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of Debates
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**Journal
des débats
(Hansard)**

Wednesday 31 March 2004

Mercredi 31 mars 2004

Speaker
Honourable Alvin Curling

Président
L'honorable Alvin Curling

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LEGISLATIVE ASSEMBLY
OF ONTARIO

Wednesday 31 March 2004

ASSEMBLÉE LÉGISLATIVE
DE L'ONTARIO

Mercredi 31 mars 2004

The House met at 1845.

ORDERS OF THE DAY

COMMITMENT TO THE FUTURE
OF MEDICARE ACT, 2003
LOI DE 2003 SUR L'ENGAGEMENT
D'ASSURER L'AVENIR
DE L'ASSURANCE-SANTÉ

Resuming the debate adjourned on March 23, 2004, on the motion for second reading 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 Acting Speaker (Mr Ted Arnott): When the House last debated Bill 8, the member for Nickel Belt had the floor. She has five minutes remaining in her presentation.

Ms Shelley Martel (Nickel Belt): It's a pleasure to get to the last point of my remarks. I said earlier that we oppose the bill for three reasons: (1) because it gives broad, sweeping, draconian powers to the Minister of Health to take over hospital boards and take away pay and compensation of hospital CEOs who are not employees of the Ministry of Health but of local hospital boards; (2) because the bill does absolutely nothing to stop the further privatization of health care services, which is one of the recommendations Romanow made because there was no evidence presented to him that the private sector could do things better, more efficiently or with better health outcomes; and (3) because the Ontario Health Quality Council won't be able to hold the minister and the government accountable despite the best efforts of the minister to try and tell the public that. Let me just focus on the council in the moments that I have remaining.

It goes without saying that if you want a council to hold the government accountable, then that council

should be able to make recommendations to the minister for changes in health legislation, to make recommendations to the minister for changes in health policy and to make recommendations to the Minister of Health with respect to health care funding. If those things happened, and if the minister actually had to follow up on those recommendations, then you could clearly say that a health quality council could make the government accountable, and could ensure that the health care system could be improved because those gaps that the council identified would be filled by its recommendations, and recommendations for funding.

Does this health quality council have that kind of power? No, absolutely not. The council has the opportunity to make reports to the people about access to health care services, health human resources, consumer and population health status, and health system outcomes. The ability of the council to make recommendations stops at the point where the council can only make recommendations to the minister and to the government about future areas of reporting; no opportunity for them to make recommendations on what they learned, no opportunity to make recommendations about health human resource planning, about dealing with public health funding or about dealing with access to publicly funded services—none at all. Their only role is to make recommendations about what else they can report upon.

We had a great bit of work done just recently. This is the interim report on SARS that was released December 2003. There are some very eminent individuals who sit on this as members: Dr David Walker, dean of health sciences, director of the school of medicine at Queen's University; Dr Donald Low, chief of microbiology, Mount Sinai; Dr Jack Kitts, president and chief executive officer of the Ottawa Hospital, and the list goes on.

These fine people made 53 recommendations in their interim report for changes to the Ontario health system so that the health system could respond to future outbreaks like SARS—53 recommendations, and we have heard nothing from the government of Ontario about what recommendations are going to be implemented, what kind of funding is going to be allocated to make these recommendations a reality.

Indeed the second recommendation, which says very clearly that the chief officer of health should be independent of the Legislature, is one that this minister has taken a contrary position on. The new chief medical officer is also an assistant deputy minister. She's not independent of the government, as was recommended in

this report, even recommended in the Liberal election platform. She's tied directly to the bureaucracy and to the minister, because now she is the ADM. Very good people did very good work, and this sits on the shelf.

1850

That's exactly what I think is going to happen with the work of the health quality council. There's no doubt in my mind that very good people will come forward and will want to serve. The fact of the matter is that, because they have no power to make recommendations, no power to make changes with respect to legislation or health policy, they will not be able to hold either the minister or the government accountable with respect to the direction of health care in Ontario. I am worried that their reports, like this one, are just going to sit on a shelf.

In conclusion, let me repeat: We, as New Democrats, are very much opposed to this bill. We are opposed because the bill gives sweeping, draconian powers to this government, worse than what we saw by the former government with Bill 26. We are opposed because the health quality council will in no way, shape or form be able to hold the government accountable with respect to the state of health care in the province. We are opposed because, despite the glowing words in the preamble, nothing in the content and detail of the bill stops further privatization of the health care system. In fact, the Liberal government goes down the same road as the Conservatives before, with the P3 hospitals, with the private MRI and CAT scan clinics and with competitive bidding in home care. If you wanted to make change, you would stop privatization now.

The Acting Speaker: Questions and comments?

Mr Tony C. Wong (Markham): First of all, I want to say that we firmly believe public health care is the best kind of health care. That is why we further believe that publicly funded, universally accessible health care is the best kind of health care system, which Ontarians should be entitled to, and we are entrenching this in law through the Commitment to the Future of Medicare Act.

I also want to say that there are tough provisions against two-tier medicine, including mandatory reporting of queue-jumping and extra billing.

The member from Nickel Belt talked about the health quality council. I want to point out that we will be creating an independent, objective body reporting to the public on the performance of the health care system. This is accountability. This council will encourage and promote an integrated, consumer-centred health care system. It will also make our health system more transparent and accountable.

One very important aspect of the council is that it will track the performance of our health system, because no matter what we put in place, there has to be something measurable, something we can monitor on an ongoing basis. This is exactly what the council will do for us. It will also help Ontarians to better understand and benefit from our health system. This is what we need, and that is why Bill 8 has put this mechanism in place, so that we

can monitor, improve and communicate to Ontarians on a regular basis.

I disagree that this council does not really have any obligation to the public, because through the minister, of course, it will report its monitoring and measurement process on a very effective basis and on a regular basis. I am proud and very vocal in supporting this bill.

Mr Garfield Dunlop (Simcoe North): I'm pleased to rise tonight to say a few words on Bill 8 and to comment on the speech by the member from Nickel Belt.

Mr Rosario Marchese (Trinity-Spadina): Was it a good speech?

Mr Dunlop: Yes, it was a good speech.

I also want to take a few seconds to compliment her on her presentation this afternoon to the Ontario Association of Optometrists. She did an excellent presentation on behalf of the New Democratic Party, commenting on the situations that the optometrists find themselves in. They haven't had an increase in 15 or 20 years.

Today it was really unfortunate—and I think the member from Nickel Belt will likely agree with me on this—that we never had anyone from the Liberal Party at the demonstration or the rally outside. I was there, Cam Jackson from the Conservative Party and a number of people from the New Democratic Party were there, but no one showed up from the Liberal Party—72 members and no one came. It is unacceptable that a party that is calling for democratic renewal actually doesn't have anyone attend something as important as the Ontario Association of Optometrists, which represents three million clients in the province. They're only asking for fair treatment.

For example, they asked for a deputation at the standing committee on finance and economic affairs on the pre-budget consultations. They weren't even allowed that. Some 1,200 optometrists are represented here in Ontario, and this government would not allow them the opportunity to speak at the pre-budget consultations, and no one from the Liberal Party showed up this afternoon. That's unfortunate. Thank you very much for this opportunity.

Mr Marchese: I want to thank the member from Nickel Belt, a friend and colleague—an incredible speech again. Imagine, she does this research on her own. We've got no researchers. We've got one or two people. Every cabinet minister has about 10 to 15 staff. The caucus has four or five million bucks to help them do their role, to break their promises as effectively as they can, four or five million bucks to help you understand why they've got to break their promises. We have a couple of staff people to help us out in doing the work that people like Shelley Martel are doing day in and day out. Great presentation.

I've got to tell you, I replaced Shelley one day in that committee. Not one deputant coming before us the day I was there said Bill 8 is a great bill—not one. Normally, when you present a bill, you usually find a couple of people saying this is good, not bad, really great. But not one person came in front of that committee and said,

“Marchese”—or somebody else; whoever was there—“this is a great bill.” Something is wrong with the bill if you can’t even find one person to say it’s a good bill. Shelley, maybe you found a couple, I don’t know. She couldn’t find any. She was in the committee all the time.

Lawyer Michael Watts said this: “I have read a number of presentations made to the committee, including yesterday’s made by the OHA. I do not intend to repeat what has already been highlighted ... even with the minister’s proposed amendments, seriously undermines the province’s hospital volunteer board structure. Instead, I want to focus on what I perceive to be two of the greatest dangers of part III of the bill as currently drafted, which are (1) the shift of control from voluntary boards to the minister, and (2) the resulting increased likelihood of arbitrary political interference in the governance and management of hospital operations....

“With the shift of control, our health care system will become less accountable, not more accountable—”

The Acting Speaker: Thank you. Your time is up.

Mr Lou Rinaldi (Northumberland): It gives me great pleasure to comment on the speech of the member for Nickel Belt in regard to Bill 8. I guess I’m somewhat confused. I keep on referring to the fact I’ve only been here for 150-odd days. I thought we were here to debate what’s important to Ontario, to debate legislation to govern Ontario better, regardless of party stripe, but it seems to me that today the parties opposite are more interested in adjourning the House, in adjourning debate. I think that’s absurd. I think the people of Ontario need to know that. We’re here to try to make a better province for the people of Ontario, yet those folks are more interested in hearing bells, even during the presentation of the awards downstairs. I think that’s a disgrace. Enough of that.

A few comments in the minute or so I have left: When I campaigned for the first time in this new role, people were skeptical. What difference would I make once I got elected to try to control some of the bureaucratic process? One of them was with some of our local services, and one is hospitals. I kept on hearing that hospitals are top-heavy, that we’re losing nurses, that only a small percentage of nurses are full-time. I kept hearing that over and over again, and here we are, being proactive, trying to bring in a bill—we’re trying to make an agreement with hospitals, yet some folks don’t realize that.

To my friend Rosario, who says that nobody spoke about it, I have three hospitals in my riding. Yes, one has some concerns and I’m working with them, but I have one other hospital from which I’m happy to report I have a letter fully endorsing Bill 8. They said it’s about time we did it. That’s from the CEO. I tell you, they can’t seem to get their act together. So there are two sides.

I hope we pass this legislation. It’s very important.

1900

The Acting Speaker: I’m pleased to recognize the member for Nickel Belt. You have two minutes to reply.

Ms Martel: Just on two of the comments that were made in the responses: first, that publicly funded health care is the best form of health care—I agree. I wish the Liberals did, because there is nothing in this bill to protect publicly funded health care.

Second, that we’re going to entrench publicly funded health care in this bill—who are you trying to kid? The best example of the contradiction between that comment and what the bill actually has in it has to do with P3 hospitals. Here is what Dalton McGuinty said before the election about P3 hospitals: “We believe in public ownership and public financing (of health care). I will take these hospitals and bring them inside the public sector,” Dalton McGuinty, Ottawa Citizen, Wednesday, May 28, 2003.

Are the P3 hospitals going to be publicly financed? No, they are not. There is no difference between the Conservative leases and the Liberal mortgages. These P3 hospitals are going to be financed by the private sector through a private sector consortium. That’s going to cost the taxpayers more, because only government can borrow at the lowest rate. So we’re going to pay more for the cost of borrowing, because it’s going to be done through the private sector. Secondly, the private sector is not going to do this as a charity case. They’re going to want a profit—15% or 20%. So we’re going to pay more to build that hospital just to get profits to the consortium.

We should be building these hospitals in Brampton and Ottawa in the public sector, because that way we can ensure that money that should go into patient services will go to direct patient care and not into the profits of the private sector consortium.

Where is Dalton McGuinty? Why isn’t he committed to the promise that he made before the election? Why has he broken yet another election promise? More importantly, why is the government going to pretend that this bill somehow protects public services when you’re going ahead with P3 hospitals?

The Acting Speaker: Further debate?

Mr Bob Delaney (Mississauga West): I welcome this opportunity to discuss Bill 8, and I will share my time on this occasion with the member for London-Fanshawe.

I also notice and send my compliments and greetings across to the member from Cambridge for being the sole survivor of the official opposition. We welcome his participation in this debate as well.

Mr Gerry Martiniuk (Cambridge): On a point of order, Mr Speaker: My friend should know, if he does not, that it is not permitted in this House to comment on the attendance or non-attendance of members in this House.

Mr Delaney: I said you were here. I said I send my compliments to the member from Cambridge. I repeat—

The Acting Speaker: Member for Mississauga West, take your seat. I would just caution you that it’s inappropriate to mention the presence of other members. Continue your speech.

Mr Delaney: I was privileged to share in the hearings conducted by the justice and social policy committee,

chaired by my colleague the member from Oakville, whom I commend for his stewardship of the process of gaining input from Ontarians on this act on the future of medicare in Ontario.

Some 40% of the budget of the province of Ontario each year is brought to bear on the health of Ontarians. In the fiscal year 2003-04, now ending, we will have spent about \$28 billion on the health of Ontarians. This figure has been growing by about 10% each year. Bill 8 addresses an important issue to Ontarians: If Ontario's investment in health has been growing by about 10% annually, then why hasn't the quality of health care in Ontario been improving by about 10% each year? Bill 8 helps the people of Ontario get the value from health care that their tax dollars have been paying for.

I'd like to start my remarks by talking about accountability. Accountability has been twisted almost beyond recognition by some in this debate. So let us return to what aspects of the organization of health care institutions that accountability is designed to address.

Accountability agreements exist between the Ministry of Health and a health care provider. They establish one or more of the following: performance goals and objectives regarding roles and responsibilities, service quality, accessibility of services, shared and collective responsibilities for health care outcomes, value for money and consistency. They establish plans and frameworks for meeting these goals and objectives, and they establish requirements for reporting and the provision of information.

In plain terms, Bill 8's accountability provisions mean that if the people of Ontario turn over \$28 billion to hospitals and other organizations across Ontario, then the people of Ontario want to know how effectively their money is spent. Ontarians want to be sure that these organizations charged with spending taxpayers' money spend it in accordance with the priorities of Ontarians and with the needs of their communities.

These goals resonated well with the institutions that will be governed by accountability agreements. Many deputants spoke in favour of Bill 8's accountability provisions.

On February 26, Perry Barnhart, vice-chair of the West Haldimand General Hospital, told us: "The West Haldimand General Hospital supports the government's commitment to medicare and key aspects of Bill 8, including the adoption of five key principles of the Canada Health Act and the inclusion of accountability as a sixth principle."

On February 24, Anne Wright, chair of the Lakeridge Health board of trustees echoed this agreement on adding accountability as a sixth pillar: "Entrenching accountability is a central principle in Ontario's health care system by establishing accountability agreements that set out clearly established, negotiated and agreed-to performance measures."

On February 23, Tony Dagnone, chair of the Ontario Hospital Association, which represents 159 hospitals, employing 200,000 health care professionals and

working with 500,000 Ontario volunteers, was even more emphatic in his support of Bill 8. In his own words: "We are here today to tell you that we unequivocally support the government's goal in introducing the Commitment to the Future of Medicare Act."

My own local hospital in Mississauga West, the Credit Valley Hospital, presented the committee with a thorough, dispassionate and thoughtful brief that supported the accountability provisions in Bill 8. There was and is broad agreement on the provisions of Bill 8 dealing with accountability.

Many of us who have come from the private sector are familiar with accountability agreements. We call them business plans, departmental plans and other names. It lets us, as managers, know when we have succeeded. It lets us know where we need to work harder. The essence of accountability agreements rests with reliable and consistent data, collected on a regular and systematic basis. Such data are known by many names in our everyday world: uptime and downtime, throughput and other names to those on the front line; performance metrics, parameters, and similar names to those Ontarians in a line management or staff role.

Bill 8's accountability agreements allow the Ministry of Health to ensure that health care providers collect on a regular and consistent basis data that allows Ontarians to see how effectively Ontario's health care resources—not just money, but also people and time—are used. Accountability agreements not only allow Ontarians to see that specific and consistent targets are set, but to measure in specific detail how those targets are met or how those targets are missed.

Of all the health care providers who came before the justice and social policy committee, not a single one sat before the committee and said, "Well, we're in the bottom half of the province in the way that we operate." Yet it stands to reason that of the hundreds of health care providers in Ontario, half of them are in the bottom half.

I asked one deputant during the hearings, "What measures does the board direct the staff to undertake on an ongoing basis to quantify the efficiency, accountability and value for money within the hospital so that you can measure your progress and identify areas of concern?" I was not able to get a specific and quantitative response from this deputant. I did get a laudable statement of the hospital's objectives and how proud they were of specific aspects of its operation, but nobody could tell me why and how they knew or thought that their hospital was doing well.

1910

I ask the hard-working entrepreneurs and business people in Ontario what would happen if, in their business, their plans were more heavily weighted in favour of values and self-praise than in measurable criteria: activity plans, pro forma budgets and other measures that help Ontario managers keep focused and on track.

Accountability agreements are based on facts, figures and priorities. They clarify both the Ministry of Health's and the hospital board's priorities and the shared

expectations and specific deliverables on both sides. How do we decide upon these criteria that health care providers will measure and the data they will collect?

Bill 8 establishes a health quality council that will report to Ontarians on the health care system's performance. This council's activities allow Ontarians to see how well their health care system is performing, to see how well their institutions actually work alongside what their specific objectives were. To deliver high-quality, accessible health care, we need to know just what quality consists of and how well actual accessibility compares to what is theoretically possible in terms of accessibility. That means the nugget of gold within Bill 8 is this Ontario Health Quality Council. As the council works with the ministry and our hospitals and other health care providers within Ontario to identify, gather, validate and process data, Ontario will be able to measure how effectively our money, our time and our people deliver health care.

The key to good management is consistency. Consistency means measuring the same set of parameters, key indicators or metrics year after year. Bill 8 gives the people of Ontario a set of management tools to oversee how \$28 billion is spent. Bill 8 is about bringing the professional oversight of \$28 billion and some 200,000 people into the 21st century.

Bill 8 strengthens voluntary governance in our hospitals and other health care institutions. With Bill 8, an organization's board of directors is much less likely to be dominated or influenced by a powerful executive or team, and in so doing become instead a board of directed.

The minister has said on many occasions, and it bears repeating, that labour unions are not subject to accountability agreements. Bill 8 will not open collective agreements in force. Nothing in Bill 8 reduces or affects the protection accorded to collective agreements by existing legislation.

Bill 8 preserves the principle that Ontarians will have access to essential health care services based on their needs, not on their ability to pay. I have provided to Ontario an overview of the value of accountability agreements and of the importance of collecting data that empower volunteer boards through the Ontario Health Quality Council.

It is now my pleasure to ask the member for London-Fanshawe to continue the government's statement on Bill 8. Thank you for this opportunity to speak to Ontario on behalf of Mississauga West this evening.

The Acting Speaker: I recognize the member for London-Fanshawe.

Mr Marchese: I recognize him too.

Mr Khalil Ramal (London-Fanshawe): Thank you, Mr Marchese, for recognizing me.

It's always a pleasure to stand up in this House to speak, this time in support of Bill 8. I'm a great supporter of that bill, because it is another fulfillment and commitment of what our government is doing for this province. Bill 8 entrenches our commitment to medicare. It ensures

that our government and future governments protect the universal health care of this province.

I had the pleasure of travelling with the committee for almost a week to listen to many people talking about the bill and raising their concerns. I don't agree with what the member for Nickel Belt said about not many people agreeing with or saying positive things about that bill. As the honourable member for Mississauga West said, many stakeholders of the health care system were impressed by that bill and were happy, because for the first time ever in this province the government—the Liberal government of Dalton McGuinty—introduced a bill, and after first reading sent it to committee to travel across the province and listen to the people, take their input and try to make adjustments. This is all about accountability, transparency and democracy, to listen to the people who specialize in that field.

I wondered when my colleague for Simcoe, I believe, was talking about negativity of the bill. When they were in government for the last eight years, they never did anything to strengthen health care in this province. As a matter of fact, they destroyed it. After we spend about \$28 billion on health care, we have one million people in this province who have no family doctor to go to. At hospitals you have to wait hours, maybe a month or a year to be seen by a doctor. They're still talking about the health care issues in this province.

Bill 8 sends a message to the people of this province, and for the first time shares views with the people. First, this bill will put a stop to block fees, because block fees create a barrier between the people of this province and health care. I had a lot of constituents who came to my office to complain about block fees. So many doctors in the past regime used them, took advantage of sick people and forced them to sign an agreement. If they didn't pay the money, they weren't allowed to visit a doctor. This happened in many places across this province. This bill will put a stop to it or at least will monitor it to see if it's being used properly and not mismanaged.

Another thing that is very important: sharing accountability, that the government and the board speak to the CEOs to give them advice and watch or monitor them to see if they are doing the job correctly. This never happened in the past.

Another very important issue is that Bill 8 encourages the health council to establish reports about the needs of health care. The reports go to the government, and the government tackles the whole issue, trying to support and enhance it.

Another important thing is to assure people from private insurance or private companies that they cannot—paying money to have an advantage to see a doctor would be illegal under this bill.

Another very important element is that this bill will monitor and enforce the law and make health care accessible to every person who lives in the province. The report that we're talking about from the council will also help the government to make sure and monitor the work of the hospitals or health care providers in the province.

Another important element: Bill 8 would strengthen the quality of health care and create an independent council as an arms-length body reporting on the performance of the health care system in public places.

During my travelling with the committee, all I heard was negativity from both sides; the Conservative side and the NDP side were always trying to see where they could find a weakness, and find a person, maybe important people, to speak against that bill. But this is what happened: They tried to get people to protest against the bill without knowing the components of that bill.

1920

Mr Marchese: I can't believe it.

Mr Ramal: Yes, it's correct, my friend for—

Mr Marchese: Trinity-Spadina.

Mr Ramal: —Trinity-Spadina. Thank you for correcting me.

They were trying to recruit people to protest—

Mr Mike Colle (Eglinton-Lawrence): Timmins-James Bay.

Mr Marchese: No, Trinity-Spadina.

Mr Ramal: Whatever. He knows where he is, I guess.

As a matter of fact, they were recruiting people to protest against that bill without knowing what the bill was talking about. They were trying to convince the union movement, the front-line workers, that this bill is against the workers. But as a matter of fact, it isn't against the workers. They got all the assurance, all the talk from the minister himself. He assured all the unions that it's not going to open any bargaining agreements. But our friends from the left side here insisted. They convinced—

Mr Marchese: Are you attacking unions, too?

Mr Ramal: Yes. You convinced the unions that this bill is against them.

Mr Marchese: I did that?

Mr Ramal: Not you, the other people in your party, and you know what I'm talking about. The minister went to the head of the union and told him it's not about opening bargaining agreements; it's about strengthening health care and supporting the people who work in health care, especially the front-line workers. Anyway, you guys build your strategy on being negative.

Another important component of the bill—

Hon James J. Bradley (Minister of Tourism and Recreation): They're so negative in the opposition.

Mr Ramal: Always. They don't try to see the good stuff in that bill. I don't know what we can do.

Also, since that honourable member from Simcoe North is here, I want to talk about what he said and why he's against it. He also forgot that last year, the past government paid nurses for two million hours at triple the rate because we didn't have enough nurses in this province. Only 55% of our nurses are working full time. Bill 8 is working on recruiting the nursing body, because we believe nurses are the soul of health care in this province and are the people who provide the service for the whole country.

Hopefully you were here this morning when we heard the honourable member, Mr Smitherman, talking about already starting to hire nurses, almost 550—a small number toward the 8,000. That's what we are committed to do. That's why I'm going to support the bill. Hopefully both sides of the House will support it and realize it is very important to our province.

The Acting Speaker: Questions and comments?

Mr Dunlop: It's a pleasure to rise this evening to make a few comments on Bill 8. I'm very interested in the nurses that Minister Smitherman mentioned this morning. In fact, I think Minister Smitherman mentioned that he had hired somewhere between 400 and 500 nurses, and do you know what? Would I ever love to see a list of where those nurses were hired. Maybe you can provide that information to us, because I don't believe you and I don't believe him. I don't believe you've hired 500 nurses since you've come to power. But you can tell me I'm a liar tomorrow by providing me with that list of the 500 nurses who have been hired.

Mr Bill Mauro (Thunder Bay-Atikokan): On a point of order, Mr Speaker: I'd like to ask the member to withdraw that word "liar." It's unparliamentary.

Mr Dunlop: That's not a point of order, thank God.

The Acting Speaker: I recognize again the member for Simcoe North.

Mr Dunlop: All I'm really saying—and if I made a mistake using that word, I'm sorry—is, I just want to know where those 500 nurses have been hired, and I'd love to see that list. I'm sure, with this efficient Ministry of Health you've got and all the brilliant minds around the minister's office, you can provide that information to me early tomorrow afternoon. We look forward to where those 500 nurses are actually located. Maybe you can actually provide some of that information as well. I bet you can't, though. I bet you can't provide that. Tell me where the 500—

Interjections.

Mr Dunlop: Excuse me, just tell me where the 500 nurses have been hired in the province of Ontario since October 2 last year. Just tell me where they are. I just want to see a list of them. It should be very easy.

I'm looking forward to further debate on this bill. I want to hear the comments from my colleague from Parry Sound-Muskoka. He's got a lot of great information to provide you with. Thank you.

Mr Marchese: A couple of things. Yesterday we supported Bill 31; today we don't support Bill 8. It's as simple as that.

I am respectful of the fact that the members from London-Fanshawe and Mississauga West had to read the speeches prepared for them by the parliamentary assistant of the Minister of Health. I appreciate that you've got to do that. That's your job. But I am telling you that the day I was in committee and the days Shelley Martel was a member of that committee, not one person came in front of us and said, "This is a great bill." I don't know if the member from London-Fanshawe was there—was he?—

because he says was. He said he heard so many good things. It's not true.

Ladies and gentlemen watching this program, we're live. It's 7:25. What he said is simply not the case. No one said this is a great bill. The lawyer Michael Watts said that there is a "shift of control" from the boards to the minister and it will occur "if CEOs are subject to sections 21, 22, 26 and 27"—and they are. "The bill does not specifically require the minister to act in good faith"—

Interjection.

Mr Marchese: Jim didn't read it, so he doesn't know—"and the public interest in negotiating the accountability agreements and issuing the compliance directives, and the performance monitoring process for the determination of the issuance of consequences or incentives is not transparent and independent." That's what Michael Watts said. He's a lawyer and a good one.

Here is what the Ontario College of Family Physicians said, including Mrs Janet Kasperski, the executive director of the Ontario College of Family Physicians: "The preamble gives lip service to primary health care, but the bill is silent on how primary health care will be strengthened." She also says, "We read Bill 8 with a heavy heart. This bill is aimed at provider accountabilities but is silent on government and public accountabilities. It is hard to read the various sections in the act without feeling that once again providers are left with all the accountabilities and none of the supports needed to meet those accountabilities."

She further says—

The Acting Speaker: Your time is up. Further questions and comments?

Mr Peter Fonseca (Mississauga East): On March 31 at 7:27 pm, I'd like to say that Bill 8 is a bill that will hold our system of universal health care. For all those listening today, we are looking to the past—

Interjections.

Mr Fonseca: —and the good heart of the member from Trinity-Spadina, and here is where we come from: from a past of tax and spend and slash and burn, to knowing that those don't work. So we are transforming health care. Health care needs accountability, and Ontarians need this bill.

This bill is to make sure that the people of Ontario are getting the best service in their hospitals and in all health care. We want to make sure that those hospitals are accountable to those budgets, and it's working in partnership with the hospitals. As the minister has said, he has met with all the hospitals, he has met with all stakeholders, with an open door, to make sure that they negotiate, that they set accountability standards. This is what the people of Ontario have asked for. This is what we have brought forth in this Bill 8. We have gotten many calls applauding this bill.

The other parties are out there making false accusations about this bill, speculating about what is going to happen. What we know is that transformation of health

care has to happen in this province for it to be sustainable and accountable to the people of Ontario.

Mr John Yakabuski (Renfrew-Nipissing-Pembroke): I want to speak to Bill 8, and I must comment on the member from Mississauga East talking about transformation. Transformation is what we're seeing in the Liberal Party, because their platform didn't much resemble their throne speech, and their throne speech doesn't much resemble what they're doing now. Bill 8 is a manifestation of that transformation. What we have is a bunch of chameleons; they change with the surroundings. Whatever is going on, they're going to come up with something that they think is going to sell.

1930

Bill 8 is not going to do the job. Bill 8 is rendering hospital boards—the backbone of hospitals in rural Ontario—irrelevant. These people are so important to the hospitals in rural Ontario, and in all Ontario, as a matter of fact. Communities take ownership of those facilities because they care about them. And part of making those things work is having a hospital board that is part of the community, that is involved in the community and that the community feels it has input into what makes that hospital tick.

This bill, the minister's first attempt to bring a bill before this House, is a shame and a sham. It is going to take these people who have put so much into our health care system and our hospitals in this province and make them feel like their efforts are simply not appreciated, because they will be overridden by the minister. The CEO of those hospitals will not be answerable to the hospital board but to the minister, if he so chooses. That is democratic renewal? That is dictatorship, and that's what is going to happen in our hospitals. I fear for the community involvement of those boards, and I fear for our hospitals that depend so much on community support if those communities don't feel they have ownership of those facilities.

The Acting Speaker: One of the government members has two minutes to reply. I recognize the member for Mississauga West.

Mr Delaney: I thank the member for London-Fanshawe for his personal anecdotes on the challenges faced in our health care system and for his contribution from his own experience with constituents in the London area. I note that the member for London-Fanshawe has amplified points I had made earlier on the health quality council, and I thank him for the perspective he brought to it.

The member for Simcoe North talked about nurses. The member doubts the veracity of the Minister of Health and his commitment to build, or should I say rebuild, the foundation of nursing in Ontario. Surely the member opposite canvassed door-to-door during the last election. When I went door-to-door, I met hundreds of nurses who were moved to tears by their inability to find a full-time job. In response to the member's question, roughly half of Ontario's nurses now work part-time. Where will Ontario find its full-time nurses? We need look no further

than the nurses forced into part-time employment by eight years of being treated like Hula Hoop workers by the previous government. As the minister has said of the role of nurses in Ontario, nurses rule.

To the member for Trinity-Spadina, thank you very much for your comments. We have heard them before and no doubt we will hear them over and over again.

To my colleague from Mississauga East, he is one of those who has rolled up his sleeves and is responsible for the change that is working all across Ontario.

Thank you as well for your comments, to the member for Renfrew-Nipissing-Pembroke. I am very sure the member opposite shares our goal that Ontario's health care should be accessible to all. Perhaps the status quo was good for them, but it is not good for us, and that is why Ontarians chose change.

The Acting Speaker: Further debate on bill 8?

Mr Norm Miller (Parry Sound-Muskoka): It is my pleasure this evening to join in the debate on 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. That's what it says on the front of the bill.

I am very pleased to have the opportunity to speak to this proposed legislation. There is no other public issue as important to the people of Ontario as health care. Time after time and in poll after poll, Ontarians have made it clear that the one single thing their government must do well is provide and protect their health system. So it's no surprise this government is attempting to demonstrate action and competency on this file. What is surprising, quite frankly, is the weakness of their attempt. I would have hoped that after all the years in opposition, after the months of preparation since the last election, they could have come up with something much better than this.

I want to point out that I am far from alone in this opinion. It is not news when a member of the opposition is opposed to a government bill. But when well over 100 delegations express serious concern with the bill, you know the ship is well off course. It reminds me of an old European folk saying: "If one man calls you an ass, ignore him. If a hundred men call you an ass, buy a saddle." Well, more than 100 groups have pointed out good reasons why this bill should be saddled up and ridden back out of town. They've used terms like "draconian," "badly flawed" and "hastily drafted."

Groups from the Ontario Medical Association to the Ontario Association of Social Workers, say this bill will not accomplish its goals. Hospitals such as St Michael's Hospital in Toronto find the bill to be a slap in the face. Other organizations, such as the Capitol Health Alliance and the Speak Out for Kids network, go even further. They say this proposed legislation would actually undermine medicare in Ontario.

It's no wonder that this government has been forced to make numerous changes to the bill. As a result, some of the more blatant problems have been partially fixed. But

you cannot put patches on an Edsel and call it a Ferrari. This is still a deeply flawed piece of legislation.

What is interesting to me is determining the reasons why the legislation is so weak, so wrong-headed and so counter-productive to the government's stated goals. There are some people who would ascribe this to ordinary incompetence. Perhaps a fresh government with very little experience at governing or drafting legislation has simply failed to do its homework or has misunderstood the effects of the bill in putting it forward. Maybe we are seeing the effects of a novice minister and his staff rushing to get something before the House and into the newspapers.

Personally, I have a hard time believing this. The current minister was the Liberal Party's health critic for a long time. He has been a member of this House for many years. He has seen a lot of legislation come and go, and he should know as well as anyone what effects this bill will have.

Mind you, this is the party that during the last election campaign went around promising legislation to ensure public health care in Ontario, something that was already guaranteed under the Canada Health Act. A provincial law that says the same thing is pointless. However, the minister was still bragging about this concept in a press release when this legislation was introduced. Despite being told over and over again, the minister apparently still does not understand that the Canada Health Act guarantees universal public medicare. I suppose anything is possible.

The other explanation, which some people believe, is that the government has hidden motives for the changes it wants to make in health care. According to this theory, we are seeing a government determined to grant the Minister of Health unprecedented powers, unfair powers, nearly dictatorial powers. We've heard that a lot.

I understand that some of my honourable friends across the floor disagree with me, but I will be happy to point out some of the sections of this bill that do not fit that description. We're coming to that.

The theory of hidden motives says that this government wants to set the stage for controlling health care institutions, that it wants to break or override collective agreements, that it is ready and willing to throw out the concepts of public consultation or even public notice of changes to health care. I will point out the sections of the bill that do just that in a minute or two.

Clearly, these kinds of proposals run directly counter to the rhetoric we have been hearing from the minister, and even to the preamble to the bill itself. We are left with a puzzle in trying to explain the numerous and serious problems with Bill 8. Is it incompetence, inexperience or an unspoken agenda? Is this the gang that couldn't shoot straight or the gang that doesn't talk straight? I will leave it to others to draw that conclusion. I'm sure it is the judgment that the people of Ontario will be very interested in making in three and a half years; that is, if this government manages to keep its promise to hold scheduled elections every four years.

The users of our health care system and Ontario's health care providers will make that judgment. Certainly the professionals and stakeholders will be looking more carefully at the bill and will have a deeper understanding of how it threatens to weaken the system it claims to protect.

However, it is the consumers of health care who have the most to lose and who will be most sensitive to the real-life, front-line impact of this legislation. They are the ones who will hold this government accountable for its failure to protect health care and who will hold your feet to the fire between now and 2007.

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It may seem that many of the complaints about this legislation have to do with process or with administrative details that have only limited, internal effects. Perhaps that is why the government believes it can slide this legislation through. But the provisions of this bill will have profound effects on the actual everyday front-line provision of health care services to Ontario families. Why? Because it will put further pressure on health care providers and their organizations, driving more of them out of the province, damaging their morale and making it harder for hospitals and other organizations to manage their finances and affairs. The result will be fewer doctors and nurses at a time when the shortage of health care professionals is the most serious threat facing the health care system.

Today in question period I asked a question about the abandonment of the free tuition program for nurses who agreed to locate in underserved areas, particularly in rural and northern areas. I'm still waiting for an answer on that.

Ontario's health care providers and administrators will quite rightly see this legislation as an attempt by government to tighten its control over their professional lives and as an insult to their ability to govern their own organizations. They will quite rightly see this legislation as providing unprecedented powers to the Minister of Health. Worst of all, they will see the hypocrisy of this government in presenting legislation it claims will preserve public health care when its effects will be the opposite. Again, this is not merely my opinion; these are the concerns of health care professionals across the province.

I mentioned earlier that I would review some of the provisions of Bill 8 that lead to these conclusions. The contradictions and omissions start right in the preamble of the bill. It's amazing: You don't even have to wait to get into the regulations; the baffle-gab starts right up front. The worst of it is the language about shared responsibility and common vision. These are great concepts, worthy of forming a basis for health care reform. Unfortunately these ideas occur only in the preamble. The substance of this bill is in fact the opposite of those values.

Shared responsibility implies a two-way street. The accountability in this bill travels only one way, from the bottom up. There are plenty of new demands and limits

on health care providers and institutions, but no new responsibility from the top down. Where is government's accountability for improving health care outcomes? Not in this legislation. How about government's obligation to provide proper support and funding for the provision of health care? Not here. Will government be accountable for making the best possible use of public resources in health care? Who knows? It's not in the bill. What happened to the independent health council this government promised in the speech from the throne? Again, it's not here.

Perhaps the honourable members opposite have already forgotten what they promised the people of Ontario in that speech just a few short months ago. Let me refresh their memories. The speech from the throne said:

"New legislation will be introduced to create a new health quality council. This independent council will report directly to Ontarians on how well their health care system is working—and how well their government is working to improve health care.

"Your new government understands it can only hold others to a higher standard if it subjects itself to the same standard."

That's gone out the window. Under this legislation, the council will not be independent, it will not report directly to Ontarians and it won't tell us how well this government is managing the health care file. What's left is an expensive piece of window dressing and an excuse for new, wide-ranging powers for the Minister of Health.

Just look at some of the stuff this government is trying to push through under the section of this legislation governing the new health council. According to this bill, if you are a member of the board or a senior staff member of a health care organization, you cannot be on the council. In other words, let's start by keeping the most experienced and knowledgeable people out of the picture—goodness knows, they might start asking awkward questions. Don't worry, because there is no danger of independent thought on this council; every single member will be appointed by cabinet. The government will also have the power to define what qualifies as a health care institution, so it can limit the pool of potential appointees.

Once the council is up and running, it will issue a report every year, not to the people of Ontario as the government promised, no, it will issue a report to the minister. The report will be limited to those areas that the minister dictates. If the minister wants to exclude some area for any reason, his word is final.

What will all this accomplish? Whatever the minister wants it to, of course. What will it cost? That's a good question. The council will have to give the minister a business plan each year, but the minister will not have to table it. Only he will know how the council is spending its money, only he will have power over its budget; so much for independence and government accountability.

The most interesting twists to this story are to be found in subsections 6.1(5) to 6.1(7), where the true

purpose of this council may be hiding. According to these parts of the bill, when the council makes its annual report, the minister can impose new health care regulations without notice or consultation. Effectively, the minister's council can provide him with the basis for any action he cares to take. In fact, these sections give the minister and the Premier the power to throw out public consultation, and even public notice, whenever they deem it necessary. Subsection 6.1(11) even protects them from legal liability.

Apparently this is what passes for accountability under this government. Apparently this limited, controlled, tamed and neutered council will be this government's method of determining so-called common vision. We're still in the preamble, and the hypocrisy is already hip-deep.

It is clear that this government is not interested in following through on its fine words about mutual responsibility. We put forward an amendment that would have cemented that mutual aspect in the bill. It was a simple addition: "Support negotiated accountability agreements between the government and health resource providers that enhance the accountability of both the government and health resource providers." This amendment to the preamble would help recognize that accountability needs to be mutual, that it is a shared responsibility and extends to everyone within the health system, not just the health care providers.

Not surprisingly, the motion was lost. Clearly, this government wants only to make the sounds of mutual accountability, open government and shared responsibility. It will talk the talk, but it will not walk the walk. I know Elizabeth Witmer, the health critic, made many amendments, after consultation, none of which were adopted by the government.

We run into the same kinds of problems elsewhere in the preamble. Numerous times there is fine language or at least fine sentiments that have no relation to anything actually in the bill. For example, the preamble recognizes that pharmacare for catastrophic drug costs and primary health care based upon assessed needs are important to the future of the health care system. Who can argue with that? Unfortunately, the preamble is the only time that pharmacare and assessment-based primary care are ever mentioned. Yet these issues are so important that this government put them right in the preamble and then left them out of the bill itself.

This is typical of the quality of thought and preparation behind this legislation. Is it any wonder that the minister has been swamped with deputations, letters, phone calls and e-mails, all pointing out what is missing and wrong with this legislation? I've barely scratched the surface so far, and I could go on all week.

I would like to take a moment to reflect on some of the local information I've received from constituents in my riding of Parry Sound-Muskoka. One of the health organizations wrote, commenting on the bill, to the committee clerk. I will read that:

"We support the government's commitment to medicare and other key aspects of the bill, including the establishment of the quality health council, the adoption of the five principles of the Canada Health Act and the inclusion of accountability as a sixth principle.

"We are concerned that the draft legislation lacks reciprocity between the minister ... and health care providers with respect to accountability, communication and consultations.

"The legislation allows unprecedented authority for the minister to undermine the role of the elected board of directors by intervening without consultation and without public interest to change board decisions ... or invoke directives.

"We are concerned that the current system of voluntary governance and the accountability relationship between the board and the chief executive officer will be detrimentally affected. We are concerned that these provisions would adversely affect the organization's ability to recruit and retain volunteers as well as qualified, experienced leaders."

It's obvious from this letter from a health care provider in my riding that they're quite concerned this legislation is going to undermine their ability to get volunteers to serve on a hospital board. This is very important, especially in the north, and especially where you have smaller communities, unique communities.

I think of my own riding. On Saturday last week, I was at a couple of birthday parties. Health care is a very important issue with most of our constituents. At this 80th birthday party I went to, the topic of health came up, and the husband of the woman I was speaking to had suffered a stroke.

In the town of Bracebridge, they've just successfully lobbied to get a CT scanner approved. That's very important for the town of Bracebridge. That lobbying comes in big part because you have local hospital boards that know the interests of their community and speak up for their community. With Bill 8, the value of those local boards would be lost. In fact, you may even have difficulty getting people to sit on boards.

I'll read some comments on the bill from another health care group in my riding:

"While a number of changes were made to the bill, we believe that the amendments have not yet corrected the most serious deficiencies in the bill. We believe further changes need to be made to sufficiently safeguard the critical role of community governance of hospitals.

"The central problem with Bill 8 is that it gives Queen's Park the power to impose anything it likes on any individual hospital. The government can bypass hospital boards, the people who know the most about the hospital and the services it provides to the community.

"We strongly recommend that the bill be returned to the standing committee for public hearings following second reading for further amendments. Ontario hospitals would welcome the opportunity to work on additional changes that will allow us to move forward together" to address some of these concerns.

You can see that the local hospital community has some real concerns with this bill.

I haven't finished speaking on this bill, but in protest of what happened this afternoon, the fact that the general government committee would not look into the Sorbara affair, would not respond to Marilyn Churley's motion to look into the fiasco we have going on right now—

Mr John R. Baird (Nepean-Carleton): The scandal.

Mr Miller: —the scandal we have going on right now—and in protest of the democratic renewal we see in this Legislature, I move adjournment of the debate.

The Acting Speaker: Mr Miller has moved adjournment of the debate. Is it the pleasure of the House that the motion carry?

All those in favour, please say "aye."

All those opposed, please say "nay."

In my opinion, the nays have it.

Call in the members. This will be a 30-minute bell.

The division bells rang from 1953 to 2023.

The Acting Speaker (Mr Ted Arnott): Will all those in favour of the motion please rise and remain standing.

Those opposed to the motion will please rise now and remain standing.

Clerk of the House (Mr Claude L. DesRosiers): The ayes are 3; the nays are 34.

The Acting Speaker: I declare the motion lost.

The member for Parry Sound-Muskoka has the floor.

Mr Miller: Today in the general government committee, there was a motion by Marilyn Churley to have the committee investigate the Sorbara affair. The government used their majority to shut down democracy. That's democratic renewal with this new government. In protest of this, I move adjournment of the House.

The Acting Speaker: All those in favour of the motion, please say "aye."

Those opposed to the motion, please say "nay."

In my opinion, the nays have it.

Call in the members. This will be another 30-minute bell.

The division bells rang from 2024 to 2054.

The Acting Speaker: All those in favour of the motion will please rise and remain standing.

All those opposed to the motion will please rise and remain standing.

Clerk of the House (Mr Claude L. DesRosiers): The ayes are 2; the nays are 37.

The Acting Speaker: I declare the motion lost.

It's now time for questions and comments relating to the presentation by the member for Parry Sound-Muskoka.

Ms Martel: I just want to follow up on comments made by the member with respect to local hospital boards and the implications of the bill passing in its current form. We heard from many hospital boards that said that if the bill passed and there were still provisions in the bill which allowed for the minister to impose orders or compliance arrangements, they would resign. The fact of the matter is that the bill, as amended, still allows the minister unilaterally to impose orders and to impose

compliance directives, and further, to snatch back pay remuneration of CEOs, who are legitimately employees of the hospital board, not the minister and not the government.

It's very clear that the OHA doesn't believe there has been any significant change in this after the amendments, as much as the minister would like to tell people that. Here is what they said in a letter of March 17 that was copied to a number of members of the committee: "The central problem with Bill 8 is that it gives the provincial government the power to impose anything it likes on any individual hospital, bypassing hospital boards, the people who know most about the hospital and the services it provides to the community."

These are the concerns they continue to have:

"First, although a reference to negotiated accountability agreements has been included, the legislation still permits these agreements to be imposed after a period of 60 days without referral to a third party dispute resolution mechanism. Throughout our discussions with you ... we have made it clear that the due process provisions are insufficient and that the bill must expressly provide for referral to dispute resolution...."

"Second, the bill gives the minister extensive powers to issue a broad range of compliance directives and orders against the board—again, without first referring the matter to third party dispute resolution or, at a minimum, obtaining approval from cabinet. Again, we have been very clear that this is not acceptable to our members.

"Third, we cannot endorse provisions which give the government authority to issue orders directly against hospital leaders, undermining the role of the board. We believe that sections 26.1 and 27 should be deleted in their entirety."

Mr Phil McNeely (Ottawa-Orléans): Bill 8 is a commitment of this government to the future of medicare in this province, to sustainable health care. This bill will help make health care more responsive, comprehensive and accountable.

I spent three days with the committee going across the province, in Ottawa, Windsor and Toronto. We're asking for change and we must ask for change.

The party opposite, when they were government, forced my hospital, the Montfort, the most efficient and best run hospital in Ottawa, to go to court to stay open. The Montfort won their court case and they stayed open. They do great knee replacements; I can tell you that. They will have no problem with accountability agreements. They run their hospital efficiently.

I'm pleased that Minister Smitherman and this government are going to change the focus of health care in this province. Prevention will become a big part of our program. It is already starting in our high schools. I'd like to report that 12 students at St Peter high school in my riding have already decreased by 5% the number of students smoking at St Peter. This is just the start of a five-year program. Hundreds of young people will not become addicted because of this great work of 12 of their

peers. A public health nurse from the city of Ottawa is looking after this program. It involves 40 schools this year and over 60 schools next year. That is the type of innovation and prevention this government is talking about and is enshrining in Bill 8.

Bill 8 means changes for hospitals, for hospital boards, for health providers and for this government. The intent of Bill 8 is to support board accountability, clarify expectations and ensure that CEOs are accountable to the board. We believe in accountability. We believe in prevention. This government, this Minister of Health, George Smitherman, and this bill will change health care in Ontario for the better.

2100

Mr Dunlop: I'm pleased to rise tonight to make a few comments on the long speech by my colleague from Parry Sound-Muskoka, Mr Norm Miller. I have to tell you, someone has to defend rural Ontario. We know that Dalton McGuinty—I think he has a Minister of Agriculture who is from a city. Someone has to defend rural Ontario, and that's what Mr Miller's job is here tonight.

I'm so pleased to see that the Minister of Transportation is here this evening, because we're pleading with you, Minister, on Highway 69 and Highway 11 through Simcoe county and Muskoka-Parry Sound. This is a very serious issue to the economic development of the north and of central and rural Ontario. We cannot have toll routes. We do need the highway expanded. We need to know that that additional 100 kilometres through to Parry Sound will be complete, and we need to know that that additional 40 kilometres on Highway 11 through to North Bay will be complete. It's very important to the economic development of the north.

I'm sorry to say this, but I don't think Dalton McGuinty really cares about rural Ontario. I know a lot of members here are from the GTA and particularly from the city of Toronto itself, but someone has to defend this huge geography we have in the province of Ontario. We simply don't have a voice here. Thank God we've got a guy like Norm Miller, from Parry Sound-Muskoka, who cares about the citizens of rural Ontario. He cares about northern Ontario and he cares about Muskoka-Parry Sound.

I plead with you and I plead with the Minister of Transportation to defend the hospitals in the province of Ontario, to defend the hospital boards and to defend the highways, particularly Highway 11 and Highway 69.

Mr Mauro: It's my pleasure to rise tonight and add my comments as well on Bill 8. I, as have I'm sure many others in this Legislature, have met with some of the stakeholders involved in this issue, and I can tell you that my understanding from them is that much of what is in this bill is acknowledged by many of these groups in the health care sector and the general public as well as being absolutely necessary.

I can understand why some of the members of the official opposition do not seem to place too much importance on the issue of accountability, the central tenet of this bill. I suppose that if, when you were in government,

you weren't concerned about appropriately funding hospitals, you wouldn't be concerned if they ran deficits. Well, we as a government are concerned—that from a former government that tried to sell itself as a fiscally responsible alternative to the voting public.

We are concerned because we were left to clean up the mess to the tune of approximately \$385 million. I'm sure some members of the opposition will remember that announcement. That was the total deficit left for us to clean up in the hospitals. We could hire a lot of nurses with \$385 million.

Still, the opposition speaks out against fiscal responsibility. We all know that the percentage of the total provincial budget continues to rise, approaching 40% of a \$70-billion to \$75-billion budget on health care. We all know, or we should know, that change is required in health care if we are to maintain the viability of the system. If we are truly concerned about health care in all its forms, we should understand that budget excesses in the hospital sector affect our ability to deliver health care to other sectors of the system.

Who of us hasn't heard of the concerns of the community care access centres and long-term-care facilities, mental health services that haven't seen fee increases in a long time, staffing issues? The challenges in the health care sector are well documented. I will enjoy being able to tell members of the public how the members of the two opposition parties voted against financial accountability for hospitals, benchmarking and service measures that will be achieved by mutually arrived at accountability agreements.

The Acting Speaker: The member for Parry Sound-Muskoka has two minutes to reply.

Mr Miller: Thank you to the members for Nickel Belt, Ottawa-Orléans, Simcoe North and Thunder Bay-Atikokan for their comments.

The member for Nickel Belt made some good points to do with local hospital boards and the affect that Bill 8 would have on those. In my riding of Parry Sound-Muskoka I have three hospitals and three hospital boards that I meet with on a regular basis. These are great people. They're outstanding citizens of the local communities—volunteers—and they're looking out for the best interests of their respective communities of Bracebridge, Parry Sound and Huntsville.

We have three great hospitals and three great hospital boards. I'm concerned that Bill 8 is going to effectively sideline them and take away the local input that these boards have had, which has been so important in such things as our successful bid for a new CT scanner locally, in the towns of Bracebridge and Huntsville. There's never a day that goes by when there's not another concern that they're raising and fighting for, so I think it's very important that we maintain the important role of hospital boards. Bill 8 will have the effect of weakening the role that hospital boards play. It will have the effect of really making them just advisory boards without any real power. The minister will have a direct relationship with the CEO of the hospital, and the hospital boards will lose their effectiveness.

Thank you to the member for Simcoe North for saying that I'm a defender of rural Ontario. Certainly in the current government, as was mentioned in the article today by Eric Dowd in the Thunder Bay Chronicle—he outlines how the balance in the minister's office is very much biased towards Toronto and the cities of Ontario. I think someone has to stand up for rural Ontario.

The Acting Speaker: Further debate on Bill 8?

Mrs Liz Sandals (Guelph-Wellington): I'm pleased to speak tonight in support of Bill 8. I will be sharing my time with my colleague for Stormont-Dundas-Charlottenburgh.

Bill 8 is our Commitment to the Future of Medicare Act, our commitment to the future of universally accessible public medicare. We will be banning two-tier health care. We will be creating the Ontario Health Quality Council and we will be establishing accountability agreements with hospitals throughout the province. But before I talk about those details, I'd like to talk a bit about the process that this bill has gone through. After its first reading, it was referred to the committee on justice and social policy. That committee traveled the province, listening to the concerns of the people of Ontario, listening to positive suggestions for how we could improve the bill. We considered how we could address those concerns.

There has been a tremendous consultation process with the people of Ontario. One of the concerns that was raised in Guelph was whether or not the hospitals in my riding could continue to have what are called hospitalists. In the Guelph area, because of the tremendous workload they're carrying and the tremendous shortage of doctors, family practitioners have, in fact, withdrawn from hospital privileges. So the people who practise family medicine, the people who actually play the role of the family doctor inside the hospital when somebody is admitted to the hospital, are staff doctors called hospitalists. That's a somewhat unusual arrangement. In the original language of the bill, that wasn't actually covered, but it was raised as a concern to our Minister of Health and to the committee, and we listened. I'm very pleased that in the amendments that have been made to this bill, we have addressed that concern and have solved the problem of the concerns of my local community around hospitalists. As you go down the list, there is issue after issue that was in fact addressed because we took the time to listen to the people of Ontario, to listen to their positive suggestions and to bring back an improved bill. I'm very proud of that process.

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Back in the summer, or over the last year, knocking on doors and listening to the concerns of my constituents, one of the things that came up over and over again was the concern my constituents had that the previous government, the PC government, was going to move toward two-tier health care that was going to allow queue-jumping in our hospitals. I must say that my constituents had some reason for concern, because the former premier, Mr Eves, did in fact indicate at various times that he supported queue-jumping.

The National Post, a rather Conservative-friendly paper, reported on January 21, 2002: "Mr Eves said people should be able to buy their way to the front of the health care line." The National Post said on January 10, 2002: "He told the Barrie crowd it's a shame you can buy an MRI scan at a moment's notice for your dog, but not for your mother. And why not? Because 'we have a thing called the Canada Health Act' that forbids paying one's way to the front of a queue." Apparently, Mr Eves thought this was a bad thing.

Our government thinks it's a good thing to ban buying your way to the front of the queue, to ban two-tier health care where those who can afford to pay more can get quicker service. That's exactly what we're banning in Bill 8. That will no longer be allowed to happen in the province of Ontario. When you go to a hospital in Ontario after this bill comes into force, you will not be able to pay your way to the front of the queue. Whether or not you can access health care will not depend on the size of the wad of bills in your wallet. Every citizen of Ontario will have equal access to health care in Ontario, and we think that is an extremely important principle.

When Mr Romanow tabled his report on health care, he talked about the fact that the Canada Health Act is missing an important principle, and that is the principle of accountability. We're going to bring that principle into the health act. It's interesting that while the committee on justice and social policy was doing its hearings, the standing committee on public accounts was doing hearings examining the Provincial Auditor's report. As we looked at the Provincial Auditor's report, we found instance after instance where there was a lack of accountability, where in fact money had been transferred to a transfer agency, where money had been laid out in a contract, with no accountability controls attached to that money. We heard about situations where buildings were contracted without accountability. We heard about research. We heard about situation after situation where money was transferred out of the province of Ontario to a contractor or to an agency and there were no accountability standards set up for what the province of Ontario expected to receive in return for that.

We are not going to allow that situation to continue, because the largest part of the budget of the province of Ontario is spent on health care, and we think it is highly appropriate that we have accountability expectations for the hospitals throughout the province. That is why we are going to bring in accountability agreements with hospitals. Will local boards continue to play a huge role in the management of their hospitals? Of course they're going to continue to manage their hospitals, but it will be within a framework of knowing the expectations of the province for the money they are receiving from the province. I think that's a good thing.

The second way we are going to build accountability is by creating the Ontario Health Quality Council, an independent body which will be examining quality indicators for health care and which will be reporting to the citizens of Ontario on the state of our health care services.

Once again, the citizens of Ontario have cause for concern, because what do we find with the situation we've been left with by the Conservative government? We find that in Ontario we have fewer nurses per capita than any other province in Canada. We are ninth out of 10 in the number of family doctors per capita. From 1995 to today, there's an increase in the number of underserved communities from 60 to 122. The previous government allowed the number of underserved communities in this province to double. That's got to stop. We are eighth out of 10 provinces on per capita spending on health care. There's been no increase in base funding for community mental health services. Believe me, in my community we have a tremendous number of people with mental health needs who are just not receiving services. That is a problem.

What we are going to do is set up the Ontario Health Quality Council to report to the people of Ontario. Unlike the previous government, we're not going to try to hide data on waiting lines. We're not going to try to hide data on what's going on in our hospitals and our long-term-care facilities. We are going to report to the public. We are sure that as we move through our mandate, the reports will show that with Bill 8 we are improving the quality of health care for the citizens in Ontario. That's what this bill is all about, and that's why I am pleased to support it.

Mr Jim Brownell (Stormont-Dundas-Charlottenburgh): It is a pleasure for me to rise this evening to participate in this debate on Bill 8, the Commitment to the Future of Medicare Act. I would like to say at the outset, and this is to those watching on television and those who may be able to read Hansard tomorrow, that, yes, I did prepare these remarks myself. I certainly hope the member from Trinity-Spadina understands that.

Interjection.

Mr Brownell: Right, but he might be watching.

As well, I must say that it is a pleasure for me to express these words tonight, for I travelled this province as the co-chair of the justice and social policy committee to hear deputations on the bill. As a new member to this House, I was pleased to learn that this bill, unlike many other bills put before this House in the past, was receiving scrutiny from stakeholders through these deputations after first reading. Although we did not set a precedent in this regard, we did decide at the outset to put the bill to early public scrutiny. I'm proud of this, and I'm proud of the many stakeholders who attended these hearings in communities throughout Ontario. We listened and, unlike what we have heard from the members opposite, we have used ideas and positions from these stakeholders in our amendments to the bill.

As I travelled the province with Bill 8, I continued to hear time and again from the member from Oak Ridges, who was part of the travelling group, comments that Bill 8 was draconian and the most regressive piece of legislation brought before the Legislature. In fact, he even proposed a motion during the hearing process to immediately withdraw Bill 8. Well, that didn't happen and

Bill 8 did go up to scrutiny in Sudbury, Ottawa, Windsor, Niagara Falls and here at Queen's Park.

I'm proud to say that it wasn't regressive legislation and it certainly wasn't draconian. I'm proud of the committee's work with this legislation. Yes, health care will be a destination on the map that the member of Oak Ridges commented about on March 22 when he said, "I'm hopeful that they will at least be able to find one destination on that road map."

These remarks may have been said in a throne speech debate, when the member referred to our government's destinations and where we have travelled to date. But I am proud that we have travelled to date with this bill, that I have travelled around Ontario, and I join the health minister in saying that Bill 8 will give the best to health care in Ontario. I stand with him as we work with the stakeholders in this province. We are not here to fight with them. We are not here to set up roadblocks for the delivery of the best health care. We are here to make public health care the best possible health care and to make sure that health care delivery breaks down the silos that have often have caused systems not to be cost-effective. Those silos have to come down.

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The health minister has been consistent and determined in his commitments to delivering the best in health care. I know I stand with the other members of the Liberal government in marching shoulder to shoulder with him as he delivers.

Health care in Ontario will not be a one-way street, forcefully imposed and dictated by a health minister and bureaucrats. Our commitment to the future of medicare is built upon negotiations with those who provide the services and making health care work by making it more accountable to the taxpayers of Ontario.

My colleagues and I listened to countless deputations around this province, providing public scrutiny for this bill. Before going out on the road with it, we knew it was not perfect. The health minister knew it was not perfect. For example, on the first day of deputations on February 16, the health minister made it perfectly clear: "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." Yes, we scrutinized our own piece of legislation, even before delivering it to the public. We wanted to get it right.

In listening to public health care providers across the province, we have developed legislation that is strongly committed to what is best in the future. We have provided legislation which remains true to the government's original intent: to preserve medicare in Ontario and to build on what Roy Romanow asked us to build upon. As the Ontario government, we believe that publicly funded, universally accessible health care is the best health care for Ontarians. By entrenching it law, we are showing that Bill 8 is a most important step in strengthening Ontario's health care delivery system and restoring this confidence to Ontarians.

The minister has said, my government has said and I have said that the provision of health care services in Ontario must be built on need, not on the ability to pay, and that tough measures must be implemented banning two-tier medicine, with queue-jumping and extra billing being things of the past. As well, we will see what Ontarians want to see: accountability in health care.

While travelling this province and listening to the deputations, we have heard many words of endorsement of the preamble, the motherhood issues surrounding the intent of the bill. The preamble was clear and precise, and it clearly indicated that the bill was the commitment to the future of medicare. Yes, I say “future.”

Many times we heard the comments, especially from the third party, that the preamble excluded home care and pharmacare, that there was nothing in the bill. Members of this House, as the Minister of Health said today in reply to a member's question, there is much more building to be done in health care as we deliver the best possible health care across the spectrum. The bill indicated “future,” and as we work with our federal counterparts in building a seamless system without the burdensome silos that presently exist, the future spelled out in the preamble will be the guiding light.

I am delighted to see that we will have improvements to the preamble by referring to the importance of community, the public interest, and by indicating that the proposed Ontario Health Quality Council will be the vehicle to help enhance government accountability.

In referring to the health quality council, let me say that its creation will help to ensure that Ontarians' tax dollars are spent wisely. This independent, objective council will report to the public on performance of the health care system, making sure that the system is more transparent and accountable—two important words. I am happy to say that we have amended the legislation to bring clarity to the membership on this council, making sure that the council is clearly focused on community-driven participation from individuals, health care professionals and consumers, thus avoiding stakeholder lobbying.

We have made improvements, too, in the health services accessibility part of the bill. These amendments have been brought about by the comments made at the deputations. We know that the proposed changes regarding accessibility will give to those requiring health care services and those providing the service whistle-blower

protection should they report on queue-jumping and extra billing. It will ensure that people are charged for uninsured services, such as block fees, in a voluntary and informed manner.

Just a couple of examples of what the bill will do: We have amended and improved the bill by addressing physician payment issues, due process concerns, privacy of personal health information and the great concern we heard about the penalty provision for non-compliance.

In this House on this date, the Minister of Health made it crystal clear that the accountability part of the bill will be a negotiated process between the government and those who deliver. Roy Romanow would be proud of our determination to enshrine accountability in Bill 8 and our desire for the best in the future of Ontario's medicare.

I hope the member for Kitchener-Waterloo got the message clearly in this House today when the minister commented about negotiated—negotiated—agreements. I say to her—and this again can be read in Hansard—that we are not providing Bill 8 as a mechanism to fight the boards of our hospitals, long-term-care facilities, community care access centres and other independent health facilities in the province. We are there to work with them, to make sure that performance measures are clearly outlined and that a transparent process will be in place to meet the needs of patients and the public.

These new negotiated accountability agreements between the above-mentioned groups and the government will result in a common, clear and improved understanding of what is required in this province for example, more full-time nurses and shorter wait times.

As I toured this province, I learned much about health care services and delivery. The minister was down in my riding about two weeks ago, and he learned about what was needed in my riding. We talked about accountability. We talked about that cheque, which I continue to allude to, that was in the back pocket of the previous health minister but was never delivered. We talked about accountability. This government, which is delivering Bill 8, will have a bill that will be there, accountable to and open to the taxpayers of our province for the health care we so require.

The Acting Speaker: I want to thank the members of the House for their participation on Bill 8 tonight. It being close to 9:30 of the clock, this House stands adjourned until tomorrow morning at 10 am.

The House adjourned at 2130.

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Une liste alphabétique des noms des députés, comprenant toutes les responsabilités de chaque député, figure dans les premier et dernier numéros de chaque session et le premier lundi de chaque mois.

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