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ISSN 1488-9080

Legislative Assembly
of Ontario

First Session, 38th Parliament

Assemblée législative
de l'Ontario

Première session, 38e législature

# Official Report of Debates (Hansard)

**Monday 16 February 2004**

# Journal des débats (Hansard)

**Lundi 16 février 2004**

## Standing committee on justice and social policy

Commitment to the Future of Medicare Act, 2003

## Comité permanent de la justice et des affaires sociales

Loi de 2003 sur l'engagement d'assurer l'avenir de l'assurance-santé

Chair: Kevin Daniel Flynn
Clerk: Susan Sourial

Président : Kevin Daniel Flynn
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Published by the Legislative Assembly of Ontario

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3330 Édifice Whitney ; 99, rue Wellesley ouest
Toronto ON M7A 1A2
Téléphone, 416-325-7400 ; télécopieur, 416-325-7430
Publié par l'Assemblée législative de l'Ontario

LEGISLATIVE ASSEMBLY OF ONTARIO

# STANDING COMMITTEE ON JUSTICE AND SOCIAL POLICY

Monday 16 February 2004

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

# COMITÉ PERMANENT DE LA JUSTICE ET DES AFFAIRES SOCIALES

Lundi 16 février 2004

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*The committee met at 1305 in room 151.*

**The Chair (Mr Kevin Daniel Flynn):** I'd like to call the standing committee on justice and social policy to order.

Before we hear from the Minister of Health and Long-Term Care today, I'd like to deal with the report of the subcommittee that's before you.

## SUBCOMMITTEE REPORT

**Ms Kathleen O. Wynne (Don Valley West):** Mr Chair, I'd like to move the report of the subcommittee report.

Your subcommittee on committee business met on Tuesday, December 23, 2003, and recommends the following with respect to Bill 8, An Act to establish the Ontario Health Quality Council, to enact new legislation concerning health services accessibility and repeal the Health Care Accessibility Act, to provide for accountability in the health service sector, and to amend the Health Insurance Act:

(1) That the committee meet for the purpose of a briefing with the minister, his parliamentary assistant and ministry staff on Monday, February 16, 2004, starting at 1 pm.

(2) That the committee meet for the purpose of holding public hearings in Sudbury on February 17, 2004; in Ottawa on February 18, 2004; in Windsor on February 19, 2004; in Toronto on February 23, 24 and 25, 2004; and in Niagara Falls on February 26.

(3) That the committee clerk, with the authority of the Chair, post information regarding the hearings on the Ontario parliamentary channel, the committee's Web site and one day in a local French- and English-language daily in Ottawa, one day in a local French- and English-language weekly and daily in Sudbury, and one day in a local English-language daily in Windsor and Niagara Falls.

(4) That interested people who wish to be considered to make an oral presentation on Bill 8 should contact the committee clerk by 12 noon, Monday, February 9, for Sudbury, Ottawa and Windsor; by 12 noon Monday, February 16, for Toronto; and by 12 noon, Thursday, February 19, for Niagara Falls.

(5) That on Monday, February 9, by 4 pm the committee clerk supply each of the subcommittee members with a list of all the potential witnesses who have requested to appear before the committee in Sudbury, Ottawa and Windsor.

(6) That on Monday, February 16, by 4 pm the committee clerk supply each of the subcommittee members with a list of all the potential witnesses who have requested to appear before the committee in Toronto.

(7) That on Thursday, February 19, by 4 pm the committee clerk supply each of the subcommittee members with a list of all the potential witnesses who have requested to appear before the committee in Niagara Falls.

(8) That, if required, each of the subcommittee members supply the committee clerk with a prioritized list of the names of witnesses they would like to hear from by 4 pm, Wednesday, February 11, for Sudbury, Ottawa and Windsor; by 4 pm Wednesday, February 18, for Toronto; and by 4 pm Monday, February 23, for Niagara Falls. These witnesses must be selected from the original list distributed by the committee clerk to the subcommittee members.

(9) That the committee clerk, in consultation with the Chair, be authorized to schedule witnesses from the prioritized lists provided by each of the subcommittee members. The number of witnesses per party is a ratio of Liberals, two, Conservatives, two, NDP, one.

(10) That if all groups can be scheduled in a given location the committee clerk, in consultation with the Chair, be authorized to schedule all interested parties and no party list will be required for that location.

(11) That the minimum number of witnesses to warrant travel to any location be six.

(12) That groups and individuals be offered 30 minutes in which to make a presentation. The committee clerk, in consultation with the Chair, may reduce this time to 20 minutes in order to accommodate more groups if demand exceeds availability.

(13) That on February 16, 2004, the minister be invited to make a 30-minute presentation, followed by 90 minutes of questions and answers to the minister or his parliamentary assistant and ministry staff. The time per party is Liberals, 35 minutes; Conservatives, 35 minutes; NDP, 20 minutes.

(14) That the research officer prepare a summary of what other provinces have done regarding health councils, including the opinions of various medical and hospital associations and the financial impact on the various jurisdictions; a review of the Romanow report recommendations regarding the mandate of the National Health

Council and how they translate provincially; a summary of the testimony heard.

(15) That the deadline for written submissions be 12 noon, Friday, March 5, 2004.

(16) That amendments be filed with the clerk of the committee by 5 pm, Monday, March 8, 2004, if the committee is to meet for clause-by-clause on Tuesday, March 9, 2004.

(17) That the committee meet on Tuesday, March 9, 2004, for clause-by-clause consideration.

(18) That the parliamentary assistant, the opposition critic and the third party critic each have five minutes for opening statements at clause-by-clause.

**The Chair:** Ms Wynne has moved the adoption of the subcommittee report. All those in favour? Those opposed? The motion is carried.

## COMMITMENT TO THE FUTURE OF MEDICARE ACT, 2003

## LOI DE 2003 SUR L'ENGAGEMENT D'ASSURER L'AVENIR DE L'ASSURANCE-SANTÉ

Consideration of Bill 8, An Act to establish the Ontario Health Quality Council, to enact new legislation concerning health service accessibility and repeal the Health Care Accessibility Act, to provide for accountability in the health service sector, and to amend the Health Insurance Act / Projet de loi 8, Loi créant le Conseil ontarien de la qualité des services de santé, édictant une nouvelle loi relative à l'accessibilité aux services de santé et abrogeant la Loi sur l'accessibilité aux services de santé, prévoyant l'imputabilité du secteur des services de santé et modifiant la Loi sur l'assurance-santé.

**The Chair:** We move to the Minister of Health and Long-Term Care. Welcome. The floor is yours.

**Hon George Smitherman (Minister of Health and Long-Term Care):** Thank you. Good afternoon. It's a privilege for me to be here to address this committee on the first day of public hearings on Bill 8, the Commitment to the Future of Medicare Act. This is a piece of legislation which is very important to the government and to me, and I want to make sure that we get it right.

The purpose of Bill 8, broadly stated, is to protect essential health care services and to ensure that our public health insurance system remains publicly funded and publicly administered. This bill will preserve the sacred principle that Ontarians should have access to medically necessary health care services based on need, not on ability to pay.

The Romanow report affirmed that health care services are a right, not a privilege. We agree wholeheartedly with Roy Romanow, and we believe the right to health care deserves to be preserved in law.

Romanow proposed that in order to modernize the foundations of medicare, a sixth principle, accountability, should be added to the Canada Health Act. Ontario's Bill 8 would entrench accountability as a cornerstone principle. This bill, and our commitment to the principle of accountability, is Ontario's contribution to strengthening medicare in Canada. I'm very proud that Ontario is leading by example.

**1310**

I would say at this time as well that accountability is a two-way street, and I'm prepared to take some accountability unto myself. This bill, as presented, is a bill that does not reflect the best tone. As a result of the work we've done subsequent to its presentation, we've worked with stakeholder groups and will be bringing forth a wide variety of amendments which will have the effect of creating a better and more appropriate tone for the foundations of the future of medicare in the province of Ontario. I take personal responsibility for that, both for the sending of the bill that was presented at first reading and for the amendments that will follow.

I'd like to acknowledge today in particular committee Chair Kevin Flynn and committee Vice-Chair Jim Brownell. I'm pleased to recognize my legislative colleagues from all parties; my parliamentary assistant, Monique Smith, who will be here to help work this bill through committee; my legislative assistant, Abid Malik, who will travel with the bill; and a variety of staff from the ministry. Today, I'm joined by George Zegarac, the assistant deputy minister from the integrated policy and planning division, and while this bill travels about, Pearl Ing, the manager of institutional program units from the program policy branch of the ministry, will be available. I would encourage you, when you have questions or concerns, to work those through with any staff who are around.

I'd like to thank you for the work you're undertaking, because in many ways, the heavy lifting of government is done here in committee. While question period gives us all the chance for a few fireworks, when we move to committee hearings such as this, a very different dynamic can take over. I welcome this non-partisan spirit, a spirit that was evident during the committee on general government's hearings on Bill 31, the Health Information Protection Act. The amendments we agreed upon strengthened Bill 31, and amendments that we will table and others that will be offered during these hearings can strengthen this bill too.

We acknowledge the need to improve some areas of the bill to better achieve the intent of the legislation: to strengthen medicare in this province. It's clear we didn't get the tone of the bill right in some areas, as I mentioned earlier. For example, the penalty provisions are too harsh. I accept that, and I want to confirm that we have listened to concerns about the penalty provisions and will be adjusting them.

We have listened to concerns that have been brought to us, and we welcome hearing many different viewpoints over the next few weeks. I have already made specific commitments to amendments. Amendments will be officially tabled on March 9, when the committee reviews the bill clause by clause. So I also welcome a vigorous review of Bill 8.

None of us has all the answers. I certainly don't. In fact, I've led discussions with the Ontario Hospital Association and the Ontario Medical Association on their desired changes, and we've made lots and lots of progress through honest dialogue. Ministry staff have been involved in constructive discussions with them and with other parties too. The work of this committee and the input of Ontarians will help us refine and improve the legislation and narrow the range of differences. At the end of the day, some differences will remain. Frankly, for a bill based on values, that shouldn't come as a surprise.

Then there's CUPE. Bill 8 can't open collective agreements, and unions have never been subject to accountability agreements, but we've agreed to make that more explicit.

We also welcome input on the regulations to make sure we get them right. With the Health Information Protection Act, we introduced the concept of a 60-day consultation period on regulations. We've had a lot of support for this approach, and the committee may want to consider a similar option for Bill 8.

We'd like your views about whether there's an opportunity to more explicitly define aspects of the bill in legislation rather than through regulations. When we consider the legislation and regulations, we all must remember that Bill 8 needs to adapt and respond to changes in the health care system. It must be a living document, but it must also offer enduring protections for our values.

Now I'd like to tell you a little more about this bill and what it means to our government. I've said on numerous occasions that medicare is the best expression of Canadian values. Our medicare system, a system that has evolved over many years, gives life to our compassion, our fairness and our generosity. I don't think I'm overstating the case when I say that medicare helps to define who we are as Canadians. As a Canadian, I'm proud of our medicare system, and as a Liberal, I'm committed to doing what I can to improve and protect medicare. This bill sets out to do just that.

And let's be clear: Our medicare system is in need of protection. In recent years, various forces have been chipping away at medicare, eroding its principles, narrowing its reach, watering down the protection it gives to our citizens and lowering the quality of the care it delivers. Our government is determined to reverse that trend and to lead a drive to improved system performance.

I think we all share the fundamental goal of Bill 8 to protect essential health care services in Ontario. How we achieve it is a more complex challenge.

Let me tell you a bit more about the basic principles that guided our work. These principles are expressed in the preamble, the bill's values statement.

We believe that Ontarians deserve a legal and binding commitment to a universal, publicly funded health care system.

Like the Romanow commission, we believe that the health system must be consumer-centred and based on need, not ability to pay.

We believe that the health system is the whole of its complementary parts. It was anchored on the foundation of hospitals and physician services, but to be relevant, it must evolve to encompass a full continuum of care, including primary health care, home care and pharmacare.

We believe that the future strength of Ontario's health system depends on providers, government, citizens and communities sharing responsibility and working together. It depends upon system integration.

We believe that our health care system must produce improved outcomes, and we believe that greater accountability is at the heart of these improvements.

These principles were our starting point. Now let me tell you a little more about how we will accomplish our mission.

Bill 8 contains three key components.

First, the bill establishes the Ontario Health Quality Council, which will have responsibility for reporting on important health care indicators in an effort to raise the quality of our health system.

The government has a clear plan to transform health care in Ontario. Our commitment is no less than to make Ontarians the healthiest Canadians, and we are committed to ensuring all Ontarians have effective access to quality health care in every setting. Our plan for better health care means strengthening all parts of the system and bringing them together into one integrated system that encompasses family health care, home care, community services, hospital care, emergency services, long-term care and pharmacare.

The council's mandate would be to measure the effectiveness of the system and to report on its performance in priority areas. Our government would work with the council to determine the real measures that mean something to Ontarians.

The council would report to the people of Ontario about wait times for important procedures; for example, cardiac care and hip and knee replacements. The council would monitor and test the effectiveness of the system through broader measures like population health status and the prevalence of serious and preventable diseases such as diabetes. It would track rates of physical activity, obesity and smoking.

Ontarians need to know about the quality of care they are receiving. It's their right. By measuring results of Ontario's health care priorities, the council would ensure government is accountable to the people we serve.

The health quality council exists to serve the broad and diverse interests of our citizens. Its purpose is to enhance quality outcomes in our health care system. It needs to be composed of individuals with superior knowledge of the health system, and it needs strong representation from people drawn from our communities.

According to some people's vision, stakeholder groups should be appointed to the council so they can represent the various silos that are all too evident in our health care system, but we see it differently. We've made sure that the council does not advance individual stakeholder agendas but allows for the broadest perspective

possible to advance the agenda of our most important stakeholders: 12 million Ontarians who are counting on all of us.

The second key component of Bill 8 is that it would strengthen the prohibition of two-tier medicine. It proposes amendments to the Health Care Accessibility Act and amendments to the Health Insurance Act. These amendments have one simple and clear purpose: to strengthen the ban on two-tier medicine in Ontario by closing legislative loopholes.

Two-tier medicine can take many forms; for example, queue-jumping and extra billing. One recent example of queue-jumping was a clinic that allowed people who were willing to purchase an enhanced lens for cataracts to get cataract surgery immediately, while all other cataract patients had to wait a year for the same surgery. If we subscribe to the values and principles I mentioned at the beginning of my remarks, then we cannot and we will not tolerate this kind of activity. When it comes to health care, there is only one kind of Ontarian.

We want Bill 8 to slam the door on pay-your-way-to-the-front-of-the-line health care. How would we do this? The bill would require mandatory reporting of unfair activities like queue-jumping and extra billing and would offer protections to whistle-blowers so that these activities can be stopped.

It would ensure the future of medicare in Ontario by enshrining in law the belief that every member of our society has an equal right to quality health care, based on need, not money. The bill outlaws insured individuals getting faster medically necessary treatment based on ability to pay.

There have been concerns raised regarding the relationship between the privacy provisions of Bill 8 and Bill 31, the Health Information Protection Act. I've had the opportunity to speak with the member from Kitchener and health critic for the Progressive Conservative Party around this issue.

**1320**

Let me be very clear: Bill 8 is subject to the enhanced privacy protections in Bill 31, the Health Information Protection Act, that has received first reading and gone through the standing committee hearing process. Bill 8 explicitly states that the general manager of OHIP could collect personal health information only in extraordinary circumstances in order to investigate serious violations that harm patients, such as queue-jumping or extra-billing. And let me be clear about one more thing when it comes to privacy: We will strike down any reference to the minister collecting health information.

The third key component of Bill 8: It would entrench accountability as a central principle in Ontario's health system. I've said on numerous occasions that we have to make our health care system more accountable. By "accountable" I mean making sure that the government and our health partners clearly agree on what outcomes we need to achieve together. Too often, health care providers are working in isolation, losing opportunities to share information and work in a complementary way. It's time to actually transform our health care system into a system. Accountability means being answerable for our actions, not just our good intentions. We need clearer performance targets, greater transparency and better lines of communication.

And let me be clear: Accountability isn't a burden we simply place on others. It's a responsibility we all accept and share, and I include this government and my ministry. Bill 8 is a big step toward greater accountability in the system. It creates a framework that allows the minister to establish negotiated accountability agreements with publicly funded health resource providers. The health care providers we intend to designate in the bill are hospitals, community care access centres, long-term-care facilities and independent health facilities.

The bill does not apply to solo physicians, group practices or labour unions. We will offer amendments that make that abundantly clear. Boards and CEOs hold positions of great honour and great responsibility. They are entrusted not only with managing precious public health care dollars but with ensuring high-quality care for the people they serve. The ministry would establish accountability agreements with the board of directors, and the board is then required to establish a similar performance agreement with the CEO. We will be introducing amendments which will clarify the process for entering into accountability agreements.

Accountability agreements would ensure targets are met in key deliverable areas such as access, quality and safety. There are provisions that would link compensation with key deliverables, and we would expect a board to hold its CEO accountable for failure to meet deliverables.

The intent here is not to take away any of the authority of the governing executive boards, but to clarify our expectations for deliverables. But Bill 8 also makes it clear that a CEO in charge is not only responsible to the board but to members of the public as well. In the end, only if all other recourse fails and only in exceptional circumstances can the ministry impose penalties directly on the CEO. We have worked very hard with the Ontario Hospital Association to achieve an acceptable middle ground.

It should also be noted that these accountability agreements and compliance directives would be made available to the public. After all, it's the public interest that we're working to protect.

Some have told us that there is an opportunity to lay out the processes for accountability agreements more explicitly in the legislation so that the language more clearly achieves the bill's intent. This too is an important matter for the committee to consider.

Lastly, labour unions may tell you that the accountability agreements will allow for opening collective agreements. This bill does not reduce or change any of the protections that currently exist in any of our labour laws. It does not allow anyone subject to an accountability agreement to reopen collective agreements. Unilateral wage rollbacks and unpaid days off might be the record of a previous government, but the suggestion by

anyone that Bill 8 enables this is an act of partisan-inspired fiction.

The Canada Health Act was passed unanimously by Parliament in 1984. It is this spirit of common values and purpose that I hope will guide the committee during this hearing for Bill 8.

The Canada Health Act expresses our country's fundamental commitment to a universal, accessible, comprehensive, portable and publicly administered health insurance system. I view this as one of the most important pieces of government legislation of the past quarter century. The Canada Health Act aims to ensure that all residents of Canada have access to necessary hospital and physician services on a prepaid basis. It provides the provinces and territories with conditions that they must satisfy to qualify for their full share of federal transfers under the Canada health and social transfer. However, the Canada Health Act does not include the principle of accountability. Our government's proposed Commitment to the Future of Medicare Act would entrench accountability as a cornerstone principle of Ontario's health care system.

As public servants, each one of us recognizes the importance Ontarians place on accessible quality health care. This bill will help to ensure that health care is available to all Ontarians in every community in the province now and for generations to come. By identifying the principles that are important to us and by acting firmly and decisively to protect and apply these principles, we can make real progress in providing health care today and in the future.

I'm excited about the progress we're making in transforming and improving health care, and I'm committed to the principles and values enshrined in Bill 8. I look forward to hearing from the people of Ontario on this important piece of legislation, and I look forward to hearing the ideas and recommendations of this committee and working with the membership of this committee to strengthen this important bill. Thank you very much.

**The Chair:** Thank you, Minister. I understand you'll be with us till a quarter after two. Is that correct?

**Hon Mr Smitherman:** Yes.

**The Chair:** What I propose to do, then, to make sure that all parties have equal access to you, is split that time by the same proportion till a quarter after two, and then from a quarter after two until the time we adjourn, we will split that also proportionately, if that meets with the pleasure of the committee. OK. We'll start with the official opposition.

**Mr Frank Klees (Oak Ridges):** Minister, thank you for taking the time to be with us today. It's encouraging, at the outset. I might say it's encouraging to know that you've obviously heard from many stakeholders regarding their concerns and you've indicated that you've already committed to a specific number of amendments. I'm assuming that you have those amendments available to you.

I would ask, in the interest of the work that this committee has been asked to do over the next couple of weeks, whether it's your intention to provide the committee with a copy of those amendments so that we at least know what you have committed to, so that as we move through our discussions, we don't have to be covering the same ground. I can tell you there are many, many concerns on the part of stakeholders regarding, as you put it, not only the tone but the substance of this bill. I think it would be a huge waste of time of this committee if, with all of the delegations that we'll be hearing from, we have to take under advisement their concerns. So my question to you is: Would you be prepared, in light of the fact that you clearly have already made some specific commitments perhaps to stakeholders, to have those regulations or those amendments for this committee as well, as soon as possible?

**Hon Mr Smitherman:** What I said in my remarks was that we'd make those amendments available at the point where the committee is prepared to do clause-by-clause.

We've met with some stakeholders and exchanged some language—in some cases they provided us with language—but on some of these, where there are multi-stakeholders affected by language in the same provisions, I wouldn't say we've settled exactly on language, to the point where I think it's incredibly important that we be informed by the work of the committee and by what we hear from the presentations of stakeholders. I could commit to you to try and advance that timetable, but I'm not in a position today to provide you with language for all the amendments that we would presume to bring forward on March 9.

**Mr Klees:** It would certainly be helpful, Chair, for us to receive from the minister at least an outline, then, with regard to the subject matter of the sections the minister is considering amendments for. It would be very helpful, in light of the fact that the minister has those, if we could have those in time for the beginning of our hearings, starting tomorrow.

**Hon Mr Smitherman:** I don't think I can commit to having them for you tomorrow, but I'd say if you could give us 48 to 72 hours, we'll provide you with a sort of framework for the areas and sections of the bill where we intend to offer amendment, and the nature or direction we're headed in, but not actual drafting of the proposed amendments.

**1330**

**Mr Klees:** That would be very helpful. I'd like to also take the minister up on his comment. He referred to the process that was followed with Bill 31. The minister will recall that in that particular case, following the amendments, the bill came back to committee for further review. Can the minister give us an undertaking today that that is the process he'll follow here?

**Hon Mr Smitherman:** I'd be informed on that point by the committee's direction. I think this is a bill that would benefit from more eyes on it. The broader the consideration that flows from that, the better the likelihood of finding a bill that does what we're asking of it. It strikes me that the process we followed with respect to

Bill 31 is a good model, and that's why I commented on it in my remarks. I'd be guided by the direction of the committee, but that strikes me as satisfactory.

**Mr Klees:** I'll take that, then, as an undertaking from the minister that that will be the process, unless of course someone on this committee would object to that, which I can't imagine. I think it will be helpful, and in fact the appropriate thing to do, particularly given the number of amendments that are being considered here by the minister.

I'd like to challenge the minister on a comment he made, because I think it goes to the heart of this bill. It seems to me that the minister is saying that much of what has gone wrong in our health care system in the past is perhaps the fault of the local boards and CEOs, given that the majority of Bill 8 really deals with clamping down on local boards and CEOs and putting that accountability factor in place, and as this bill was being drafted it seemed to me that the accountability balance certainly was very much against the local boards and the work that the local boards were doing.

The minister obviously is coming back to the centre of the line, from what I'm hearing him say, and it remains to be seen what the amendments say. Could the minister comment on that? And how much of the responsibility would the minister place at the doorstep perhaps of the Ministry of Health and the systems that are in place within the ministry itself to achieve that accountability?

**Hon Mr Smitherman:** First, I would challenge you in response. Read back to me something from my speech that supports that rather lengthy flight of fancy that you just went on.

**Mr Klees:** You indicated very clearly, in fact it's in the entire preamble of your bill, that accountability is required. But I read nothing in the entire bill about what the Ministry of Health is going to do to meet the accountability issues. Accountability, as you yourself said, is a two-way street. That's what I heard you say. I would like you to point to me where in the bill the accountability measures are of the Ministry of Health to the public. I haven't seen them. Perhaps I've missed them.

**Hon Mr Smitherman:** Let me give you three. First, the Ontario Health Quality Council is, first and foremost, a tool of accountability whereby Ontarians will have an opportunity on an annual basis to hold their government accountable for the performance in the system. Second, with respect to the performance agreements that I spoke about, my remarks in the speech, I clearly said that these would be negotiated. Each of the two parties to them, being the ministry and the health service organization, would have responsibility for fulfilling various aspects of them. These are not one-way agreements.

You asked me the question, what's an example of where the Ministry of Health would benefit? I'm mixing words a little. Let me make a point here. I am not someone—and I think you could check this out, I'd say to the member—who has spent a lot of time defending the historic position of the Ministry of Health as it relates to these things, nor am I someone who has had the privilege or opportunity to spend a lot of time looking in the rear-view mirror.

Here's what I know for sure: On a whole bunch of things where the Ministry of Health has provided funding and sought to achieve enhancements around performance on a public measurement here or there, and I will give you a very specific example in a minute, the ministry over governments—not past Liberal governments or past Conservative governments or past NDP governments, but over time—has had some difficulty in achieving the progress it thought it was paying for.

I'll give you one example from your party's time in office. You spent about $400 million on a nursing strategy that had as one of its core elements significant targeted enhancements to the percentage of nurses working full-time, and you got next to nowhere on it. I'm just saying that people deserve to understand what the expectations are on them. As an example, in exchange for additional resources, if there is an expectation that we would actually be achieving a higher percentage of nurses, then as a Minister of Health, on a going-forward basis, I'm pretty interested in trying to make sure that we achieve those public policy objectives.

The fact of the matter is, and very clear to all of us, that set against the obvious pressures and expectations that are out there in terms of our health care system, we need to make sure we're achieving our expectations and that we're holding people to account as a result of them in the same way that the public, at the end of the day, is going to hold the government to account for the quality of the health care system in the province.

**Mr Jim Wilson (Simcoe-Grey):** Minister, certainly I agree with your comments that there is room for improvement in the system and that there is room for better relations, whether through performance agreements or other means, between the Ministry of Health and those providers out there. That's all well-intentioned, I think, as I think your bill is. I just ask, are you not worried? You're on the verge of a doctors' strike in the province of Ontario.

**Hon Mr Smitherman:** That is the most irresponsible language I've heard from you in a long time.

**Mr Wilson:** I was watching Global News last night; you're on the verge of a doctors' strike in the province of Ontario, according to one of the OMA executives.

Secondly, one of your employees, one of my best friends, is dying of cancer. George knows him. He worked for me when I was Minister of Health from 1995 to 1998. Since November 3, I and former deputies have been visiting Brian in Scarborough Centenary Hospital, Scarborough General, Mount Sinai and Toronto Hospital—that's the circuit he's been on—and doctors aren't in very good humour. Not to be provocative, and because I'm a former Minister of Health, and I used to have hair before I was Minister of Health too, George—it's a tough job; I feel for you there—but they're not in very good humour. They do see this as provocative because of the money aspects, because of another council. They do see the council as perhaps—because the regulations aren't

out—driving a wedge between them and their patients. They certainly see the unilateral cancellation of block fees, as politically popular as that might be, as something that irritates them at the moment.

You're in fee discussions with them, so I'll ask you a rather friendly question: Could you just tell the committee what you think the mood of the OMA is right now, what you think doctors think about this bill, what they're telling you and what you're telling them.

**Hon Mr Smitherman:** There are more than 20,000 doctors in the province of Ontario. I travel around to a variety of health care settings and I've had the opportunity to speak with them one on one. Through the course of the time that we've been working to enhance the quality of this bill, I've sensed that there's been a great deal of progress made. At the end of the day this bill is about values. I said in my remarks that not everybody is going to love every element of it, but here's what I know for sure.

I have sat twice in the last two weeks with Larry Erlick, David Pattenden, Ted Boadway and a variety of other officials from the Ontario Medical Association and we've worked toward considerable progress. So what would I say? I'd say that they've seen from a Minister of Health a genuine effort to take their concerns and address those that can be addressed in the context of the values that are in this bill.

What's the mood of the Ontario Medical Association? I assume the mood of the Ontario Medical Association is as it is when you're at the stage that you're in the midst of negotiations. Two Fridays ago at 5 o'clock, after the day's negotiating session had concluded, Larry Erlick and I had a joint dinner with all the members of both sides of the negotiating team and I can assure you that it was cordial. As you well know, and perhaps better, because you had a longer go at it than I've had so far, the tension in health care around resources is always there. What I've tried to do in the slightly less than four months since I became minister is to ask everybody in the health care sector not to set aside the tensions that exist around trying to divvy up the pie, but to acknowledge that the tensions around finances are there, and to look for the opportunities for a sense of common values, to recognize that in health care we all have a real honour to be working in this most cherished of Canadian values. So I sense a lot of progress.

**1340**

Let me just correct one thing from your question on block fees. There is no unilateral cancellation of block fees. I'll tell you honestly that this has been a really hard one for me, because these things have been going on for quite a long time, over the course of a variety of governments. I'm not all that keen, frankly, on being the Minister of Health who is seen as giving credence to these block fees, but at the same time the Ontario Medical Association and I both agreed that they've seen some troubling trends around the application of block fees. I think you've heard some of those stories too; we all hear them. So what we seek to do by bringing this into legislation is to give us an opportunity—the ministry, the OMA and the college—to work on making sure block fees are regulated in a way that they're only used for the purposes for which they were intended, not as some modern-day equivalent of key money. Here again, of course, there are some tensions, as there will always be in a complex relationship like the one between the Ministry of Health and the Ontario Medical Association, but I'll tell you I'm very impressed with everybody's commitment to work on it. We've narrowed the gaps considerably.

**Mr Wilson:** Thank you. I appreciate your answer. I thought I gave long answers when I was Minister of Health.

**Hon Mr Smitherman:** I get paid by the word.

**Mr Wilson:** I appreciate it, but I just can't help but think, if the timing is well intended, as your party believes it is with this bill, that you're just—you know the story is out there. When the average physician, the average health care provider, involved in discussions with your ministry now in terms of fees hears this, and it finally percolates out there as it is starting—you're putting salt in wounds right now, and I just wonder about the wisdom of your party and the government introducing this legislation now, when you're right in the middle of what all parties know are such difficult discussions with the OMA on behalf of their membership. If there's a doctor strike, this bill is going to be mentioned. As you can tell by the fact there were at least a few reporters here in the room earlier, people are going to be watching this bill very closely.

I question your timing. I question, as my colleague did, whether the bill actually does what it says it's going to do. That's why Frank is quite right in saying that we need to see the amendments, because certainly what the preamble says doesn't match what many of the clauses say. With that, I think Mr Klees has a question.

**Mr Klees:** I'm assuming, Minister, that you have a budget for this council. How much is it going to cost?

**Hon Mr Smitherman:** We haven't yet established a budget for the Ontario Health Quality Council.

**Mr Klees:** It is going to be reporting to whom? I'm assuming to the Legislature.

**Hon Mr Smitherman:** To Ontarians.

**Mr Klees:** So it will be reporting to the Legislature.

**Hon Mr Smitherman:** Through the ministry, reporting to the House.

**Mr Klees:** Through the ministry.

With regard to the comments you made, you assured everyone that you have no intention as minister to interfere with existing contracts and agreements. Can you state for the record that there will in fact be an honouring of any and all agreements that exist now in Ontario that may have been entered into, either by hospitals or by boards, with service providers? Can you give us that absolute assurance?

**Hon Mr Smitherman:** Yes, I can, with one caveat, which is the one I went to some length to discuss in my speech, which is that there are provisions in the bill that

provide the ministry with the opportunity to seek accountability directly from CEOs after a process if we find that the board was not able to achieve that. But with respect to the reopening of collective agreements or contracts that have been signed between health service organizations and the like, that's not what this bill is about.

**Mr Klees:** So I'm assuming that perhaps one of the amendments you will be bringing forward is a withdrawal of subsection 40(3)(2.1), which reads: "Upon the advice of the general manager, and where the minister considers it to be in the public interest to do so, the minister may make an order amending a schedule of fees referred to ... in any manner the minister considers appropriate." So you're willing to put aside that clause that empowers you to interfere with existing schedules of fees.

**Hon Mr Smitherman:** What I can tell you is that we're going to provide you with what I called earlier a document that provides you with direction in terms of where we're going in various areas, and that is one that is significantly altered to make absolutely clear our intent. Our intent is that only in extraordinarily rare circumstances would those kinds of powers be used. I think you'll see that clearly from the focus of the amendments we intend to bring forward.

**The Chair:** Thank you, Mr Klees and Mr Wilson. Your time is up. We'll move on to the NDP.

**Ms Shelley Martel (Nickel Belt):** Thank you, Minister, for being here today. I want to deal first with hospital workers and their unions. I know Michael Hurley, who represents the Ontario Council of Hospital Unions, had a meeting on January 13 with the ministry—you might have been there; I think you were—and provided a written opinion of the bill that had been given to them by Sack Goldblatt Mitchell. There are two provisions I want to read, in which would explain why they came to you with the concerns that they did.

First, "The most potentially far-reaching and controversial provisions contained in Bill 8 are those contained in part III, sections l9 to 32, and relate to the ability of the minister to require persons to enter into accountability agreements or to issue compliance directives, set out in part III of the bill. In general, these provisions have been drafted in extremely broad and general terms and, as a result, grant the minister virtually unprecedented power to require individuals and organizations to comply with seemingly unfettered ministerial initiatives and orders in relation to the provision of health services, and potentially extending to the overriding of collective and other negotiated agreements."

Following that, this is the particular amendment that I want to ask you about: "More ominously, however, under section 26, where in the opinion of the minister, any person or organization fails to enter into or comply with any terms of the accountability agreement, or fails to comply with all or any part of a compliance directive, the minister may make an order providing for certain consequences which are, again, to be left to regulation. In other words, the minister may make any order which regulations may permit. At this point, it is entirely unclear what the nature of these regulations will be and as a result what power the minister will have where a party refuses or fails to enter into an accountability agreement."

It's section 26 that provides you with the power to make an order that provides for any number of measures which we don't know because they're all going to be prescribed. Is it your intention to take that section out entirely? Is there going to be an amendment to that particular section? What are you doing specifically that would respond to the concerns that were raised with you?

**Hon Mr Smitherman:** I'm happy to tell you exactly what I told them at that time, and any other labour union leader who has spoken with me: This bill is not about unions and it's not about individuals; it's about organizations. I mentioned in my speech that what we're anticipating is independent health facilities, community care access centres, long-term-care facilities in Ontario's hospitals; and with respect to the language or nature of amendments that would fulfill that commitment, I would just refer back to the commitment I made to Mr Klees, the member from Oak Ridges, which is to provide within 48 or 72 hours to this committee a sense of where we're heading in terms of our areas of commitment to amendments.

**Ms Martel:** If I might, Minister, if you look at section 26, there's a reference back to sections 21 and 22. While I appreciate your saying that this is supposed to respond only to CCACs or organizations, it does say very clearly "a health resource provider." It would be hard for a health care worker not to assume they might be covered as a health resource provider. It also says "any other prescribed person," so that leaves it wide open.

**Hon Mr Smitherman:** What we've committed to do is make it absolutely explicit in the legislation whom we're talking about. I think that in reading from the legal opinion, you used the word "broad." We recognize that this is one of those areas where the bill will benefit from clarity, and we'll be very explicit about whom we're talking about in any of these instances. If there's any lack of clarity now, there will be absolutely no lack of clarity at the point that the amendments are brought forward and voted upon.

**1350**

**Ms Martel:** Just so I'm clear, because it was reported in the news that some proposed amendments were provided to the OHA and OMA—I'd be happy to get those. I'm going to assume that you're also going to provide us, within the next 48 or 72 hours, with the amendments that have been drafted to deal with the concerns of the hospital unions as well, not just the proposed amendments you gave to the OHA and the OMA.

**Hon Mr Smitherman:** No one has received any amendments yet. There has been some discussion around them and some exchange of language. But no one has walked away with a piece of paper that says, "This is the amendment intended here," because of what I said earlier, which is that some amendments affect both

parties and we want to make sure we get them right. So it's not factual to say that any amendments have been provided to anyone, nor is it factual to say that I committed to provide those amendments in the next 48 to 72 hours. What I said was that we'll provide you with a framework for where we're headed with respect to amendments and give you language around where we're going but not the actual language of the amendments. I think you will see from that the intended treatment for the sections you're speaking to—I shouldn't say "intended;" I would rather say "our recommendation," because this of course will be up to the committee.

**Ms Martel:** If I might, Minister: If you propose to have discussions, verbal or otherwise, with others with the full intention of making changes, you'll want to give the same courtesy to this committee as soon as possible as well.

Let me ask you about the role of the Ontario Health Quality Council. I heard you say, in response to Mr Klees, that was going to be one of the functions of the government's accountability in terms of what's happening in the health care system. It's not clear to me, though, as I look at their role in the bill, that they have a broad range to look at what's happening in the health care system or to make recommendations to you about changes. As I see the recommendations they are permitted to make, they have only to do with the schedule of what they're reporting on. Do they have, for example, power to look at a private CAT scan clinic to determine whether people are getting value for their money? Is that part of their role and mandate?

**Hon Mr Smitherman:** No, it is not. But we do support the extension of the powers of the Provincial Auditor to be able to provide advice to the Legislature of Ontario and the people of Ontario around value-for-money audits. It's our intention to have the Ontario Health Quality Council bring together a series of information that will provide Ontarians with a view about how their health care system is performing across a wide range of indicators. It's not our intention to turn that into a public policy-making body. We believe that is our role, but we do think it's critically important that a body made up of Ontarians provide information across a wide range of indicators about the performance of the health care system to all other Ontarians.

I think it's important to note as well that we really do think, toward our goal of making Ontarians the healthiest Canadians, it's critically important that we begin to capture more information about how we're performing as a society on key health indicators. Some of those I mentioned include rates of activity, smoking, obesity and the like.

**Ms Martel:** I appreciate the powers for the Provincial Auditor; however, I was referencing the powers of this particular council. You were the one who told Mr Klees that it was one of three mechanisms in the bill to ensure the ministry was accountable. I'm looking in the bill under the section with respect to the functions of this council and want to know, if the council comes forward and decides you're not spending enough money on public health to deal with diabetes and smoking, where the accountability is for the minister to spend more.

**Hon Mr Smitherman:** I'm not looking for the Ontario Health Quality Council to play the role of determining where resources ought to be allocated. The fact of the matter is that a report they produce that indicates problem areas is of course going to have those pressures brought forward. That's the accountability that will be brought to bear on the government. This is not a body that we anticipate will be playing that role. It is a body that will be designed to bring together this broad range of indicators to report on the performance of the health care system and on the health of Ontarians.

**Ms Martel:** Then you can't really identify the council as a mechanism to make the government accountable with respect to the principles outlined in the bill: either accountability, accessibility etc. They've got a role that's pretty limited. We wish them well in their duties, but it's hard to describe that council as being a mechanism that's going to hold your government accountable when it comes to health care funding or ensuring any of the provisions that are outlined in the preamble.

**Hon Mr Smitherman:** I beg to differ. What would you call a report that comes out on an annual basis and highlights areas that need improvement? You've had the privilege of serving as a member of a government and in a government ministry, and I think you understand how the public reporting of information, not all good, is going to dramatically influence you and hold your feet to the fire in terms of a wide variety of performance indicators. I beg to differ. I think it's an incredibly powerful tool for Ontarians to have a glimpse, across a wide range of indicators, at the performance of their health care system. If you think that a minister of the crown, or a government, is not going to find that to be an accountability tool in terms of how they're doing, then you and I have a different take on accountability.

**Ms Martel:** We do. I look at their recommendations, and subsection 5(4) clearly says, "In a report under this section the council may make recommendations to the minister but only in regard to future areas of reporting." I don't see a mandate there for them to say to you, "We need more money in public health, and you should respond."

**Hon Mr Smitherman:** Yes, that's right.

**Ms Martel:** I don't see anything like that.

**Hon Mr Smitherman:** That's not our intended role. I'm not ducking this one; I'm telling you that this is exactly our intent, to give the capacity for Ontarians to have an at-a-glimpse view, on a wide variety of indicators, of the performance of their health care system.

I'll just give you an example. Recently I attended the 2003 version of hospital reports, based on year 2000-01. The media were very able, as a result of the information that was provided, to highlight areas in the health care system, and in hospitals in particular, where performance measures were not up to snuff and required effort. In the very same way, a report that takes a wider range of

indicators into play is going to highlight areas where the government has more work to do. That's inherent in it, and I think that's a very responsible position.

**Ms Martel:** Cancer Care Ontario talks about waiting lists all the time, but there still isn't a standard in Ontario with respect to adequate treatment times. Certainly there is any number of people who aren't getting that in a four-week period, as they would like in their own prescription.

**Hon Mr Smitherman:** I think you should stand by, because what you will have from our government is a very clear commitment around particular wait times. We're going to demonstrate to the people of Ontario over the course of the next four years that when the government of Ontario, working with a wide variety of health care partners, tackles a particular wait-time challenge, we can make demonstrable progress on it, and that demonstrable progress, set against the expectations we framed in the minds of the public, will be measured by the Ontario Health Quality Council. That's one further example of how that's an accountability tool.

**The Chair:** We're down to about the last two minutes, Ms Martel.

**Ms Martel:** I'm looking for the provisions in the bill that would ban for-profit private MRI clinics and make sure that CAT scans and that technology go into publicly funded, publicly administered hospitals. I don't know where that is.

**Hon Mr Smitherman:** If you want to ask me a specific question about a piece of the bill, I'd be happy to answer.

**Ms Martel:** Where are the provisions?

**Hon Mr Smitherman:** This is a commitment to the future of medicare.

**Ms Martel:** Where are the provisions?

**Hon Mr Smitherman:** As you know—

**Ms Martel:** Minister, it's a very simple question: Where are the provisions in the bill that ban for-profit private MRI clinics?

**Hon Mr Smitherman:** Regrettably, they don't exist. As you know, independent health facilities have been in existence in this province since 1990, I believe. There was even a modest expansion of for-profit, independent health facilities during the day of your government. I think that's the answer: There is legislation that governs independent health facilities.

**Ms Martel:** It's regrettable that they don't exist. It's regrettable that your government promised it would ban these before the election campaign and they are still operating. This is a bill that is supposed to recognize that medicare, our system of publicly funded health care services, reflects our values. I think many people told Romanow they wanted to ensure that public money went into publicly funded, publicly administered health care services.

It's a simple question: When are you going to live up to your commitment that was made during the election campaign to ban these clinics?

**Hon Mr Smitherman:** I read many pages of the Romanow report and didn't see in there where Roy Romanow proposed the nationalization of every service in health care that is being delivered in a for-profit way.

**Ms Martel:** He did make it very clear there was no evidence to support that the private sector could provide these services more effectively. He made that very clear, Minister.

**The Chair:** Thank you, Ms Martel. Your time has expired.

Questions from the government side.

**Mr Jim Brownell (Stormont-Dundas-Charlottenburgh):** During the past week or week and a half, I've had many constituents approach me, especially those working in health care and hospitals, concerning the bill. MPP Wilson commented that the public is very interested in this bill, and they are. I've had many health care providers comment that they're afraid of losing jobs—we've had comments with regard to collective agreements and whatnot. Will this bill cause job losses in hospitals?

**Hon Mr Smitherman:** No. That's not what this bill is about, but it's what some people have attempted to make it about. What I have said in response to that is that we're going to make it abundantly clear and explicit in the bill that there's nothing in the bill that gives anyone the far-reaching powers to open collective agreements, as an example.

I read the media too, and I've seen how some people have been involved in that kind of a campaign in your community and in others across Ontario.

**1400**

**Ms Wynne:** I've had a question about section 10 in the bill come to me already. That's the section that lays out the associations that the Minister of Health and Long-Term Care can enter into agreements with. There are three, I guess. Are you looking at adding others?

**Hon Mr Smitherman:** What we're looking to do in that section—and this will be noted in the document that we provide—is to make it explicit which organizations we would intend to do that. Those are the four I mentioned earlier: hospitals, long-term-care facilities, community care action centres and independent health facilities.

**Ms Wynne:** This is a section that lays out the OMA, the ODA and the Ontario Association of Optometrists. Are there other associations that you're considering adding in that group? I've been approached by the chiropractors, but I don't know if they're—it's page 7, section 10.

**Hon Mr Smitherman:** Maybe you could stand that question aside for when ministry staff are up here and ask them. They'll give you the rationale for why that's in there.

**Ms Wynne:** OK.

**Hon Mr Smitherman:** The short answer is no, but they'll give you a more detailed rationale for it.

**Ms Wynne:** OK. I'll get an explanation. Thank you.

**The Chair:** Mr Duguid.

**Mr Brad Duguid (Scarborough Centre):** I want to begin by suggesting that I'm very pleased by the approach that the minister is taking on this particular piece

of legislation. I know from previous experience how governments sometimes will be entrenched when they come forward with a piece of legislation, rather than listening to concerns as we move forward. I want to thank the minister for the approach he's taken to date, the responsibility he's taking on himself to make improvements and to work with this committee to make improvements. I think that's a breath of fresh air for the process and for the system.

My question is on the health council itself.

*Interjection.*

**Mr Duguid:** What's that?

**The Chair:** You have the floor, Mr Duguid. I think we all heard it. We don't need it repeated.

**Mr Duguid:** I've got a concern that the health council could become just a committee of special interests or a committee of people with preordained agendas. I'd be interested to know what your thinking is in terms of the appointments to this committee and who will be included or precluded from sitting on this particular body.

**Hon Mr Smitherman:** Just off the top, you pay me a compliment, but the fact of the matter is that the first draft of the bill that was introduced in the House didn't get it right, and I take responsibility for that. So the approach is necessary, frankly, because the bill needed help, and the committee's going to be very helpful.

One of the issues that I think you're going to hear about—and I noticed this when we sought appointees to the national health council—is that a lot of appointees in health have historically come out of stakeholder groups where someone would say, "If it's 12, you need a nurse and a doc and someone from the labs," and they just take the pie and look at the big 12 players and line those up. I don't mean to diminish any of those groups in any way. They're obviously critically important. In the Ministry of Health, I can assure you there are more stakeholders than you can imagine, because the pie is very large and each medical service in its own right is very distinct.

We believe that across this amazingly large province and the 12 million people who inhabit it, we've got the opportunity to bring together people who come from communities and have a very broad-based knowledge about the health care system. In explicitly limiting people who are wearing a stakeholder hat from being appointed to the council, I feel that it helps to make the point very clearly that this needs to be about broad-based experience and about understanding that the people who are on the council are really there voting, if you will, in the interests of the 12 million Ontarians who are our core stakeholders. So I think you're going to get some pushback on that, but that's a provision I feel incredibly strong about.

**Mr Duguid:** One more question, Mr Chair: Our sports teams in this city contribute greatly to both our economic and social well-being as a community, in Toronto and across Ontario—our sports teams across Ontario. Eddie Belfour's back ailment may not be an important public issue for the province of Ontario, but it certainly is to the people of Toronto, heading into the playoffs. I want to get your assurance that this legislation will not in any way impact the ability of sports teams to have their athletes treated in an appropriate manner so they're not going to be left at a competitive disadvantage with other sports franchises across North America.

**Hon Mr Smitherman:** I'm going to answer your question in a very different way. I'm a big Toronto Maple Leafs fan. I declare my interest as the local MPP for both the Air Canada Centre and Maple Leaf Gardens, but at the end of the day, my responsibility, our responsibility, is not to worry so much about Ed Belfour's back as about Mrs Smith. At the end of the day, what we have in Ontario is regulations put in place during the time of the New Democratic Party that ensure that no uninsured party would ever be able to access a service and queue-jump over an Ontarian who's in the same lineup. So under this bill and under the status quo in Ontario, Mrs Smith is never going to lose her spot in line to a professional athlete.

**Mr Bob Delaney (Mississauga West):** Minister, I worry terribly about Mrs Smith. She has been sick for so long with so many different things, she may become one of the parameters by which we measure.

I'd like to ask you a few questions about the Ontario Health Quality Council. Let me know if I'm going a little bit too deep into the minutiae of its operation as compared to where you are in the development of it right now. How do you envision the health quality council gathering, validating and processing data?

**Hon Mr Smitherman:** I think that one of the things the health quality council will have the advantage of being able to do is build on a lot of the data that is already out there and bring it together in one place. Every single day, it seems, there's a new report that comes out about this or that in health, not necessarily measured against the same research parameters, as an example.

In our discussions last week with the Ontario Hospital Association—in one of the more forward-looking initiatives in partnership between government and the Ontario Hospital Association that I think traces its roots to your government, hospital reports have become quite standardized in the province of Ontario. We're a partner in those. The ministry and the government of Ontario, partners in that, pay for a significant amount of it. Some of that reporting and some of the other reporting we do—for example, Ms Martel referred to Cancer Care Ontario. We would bring together some of the existing data in one place and then look for those gaps across that broad array of health indicators to determine where more research is required and to help to frame how that research and information would be conveyed to the public. But a lot of that work is certainly yet to be done.

**Mr Delaney:** Would the act of gathering the data under the auspices of the health quality council serve to assist hospitals in ensuring that the data they gather can be effectively compared on an apples-versus-apples basis, on a common basis?

**Hon Mr Smitherman:** I think one of the primary benefits is that there would become, if you will, a standardization of the research methods we utilize in

collecting that kind of information. Right now, the fact of the matter is that it comes at you fast and furious from a variety of different directions, and it's very, very difficult to determine sometimes whether one study on a subject is more valid than another. There's a lot of research in health, and keeping track of the information, not least of all for me but especially for Ontarians who are, after all, inundated with a variety of information coming from so many different directions—I think would be very helpful in that regard.

**1410**

**Mr Delaney:** We've talked a bit about the constituent members of the health quality council. What type of activity does the ministry anticipate that the members of the health quality council will do? For example, how often and where will they meet?

**Hon Mr Smitherman:** We anticipate that they would meet on a regular basis, probably monthly. It's critically important that groups acting on behalf of Ontario get a chance to see all of Ontario. I'm one of those who are delighted, perhaps because I'm not going, that committees are travelling. I certainly enjoyed my visit to Terrace Bay three weekends ago when it was about minus 45, and I ended up in North Bay. That's an important part of it.

What we would expect is early leadership from that group to take a look at some of the work the National Health Council is doing, to determine efforts that can be made at the Ontario Health Quality Council that are complementary to the work of the National Health Council, and to determine the appropriate way to do research so we can report to Ontarians on an apples-to-apples comparison, to use the phrase you used.

**Mr Delaney:** What nature of staff, consulting or administrative support does the ministry anticipate the health quality council will need?

**Hon Mr Smitherman:** We haven't gotten down to detailed budgeting on those things. The ministry can be a very significant resource in helping to establish it and get it running, but further to that we haven't taken a look at what an annual budget would look like.

**Mr Delaney:** Will the same set of parameters or key indicators be measured every year? What will establish the council's priorities?

**Hon Mr Smitherman:** That's actually something the council has to provide leadership around. It's obvious and critically important, if you go back to one of my earlier answers, that we make sure the government has an opportunity to be held accountable to particular targets it's going to establish. So the annualized measurement and reporting on a consistent number of indicators is, of course, critical to track our progress or frankly, and perhaps more particularly, to indicate if we've slipped on any indicator. If we're going to track the rate of smoking among 15- to 18-year-old girls in one year, and the government is working on an initiative on smoking cessation in that same group, we obviously need to know what the numbers tell us about how we're doing.

**Mr Delaney:** Will there be any means to evaluate the contribution of the council's members and to make changes if a member either cannot or will not contribute?

**Hon Mr Smitherman:** There are always opportunities to do those sorts of things through order in council and the like; so, yes, but only as required.

**The Chair:** Ms Wynne.

**Ms Wynne:** I've already gotten calls about the recommendations section, and I think it's going to come up as we travel, so I just want to be clear that this report that comes out each year will be a report card and there will be standards against which the performance will be measured. Is that an accurate description?

*Interjection.*

**Ms Wynne:** I'm not wasting time. I actually do want to know this, because it's going to come up.

**Hon Mr Smitherman:** The issue of standards is critical. Standards are in a sense a marker we lay down and say they're not just our goal, but that objectives are in place to achieve those.

The only cautionary piece I would have about that, and it's something I think anyone who's served in government would have, is that in the Ministry of Health it's very easy to succumb to the idea that you can do everything as a one-off. The pressure comes intensely from every corner on every day to do this and that. I think a good expression is: If you have 100 priorities you have none.

We, as a government, plan to lay down markers on particular wait-time challenges and aggressively chase progress in those areas. We expect that the Ontario Health Quality Council will be critically important to report to Ontarians on how we're doing against the markers we lay down.

**Ms Wynne:** Do you see this bill as a mechanism to promote wellness in the province?

**Hon Mr Smitherman:** Absolutely.

**Ms Wynne:** I think that was one of our fundamentals in our campaign. Can you talk about that?

**Hon Mr Smitherman:** I mentioned in my opening remarks that it isn't just about system performance; it's about system performance, health outcomes and measures around the health of Ontarians. It's our government's commitment to make Ontarians the healthiest Canadians. That means we obviously need to make progress on items like the rate of physical activity amongst all age groups, smoking, obesity and the like. I think you could all imagine a day, two and three years after the first report, when people are going to take a very keen interest in the percentage of Ontarians who are smoking or the percentage of Ontarians who are active. I think those indicators are going to be critically important. The fact of the matter is, if you look at some of the challenges we're facing in health care, that many of the most significant challenges we face are about trying to find the resources to address disease that is preventable. At the end of the day, marrying these two things together is critically important to achieving our goal and, frankly, critically

important if we're going to be able to make health care sustainable from a financial standpoint.

**The Chair:** Thank you, Mr Minister. It's a quarter after two. The time for your presentation is expired. We appreciate your being here.

**Hon Mr Smitherman:** It's my pleasure.

**The Chair:** We're going to return now to the official opposition.

We'll be sitting until 3 o'clock, so we'll divide the time accordingly, which will be about 17 to 18 minutes for the Liberals and 10 minutes for the NDP.

**Mr Peter Kormos (Niagara Centre):** Ten or 11.

**The Chair:** Ten or 11.

Mr Klees, are you going to start off?

**Mr Klees:** Yes, Chair. I'd like to return to the issue of accountability. On one hand, I was encouraged by what the minister had to say about the fact that there will be many amendments to this bill. I must admit some frustration, however, because in one sense this committee is taking this bill in its current form on the road to communities across the province. I'm concerned that we're taking a bill for consultation that in reality bears no resemblance to what the minister ultimately has in mind. We've already heard there are many amendments, which I suppose we'll have in some form—not specifically but no doubt some vague reference—by the time we get whatever is presented to this committee. The very foundation, the very intent of this legislation that's being proposed is apparently now no longer. This minister has gone into retreat; he's folded his tent. He's abandoned the very principle that initially was being driven by this government, which was that he was going to take away from local boards, CEOs and foundations, if you will, all their authority and assume that authority in the minister's office. Time and time again we reference in this bill where the minister will have the ultimate authority to make decisions. What we're taking on the road, I don't know.

I would like to direct to the parliamentary assistant, who no doubt is familiar with the details of this bill, that clause 27(1)(a) makes reference to one of these instances. The change it's referring to is a material change in terms of employment etc. This clause reads: "The change shall be deemed to have been mutually agreed upon between the person and his or her employer." The same language is used again in clause 28(a): "...shall be deemed to have been mutually agreed upon by the parties." This is about as archaic language as I have ever read in any piece of legislation. I want to ask the parliamentary assistant, given the minister's assurance to this committee that he is retreating from the intent of having the minister effectively take over hospitals, take over boards, take over the making of contracts or remaking of contracts, if this wording will in fact be removed from this act and, if not, what exactly do you have in mind? Why is it necessary to have this language in this act?

**1420**

**Ms Monique Smith (Nipissing):** I can appreciate your concerns about changes to the legislation; however, I think your hyperbole today is a little outlandish. I don't think that in any way has the minister indicated today that he is retreating from the intent of this legislation. I believe he indicated that he felt the tone that was set by the original legislation was not appropriate, that he has taken responsibility for that, and that we are looking at different ways to change the tone. However, I don't think in any way did he indicate in his statement today that he was changing the intent of the legislation. I don't think that he indicated in any way he was folding his tent, abandoning his principles or any of the other statements that you made, which I believe were somewhat irresponsible.

I think that what you'll see in the next 48 hours to 72 hours is a framework for some of the changes that have been discussed with some of the stakeholder groups, although I think it's important to remember that we've not spoken with all stakeholder groups. We have, I believe, six or seven days of hearings ahead of us where many stakeholder groups will be coming to make presentations. We are anxious to hear their concerns and their issues. I'm sure you, as well as the rest of the members of this committee, are anticipating taking those views forward and looking at appropriate amendments to this legislation.

**Mr Klees:** Chair, is the parliamentary assistant going to answer my question or not? It was very specific with regard to the wording in sections 27 and 28 are concerned. I'm waiting for an answer.

**Ms Smith:** I believe the minister already indicated that he would be providing us with a framework of changes to the legislation, but not actual specific language amendments. As far as sections 27 and 28, I can't give you that assurance at this time.

**Mr Klees:** Has the parliamentary assistant seen any of those proposed changes?

**Ms Smith:** I have been privy to some of the discussions around some of the changes, but I have not seen final language on any changes.

**Mr Klees:** Can the parliamentary assistant tell me why in the preamble there is very specific reference to pharmacare being an important principle—"pharmacare for catastrophic drug costs"—and yet there is no reference whatsoever in this bill to pharmacare?

**Ms Smith:** I think you'll see that in the preamble there are references to pharmacare for catastrophic drugs, to home care and to consumer-centred health systems. We refer to a lot of things in the preamble which are value statements as to what we believe is protected in medicare, and which values will be sustained and protected through the implementation of this act.

**Mr Klees:** So it's your intention to bring some amendments forward that specifically reference pharmacare and its importance to health care in Ontario?

**Ms Smith:** Again, Mr Klees, you can keep asking as many times as you want for what will be specifically brought forward in amendments, and I will keep giving you the same answer.

**Mr Klees:** My, we're chippy. Very interesting. You're certainly setting a tone for this committee. It's your first committee, is it?

**Ms Smith:** I apologize, Mr Klees, if you're taking exception to my tone. It's certainly not intended to set a tone for this committee. You've asked me the same questions three times now, and I've given you the same answer.

**Mr Klees:** Well, actually, no. It was twice, and I thought that perhaps you didn't understand my question. It is our intention in these committees to try to work through the details of legislation. It's really not intended to be a debate. Hopefully we're working as a committee to improve and develop a piece of legislation that indeed reflects the intent. That's what the work of this committee is all about. I do hope that we can get to that tone, if you will, as we move forward.

I'll defer to my colleague.

**Mr Wilson:** Mr Chair, perhaps to the parliamentary assistant: I'm just a little confused. If you've got a problem with the Canada Health Act, shouldn't you be dealing with this at the federal level with your federal cousins? Clearly this bill says, "We don't like the Canada Health Act. We don't think it guarantees accessibility. The penalties in there aren't strong enough."

What is your problem with the Canada Health Act? Why don't you come clean with the people of Ontario and Canada and say why you don't like the Canada Health Act and why you need this legislation? If you don't have a problem with the Canada Health Act, then this legislation is bogus. It's just picking a fight with Ontario's doctors, an unnecessary fight with volunteer boards and an unnecessary fight with administration at hospitals. So somebody tell me over there why you're doing this legislation, what is your problem with accessibility and why you can't do the whole country a favour, I guess, and suggest what amendments should be made to the Canada Health Act, if indeed you don't like it.

**The Chair:** Ms Smith, would you like to—

**Ms Smith:** I don't believe this bill reflects that we have a problem with the Canada Health Act. We're in fact emphasizing the importance of medicare in this province, we're ensuring accountability and we're ensuring accessibility. That's the statement behind this legislation. That's what we're reinforcing. It in no way is attacking the Canada Health Act.

**Mr Wilson:** It's not just having a press conference and talking about motherhood. You're actually bringing in legislation. You're going to ask this Parliament to vote on it. You must have a problem with the Canada Health Act, because you're defining "accessibility" and your protections around accessibility in your own image. You're doing it unilaterally, as far as I know. I was the chairman of Canada's health ministers for two years. You're doing it unilaterally. I don't have any other health ministers telling me anything right now except that Ontario is off playing motherhood. Well, you're either wasting our time or you've got a problem with the Canada Health Act. So what's the problem with the Canada Health Act?

**Ms Smith:** I think—

**Mr Wilson:** By the way, you campaigned on this crap. You went around saying we were violating the Canada Health Act. Tell me how we violated the Canada Health Act and what your problem is with it.

**The Chair:** Mr Wilson, are you going to let that statement stand?

**Mr Wilson:** Yes.

**The Chair:** Very good.

**Mr Kormos:** The Chair can't do anything about it.

**Mr Wilson:** I've been here 14 years; I can bloody well say "crap" if I want to. Don't do me any favours, Peter.

**Ms Wynne:** Can I just add something?

**Mr Klees:** Mr Chair—

**The Chair:** Mr Klees, would you stand down. Mr Klees said we were trying to set a tone here and perhaps he'd be offended by some of the questions and answers.

**Mr Wilson:** I'm trying to find out the problems with the Canada Health Act.

**The Chair:** It's the first day of hearings—

**Mr Wilson:** I don't like driving down here for three hours to find a bunch of bogus crap. What is wrong with the Canada Health Act and why are you seeking to unilaterally, without any other provinces, change the definition of accessibility?

**The Chair:** Are you finished, Mr Wilson?

**Mr Wilson:** Yes.

**The Chair:** Thank you. It's the first day of hearings. I would like to set a tone here. I would like to see a tone set. I think some of the questions that have been asked have been wonderful. Some of the answers that have been given may not have been the answers people wanted to hear, but I think people were trying as hard as they could to give them. I would like to see that tone either continue, at least at that level, or improve, hopefully, as we move through the hearings. If I can return to you, Mr Wilson.

**Mr Wilson:** My question does stand. Surely to God you had some reason to criticize us, to criticize everybody else who is trying to follow the Canada Health Act. What's your problem with it?

**The Chair:** That question has been asked and answered.

**Ms Wynne:** Could I just add something? I had actually asked the question a week ago, in preparation for these hearings, whether Ontario was the first provincial jurisdiction in Canada to establish a health quality council. In fact, we're not. Alberta, Saskatchewan and Quebec also have similar bodies. They're not identical, but they do have similar bodies.

Going back to what Ms Smith said, this is not about contravening or contradicting or having a problem with the Canada Health Act. This is about affirming and establishing those principles in Ontario. I think you could look at those other bodies in those other provinces and understand that we're not the first.

**Mr Wilson:** I know. I'm quite familiar with BC's example and their Liberal government.

**Ms Wynne:** BC is not one of the ones—

**Mr Wilson:** Maybe I can be clearer: You have a problem with accessibility. That's what you say in your

preamble, that's what you say in your press release, that's what you say in your backgrounder. You have a problem, obviously, with the legal protections around accessibility and queue-jumping. You're setting up a council to—I don't know if it's going to have real teeth or not. My colleague's right; we won't know whether it's going to have any real teeth until we see amendments.

It says to me that you've got a problem with the Canada Health Act, which is sacrosanct. I've heard your leader say it's sacrosanct and he loves it. But clearly, there must be a problem you're trying to fix here. Why you're not doing it through the act that actually has teeth and can be enforced with clawback payments to the provinces and all those protections, I don't know. So I'm asking, why are you doing it at this level when it's likely to fail and not have much effect?

**The Chair:** That question has been asked a few times. You have about three minutes left. Would you prefer an answer, or would you prefer a new question?

**Mr Klees:** I have a sense we won't get an answer to that so I'd prefer to make another comment with the time we have remaining. It's a follow-up on what my colleague has been referring to, and that's the issue of the public interest.

What I find lacking is, there is no reference, throughout the entire bill, to the public interest. There is reference to the minister's rights to make decisions, to appoint, to render existing contracts void, to replace fees, to eliminate fee schedules; there is reference to the appointment of this council chair; but there is nothing in the entire bill that clearly instructs that this council must act in the public interest.

**1430**

We're in the process of developing legislation here. Why is this important? We have had some experience in this province with an organization—the Health Services Restructuring Commission, for example—that was mandated to go into the province, assess health care within regions and then make recommendations. As a result of that, serious restructuring took place.

But what was very clear in the mandate that was set out for that commission was that it must be in the public interest. What this bill leaves open is that at the whim of the minister, the whim or inspiration of the Ministry of Health and its sundry staff, initiatives are taken within a particular community that may very well not be in the public interest. So I put forward to this committee that surely as amendments are considered by the Ministry of Health—as this committee considers this legislation and the far-reaching implications to health care—we should incorporate the principle of "in the public interest" so that we do not leave that vacuum. The implications could be very, very significant.

**The Chair:** Thank you, Mr Klees. Good timing.

Mr Kormos, you have 11 minutes.

**Mr Kormos:** Thank you kindly. I want the Chair to know that I've noted the tone of bitterness, of rancour—

*Interjections.*

**Mr Kormos:** Well, I feel I have a right to participate in this committee without fear of the intimidating climate that's being generated by other committee members. I quite frankly expect this Chair to protect my right to be able to participate in this committee without fear and without feeling that there's a hostile environment that I've been thrust into. I have a right to that.

I read the proposition regarding accountability. Down where I come from, in the health care system the hospitals are the largest single spender of public tax dollars in our community. If you're talking about accountability, why hasn't the ministry addressed the most fundamental element of accountability; that is, hospital governance and the fact that hospital boards are still chosen among a small group—a clique, inevitably—of backroomers with no public accountability? It seems to me that the most fundamental address of the issue of accountability would be to overhaul hospital governance so that, at the very least, municipal hospitals like the ones where I come from and where more than a few other members come from have publicly elected hospital boards with accountability to the taxpayers—to wit, voters—who fund those hospitals, who pay the high-priced, six-digit salaries to the fat and unaccountable CEOs. This isn't a hostile question, but why hasn't that fundamental issue of governance and the accountability of hospital boards been addressed by way of creating publicly elected hospital boards?

**Ms Smith:** This legislation does not deal with governance; it deals with accountability. It's the view of this government that the accountability should be between the hospital and the ministry. Hospitals have determined their own governance. We are dealing with accountability. I think it's a different issue.

**Mr Kormos:** I appreciate the response, but I say to you that accountability fundamentally, then, means accountability to the people of the province. The minister himself spoke of 12 million Ontarians.

Perhaps I could address this to bureaucrats from the ministry: What is the status of consideration of an overhaul of fundamental hospital governance? What's the status of that within the ministry?

**The Chair:** Could you identify yourself for Hansard before you begin.

**Mr George Zegarac:** I'm George Zegarac, the ADM for the integrated policy and planning division.

That is a political question. That really is a political direction issue. We constantly work with the joint provincial planning committee of the hospital association and look at how we can improve on the accountability measures, but we're not engaging, certainly at the bureaucratic level, in discussions around reformulating governance structures.

**Mr Kormos:** Fair enough, and I don't dispute, obviously, that response at all. But has there been consideration of alternative models of governance by the bureaucracy, by the civil service, in terms of the sort of work that they do in terms of developing alternative policy and options for ministers and political personnel?

**Mr Zegarac:** Have there been discussions over the years? There have been discussions over the years around

different governance structures, not specifically to hospitals.

**Mr Kormos:** OK. Have there been discussions about the direct election of hospital boards to make them truly democratic and accountable?

**Mr Zegarac:** Not that I'm personally aware of.

**Mr Kormos:** I understand "you're aware of." Come on, let's not make this sound like something out of the 1950s. I appreciate you may not personally be aware of them. Have those considerations been undertaken by bureaucracy, by civil service, insofar as you know, without being personally familiar with the actual considerations?

**Mr Zegarac:** I honestly can't say how much detail has gone into governance structure discussions around hospitals or others. I know in the previous government we dealt with CCACs. We have not dealt with hospital restructuring, certainly, as a policy platform.

**Mr Kormos:** What would it take to get the bureaucracy to understand that the direct election of hospital boards is the one fundamental way of creating true accountability?

**Mr Zegarac:** I think bureaucracy looks at all of the options and provides the best advice we can to our political masters, and that direction comes from our politicians.

**Mr Kormos:** I recall—gosh, I look across, and other than those who would have watched it on television, none of you were here at the time, but I recall a similar fiasco in which a former Minister of Finance, one Ms Ecker, found herself. My colleagues over here will know whereof I speak. Ms Ecker presented legislation to the chamber and was steadfast, to her great credit, in insisting that particular sections did not have the horrendous and horrible impact that opposition members, Liberal and New Democrat—the Liberals followed our lead on that—insisted that it would. Notwithstanding that, when the legislation passed, she declined to have them proclaimed. Again, you weren't here; you don't recall that. You see, that's the problem. We lose institutional memory when there are these huge schisms.

Let me ask the parliamentary assistant or the bureaucracy who's here—you're not alone.

**Mr Zegarac:** No, I'm not.

**Mr Kormos:** You've got folks here with you, right? They didn't send you here alone. The annual income in here is over a million bucks a year, I bet, right now. So either the bureaucracy—

*Interjection.*

**Mr Kormos:** Well, I'm talking about politicians as well, right? Don't worry. Between the political people and the bureaucracy people.

Just where in section 27, when you read it—and I just read the plain language stuff; I don't profess to have any great talents or skills, and my critics will reinforce that observation. But when you talk about "the change shall be deemed to have been mutually agreed upon between the person and his or her employer"—"employer" implies boss and "person" in that relationship implies "worker." So when a minister makes an order under section 26, there's a material change, including a reduction of the compensation payable—that could mean wages, right? So why should a CUPE member or an SEIU member not read that like I have, in my simple, modest way, and say, "Lord thundering, the way I read it, the law says that if the minister makes an order which includes a reduction in my pay, I shall be deemed to have agreed to that. I can't even protest"? What's the flaw in that observation by an SEIU member or a CUPE member? A person, an employer, a worker, a boss, a reduction in pay—I've been through this before. You remember that? Were you around here in the early 1990s?

**1440**

**Mr Zegarac:** I was. Let me address your question. First of all, I think the minister made it clear that this provision does not deal with employees and never has. So this provision will have explicit wording to make it clear that what we're looking at here is, quite frankly, the CEO, or chief executive officer, who would have an agreement with the board, and that board's agreement would basically reflect the agreement that it has with the ministry or with the minister. So this provision in no way has any impact on employee salaries of any institution other than a CEO.

**Mr Kormos:** I understand when you explain what the intent is, but do you understand what I'm saying? What about the language of that? Where did I err in drawing the conclusion that it could apply to a worker? Workers are persons, and "employer" means bosses. Where did I err, notwithstanding the assurance of the minister and yours, in saying, "Yikes, this could well apply to a worker who belongs to a collective bargaining unit"?

**Mr Zegarac:** I think the minister was quite upfront talking about the issue of clarity and that he has instructed that some of the issues we normally would have dealt with in regulations be addressed in the legislation directly. So I think you will see in the amendments that are proposed—wording or framework—that will be addressed.

**Mr Kormos:** How did this slip through the vetting process?

**Mr Zegarac:** I don't think it's slipping through. I think it's an issue of looking at wording that would be explicit, and some of that explicit wording often comes in regulation. We're making a commitment to put that in legislation.

**Mr Kormos:** This wording is vague, right? That's what you're saying?

**Mr Zegarac:** The wording could be more explicit, and that's what we're hearing.

**Mr Kormos:** To wit, it's vague. Therefore, it should be more explicit?

**Mr Zegarac:** The question is whether that explicit wording goes in regulation or in legislation.

**Mr Kormos:** But what are you going to do: define words like "person" in regulation? Was that your anticipation? Was that your contemplation?

**Mr Zegarac:** We will define who is subject to that provision, yes.

**Mr Kormos:** How did this slip through, though?

**Mr Zegarac:** If I may, I'll introduce Laurel Montrose, who's our legal staff.

**Mr Kormos:** You didn't draft this, did you?

**Ms Laurel Montrose:** No, not personally, but I have worked on this bill.

**Mr Kormos:** Who did?

**Ms Montrose:** The office of legislative counsel drafts statutes. We just work on them.

There is a definition of "health resource provider," and when it gets to the level of a person, who would be an individual, it applies only to the CEO. I think that's a little earlier in part III.

The thing about a law, Mr Kormos, is that you have to read the whole thing; you can't just take out one section or subsection. If you read the whole thing together, I think you might find that it applies only to CEOs as individuals.

**Mr Kormos:** I'll send a letter to Sack Goldblatt Mitchell this afternoon admonishing them for the conclusions they reached. They probably charged a whole whack of dough for that legal opinion. I'm ashamed of Sack Goldblatt for not having read the whole bill. Is that what you're suggesting?

**Ms Montrose:** No, I was just suggesting that you can't read a bill in isolation. If you looked back at the earlier subsection, you would find that it's confined to CEOs.

**Mr Kormos:** But the minister is going to amend this section, isn't he?

**Ms Montrose:** Mr Kormos, you were speaking to the current bill, and I was just answering your question.

**Mr Kormos:** The minister is going to amend section 27, isn't he?

**Ms Montrose:** I can't speak to the minister's intentions.

**Mr Kormos:** He apparently outlined the proposed amendments to—what is it?—OMA and OHA a couple of days ago, according to one Ian Urquhart. I don't know. Can I believe Ian Urquhart when he writes that stuff?

**Ms Montrose:** I can't answer those questions. I'm sorry.

**Mr Kormos:** Can you?

**Mr Zegarac:** I think the minister has made it clear that he will, in the next 48 hours, share wording, or framework around wording, that we have engaged in discussions on with a number of stakeholders. But we have to take into account that there are competing wording interests and discussions that are continuing to occur both at this committee level and outside with stakeholders.

**Mr Kormos:** Clearly, at some point, somebody in the ministry decided we're going to back off on this. We're not going to stonewall any more. The minister's going to respond by saying there will be amendments, right? That was the decision that was made in the ministry?

**Mr Zegarac:** No, I think the discussion we've had here is that there was discussion around clarity and that we have engaged in a discussion around making this more clear.

**The Chair:** Thank you. That's 12 minutes. Thank you, Mr Kormos.

**Mr Kormos:** Is that 12?

**The Chair:** It was actually 12 and a half.

**Mr Kormos:** My count was 10.

**The Chair:** It was 12 and half, on the dot.

**Ms Smith:** I was just going to respond to Mr Kormos, but I believe that our representatives from the ministry have done that.

**The Chair:** Very good. Are there any further questions of the ministry staff from the Liberal side?

**Mr Kormos:** On a point of order, Mr Chair: I wonder if legislative research could determine for this committee how much health care—to wit, nursing care, amongst other things—the hundreds of millions of dollars the Liberals stole from taxpayers in Ottawa could have provided Ontarians.

**The Chair:** Thank you, Mr Kormos.

**Mr Kormos:** Thank you. I look forward to the—

**The Chair:** Yes, that was a wonderful point of order.

Are there any questions from the government side on the legislation?

**Mr Zegarac:** Maybe, while I have Laurel Montrose here, we can actually respond to the earlier question around section 10. Laurel, I'll ask you to speak to that.

**Ms Montrose:** Just as a matter of context, part II of the bill, which is the health services accessibility part, is really essentially a cut-and-paste of the existing Health Care Accessibility Act. We simply drafted it this way so it would be easier to follow. Section 10 of part II is essentially a cut-and-paste of the existing Health Care Accessibility Act which was enacted in 1986. There's been no change, so the three organizations listed in section 10 were the three listed in 1986. As a matter of law, this particular provision allows the minister to enter into agreements with these organizations, but as a matter of law, the minister does not require statutory authority to be able to enter into agreements with organizations. So this is an empowering provision, but it in no way limits the minister's authority to enter into agreements with organizations that aren't listed in the section.

**Ms Wynne:** So in fact if an organization like the chiropractors wanted to enter into an agreement, there's nothing here that would prohibit that.

**Ms Montrose:** Absolutely.

**Ms Wynne:** OK.

**The Chair:** Thank you. Are there any further questions? There being none, is it the committee's pleasure that we adjourn to Sudbury? Hearing no opposition—

**Interjection:** Do we have a choice?

**The Chair:** Do they have a choice? No.

For those who are travelling by plane to Sudbury, the cars will be at the south door at 4:30. I just wonder if I could ask the members of the subcommittee if they would maybe stick around for a minute at the end. Thank you. We're adjourned to Sudbury.

*The committee adjourned at 1448.*

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**STANDING COMMITTEE ON JUSTICE AND SOCIAL POLICY**

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**Also taking part / Autres participants et participantes**
Hon George Smitherman (Minister of Health and Long-Term Care)
Mr George Zegarac, assistant deputy minister, integrated policy and planning division
Ms Laurel Montrose, legal counsel

**Clerk / Greffière**
Ms Susan Sourial