adopt within their own systems. These standards can define consistent data formats, exchange protocols, and system requirements, enabling healthcare providers within a province to access and share information more effectively.
2. The Act can establish a clear right for individuals to obtain a complete, portable, and machine-readable copy of their health data. This ensures that patients can directly share their information when they receive care in another province or from a new provider. In effect, patient access becomes the mechanism by which information crosses provincial lines.

This dual approach is important because it avoids the need for immediate, large-scale intergovernmental data integration, which would require extensive coordination and legislative alignment. Instead, Bill S-5 can deliver immediate benefits by improving interoperability where provinces have direct control, while also enabling Canadians to move their own records across provincial boundaries.

However, as currently written, the legislation enables the first of these two elements, but not the second. It will take a very long time for provinces to transition to common standards and legislative approaches (and for vendors like ourselves to subsequently adapt our technology in each province), and until this is complete, patients themselves are the best means of achieving national data portability.

The model we are recommending is both practical and incremental. It respects the division of powers in Confederation, creates room for provincial innovation, acknowledges the lengthy transition that will be required after the legislation is passed, and more quickly moves Canada toward a more connected health data environment.

Implementation Timelines and Industry Adoption

The implementation of national interoperability standards under Bill S-5 requires a realistic and phased timeline that reflects the complexity of Canada's healthcare system. Provinces, providers, and vendors operate at different levels of digital maturity, and many systems rely on legacy infrastructure that cannot be replaced quickly without disruption.

International experience provides useful benchmarks. The European Union's General Data Protection Regulation (GDPR) included a two-year transition period between adoption in 2016 and enforcement in 2018, allowing organizations time to update systems, governance, and operational practices.³ The United States also used a phased approach under the 21st Century Cures Act of 2016, with interoperability rules being implemented over several years beginning in 2021 and accompanied by ongoing regulatory guidance.⁴

The Canadian experience also supports a phased approach. Major digital health initiatives have historically required extended timelines because they must accommodate provincial variation, institutional readiness, and vendor adaptation. A 3–5 year model is therefore both realistic and necessary.

A phased approach could include the following milestones: Year 1 for standard definition, governance, and procurement alignment; Years 2–3 for pilot implementations and early adoption; and Years 4–5 for broader compliance, optimization, and refinement. That sequence gives provinces and vendors a clear runway while still keeping the reform on a measurable schedule.

The key policy point is that standards should not be introduced faster than the system can absorb them. They should also not be developed in a vacuum or imposed on vendors without those vendors (who best understand their systems) having the ability to provide meaningful input. A well-designed transition period reduces risk, improves compliance, and gives industry the predictability it needs to invest in compatible products.

Concrete Example: AI-Enabled Diabetes Management

Consider a patient managing diabetes who receives care in more than one province. Under the current fragmented model, that patient may have lab values in one system, medication records in another, and a limited ability to combine the data into a single picture. As a result, neither the patient nor the clinician has the full longitudinal view needed for better decision-making.

Under the model we have proposed (Bill S-5, as is, with a strengthened right to patient access), the patient could obtain a complete dataset including laboratory values such as HbA1c, medication history, and clinical notes. The patient could then use that dataset with an AI application that identifies trends, flags risk factors, and suggests personalized recommendations for treatment adherence, diet, or follow-up.

The same dataset could then be shared with a healthcare provider in another province. That provides both continuity of care and a practical mechanism for inter-provincial information sharing, without requiring every provincial system to be directly integrated with every other system.

Conclusion

Bill S-5 provides a practical and achievable pathway to modernizing Canada's health data ecosystem, but as structured it will not achieve its full promise for a very long time. It will address certain technical barriers to data sharing within a few years, but it will take many more years for the fragmented provincial and legal landscape to catch up. Strengthening the legislation with concrete rights for patients to access their own data would help to address this challenge, providing Canadians with significant value in a much shorter period of time. By combining national standards, patient data rights, and a phased implementation strategy, it addresses both technical and legal barriers to progress.

This approach improves continuity of care, reduces cost, supports innovation, and enables Canadians to benefit from emerging AI-enabled healthcare services. It also gives provinces a usable framework for strengthening their own systems while preserving the patient's ability to move information across provincial boundaries.

By aligning federal leadership with provincial implementation and patient empowerment,
Bill S-5 can deliver meaningful improvements in healthcare delivery, efficiency, and outcomes.

Sincerely,



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References

1. Canada Health Infoway. (2022). Digital Health in Canada: Progress Report. [Direct source](#)
2. Office of the Privacy Commissioner of Canada. (2021). Data Portability and Interoperability. [Direct source](#)
3. European Commission. (2018). General Data Protection Regulation (GDPR). [Direct source](#)
4. U.S. Office of the National Coordinator for Health Information Technology. (2020). 21st Century Cures Act Final Rule. [Direct source](#)
5. Government of Alberta. MyHealth Records. [Direct source](#)
6. Government of British Columbia. Health Gateway. [Direct source](#)
7. Government of Nova Scotia. One Patient One Record Initiative. [Direct source](#)