Manitoba Federation of Labour
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Submission to the WCB Act Review

THE WORKERS COMPENSATION ACT

January, 2026

Manitoba Federation of Labour
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MFL Submission to the Review of the WCA

Issue 1: Provide Fair Coverage for Workplace Psychological Injuries

It is a foundational principle of the workers compensation system that when a worker is injured on the job, they are entitled to workers compensation benefits and supports to recover from their injury, replace lost employment income and safely return to work.

However, the *Workers Compensation Act* (the Act) currently discriminates against workers suffering from psychological workplace injuries, providing only limited coverage.

Whereas all physical workplace injuries are covered under the Act, only certain specified types of psychological injuries qualify for WCB support, namely: "post-traumatic stress disorder or an acute reaction to a traumatic event."

This creates a clear double standard in coverage, and while it may be argued that less was known about psychological injuries when the workers compensation system was first established over a century ago, our knowledge and understanding of psychological injuries has evolved significantly in the modern era, to the point that there is no longer any excusable reason to perpetuate discrimination.

Coverage for workplace psychological injuries is restricted further still by WCB policy, which limits "traumatic events" to those involving direct exposure to actual or threatened violence or harm, and/or bullying and harassment. Two years ago, WCB expanded their definition of "traumatic events" to also include "excessive workload", defined as "workload over a prolonged period of time that is excessive or unusual in intensity", but less than 5 workers have been successful in having claims accepted under this new provision, suggesting the change has done almost nothing to fix the problem.

Other psychological injuries that are not explicitly scoped in for coverage under the Act, such as those caused by chronic workplace stress, are excluded from coverage by default.

These arbitrary restrictions on coverage for psychological injuries should be eliminated so that when a worker is suffering from a psychological injury caused by their work, their claim is accepted and they get the wage-loss benefits, health care and other supports they need and deserve. Contrary to how the Act is worded currently, it should contain specific provisions to provide coverage for both chronic and traumatic stress injuries. Several other Canadian jurisdictions have already made this change, and Manitoba is now lagging behind.

Whether a workplace injury hurts a worker's body or mind, they should be covered by WCB. Discrimination against workers with psychological injuries should not be permitted in any way, shape or form.

Recommendation 1: Amend the Act to contain specific provisions providing coverage for all workplace psychological injuries, including both chronic and traumatic stress injuries.

Issue 2: Clarify and Limit Role of WCB Contracted Healthcare Advisors

The Act currently includes a number of provisions with respect to the role of health care providers. This includes the role of external health care providers (workers' own doctors and specialists) who conduct medical exams, provide treatment for sick and injured workers, and provide information to the WCB.

In addition to these external health care providers, the WCB retains more than thirty internal Health Care Advisors on contract, many of whom work out of the WCB's main office building on Broadway.

According to WCB policy, a WCB Health Care Advisor is "a member of a health care profession or occupation defined in the act, under contract as a consultant to the WCB." Their role is described as "to provide advice, opinions, and support to WCB decision makers, and health care provider colleagues in the community. WCB Health Care Advisors help WCB decision makers understand medical details in a claim."

In practice, there have long been major concerns with the opinions and advice of these internal WCB Health Care Advisors being the deciding factor in claims management issues, including about whether injuries are work-related and decisions about whether and how a worker can safely return to work. In fact, many injured workers have experienced internal WCB Health Care Advisors overruling advice from their own external doctors. Worse still, the advice of WCB's Health Care Advisors is often based on nothing but a "paper file review", without the Health Care Advisor even seeing or examining the injured worker.

Given that these internal Health Care Advisors are contracted directly by the WCB, undue involvement in decision-making creates a strong impression of conflict of interest and undermines worker trust in the system.

Recommendation 2: Eliminate internal Health Care Advisors altogether or, at a minimum, limit their role under the Act to assisting WCB staff to interpret (i.e., understand) medical information provided by workers' own doctors; WCB Health Care Advisors should not be permitted to generate new or conflicting medical information.

Issue 3: Eliminate the "Dominant Cause" Test for Occupational Disease

While occupational diseases are covered under the Act, current legislation sets out more burdensome criteria for how occupational disease claims are adjudicated relative to claims for other workplace injuries.

The key factor in this regard is the "dominant cause" standard of causation. The Act currently states that where, in the WCB's opinion, a disease is "due in part to the employment of the worker and in part to a cause or causes other than the employment", the employment has to be not just a contributing cause but the dominant cause of the disease in order to be eligible for WCB support.

The only exceptions to this rule are those occupational diseases covered under presumptive provisions for firefighters as well as those set out under the Occupational Disease Regulation (more below – Recommendation 4). In these cases, the workplace exposure is presumed to be the cause of the disease unless the contrary is proven.

Dominant cause is a higher standard of causation than that applied to other injuries, which are adjudicated based on the "balance of probabilities," i.e., is it more likely than not that the injury resulted from work?

The dominant cause test can be a significant barrier to having a disease claim accepted. Where there are multiple possible contributing factors, it is very difficult to determine which contributed most to causing the disease. This is further complicated by what can be a very long lag time between workplace exposure and development of an occupational disease.

All other Canadian jurisdictions, with the exception of PEI, have eliminated the use of the "dominant cause" standard to adjudicate occupational disease claims, recognizing that dominant cause both discourages workers from filing claims, and makes claims acceptance far more difficult.

Manitoba should do the same, so that occupational diseases are adjudicated on the same basis as other injuries (unless otherwise covered under presumptive provisions).

Recommendation 3: Eliminate the "dominant cause" standard of causation set out in the Act for occupational disease.

Issue 4: Regularly Update the Occupational Disease Schedule

Based on a recommendation of the last review of the Workers Compensation Act, the WCB established an Occupational Disease Schedule in 2023 to provide presumptive coverage for a list of designated occupational diseases. This was done to alleviate some of the unjust burden of the dominant cause test for at least those diseases on the schedule. Where a worker has a disease listed in the Schedule and the corresponding workplace exposure, the disease is presumed to be caused by the workplace exposure unless the contrary is proven.

The list of diseases qualifying for presumptive coverage has been expanded once since it was established, though it still excludes some diseases covered in other provinces.

There are currently no parameters in place to ensure that the Schedule is science-based and regularly updated to reflect emerging medical evidence regarding the connection between work and disease.

Recommendation 4: Establish a panel of experts to review the Schedule at least every two years, and any other time emerging evidence indicates a need to do so, and to provide advice and recommendations for expansion to the WCB based on the review.

Issue 5: Provide Fair Benefits for Families Suffering Workplace Fatalities

5 (a) Properly Compensate Surviving Spouses/Partners in Cases of Workplace Fatalities.

When a worker is killed by a workplace injury or illness, their earning power and contribution to the household income is completely and permanently eliminated. That is why a fatality is not only the most devastating loss emotionally, but also financially.

Since the vast majority of those killed by workplace injury or illness are male, the burden of carrying on and maintaining a household afterwards falls disproportionately to women, who continue to have more precarious employment and earn significantly less than men do.

Despite the full and permanent financial loss caused by a worker fatality, WCB's fatality benefit (with very few exceptions) is only paid to the surviving spouse/partner for five years. This is unfair, inadequate and inappropriate to the circumstance.

Some Canadian jurisdictions continue fatality payments until the deceased worker would have reached the age of 65, and in one province, until the worker would have been 65 or the spouse/partner turns 65.

It is time for Manitoba to properly support these surviving spouses and partners who are struggling with the permanent impacts of the most detrimental kind of loss.

Recommendation 5 (a): Provide the spousal/partner benefit from the date of fatality until the worker would have reached 65 years of age or the spouse/partner turns 65, whichever is longest.

5 (b) Provide Benefits for Dependant Children in Cases of Workplace Fatality.

There is a fundamental flaw in how the WCB supports surviving spouses/partners with children.

The Act states that one of the benefits paid in case of a workplace fatality is a monthly amount for dependent children. In practice, however, that benefit is fully deducted from the monthly benefit paid to the spouse/partner, resulting in no additional support.

There is, in fact, no actual net benefit paid for dependent children and a spouse/partner gets the same payment whether they have five children or none.

This is a serious injustice that must be addressed.

Recommendation 5 (b): Provide benefits for each dependent child of a deceased worker in addition to the spousal/partner benefit.

5 (c) Replace Health Care Benefits Lost in Cases of Workplace Fatality.

One of the many financial losses resulting from a workplace fatality is the loss of an employer-sponsored health care plan the spouse/partner and children would otherwise have access to.

It is unjust that survivors have to go without these health plan benefits or pay for them out of pocket as a direct result of the workplace fatality.

Recommendation 5 (c): Require WCB to establish and contribute to a plan with equivalent benefits for a surviving spouse/partner and any dependants that would have been eligible under the employer-sponsored plan, for the duration of time they would have been eligible.

Issue 6: Replace Pension Contributions Lost Because of a Workplace Injury/Illness

6 (a) Replace Lost Employer Contribution

One of the many financial losses resulting from a workplace injury or illness is the loss of contributions an employer would otherwise be making to a worker's employer-sponsored pension plan. Currently, the only exception is when a worker is on wage-loss benefits for at least 24 months, at which point the WCB will contribute to an annuity that the worker may use in retirement.

It is unjust that injured workers with shorter term injuries (less than 24 months) have to replace the employer contribution by making equivalent contributions out-of-pocket into a personal plan, or be left with a reduced pension, directly as a result of the workplace injury or illness.

Recommendation 6 (a): Provide injured workers on wage-loss benefits for less than 24 months an amount equivalent to any contribution the employer would have made to an employer-sponsored pension plan while they are on wage-loss benefits, which the worker can invest in a personal retirement plan.

6 (b) Replace Lost CPP Contributions

Another of the many financial losses resulting from a workplace injury or illness is the loss of contributions an employer would otherwise be making to the Canada Pension Plan on the worker's behalf.

Workers rely on CPP to support them in retirement and for many it is their sole source of a retirement pension.

It is unjust that those on wage-loss benefits have to replace the employer contribution to CPP by making equivalent contributions out-of-pocket into a personal plan, or be left with a reduced pension, directly as a result of the workplace injury or illness.

Recommendation 6 (b): Provide all injured workers with an amount equivalent to any contribution the employer would have made to CPP while they are on wage-loss benefits, which the worker can invest in a personal retirement plan.

Issue 7: Ensure Wage-Loss Benefits Reflect Collective Agreement Improvements

WCB calculates an injured worker's loss of earning capacity and thus their wage-loss benefits as the difference between their net average earnings before injury and the net average amount they are capable of earning after the injury.

However, there are situations where average earnings pre-injury are not an accurate indication of what the worker would have earned post-injury, resulting in a worker receiving lower wage-loss benefits than they should receive. For example, if a worker qualifies for a wage increase under a collective agreement while receiving wage-loss benefits, their wage-loss benefits should be increased correspondingly.

Recommendation 7: Ensure workers' wage-loss benefits reflect increases to which they are entitled under a collective agreement.

Issue 8: Ensure Wage-Loss Benefits Reflect Actual, not Theoretical, Statutory Deductions

To calculate net earnings for determining wage-loss benefits, the Act requires that the WCB take into account "probable deductions" including those for Income Tax, CPP and EI.

However, WCB does not consider that, in many cases, maximum annual deductions will have already been made at the time of injury or will be reached during the time the worker is on wage-loss benefits.

This results in the net wages calculation, and therefore wage-loss benefits, being lower than they would be if this fact was taken into account.

Recommendation 8: Amend the Act's section on "Calculation of Net Average Earnings" to specify that probable deductions means what will be deducted based on the information available, including whether annual limits for deductions, have been reached.

Issue 9: Eliminate Arbitrary Cap on Indexing of Wage-Loss and Other Benefits

Wage-loss benefits are indexed based on changes in the Average Industrial Wage, and other set amount benefits (such as the Fatality Lump Sum) are indexed based on changes in the CPI.

Both types of increase are capped at 6.0%. As experience in recent years has shown, CPI can at times exceed this cap. Also, this cap is counter to the principle that workers are entitled to 90% wage-loss benefits and that workers and dependents are entitled to other benefits that compensate for the true loss caused by an injury or fatality.

Recommendation 9: Eliminate the artificial cap on wage-loss and other benefits.

Issue 10: Eliminate the Arbitrary Cap on Insurable Earnings

Since 2021, the maximum earnings on which wage-loss benefits are payable has been capped (currently at $167,050).

All injured workers should be entitled to wage-loss benefits reflective of their pre-injury earnings. Especially at a time when extensive overtime (and resulting overtime earnings) is routinely mandatory for health care workers, first responders and others, it is patently unfair to cap WCB wage loss earning to an arbitrary predetermined amount.

Recommendation 10: Eliminate the cap on insurable earnings.

Issue 11: Enshrine WCB as First Payer

The Act is clear that wage-loss benefits are reduced by any non-taxable collateral benefit the worker receives or is entitled to receive as a result of the injury. However, it does not specify that wage-loss benefits are not to be reduced by the amount of any taxable benefits such as EI Sickness Benefits or CPP the injured worker may receive.

This lack of clarity has created difficulty and hardship for some workers in the past. Workers who have received EI Sickness Benefits or CPP while awaiting a claim decision have had their wage-loss benefits reduced by amounts already received from EI or CPP retroactive to the start of the wage-loss period.

This is counter to the well-established principle that when a claim is accepted the WCB is the "first payer." If the worker has received income from other sources in excess of what they should have received, recovery of that income is a matter between the worker and those other sources, and should have no effect on the worker's WCB benefits.

The MFL acknowledges and appreciates recent efforts to clarify this practice, but we believe injured workers and the system as a whole would benefit from clarification in the Act to avoid any confusion or inconsistent application.

Recommendation 11: Clarify the language on the interaction between wage-loss benefits and collateral benefits to ensure WCB wage-loss benefits are not reduced based on benefits received from other sources such as EI and CPP.

Issue 12: Strengthen Actions and Accountability for Prevention

The WCB has a legislative mandate to "promote safety and health in workplaces and to prevent and reduce the occurrence of workplace injury and illness."

However, it is clear WCB is falling behind in fulfilling this mandate, considering the many problems that continue to go unaddressed, including:

- Stalled progress on reducing the overall time-loss injury rate.
- Extraordinarily high injury rates in the public sector and in healthcare.

- The growing epidemic of workplace violence injuries.
- Persistently high injury rates among vulnerable workers.
- The increasing number of workers affected by psychological hazards.

These are serious challenges that will require targeted prevention actions, dedicated resources and clear accountability measures.

Recommendation 12: That WCB be mandated to develop a comprehensive Prevention Plan every three years, based on consultation with labour and employers, that will set out specific actions to address prevention priorities, including but not limited to the unmet prevention needs listed above, with clear targets for each priority. WCB should be required to publicly report on progress annually in a detailed way.

Issue 13: Review the SAFE Work Certification Program

SAFE Work Certified is one of the WCB's key prevention initiatives. It designates employers as certified if their safety and health programs meet established standards as verified through an audit. These employers can then be eligible for a partial rebate on their WCB premiums.

Labour was supportive of the Certification Program when it was launched about a decade ago, primarily because it created a hybrid model in which employer premium rates are not based solely on claims experience (which has been demonstrated conclusively to incent claim suppression) but also on the quality of an employer's injury prevention program.

While labour continues to support the initial goals and principles of the program, there are serious concerns about how it is administered, which have eroded confidence and trust in the program.

The WCB's policy document describing the programs states that, "The success of the SAFE Work Certified Program rests with all stakeholders having confidence and trust in the SAFE Work Certified standards and procedures." If so, the success of the program is, at this time, in jeopardy.

Restoring confidence and trust will be a challenge, and, if it is to happen, it must begin with a thorough, honest assessment of the program to identify the factors that are eroding stakeholder confidence and trust and the ways that they can be rebuilt.

Recommendation 13: That the WCB undertake a comprehensive evaluation of the SAFE Work Certified program, including:

- **Inadequate representation and participation of workers and unions in oversight and quality assurance of the program.**
- **Current total lack of independence in the process used to assign auditors to validate employers' achievement of standards, resulting in systemic conflicts of interest and perception of bias.**
- **Blacklisting of auditors that raise concerns with health and safety program deficiencies.**
- **No transparent process for raising concerns or complaints about an auditor or an audit.**
- **Complete lack of public reporting on quality assurance activities.**

Issue 14: Take Action to Prevent Workplace Violence

As noted above, there is a growing epidemic of violence in Manitoba workplaces. Even WCB claim statistics, which tell just part of the story, show a tripling in the number of violence related claims over the past decade, including a 40% increase from 2022 to 2024. In healthcare, education, retail, hospitality, social services, public transit and other sectors workers confront this hazard daily, and far too many suffer the physical and psychological effects.

While multiple underlying factors are driving this increased violence, workers nonetheless have a right to be protected from it like any other workplace hazard, and as part of its prevention mandate the WCB has a key role to play.

While the violence epidemic is among the priorities listed above, it requires special attention because of the escalating number of injuries and its pervasive effects on workers directly affected as well as everyone around them.

Recommendation 14: That the WCB develop and lead a Violence Prevention Strategy incorporating the experiences and input of unions and workers who are on the front lines of the workplace violence epidemic, and that this strategy include specific actions to be taken, dedicated resources, and clear accountability measures.

Issue 15: Support Community Prevention Partners

Two key organizations that have worked for years to promote injury and illness prevention are SAFE Workers of Tomorrow (SWOT) and the MFL Occupational Health Centre (OHC).

SWOT serves a very important function in delivering basic workplace safety and health training to young people throughout Manitoba. This work helps ensure these young people know their rights and stay safe on the job and is the foundation for building a future culture of workplace safety. SWOT receives WCB funding but has not yet ramped up to reach all of its targeted student audience.

The OHC provides essential services to injured workers and delivers workplace health and safety education throughout Manitoba, with specialized programming for newcomers and other vulnerable workers. While the OHC receives core funding from the WRHA, critical programs such as workplace health and safety education for newcomers have historically relied on federal funding that has been discontinued, creating significant program sustainability challenges. This includes the Cross-Cultural Health and Safety Programming, which serves workers from 25 cultural communities through over 60 trained community educators.

Recommendation 15 (a): That the WCB provide increased core funding to SWOT to allow it to continue and expand its important work, and collaborate with SWOT and the Department of Education to facilitate delivery of SWOT programming to all students and all schools in Manitoba.

Recommendation 15 (b): That, in keeping with the priority identified in the WCB's Five-Year Plan to provide prevention services to newcomers, the WCB provide support for the OHC's long-established Cross-Cultural Health and Safety Programming and explore the potential for new partnerships with the OHC to further shared goals.

Issue 16: Direct Resources to Unmet System Needs & Deficiencies Instead of Employer Rebates

In five of the past six years, the WCB has refunded to employers a total of over a half billion dollars in premiums, representing amounts accumulated in the Accident Fund that were above the maximum level set by policy. This includes $122 million refunded in 2025.

There is something deeply wrong with this picture. While the WCB has been sending rebate checks to every Class E employer (regardless of their safety record or their level of compliance with workplace health and safety or workers compensation law), a litany of unmet needs, including in prevention, continues to accumulate.

The MFL had hoped that this would change with an amendment to the WCB Funding Policy in 2024, which gave the Board of Directors more discretion over what to do with surplus funds, other than send checks to employers, by requiring it to "consider future business requirements or planned investments." Nonetheless, the decision was made again to provide premium refunds.

The MFL does not believe that large surpluses should accumulate alongside so many unmet system needs. However, if they do, then stronger, more explicit measures are needed to ensure that system needs are addressed before any decisions are made regarding whether to provide premium refunds.

Recommendation 16 (a): That the WCB Funding Policy be amended to require that, in considering whether a surplus distribution is warranted, the Board of Directors explicitly assess the results and needs of its prevention activities along with the adequacy of its current coverage and benefit levels, prior to approving any employer rebates. The Act should require that the Board of Directors publish a summary of its assessment and rationale.

Recommendation 16 (b):That workplaces where there has been a worker fatality within the last five years be excluded from any employer rebates, along with any employers convicted of an offence (such as claim suppression) under the WCB or WSH Act within the previous five years.

Issue 17: Eliminate the Term "Accident"

The term "accident" is contradictory to the concept that injuries and illnesses are preventable, implying that they are the result of random, unavoidable circumstances rather than identifiable flaws in processes, equipment and other workplace factors.

Recognizing this fact, the Government of Manitoba recently had it removed from the *Workplace Safety and Health Act* and Regulations and replaced with the term "incident."

Recommendation 17: To reinforce an important principle of injury and illness prevention, remove the term "accident" from the *Workers Compensation Act* and Regulations and replace it with the more suitable term "incident."

Issue 18: Eliminate the Category of Individually Assessed Employers

The Review Committee has identified administration fees for Individually Assessed Employers as an issue on which it is seeking input. Rather than address only that narrow issue, the MFL suggests the committee consider the broader question of the how the existence of Individually Assessed employers interacts with the principle of collective liability.

By being Individually Assessed, these employers are able to participate in the WCB system but not in collective liability, which is a foundational feature of the WCB system.

If the committee chooses to address only the issue of the administrative fees paid by Individually Assessed employers, the MFL suggests that these fees be set at a level that will motivate these employers to participate fully and properly in the system. Should the committee choose to focus on the broader and more fundamental issue, we recommend this category of employers be eliminated.

Recommendation 18: Eliminate the category of Individually Assessed employers or, at a minimum, raise their administration fees.

Issue 19: Provide Stronger Deterrents to Claim Suppression

While claim suppression can take many forms, it essentially involves an employer using coercion, threats or other tactics to prevent a worker from filing a WCB claim or ending a claim (and returning to work) prematurely before it is safe to do so. Claim suppression aims to avoid or shorten WCB claims going on the employer's record and potentially increasing their WCB assessment rate.

The current penalty for claim suppression is $4,000 for the first offence up to $6,000 for a third and any subsequent offence. This is insufficient to deter employers from engaging in claim suppression. For large employers in particular, the potential penalty can be a minor consideration alongside the effect of injury costs on the assessment rate.

Recommendation 19 (a): Increase the minimum penalty to a level that serves as a real deterrent, and have the amount escalate with every subsequent offence based on a percentage of the employer's payroll.

Recommendation 19 (b): Should the WCB choose to provide rebates to employers from the Accident Fund, exclude employers found guilty of claim suppression penalty during the previous five years from receiving a rebate.

Issue 20: Require Consultation on Expansion of Coverage

Under the Act, industries, employers or workers are included under mandatory WCB coverage unless excluded under regulation. Manitoba currently has one of the lowest scopes of WCB coverage in Canada.

Before making an exclusion, the board is required to consult with affected industries, employers and workers. However, there is no process for consulting with currently excluded industries, employers or workers on whether they should be brought under mandatory coverage.

The last time a new group of workers was brought under coverage was 2008. The last WCB Act review recommended proactive discussions with excluded sectors about the possibility of coming under the system, but we are not aware of any follow-up having occurred.

Recommendation 20: Amend the Act to require that the WCB regularly consult with excluded industries, employers and workers on whether they should be brought under mandatory coverage.

Issue 21: Review List of Excluded Occupations

Industries excluded from mandatory coverage are listed in the Excluded Industries, Employers and Workers Regulation. The regulation also has a list of workers who, despite being employed in an excluded industry, are under WCB coverage. An example is an electrician (covered) that happens to be employed at a sports facility (not covered).

It appears the list of included workers has not been updated in some time. It contains many obsolete occupations such as coopers and bookbinders. More importantly, it may not reflect the evolution of different occupations over the years and therefore exclude workers who should be covered despite working in an excluded industry. An example is a lighting technician that is not covered because they happen to work in a dance school.

Recommendation 21: Require regular review of the Schedule to ensure the list does not inappropriately exclude occupations that should be included under mandatory coverage.

Issue 22: Extend WCB Coverage to Professional Athletes

An occupation that has evolved and changed substantially since the WCB system was established is that of a professional athlete. Previously, athletes played for an organization on a casual, part time basis, without any formal employment relationship.

Today, professional athletes are workers with an employer who pays them wages and benefits as set out in collective agreements. Like other workers, their employer deducts applicable remittances for Revenue Canada for personal income tax, Canada Pension Plan and Employment insurance.

Yet, professional athletes continue to be excluded from mandatory WCB coverage.

Historically, it was believed that professional athletes could sue their employer when they were injured – this belief was cited to justify their exclusion from WCB coverage. However, the 2016 BC Supreme Court case *Bruce v. Cohon* ruled that professional athletes do not have this right. (The Supreme Court of Canada refused to hear an appeal of the ruling.)

Some may point to the inherently dangerous nature of sports as an argument for denying athletes WCB coverage, as if safety in sports has not been improved and cannot be further improved if

employers chose to do so. In hockey, football and other sports, rules related to bodily contact, practice drills, concussion protocols and other aspects of the game have been changed to reduce player injuries, often through the advocacy of players and their representatives.

One of the ironies of the current situation is that professional teams in Canada must have workers compensation coverage in place for their players when they play in many states of the U.S. but not when they play in Canada. It is ridiculous that an employee of a Canadian company loses their WCB coverage when they cross the border into their home country of Canada.

In the end, Canadian athletes are denied both WCB coverage and the only recourse other non-covered workers have – the ability to sue their employer. In the event of an injury, they often lack the medical support they need to recover, or the burden falls on the public health system, which should not happen in the event of a workplace injury. It is time to correct this injustice and provide WCB coverage to our professional athletes.

Recommendation 22: Extend mandatory WCB coverage to professional athletes.

Issue 23: Confirm Workers' Right to Choose Their Own Healthcare Provider

The Act currently requires that, "immediately after a worker suffers an accident, the employer must, upon request by or on behalf of the worker, permit the worker to be transported to a health care facility for the provision of medical treatment."

While this makes clear that the employer must permit the worker to be transported to a health care facility, it is not clear that the worker has the right to choose the facility or provider to go to.

This has resulted in workers being coerced into attending the facility the employer prefers, including an on-site employer facility. The MFL has received several complaints from its affiliate unions about their members being pressured to see an employer health care provider rather than being permitted to go to their own doctor or a nearby hospital.

Recommendation 23: Amend Section 27(5) to make explicit that an injured worker has the right to choose the health care provider or facility they will attend.

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