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**Official Report
of Debates
(Hansard)**

**Journal
des débats
(Hansard)**

Tuesday 6 April 2004

Mardi 6 avril 2004

Speaker
Honourable Alvin Curling

Clerk
Claude L. DesRosiers

Président
L'honorable Alvin Curling

Greffier
Claude L. DesRosiers

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LEGISLATIVE ASSEMBLY
OF ONTARIO

Tuesday 6 April 2004

ASSEMBLÉE LÉGISLATIVE
DE L'ONTARIO

Mardi 6 avril 2004e

The House met at 1845.

ORDERS OF THE DAY

COMMITMENT TO THE FUTURE
OF MEDICARE ACT, 2004

LOI DE 2004 SUR L'ENGAGEMENT
D'ASSURER L'AVENIR
DE L'ASSURANCE-SANTÉ

Resuming the debate adjourned on April 5, 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): Further debate on Bill 8? I recognize the member for Ancaster-Dundas-Flamborough-Aldershot.

Mr Ted McMeekin (Ancaster-Dundas-Flamborough-Aldershot): The riding with the longest name, because their people have the biggest hopes and the biggest hearts and the biggest dreams.

Ms Judy Marsales (Hamilton West): Just as big as Hamilton's.

Mr McMeekin: As big as my beloved Hamilton's. That's true.

I'm pleased to be sharing my time with the earnest member from Prince Edward-Hastings, who will be speaking a little bit later.

I'm pleased to rise and offer some passing comment on Bill 8. I want to, just by way of preface, indicate that health care has been an issue in our family for a long time. My good spouse is an active family physician who has been in a primary care health service organization for some 25 years, and it's a great system. But that having been said, there's so much about the health care system that's broken. I've discovered, as a member of the Hamilton District Health Council and when I was on regional council as chair of the region's community

service public health committee, there's much about the health care system that needs fixing. Sadly, when it comes to health, I think there's a history that when all is said and done, there's often more said than done. I think Bill 8 goes a considerable way in addressing that, and for that, I and my constituents are very, very thankful.

As I have had the privilege of serving the good people of ADFA, there has been a plethora of people coming in to see me about various health care issues. It's clear that our drug benefit plan in Ontario is in need of a radical re-examination. The audiology services that were delisted was a serious issue. Dr Morreale in my riding has come in to talk about oral hygiene in long-term-care facilities. You know, there's legislation that requires that anyone going into a long-term-care facility have a complete oral exam. It's simply not happening in Ontario.

Diabetes is an epidemic in need of a strategy, and I commend the minister. I know there's a group of deputy ministers who are working very hard on this as we speak. There are advances in Alzheimer's disease and the strategy there and some of the issues, and elder abuse, which continues to be a major concern. There are all kinds of new ways we could come at that. The addictions community laments the fact that funding has been frozen for some 10 years in that area. The need for multi-disciplinary, community-based health teams, primary care reform, is urgent. The development of a continuum of home care is so important as well. You know, to have somebody spend the day in the hospital costs about \$812. Long-term care is \$117. A day of home care is \$44. Most seniors and others who are faced with difficult decisions want to stay in their home. The Honourable Roy Romanow has done a review of this, as we know, and he recommended that home care be integrated into the health care basket.

I mention these issues in the next 50 or so seconds that I have because we're not going to be able to get at dealing with these until we can build into the system the kind of accountability and the kind of respectability for health that is buried in Bill 8. We have to make health care more responsive to patients and more accountable to taxpayers. Over the last few years health care has been rising yearly at 8% and hospitals at more than 10%, and we're simply not getting the results we need and deserve from our investment. That's why we told hospitals that there are going to be some strings attached to their funding and that's why we're so eager to work at new performance agreements, but that's only going to happen when we have the legislative framework in place.

That's what Bill 8 is all about. That's why I'm so pleased to stand in my place today and speak out strongly in favour of Bill 8, the government's initiative.

1850

Mr Ernie Parsons (Prince Edward-Hastings): I'm also pleased to speak to this bill. I don't believe there is any member in this House who ran as a one-issue candidate. There is certainly a diversity of reasons why we came together. Certainly, for me, the fundamental health care item was probably what led me to initially come forward.

I can recall a day when we didn't have OHIP in Ontario. I can recall a day when you could buy your way to the head of the line. One of my strongest memories growing up was when my mother contracted cancer when I was quite young. My recollection is of my father at the kitchen table at the end of each month trying to find the money to pay for the drugs, to pay for the treatment, to pay for the hospitalization, to pay the mortgage, to pay for groceries, to buy clothes for us kids. It is a memory that is instilled in me that should never be repeated.

Before this government was elected, I felt we were on the road to two-tier medicine. When my wife was young, she had an operation at Sick Kids, and they retained a copy of the Sick Kids bill to my in-laws for \$320, the best money they ever spent. I came across it some months ago. But what if they hadn't had \$320 to pay for that operation at that time? What if they hadn't?

The fundamental belief of Ontarians that we heard over and over is fully accessible public health care. I applaud the Minister of Health for bringing this forward. I think it reflects totally what our community has said. I understand there are some groups who have questions about it, but I'm also pleased that the minister is going to put it out for discussion and input again.

There certainly have been some questions that have come forward from hospital boards over the issue of the powers given to the minister. I would suggest that what the minister wants is what the people of Ontario want of their hospital boards, plain and simple. If you stop people on the street in any one of our communities, they're going to tell you that they want a nurse at their bedside or at their loved one's bedside. They want a lab technician to be available. They want the hallways to be clean. They want the snow to be shovelled. They want the building to be accessible. They want the money that comes from our government to the hospitals to be used for patient services.

Sometimes hospitals get hung up on the word "corporation." "Corporation" sometimes infers that it is a very select group that operates the hospitals. The reality is, the hospitals are owned by the people of Ontario. Their needs are very fundamental, very simple and very achievable. The people in our province want accountability for expenditures. No board that is accountable needs to fear anything. We're going to work with the boards. We want the boards, in their actions, to reflect the community and the provincial perspective on what should happen in our hospitals. It's as simple as that.

The community doesn't want the infusions of money going to hospitals to be used for management salary increases. They do not want them to be used for larger and larger administrations. Anyone on the street can tell you that. We know that. We know very clearly that in this province we need to focus on health care. It was at risk in this province; I really believe it was. I watched the privatization cloud looming over the hospitals in Ontario. I watched hospital closures. I watched hospital amalgamations take place without studies done that would support that.

The minister has put in place a process that will ensure that hospitals will follow not what the minister wants, because what the minister wants is what our community wants. I don't believe hospitals need to worry about this. I believe it is an assurance to the people of Ontario, who have had concerns at times, that the money is going toward patients. The health minister said, for example, that he would like to see 70% full-time nurses in hospitals. Not only does it make sense from the nurses' viewpoint, it makes sense from the patients' viewpoint, that they will get the same person providing care each and every day, rather than having to run through their problem to a new person each day.

Everything that appears in this bill is focused on providing better patient care. Maybe we can't do things the way we've always done them at hospital boards. Maybe hospital boards need to be more accountable to the community. Maybe, rather than the case of some that are fairly selective in their membership, they need to be opened up and give all the hospital members an opportunity to serve on the board, because if hospital boards are composed of people who represent the community, they will represent the community.

The Acting Speaker: Questions and comments?

Mr Robert W. Runciman (Leeds-Grenville): I want to respond essentially to the member for, I think, Quinte something or other.

Mr Parsons: Prince Edward-Hastings.

Mr Runciman: Prince Edward-Hastings. I appreciated his comments with respect to the concern about the future of health care not just in Ontario but in Canada. I think he's perpetuating a myth with respect to the sustainability of the system the way it's currently structured, despite the recommendations of Romanow and the huge infusions of money that Romanow is suggesting and recommending, which the federal Liberal government has failed to follow through on.

At the end of the day, I'm of the belief that the system is not sustainable in the way it's currently financed by simply looking at the taxpayers of Canada to continue to support it. We're seeing provinces right across this country struggling in terms of their ability to keep up with health care costs.

We've seen recently in Nova Scotia where Premier Hamm has desperately pleaded for more federal money. Newfoundland, we know, is in dire straits, and we know that in Ontario 47% to 48% of our operating budget is now dedicated to health care. It's choking off all the

other important priorities of Ontarians. Whether it's education, public safety, the environment—whatever it might be—the government has made a decision, we read, to incur deficits for the next year or two to try to cope with these challenges.

What we have to do is find new and innovative ways, and we have to open our minds, if you will, to the involvement of the private sector in some areas of health care. If we don't do that, we're going to find it collapsing around our ears, and the provinces that are less able to sustain it, like Nova Scotia and so on, are going to be in very difficult straits in the near term.

Mr Peter Kormos (Niagara Centre): Speaker, that was an impressive group of people you had here earlier today from your riding. I enjoyed the chance to meet with them; I'm sure you did. They appeared pleased and excited to be here at Queen's Park.

Ms Marilyn Churley (Toronto-Danforth): Is that the Speaker you're talking about?

Mr Kormos: Yes, the Speaker had some of the folks from his riding in the visitors' gallery, and he of course posed for the 8-by-10 glossy photo down on the steps of the Legislature. They seemed like really nice folks. As I say, it was a pleasure to meet them.

Marilyn Churley from Toronto-Danforth is going to be speaking to this bill in around 10 minutes' time, so I invite people who happen to be watching to stay tuned—

Ms Churley: Tune in.

Mr Kormos: Well, no, 10 more minutes and Marilyn Churley is going to give you the straight goods on this bill. This is a remarkable piece of crap, quite frankly, coming from this government. I've never been in committee hearings where not one—

Interjections.

The Acting Speaker: Member, please take your seat. That language is objectionable to the Chair, and I would ask to you withdraw it.

Mr Kormos: OK, Speaker, I withdraw.

In any event, here we've got a bill that nobody supported. It stuck to my heel like something you pick up on the front lawn on a moist spring day. I've got to tell you, Shelley Martel was sitting in committee day after day, waiting patiently. I joined her from time to time. Other caucus members joined her from time to time. Not one presenter, not one participant in the hearings endorsed the bill.

This government couldn't even find some old, worn-out Liberal hack to show up for a couple of drinks afterward and half a stale cheese tray to even feign support for the legislation. Trust me, that's been done from time to time. Over 15 or 16 years, I've watched that sort of thing going on. They couldn't even come up with an impostor. They couldn't even come up with somebody who would feign support for the legislation.

The bill is not going to be supported by New Democrats. The bill has got to be defeated, and Marilyn Churley is going to tell you why.

1900

Mr Lorenzo Berardinetti (Scarborough Southwest): In my brief two minutes, I want to reiterate the comments made by the two speakers who spoke earlier on this issue.

I just want to relate to you a very small story in the minute and 45 seconds I have. When I knocked on doors during the election, during the month of September, people at the door didn't want to really hear about mortgage deductibility. They didn't want to hear about the seniors' tax credit. In fact, they didn't even want to hear about making the electrical system public. They wanted to hear about basically two things: health care and education. That's what they wanted to hear about. This bill addresses one of those two major concerns.

I went to one house, and it almost brought me to tears when an elderly gentleman, about 70 years old, came to the door and said, "Who is going to bathe my brother? There's one bath a week. He's not being bathed properly. No one is providing proper bathing. The nurse who should be giving baths is sick."

We have a system that's broken, and it needs to be fixed. This bill, along with other legislation the Minister of Health and this government is bringing forward, is here to address those concerns and to help people in Ontario have a better health care system, a better education system and a better province for everybody. Without any doubt, Bill 8 is supportable. I stand firmly behind it and know it will be something good for Ontario.

The Acting Speaker: We have time for one further question or comment. I recognize the member for Nepean-Carleton.

Mr John R. Baird (Nepean-Carleton): Thank you very much, Speaker. That's a fancy tie you're wearing.

I remind people watching on television that Bob Runciman, the member for Leeds-Grenville, will be up next, so don't adjust your set. Following Bob will be the good member for Toronto-Danforth. She will be up to tell you why this bill is terrible.

I, like many an Ontarian throughout the province, am shocked that the member from Belleville did not mention the ethical scandal and the cover-up going on at Queen's Park. Cover-up, cover-up; there's a big cover-up going on at Queen's Park. I'm surprised that with respect to Bill 8 he wouldn't want to talk about the cover-up—cover-up, cover-up—and the ethical limbo dance—

The Acting Speaker: Would the member please take his seat? I need to confer.

The Speaker has ruled the terminology the member is using out of order. I would ask him to cease and desist from using that terminology.

Mr Baird: I have a Speaker Stockwell ruling that "cover-up" is in order. Speaker, could I get the clock readjusted for the time you took off?

I'm shocked that the member didn't talk about the orchestrated—

Mr Richard Patten (Ottawa Centre): On a point of order, Speaker: You just made a ruling and he said to you that the member beside him has told him your ruling was not correct. I think that's out of order. He just said that.

Mr Runciman: No, he didn't.

Mr Patten: He did so.

The Acting Speaker: I asked the member to withdraw. I heard him say he apologized. He made reference to the comment again. I would ask the member once again to use temperate language in this House. I'll give him a few extra seconds to conclude.

Mr Baird: If you check the videotape, you didn't ask me to withdraw and I didn't offer a withdrawal. You asked me to temper my rhetoric.

If the unethical conduct of some causes concern to members of this House, I would be trying to change the subject as well.

We will not sit back and watch you take over the Queensway-Carleton Hospital board—

The Acting Speaker: Would the member please take his seat? I would caution the member once again to respect the Chair.

There are now two minutes to respond on the part of the member for Ancaster-Dundas-Flamborough-Aldershot.

Mr McMeekin: I want to thank the member from Leeds-Grenville, the member from Niagara Centre, the member from Scarborough Southwest and Nepean-Carleton, although I wasn't quite sure where the last member was going.

Interjection.

Mr McMeekin: I'm more concerned about attention deficit disorder. If these people had paid more attention to the deficit, we wouldn't have so much disorder in our health care system.

This government is out to build a stronger, more progressive and accountable health care system. We want to work with our partners in the health care system and at the senior level of government, and we've been doing that. There has been some \$700 million in additional federal funding come into Ontario since this government was elected and another \$2 billion was announced just a couple weeks ago, with more to come once we get the accountability mechanisms in place. That's what this government is doing.

Without the kind of change that will be brought about by Bill 8, the medicare system as we know it won't survive; it will perish. That's why the establishment of the health quality council is so important. As we went all around this province in our round table sessions, 90% of the people we spoke to said waiting times had to be cut; 86% said they wanted to have quick access to a family doctor and primary care reform was essential. That's only going to happen when we can identify the resources, and we're only going to do that by making it clear to health care providers in the entire system that we're serious about maintaining the medicare system that has been so great in this country.

The Acting Speaker: Further debate on Bill 8?

Mr Runciman: It's always difficult to stand in your place after the member from Nepean-Carleton has entertained us and done his usual outstanding job of defending

the interests of not just the people of his own riding but the people of Ontario.

Mr Baird: I just give them the truth.

Interjections.

Mr Runciman: Anyway, moving right along, I want to compliment our critic for the health and long-term-care sector, Elizabeth Witmer, a former Minister of Health and a much-respected minister during her tenure in the ministry. I think there is a longed-for return of Ms Witmer to that ministry at the current time, given Bill 8 and other proclamations flowing from the current minister and the approach the current government has taken to health care, a take-it-or-leave-it approach. It's certainly not the opportunity that should be taken here, to work well with the health care sector partners, given the difficult circumstances that not just Ontario but every province and territory in this country faces with respect to the cost of health care and the challenges of health care. We're reading about that every day.

Earlier in one of my two-minute responses I mentioned reading recently Premier Hamm's desperate call—and I think it's fair to describe it as a desperate call—for additional assistance from the federal government with respect to meeting the needs under the current Canada Health Act and the restrictions that the act places on the provinces and territories across this country.

I recall Premier Harris talking to us a number of years ago when we were looking at further significant investments in health care, indicating that at some point Canada was going to hit the wall and it would be the provinces in this country that were less fortunate in terms of their economies that were going to hit it before Ontario and Alberta did. That's clear. We're starting to see the impact of that right now, whether it's in Nova Scotia—

Mr Baird: We already have a Tory from his riding.

Mr Runciman: You want to move over there, John?

—Newfoundland and New Brunswick as well. We are hearing it from every province.

The current Minister of Finance, Mr Sorbara, was the only Minister of Finance in Canada who was somewhat complimentary to the recent federal budget. What the reasons for that are, I'm not sure. But certainly every other Minister of Finance across this country recognized the shortcomings of the federal budget, especially in the area of health care.

1910

To think that Bill 8 and the intrusion into the independence of the hospital sector in this province are going to do anything meaningful to lessen the challenges we face is just kidding ourselves. It's not going to have a meaningful impact. What it's doing, really, is essentially upsetting communities across this province, the people who volunteer their time to serve on the boards of governors of a variety of hospitals across the province—no more, no less.

I want to say we are pleased that the government is following the advice of Ms Witmer and has consented now to have public hearings following second reading.

We support that and commend Ms Witmer for her efforts in making that possible.

I'm not speaking on behalf of my party. This is not an official party position, but I think we have to look beyond the boundaries in terms of finding solutions to the health care challenges we face in this country. That does mean involving the private sector to some degree. How that is structured I'm not sure, but I think we're going to be faced with rationing. We are going to be faced with a whole range of challenges when more and more of our budgets are eaten up by health care. Right now in Ontario, as I mentioned earlier, it is 47% or 48% of the operating budget. What happens when that gets to 55% or 60% of the operating budget? What does that mean to the Ministry of Community and Social Services? What does it mean to the Ministry of Education? What does it mean to colleges and universities? What does it mean to public safety? What does it mean to environment when more and more of that budget is being eaten up by the health care monster?

We have grown in the last 30 years with this myth that Ontarians, Canadians, are entitled to so-called free access to health care, whatever our demands might be. If it means going to an emergency centre for a hangnail or whatever it might be—a minor ailment—we've grown accustomed to that; it's our right as Canadians to be able to do that. There is a major effort that is going to have to be undertaken here to re-educate Canadians and Ontarians that that is not our right. We have to look at maintaining essential catastrophic services paid for by provincial and federal taxpayers, but in other services we should be looking at the reintroduction of some form of insurance program and ensuring that the people who are at the lower end of income levels are protected by us as taxpayers.

Certainly there are going to be scaremongers, and we're going to hear a lot of that. It is always the case. But at some point I have accepted the fact that we're going to have to hit the wall. That's what's going to have to happen before this kind of scaremongering rhetoric ceases and we come up with realistic solutions to the health care challenges.

Interjection.

Mr Baird: Roy Romanow is the Darth Vader of health care.

Mr Runciman: We hear the kinds of interruptions here tonight that have become symptomatic of this new Liberal government. They talk about a democratic deficit and ensuring that committees in this place have a meaningful role. We saw that was a joke when we approached government agencies to review the Ontario Securities Commission and when we approached general government to talk about taking Mr Sorbara up on his offer to appear with respect to the Royal Group Technologies scandal. We've seen that when we've raised questions in this House on a daily basis and not received one answer.

On that basis, regrettably, I have to move adjournment of the debate.

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

All those in favour of the motion will 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 1915 to 1945.

The Acting Speaker: Mr Runciman has moved the adjournment of the debate.

Would all those in favour of the motion please rise and remain standing.

Would those opposed to the motion please rise and remain standing to be counted.

Deputy Clerk (Ms Deborah Deller): The ayes are 7; the nays are 33.

The Acting Speaker: I declare the motion lost.

I now return to the member for Leeds-Grenville, who has the floor.

Mr Runciman: I just want to mention that I've heard certainly in my riding, as I'm sure members throughout the House have, from concerned organizations, whether it's CUPE or hospital boards, very serious concerns with respect to Bill 8, primarily about undermining the role and accountability of local volunteer boards with hospitals.

Another matter of concern in my area specifically are provisions in the legislation that may also prohibit payment of physicians to whom hospitals make direct payments for scarce expertise, which could lead to a decline in access to much-needed services. Certainly that's the case with the Brockville General, where we make direct payments to several specialties and also direct payments to ensure emergency room coverage.

I'm not sure the Liberal members of the House are really interested in the concerns expressed by Ontarians throughout this province with respect to Bill 8. We've seen this on so many occasions, whether it's Bill 8, whether it's the democratic deficit, whether it's the Sorbara scandal: continuing to refuse to answer questions in this House, continuing to refuse to give individual MPPs a role and a voice in this place, to give committees a role and a voice in this place.

On the basis of the reaction of the Liberal government, not just with Bill 8 but with all of their agenda, their shutting down of the opposition and giving us a meaningful role in this place, let alone their own backbenchers, I move adjournment of the House.

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

All those in favour of the motion, please say "aye."

All those opposed to the motion, 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 1949 to 2019.

The Acting Speaker: All those in favour of the motion will please rise and remain standing while you're counted.

All those opposed to the motion will please rise and remain standing while you're counted.

Deputy Clerk: The ayes are 7; the nays are 33.

The Acting Speaker: I declare the motion lost.

I believe the member for Leeds-Grenville still has the floor and has a couple of seconds left.

Mr Runciman: Just a few seconds to reiterate our concerns about Bill 8 and our frustration, as the member from Durham region prompts me, and again to congratulate our critic Elizabeth Witmer, a former Minister of Health, for pressuring the government into making a concession to have further public hearings following second reading.

The Acting Speaker: It's now time for questions and comments.

Mr Gilles Bisson (Timmins-James Bay): I've got to say I agree with some of the comments made by the member for Leeds-Grenville. There's some stuff in his speech that I agree with, because the reality is that what we're seeing in regard to Bill 8 is a little bit of Tory policy being re-enacted.

Remember the Conservatives when they were in power? You guys decided that you were going to centralize education decisions within the minister's office. The Minister of Education would make more and more decisions on a day-to-day basis about what school boards had to do in Ontario. Conservative policy was to centralize decision-making in education to the Minister of Education.

This legislation, Bill 8, is about the same thing. This is about a Minister of Health centralizing decision-making from elected, volunteer hospital boards, basically usurping their powers, so that the Minister of Health is able to say, for example, to the James Bay General Hospital in Moosonee or the Timmins and District Hospital in Timmins or any other hospital in this province, in Welland or Toronto or wherever it might be, that he knows best, that at the end of the day the Minister of Health should decide what is good for a community. If the Minister of Health decides, for example, that dialysis services in the community should be centralized in a regional area and that's not really what the hospital board wants to do, he wants the ability to do this.

So this is nothing more than a power grab on the part of the minister, and I'm saying that is not a good idea. We need to make sure that we give our hospital boards—they're elected people, they're volunteers, they work hard on behalf of their hospital boards in the communities they represent—the power to make the kinds of decisions that need to be made within communities so that hospitals are able to function in the way they were intended, and that is as community hospitals.

I recognize, on one hand, that we now fund them as a provincial government to the tune of more than 80%. But at the end of the day, we need to recognize that hospital

boards serve a useful purpose and we should give them the support they deserve.

Ms Kathleen O. Wynne (Don Valley West): I want to address a couple of the comments made by the member from Leeds-Grenville.

One of the things that were said was that Bill 8 won't make any meaningful change. I think that is really off base in terms of what I heard when I went out on the committee hearings. It's quite clear that Bill 8 is going to be an agent of change. It's quite clear that what we heard was that the health care sector is looking for and is happy about accountability agreements being negotiated between the government and the health care institutions.

The other comment that the member from Leeds-Grenville made was about the runaway cost of health care. It's exactly that problem that Bill 8 is being put in place to deal with. The negotiation that's going to go on between the ministry and the boards of health care institutions is where that change is going to happen. The accountability agreements are going to put in place a new understanding of where health dollars should be going, what the standards are that we, as a community, agree on.

When the bill first went out, there was no talk of negotiation. We listened to the community. They asked for negotiation to be part of what happened—the way the accountability agreements were to be put in place—and that language is now in the bill. That's the second point I wanted to make, which is that the consultation on this bill has been very thorough and extensive. I think it's to our credit that we have agreed that after second reading we'll go back to the committee and have that conversation again with the amended bill.

So I'm happy to support this bill, and I hope that the member for Leeds-Grenville—

The Acting Speaker: Thank you very much for your comments.

Mr Toby Barrett (Haldimand-Norfolk-Brant): Very clearly, the member for Leeds-Grenville really hit the nail on the head when he asked all in this House and people in the province of Ontario to consider the source of our health care problems overall, that source being the federal Liberals in Ottawa.

As we all know, the present federal government funds about 16% of health care in Ontario and leaves the provincial taxpayers to fund the remaining 84%. Now think of the impact that has, as the member for Leeds-Grenville asked us to consider, on provinces like Newfoundland and Nova Scotia, which can ill afford the dollars to direct toward health care that we can in the rich province of Ontario.

This 16 to 84 ratio is a far cry from the 50 to 50 ratio that was negotiated at the inception of medicare. An arrangement was negotiated on the watch of people like John Robarts and John Diefenbaker, leaders who were able to come up with a fair and equitable arrangement to fund health care. Under the eight and a half of years of the Mike Harris and Ernie Eves government, we operated under a 16 to 84 ratio, a 14 to 86 ratio, where health care spending provincially rose from \$17.4 billion in 1995 to

\$28 billion a year, at a time when the federal Liberals, during that eight and a half years, continued to cut health care. The only ones who cut health care during the eight years were federal Liberals.

The Acting Speaker: Questions and comments?

Ms Churley: I've been listening with interest to this debate, because it's been a long haul to get us here in the House. I know there were a lot of committee hearings. What I find extremely interesting, listening to some of the Liberal members talk about the amendments, is that they listened and amendments were made to correct the problems, and that—I'm going to let 'er rip here—everybody is happy. Well, everybody is not happy. Nobody is happy with this bill.

The OHA wrote a letter—we're all familiar with it—to Minister Smitherman on March 17 that said as follows:

"While progress has been made, the amendments made on March 9 have not yet corrected what hospitals see as the most serious aspects of 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 the provincial government the power to impose anything that it likes on any individual hospital, bypassing local boards—the people who know most about the hospital and the services it provides to the community."

There you have it. Even the amendments have not corrected the central problem, and I'm sure you're all hearing this. If you really believed, if you really wanted the accountability agreements, which nobody is disagreeing with—every group that came forward, it's my understanding, agreed with that—if you were truly serious about this, you would want to negotiate them rather than impose them. You could set up a dispute resolution mechanism. That would allow a third party to make the final decision, not the minister. The way this bill is written now, it's a carbon copy; in fact, even worse than previous Tory draconian legislation. This is unreal.

Mr John O'Toole (Durham): Come on, Marilyn.

Ms Churley: It's true. They're worse than you. So this has to be withdrawn.

The Acting Speaker: The member for Leeds-Grenville has two minutes to reply.

Mr Runciman: I appreciate the interventions of everyone. I do want to take this opportunity, though, to explain to those Ontarians who may be viewing the proceedings and are curious about why the Conservative Party is moving adjournment of the debate and adjournment of the House.

2030

This is really—I want to respect the Chair's ruling regarding language, so I'll use different language. Our concerns surround this cloak of secrecy that the government has dropped around the Sorbara scandal and Royal Group Technologies.

That's been made evident by their activities in this House on a regular basis by refusal to answer questions in question period dealing with that matter, the refusal of government members on the government agencies com-

mittee to allow a review of the Ontario Securities Commission, the refusal of the Liberal government members on the general government committee to allow Mr Sorbara to appear before the committee to explain his activities while he was a director and chair of the audit committee with Royal Group Technologies.

This is an individual whose activities may well be part of the investigation by the Ontario Securities Commission, Revenue Canada and the RCMP criminal investigation. This is the man who will be delivering the Ontario budget in a few short weeks.

Applause.

Mr Runciman: That should raise serious concerns, not applause, in the Liberal benches about what the impact could be on Ontario's economy if something negative flows out of these various investigations. This is a man who for 66 days refused to advise the Premier of the province about this investigation. That's a standard which should raise serious doubts among all members.

The Acting Speaker: Further debate?

Ms Churley: I know you're not surprised that some of my colleagues have spoken to this bill very forcefully. We do not support it and we think it should be withdrawn, it is so totally flawed. I'm surprised you're continuing with it, I really am. I have to tell you, this bill strikes fear in my heart, and I will tell you why just from a personal experience.

Back in 1988, when I was first elected to Toronto city council, it was then a Liberal government that decided—many of you weren't around here then—arbitrarily to close Women's College Hospital. As a city councillor who was supportive of keeping Women's College Hospital downtown, I was placed on that board, and together with Marilou McPhedran, whom we hired as a lawyer, and other community board members who wanted to save the hospital, we took over that board and, working with the community and the city of Toronto, were able to do the right thing and save the hospital from closing down. The minister, quite rightly, did not have the power to step in and sweep us aside and say, "We'll do what we want to do for economic reasons or whatever." I believe that's why the Peterson government was doing it at that time. But they caved. We won and the hospital was kept open.

It was very important to us to have the opportunity to get on the board. Yes, there was even a bit of a coup. The community did not want the hospital closed down, and the community, because it's a community hospital, decided to get together. Thousands of people came out in support of saving that hospital, and we were successful.

Of course the sad part of that story is that we saved it and the Tory government decided to move a lot of the services out to Sunnybrook with a lot of promises of services being kept in the downtown hospital. Some of them are still there, but I'm hearing things that are quite alarming in terms of many of the services that were promised at the time not coming through. But that's an issue for another day.

My point here is that we, as a community, had the ability and opportunity to save our hospital. And a darned good thing it was too that we saved it, because that was and continues to be a very important community hospital to the downtown core and beyond for women and families.

This bill really does give draconian powers to the minister to take over control of local hospital boards, boards at CCACs and boards of community health centres. I have a great community health centre in my riding of Toronto-Danforth, called the South Riverdale Community Health Centre. I worked there many years ago, and it's still a place I admire very much and its service to the community. The people on that board are voted in by the community and they work on behalf of the community, and also administrators at our long-term-care facilities. It allows the minister, as well, to essentially take control over the CEO, who is an employee, not of the ministry of health but of local boards.

The bill sets up a health quality council, which in fact will not be able to hold the minister accountable, because none of the powers that are given to that council will allow them to, despite the excellent work that we know they actually do in most cases.

We were looking forward to this bill, after the Romanow report and the move to stop the creeping privatization of our health care system that's been going on with the Liberals in Ottawa and with the Tories here for the last several years. This was, we thought, a bill—an opportunity, as the government announced it—to have some real clauses in there that would stop in its tracks this creeping privatization. But it doesn't do that. It doesn't do anything. It says nothing about reversing the privatization of our health care services, and does nothing as well to truly support the principles of medicare.

I want to say that our colleague Shelley Martel, the member for Nickel Belt, worked very hard on this bill. I believe that the members of the public, in general, don't know about a lot of the work that goes on behind the scenes when we're not in session. I know that those were very long committee hearings in many communities, which was a good thing. Many members worked hard on the committee, and our Shelley Martel did a very good job in trying to work with the government and the stakeholders to find amendments that would make this bill work, and it just didn't happen. But to her credit, she worked very hard to try to make that happen.

You are aware of some of the comments that were made, even after the celebrated amendments that Liberals like to talk about now. After those amendments were made, there are comments from all kinds of people, from the Montfort Hospital, from—

Mr Bisson: Very good.

Ms Churley: My francophone pronunciation wasn't too bad, was it?

Here is one right here: "It is extremely difficult for Franco-Ontarians to fathom how a Liberal government could even propose to pass a law so draconian ... that it

brings us back to the sad days of the ill-advised and unconstitutional proposed closure of our hospital by the Ontario Health Services Restructuring Commission."

I'm not saying that. You might expect that, as a member of the opposition, I'd say things like that, which I am, but this is a quote from the chair of a hospital.

Again, "Bill 8 is nothing less than a blatant and dangerous attack on what Ontario's linguistic minority considers to be a sacred trust: the Franco-Ontarians' ability to make decisions that affect the development and the future of its own institutions...."

"Our volunteer members from the Montfort board of trustees will address more fully questions that concern them more directly ... but let me tell you that from the community's vantage point, we see this law as nothing more than a hostile takeover by the minister of an institution that Franco-Ontarians built."

It goes on.

A former Liberal cabinet minister from the David Peterson days said: "As a Liberal, I have seen better days. This law, Bill 8, is not the product of the Liberal Party that I know. In fact, it is in flagrant contradiction with some of the most basic principles that inspire and have always inspired my party.... This bill is a serious breach of confidence and of democratic principles, and like Mrs Lalonde, it is hard for me to believe that this is being done by a Liberal government."

Another quote: "We change governments; we change the flavour of the month. Now it's accountability. And it is imposed with a law so drastic ... that it rivals in scope the powers that were ceded to the restructuring commission by the previous regime, except this time it's the minister who seeks to increase his own power over hospitals and over the communities they serve."

These quotes, many from good Liberals, go on and on. That should be of major concern to you. There were some suggestions made by the member for Nickel Belt, perhaps from other members of the committee, but certainly from the community and the hospitals. If you want accountability, which nobody disagreed about improving, there are ways to go about it. There are such things as accountability agreements. If you want those negotiated, I said before and I will say again, rather than impose them, rather than set up a situation where the minister has complete control and the community and community boards are shut out, set up some kind of dispute resolution mechanism that will allow an independent third party to make the final decision.

That is a key piece that needs to be changed, and given that you refuse to do that and given the other problems with the bill you're aware of—I'm sure you're hearing from your constituents—and given the fact it that doesn't address some key issues around privatization of the health care system, this bill really does need to be withdrawn, there is absolutely no question about it. There is no way we can fix this bill so it is acceptable to our hospitals, our hospital boards and our communities. It has to be withdrawn and we have to start from scratch. Better to do that than go ahead with this thing, which is going to

cause more problems than the government can even dream about.

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The Acting Speaker: Questions and comments?

Mr Shafiq Qaadri (Etobicoke North): It's a privilege to stand here in my place and speak in support of our bill, the Commitment to the Future of Medicare Act. I think, unlike other regimes, unlike other governments that have passed through this place, we view health care and our Ontario medicare system as a moral enterprise and not as a centre of profit, not as a business venture.

In particular, I'm reminded of one of my professors during medical training, Dr Graham Vanderlinden, who was a neurosurgeon, a brain surgeon, practising at the Toronto Western Hospital. As we had just finished a procedure—it was actually the implantation of a nerve stimulator for the management of unmanageable chronic pain—

Interjection.

Mr Qaadri: I would recommend that procedure for the member for Leeds-Grenville.

After we finished that particular procedure, he turned and said to me very clearly something that really stuck with me and struck me, and that I think continues to inform our collective vision and our philosophy, and that was, "Why should people have to pay extra just because they're sick?"

It's precisely for that reason that we in this government, in this McGuinty Ontario, are actually seeking to strengthen the foundation of health care so we will not eventually end up in an Americanized, United States of Ontario system, which is really an ideal of wealth care.

Mr O'Toole: I think that probably much of what the member for Toronto-Danforth said is true. What I would like to put on the record is—I listened to the people of Durham, and for those listening, on Tuesday, March 23, 2004, there was an editorial comment in the Metroland newspaper, which is a Toronto Star paper, that says, "Bill 8 will decide health care's future." But it goes on to say that it's actually the demise of health care. It's the demise of volunteerism. It's the demise of all the things that the member for Etobicoke North stands for.

I guess the point I'm trying to make is, look at Bill 8. For the members, for the audience really—I'm speaking to my constituents in the riding of Durham, the people I care most about, but the people of Ontario are all included—it's a 45-page bill. But if you read the amended edition, it says, "Reprinted as amended by the standing committee on justice and social policy and as reported to the Legislative Assembly March 22." They have made so many amendments, it's an absolute shame. This bill needs to be completely revisited. There is about one page left that has any substance. The point is, they got it wrong.

Minister Smitherman wants to take all the control back to his office. I understand that. The Minister of Health wants to take control. Our former Minister of Health, the

member for Kitchener-Waterloo—if I may, with your indulgence, Mr Speaker; a personal friend of yours—Elizabeth Witmer, has done so much tireless work. Shelley Martel has done tireless work and made recommendations. Not one was adopted by the government, the government that listened to the input of the people of Durham—not one single amendment. But do you know what's important? They are going back out for consultations. Good luck to you.

Mr Bisson: I'm going to leave talking about amendments in committee to my good friend from Durham, because I worked in committee for a long time with the previous government. But that's for another debate.

I want to say, however, that I agree entirely with the comment my colleague the member for Toronto-Danforth made, which was echoed by my good friend from Durham, that if you take a look at this bill, it is basically about centralizing power in the minister's office. I think that's a mistake. I think we learned from the experience of what happened in education when the government decided they were going to do away with all those pesky boards and were going to make larger boards, so we had fewer education authorities—otherwise known as school boards—and centralized power. They told us that was going to be a good thing. We've learned over the long run that it has not served the education community well.

I believe it is better, when it comes to delivering services, be it health care or education, to do as much as possible to bring the decisions closer and closer to home. That's especially important as we move away from the Toronto centre. As we move to places like Sudbury, Windsor, Ottawa and other places, it's important that local hospital boards have as much ability as they need to run their hospitals according to the needs of the community. That's not to say they can't run these hospitals according to provincial guidelines. They've always done that. They've always had to operate within budgets that are assigned by the Ministry of Health. They've always had to put in place operational plans that are basically in keeping with what the Ministry of Health wants.

I agree with the member from Toronto-Danforth that where this government is going with this legislation is to centralize the decision-making in the minister's office. We need to resist that, and we should resent it, quite frankly, because it's a step in the wrong direction.

I know that my good friend Mr Smitherman means well, but he really needs to rethink what he's doing in this bill, because at the end of the day, it's exactly what the Tories did in education.

Mr Jeff Leal (Peterborough): It's a pleasure for me to add some comments. I think of one of my great constituents in Peterborough, Madge Hall, who happens to be the mother-in-law of my friend from Durham. I'm going to try to visit her on Saturday for Easter.

When I think of Madge, a lovely lady, I think of Bill 8. We want to make sure we have health services that are based on need, not the ability to pay, so that Madge can

go to the Peterborough Regional Hospital when she needs to. I know Madge is concerned about two-tier medicine in Peterborough, and Bill 8 gets rid of two-tier medicine. I think his mother-in-law, Madge Hall, wants to make sure she has full accessibility to services in Peterborough Regional Hospital. When I may visit her on Saturday, I want to be able to tell her that she has that ability.

Secondly—I hope this is not a prop, Mr Speaker—when I was in South Carolina recently, I picked up USA Today. A headline in the business section was, “Health Insurance Premiums Crash Down on Middle Class” in the United States. So let me tell you, this bill is part of the essential combat to make sure we don’t face those crushing premiums they’re facing south of the border. Bill 8 goes a long way in that particular area to prevent this from happening.

Now, the other thing on Bill 8: there have been a lot of complaints about 60 days to achieve accountability agreements with hospitals. There was a great example of a story a couple of weeks ago in the Toronto Star. They were saying that Hilary Short, the president of the Ontario Hospital Association, has \$24 million in her budget to put forward her case, but the hospitals spent a lot of money—

The Acting Speaker: Member for Peterborough, please take your seat; your time is up.

The member for Toronto-Danforth has two minutes to reply.

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Ms Churley: I want to say to my friends, this is really serious. You’ve been given your notes and your justification for supporting this bill, but let me tell you, it’s a big problem. It is a serious problem we’re trying to point out to you here. You should be listening to this. It is a problem, and some of you may know it.

I would say to the member, the good doctor from Etobicoke North, you don’t have to be a brain surgeon or a neurosurgeon to know that this bill is fatally flawed and that no operation will be able to save it, no matter how skilled the doctor is, with all due respect. Look, there is nothing in this bill that protects our public health care system. The preamble is great. It is wonderful. But then the bill goes on to not back up the preamble. So I would say to the members, if you keep on trying to justify—that’s the public relations part of the bill; it doesn’t do that.

The major thrust of this bill is to take over the community board roles in our ridings, and it is a major problem. There are other concerns, but if you truly wanted this bill to reflect the values that you talk about, then there would be something in there to stop the continuation of the Tory—your own version of the P3 hospitals.

You are the only ones who are saying, “Oh no, it’s not P3.” The health care coalition and everybody else out there looking at your model for the building of new hospitals are well aware that it is P3, the same deal as the Tories were making. So you’re not even protecting the

privatization of our health care system. Shame on you for—

The Acting Speaker: Thank you very much.

Further debate?

Mr Brad Duguid (Scarborough Centre): I’ll be splitting my time with the member for Etobicoke-Lakeshore today. I’m delighted to join in this debate this evening. I enjoyed the time I spent on the committee. We did travel across the province, we heard from many, many different people everywhere, from hospital boards to CEOs, to people who were interested in the health care system, to the doctors, to the nurses.

There were concerns raised on the initial bill when it came forward, but a number of amendments have since been made and, frankly, most of those individuals, when you speak to them now, are satisfied that we have listened very carefully to the concerns that were raised.

When I see members on the other side of the House, holding up the amendments as if we should be ashamed for making amendments, I suggest to them that they’ve got it backwards. We should be proud of the fact that we’ve listened to these individuals, that we’ve improved our legislation. We’ve improved our legislation, and that’s something that I know the members opposite would not be used to. They’d be very uncomfortable with that, because they never did it when they were in office, or if they did, they rarely did it. I think we’ve now got a much-improved piece of legislation in front of us.

I can tell you that we are focusing on the task at hand, and that task at hand goes well beyond Bill 8. The task at hand is improving our health care system. That’s what we’ve committed to do: improve that health care system. It’s a priority for us, I know it’s a priority for the NDP and I know it was probably a priority for the previous government. The problem is, they didn’t have the guts or the ability to make the changes to the system that we are now putting in place.

You can’t make those changes if you don’t have the tools to make them. You need to have accountability in the system, you need to make some of these tough choices, and we need to get all the players in the health care system to go along if we’re going to make those very important changes.

It’s important that we make these changes, because the people of this province are looking for improved accessibility to family physicians and primary care. It ain’t going to happen if we don’t have accountability in the system. They’re looking for reduced waiting times for services and procedures. That’s not going to happen either if we don’t bear down and get some control in this system and make sure that there’s accountability within the system. They’re looking to make Ontarians healthier, and that’s one of our goals as well. We’re going to accomplish those things, but it’s not going to be easy. It’s a very ambitious goal that’s going to take some decisive and strong leadership.

Every stakeholder, every health provider must be pulling in the same direction on this if our health care system is going to meet the needs of Ontarians. I would

suggest that likely somewhere around 95% of those health care providers are already on side, are ready to pull their weight. But the thing is, there will be a few rogue organizations or rogue individuals who don't want to go the route we want to go, who don't want to see reduced waiting times for procedures, who don't want to see the shift from institutionalized health care to community-based health care, which everybody in this House recognizes we have to do. There will be a very few rogue health care service providers who may fall into the accountability measures in this bill, but we have to have some tool to try to bring them along.

Yes, we could do what the previous government did and just appoint supervisors and take them over. We already have the authority to do that with hospitals under the Public Hospitals Act. We have that authority now, so this doesn't give us any more authority than we already have. What it does is give us additional tools to prod that system along, to make the very important changes that we have to make.

I served on a hospital board for nine years, and I was proud to do that. I can tell you, I've been in constant touch with the members of that hospital board, with the chair, with the CEO of the hospital, and they're supportive of what we're doing. It's Scarborough Hospital that I'm talking about. They're a visionary hospital. They're ahead of the game. They're already trying to move themselves into a more community-based operation. They recognize the need for accountability, and I can tell you they also know that it will never apply to them, because they're on side with what we're doing. They're on side with the changes that we're trying to make, but they recognize—

Mr McMeekin: They're ready to go.

Mr Duguid: They're ready to go. They're ready to make the changes that the residents of Scarborough need.

My time's running out. I'm about to pass it over to the member for Etobicoke-Lakeshore. I've been delighted to be part of this process. I've enjoyed every part of it. This is an important bill if we're going to achieve our very important goals of improving the health care system.

Ms Laurel C. Broten (Etobicoke-Lakeshore): On October 2, the people of Etobicoke-Lakeshore chose to guarantee protection of universal health care, and so did I. That's why I am very pleased to rise tonight and talk about Bill 8. It's my first opportunity to talk about this piece of legislation.

Bill 8 is going to undertake some important steps forward in health care in our province by putting an end to creeping privatization and making universal public medicare the law in Ontario. When we travel across the province, whether it's on Bill 8 or any other piece of legislation, or any of the other aspects our government is undertaking, we have a chance to speak to Ontarians about what they want for the future of this province. They do want accountability. They want value for their dollars. That's why this legislation is so important, that we move along a road where we ensure that the funds we

put forward in our health care system are accountable to the people who are paying for it.

Like my friend who spoke before me, I too have had an opportunity to speak to the hospital in my riding, Trillium Health Centre, about the modern and innovative approaches they're bringing forward on health care. The positive results that they're hoping to achieve in some of their new clinics—our new women's health clinic that we'll be having at that centre. They're not concerned about this legislation, because they too are prepared to be accountable for the dollars that our government gives them to ensure results. They are pleased with the leadership of our government on issues of health care and our acknowledging that we need to move on the prevention front.

When I had a chance to say to them, "Give us your advice. What advice would you give our government as to the area where we can have the most impact on health care," they said, "Make sure kids get exercise, deal with the issue of obesity, stop smoking in our province and deal with that."

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Those are two very proud things that we have undertaken, because we want to make sure that Ontarians are healthy. We want to make sure that the health care budget does not blow up exponentially so that we can't spend money on education, we can't spend money on roads. We want to make sure that we get value for that dollar and that we spend money keeping Ontarians healthy instead of dealing with the crisis after it occurs.

I want to talk for a moment about the amendments, the fact that during the hearings of the committee my colleagues who traveled with that committee listened to the many recommendations brought forward and had a dialogue in the province. That is one significant difference from our predecessors that our government brings forward. We're not scared to have a dialogue with people across this province. We want their ideas, we want to work with them and we are prepared to listen to their viewpoints. The committee travelled to Toronto, Sudbury, Ottawa, Windsor, Niagara Falls, Timmins. It's part of a great process where we go out and talk to people about their issues and work with them.

Our friends across the House have really not talked about or acknowledged the amendments that have been made. We're going to clearly state that the government must make decisions that are in the public interest. We're going to make explicit that trade unions, individual doctors and doctors operating group practices are not the subject of accountability agreements. We're going to spell out the four types of providers that are the subject of accountability agreements: hospitals, long-term-care facilities, community care access centres and independent health facilities. We're going to clarify that accountability agreements are negotiated between the boards and the minister. We're going to commit to consult with the public about regulation.

Those amendments, as well as working with organizations like the Ontario Hospital Association, acknowledge

the voluntary boards and hospital trustees out there, that everyone is part of the solution. Unlike our predecessors, who didn't consult and made their own decisions in the backrooms of this building, we're out on the streets, out talking to people. We're proud to talk about the issues that are important to Ontarians. Those issues—as we heard loud and clear at the time of the election—include making sure their health care was protected. Protecting the great institution in our country that we're so proud of—universal medicare—is first and foremost on their minds. Bill 8 is a great first step in that direction.

The Acting Speaker: Questions and comments?

Mr Barrett: Just a comment on the presentations by the members for Scarborough Centre and Etobicoke-Lakeshore. I certainly want to follow the lead of our health critic, Elizabeth Witmer, in that we are seeing Premier McGuinty acknowledge some of the concerns about Bill 8 across the province. When I say “we,” I refer to the many hospital boards and stakeholders working with their MPP to fight this legislation. There are concerns that Bill 8 will kill volunteerism and democratic decision-making, certainly concerns I've received from the board of my area hospital—the hospital I was born in, Norfolk General—and that I've received from the board of the Brant Community Health Care System; that is, the Paris Willett Hospital and Brantford General Hospital.

We now hear that this government will undertake more public hearings on this particular piece of legislation. The Premier and the Minister of Health owe us that much in the province of Ontario.

During the consultations, as we know, the committee heard from delegations—doctors, nurses, hospitals, social workers, unions, just to name a few—all of whom presented so many varied concerns with this bill. We recognize that there have been some hastily drawn up amendments and adjustments, and many of these same concerns remain. I join these health organizations in requesting that much more time be put in to acknowledge and receive input on this bill. It's a bill that really has the potential to overturn the long-established and well-established local decision-making processes that we have in our hospitals.

Mr Bisson: I am so happy to have this occasion. My good friend the member for Toronto-Danforth said to me, “I really want to have the opportunity to say more,” but I said, “Listen, I really want to have an opportunity to respond to the comments made by the member for Scarborough Centre.” He said, “Tories did not have the guts make change.” Where was he for eight years? I remember Tories making all kinds of changes in this province—not that I agreed with them. But don't come into this House and cast aspersions that my friends in the Tory caucus didn't have the guts to make changes. I tell you, they were not short on guts.

To my friend from Scarborough Centre, when you throw those kinds of comments toward the opposition, you should be careful they don't come back at you. I remember attending the debate on the Adams mine site at the city of Toronto, and this member, a former member

of city council, was in favour of the Adams mine. When the legislation came into this House, where were your guts to stand by your convictions and vote against your government, if that truly is your belief? So don't come in here saying my friends don't have guts when you don't have guts to come into this House and vote as you feel.

Ms Churley: They're your friends now?

Mr Bisson: Well, they're my friends. I've got to say that. I have friends in the Tory caucus.

Interjection.

Mr Bisson: That's the point. The Liberals think we should be partisan and not be friends with any of the members around here. I have friends in the Tory caucus, as I have friends in the Liberal caucus, and I want you to know that I've got some friends in the NDP caucus as well. So to the member for Scarborough Centre, don't cast aspersions on my friend over here for not having guts, because certainly they had lots of guts when they were here.

Ms Marsales: I'm absolutely honoured to be able to stand up and speak in favour of Bill 8. Health care was the number one issue in west Hamilton when we were out campaigning door-to-door, and if it has been said that all politics are local, I think it can equally be said that all health care is personal.

It's also very appropriate that I speak to health care, which we in Ontario have all come to expect during this month of April, which is Cancer Awareness Month. I have become painfully aware of the devastation this disease can have on family, friends and co-workers. Tonight I want to pay particular tribute to a lady, Maxi Kumagai, as she recovers from breast cancer surgery she had yesterday. Maxi was a first-generation Canadian immigrant and came to Hamilton with nothing. She and her husband worked very hard caring for others and raising their son. As a good and conscientious citizen of Ontario, Maxi cared for others. Today, Ontario should be caring for Maxi. She deserves the best health care Ontario can offer her. She deserves the best health care based on her needs, not based on her net worth.

In Hamilton West, we have those world-class health care facilities at Hamilton Health Sciences and St Joseph's Hospital. Another jewel in Hamilton's health care crown is McMaster Children's Hospital, offering one of the best neonatal units in Canada. Bill 8 will give Ontario health care to be proud of.

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Mr Tim Hudak (Erie-Lincoln): I've got to tell you, it's getting near 9:30 of the clock and the Kool-Aid's still flowing real strong on that Liberal caucus side.

Applause.

Mr Hudak: They applaud that. It's a bad thing.

They're bragging about how Bill 8 is all about consultation. Give me a break. When George Smitherman, the Minister of Health, rose in this House to talk about Bill 8, there was not a single word about going out on first reading consultations and not a single word about going out on second reading consultations. Let's face the facts: you were forced out on consultations.

This bill was entirely messed up from square one. It was a colossal screw-up. If you take Bill 8 as it stands at the end of this process, if it passes—we think it should be tossed out as well—I bet you will find one, maybe two words, that are the same, one of which will be the number 8. This bill showed the incompetence of this government out of the gate and had absolutely nothing to do with what they said it had to do with. It was all about a colossal takeover of health care decision-making by the Ministry of Health.

If you want to talk about guts, don't give us this hybrid model where the CEO reports to the Ministry of Health and then to the board of directors. This hybrid model will ultimately satisfy nobody. Have the guts. Take over the hospitals. If you believe you can run things better through the Minister of Health's office, then take over the hospitals—there's guts. Show the guts and actually do that; otherwise, put your faith in local governance, as has been the history in the province of Ontario. Don't talk to us about guts.

To the member from Scarborough Southwest, who has flip-flopped on the Adams mine issue: It can't be easy being Dalton McGuinty, it can't be easy flip-flopping that much. He's got to use a lot of help over there. Seeing one vote on city council in favour of Adams mine and one vote against shows he's earned his Liberal stripes, a flip-flopper of the best of the Liberal kind.

The Acting Speaker: One of the Liberal members has to minutes to reply. I recognize the member for Scarborough Centre.

Mr Duguid: My sister is a nurse and has been for many years. She was, in fact, a nurse at North York and she was right in the middle of the SARS epidemic when that took place. I'm very proud of the work that she and all the nurses did across our province—not just during the SARS epidemic, but the work that they do in general. It's a very tough job. I know that when she gets home from work and I talk to her on the phone, she's beat. We work late hours, but I think her job is even tougher than what we have to do.

Interjection: Heart of the system.

Mr Duguid: They are the heart of the system. And when you look at what's going on right now in nursing, only 57% of them have full-time jobs. When you see that two million hours of triple time are currently being put forward in the system, nurses have the greatest risk of injury of any health care worker in our entire system.

When I look at that, I say it's time for accountability. It's time for us as a government, when we pass the billions of dollars that we do into the health care system, that we demand that hospitals ensure they hire more full-time nurses, ensure they improve the quality of care in nurses. If we don't have that ability, if we don't have the ability to hold hospitals accountable for that, like Bill 8 provides us with, then we're never going to get enough nurses back into the hospital system in this province. We're never going to get that system fixed up.

It's extremely important that Bill 8 go through. We have the courage to bring this bill through because it's a

bill that's going to improve the health care system. It's a bill that's going to help us reduce those waiting lists. It's a bill that's going to help us make Ontario—

The Acting Speaker: Thank you.

Further debate?

Mr Barrett: I certainly continue to receive phone calls and letters on Bill 8. They arrive at my office every day—Bill 8, the bill titled Commitment to the Future of Medicare Act. These phone calls and these letters, underline what I consider this government's misguided approach to ostensibly be seen as protecting and enhancing Ontario's medical system. As we all know, people cherish this system right across the Dominion of Canada.

Contrary to what government members across the way have been trying to sell, these concerned patients, health care workers, board members, physicians and others argue that this bill does the complete opposite of what it proposed to do. After watching this government dance around its election promises, that perception really comes as no surprise.

The groups that write to me are using words like “undermining,” “alarming,” “interfering” and “draconian.” I mentioned in a two-minute hit the presentation I received from the Brant Community Health Care System—the Paris Willett Hospital and Brantford General Hospital. On February 20 they wrote, “The bill will have the opposite effect and fundamentally undermine medicare in Ontario.”

On March 3, Norfolk General Hospital wrote, “This legislation may actually decrease accountability to our communities by undermining the role of local, voluntary governance in public hospitals in Ontario.” In the position paper attached to the Norfolk General Hospital presentation, the board states, “Bill 8 undermines the government's accountability to medicare,” the very accountability to medicare that this proposed legislation is supposed to enhance.

I received a missive from the Registered Practical Nurses Association of Ontario, and they say, “Our concern is not over the principle of accountability per se, but rather with the draconian and one-sided approach the bill has taken.”

So there you go. These are the people we rely on, the people we depend on—they're on the front lines—to implement our government-funded health care system; in this case, through the hospital system. One of the main outcries I'm hearing from the front lines is the destruction of accountability of hospitals and their boards in favour of the alternative presented here, and the alternative is minister-directed, one-sided decision-making and intervention from on high.

Hospitals, their boards and associations have told the government in consultations that while part III of this bill is titled “Accountability,” it accomplishes the opposite. Although we all support the enhancement of hospital accountability to taxpayers in Ontario, it's the manner in which Bill 8 attempts to enhance accountability that's opposed. Of particular concern are the sweeping powers

this bill gives the Ontario Minister of Health. I'll give you an example. This bill gives the Ontario Minister of Health the right to, first of all, require hospitals to enter into accountability agreements, and secondly, to issue compliance directives to hospitals. Is this democratic renewal? I really don't think so. To direct a hospital to sign an agreement that has not been negotiated or agreed to but unilaterally imposed would effectively eliminate the input of the community in the fundamental decision-making process regarding hospital services provided in that same local community.

Basically, this would take the vital decision-making out of the hands of those who know the area, the people who know their neighbours and their needs, and put it in the hands of those who only think they know what's going on. We in Ontario must never forget the essential role that our local hospital boards have played and continue to play in the delivery of hospital-based health care services in Ontario.

I stress that these are voluntary boards, and as the Ontario Hospital Association recently pointed out in committee hearings, "The members of these boards are community leaders, business people and others with a civic orientation to community service. Many of you will know them as your neighbours and friends. These people are entrusted with the oversight, fiscal stewardship, mission and strategic direction" to look after their own hospital. They have "a single purpose in mind, and that is," very simply, "to create healthier communities ... these community leaders are a big part of the reason why today Ontario hospitals are viewed as leaders" with respect to not only accountability but also value for taxpayers' money. Leaders in accountability: the very accountability this bill both speaks to and undermines in the same breath.

Bill 8 does undermine—I'll use that word again—it undermines this local, voluntary governance of public hospitals by directing hospital boards to sign accountability agreements without negotiation. This is a poor idea. Our friends and our neighbours who sit on local hospital boards really are the best people to determine the health care services needed within their community. You know, those who choose to sit on local hospital boards do so for one reason, and for one reason alone, and that's to improve health care services for their fellow citizens.

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Directing a hospital to sign an agreement that has not been negotiated, nor agreed to for that matter, but unilaterally imposed, would effectively eliminate the vital decision-making function, the process that's so valuable in our hospital-based health care system. Moreover, this not only undermines the governance of hospitals, but it also contravenes the Public Hospitals Act, which states that hospital boards are, and I quote from the Public Hospitals Act, the "governing body or authority of a hospital."

As the Brant Community Healthcare System pointed out in a letter to Brant MPP Dave Levac—the letter was copied to me—"By undermining local voluntary com-

munity governance, our hospital will find it increasingly difficult to recruit community leaders to sit on our board and foundation." These are the community leaders who reside in the Brant county area, which I and the member for Brant represent. They won't be the only ones facing recruiting problems if this bill is passed in its present form.

Essentially, Bill 8 provides the minister with the authority to micromanage hospitals and to micromanage those who work within the system, in effect converting our health care system from a publicly funded, not-for-profit, charitable hospital corporation system governed by voluntary boards to a government agency.

There's also concern that, as the diminished role of local voluntary governance and public hospitals becomes clear, this will have not only a disastrous effect on recruiting new, energized board members, it will also have a disastrous effect on fundraising. I can tell you the enormous ramifications that would have on Norfolk General Hospital. In my riding, I had a fundraising campaign recently to expand our emergency department. It garnered millions and millions of dollars for hospital expansion, and this is in a very small community, a small county. West Haldimand General and Tillsonburg District Memorial have also had very significant success in accessing local community dollars over recent years. All of this would be at risk if we forge ahead with this ill-conceived bill.

What is the government's obligation with regard to accountability? The fact is there is no mutual accountability in this bill. It's not a two-way street. The current government is doing very little to address the real concern of Bill 8 and the real concern—and it came up in debate earlier this evening—is the neglect, and the financial neglect if you will, on the part of the federal government with respect to Ontario's health.

The Acting Speaker: Questions and comments?

Ms Churley: I will say again that the problem with this bill, and the issue that doesn't seem to be getting through to people as I listen to various people speak about this issue, is the fact that the bill doesn't really do what you say the bill is doing. It doesn't stop the creeping privatization of the health care system, although the preamble has it. It sounds nice, but when you read the bill and look at some of the actions of the government, it doesn't do what you say it's going to do.

Again, when certain members of the Liberal caucus—I guess they believe it. I guess you believe that the majority of health care providers out there in hospitals and community health centres and all these folks actually support it. I think that's what some people are saying, and it's just the ones who are disconcerted and really unhappy about the bill who are coming forward and saying all these horrible things. That's not it. That is not what's happening. People are very, very angry about this bill, for good reason. At least there was an opportunity during the committee hearings to fix that. It cannot be fixed now. There are too many problems with it, and you may believe that if you ram it through now and move

forward with it, over time it's going to settle down and things are going to improve and people will go away and forget it. These things do not get forgotten. The previous government's takeover of the education system is an example. That is what you are doing in the health care system. It will not work. It not only gets people mad at you, but it also doesn't work. It will be a disaster. You have to withdraw this bill.

Mr John Wilkinson (Perth-Middlesex): I cannot believe that the member for Toronto-Danforth somehow thinks that we're trying to ram this bill through. If there's any bill that's been out for consultation, that we've taken our time and were willing to listen to the people—we made a firm and strong commitment. I remember when the Premier did this, about how we were going to stop the endless war we were having with the federal government about what was in the Medicare Act, and we were just going to make it an Ontario law and stop this privatization through the back door. In my riding, the future of the Stratford General Hospital, Listowel Memorial Hospital and St Mary's hospital rests on our ability to get this bill right. We're not going to ram it through; we're going to do it right.

My colleague for Ancaster-Dundas-Flamborough-Aldershot was talking about how the previous government really had ADD, attention deficit disorder. And though I agree with him, I think there was really another disorder, an obsessive-compulsive disorder, because the previous government was compulsive about giving untendered contracts to their friends. They were obsessive about saying anything to get themselves re-elected. That's why they lost their way. They were suffering from this compulsion, this obsession with politics rather than doing the people's business.

The people of Ontario want medicare. They want their Ontario government to be committed to medicare. They don't want there to be any question into the future. We're willing to listen to people and we've done that. And despite the fact that there are naysayers, when I have Sid Ryan on one side and the CEOs of hospitals on the other side telling us the bill is wrong, I think we must be doing something right.

Mr John Yakabuski (Renfrew-Nipissing-Pembroke): I want to thank my colleague for Haldimand-Norfolk-Brant for his wise words this evening on Bill 8. I do want to thank the government side for announcing today—the Premier announced it—that Bill 8 will go back to committee after second reading for further submissions. But who I really want to thank is Elizabeth Witmer for forcing the government to do just that.

But it wasn't just Elizabeth Witmer, it was the hospital boards throughout this province. It was the Ontario Hospital Association and other stakeholders who made this government stand up and take notice that this would not be accepted. Granted, they're not going to ram this through; they're going to have us back to committee and we'll have some more time to spend on it. But essentially, at the end of the day, the government's going to

get the bill they want. But is it going to be the bill that Ontario wants? That's the question that remains.

What was rammed through—and we mustn't lose sight of this—was when the member for Toronto-Danforth put forth a very good motion to have the finance minister appear before the committee on general government. That motion was defeated by the government side of this House. That was rammed through. Now that's what you call ramming through, and an absolute affront to democracy to the people of Ontario.

So what we're asking now is: At the end of the day, are you going to do the same with Bill 8, when you don't allow the changes that need to be made? I agree with the member from Toronto-Danforth that what you really need to do is just withdraw the bill, because it's beyond repair.

Mr Bisson: I've got to take issue with what the member said. The member says this bill is all about taking the ideas in the Canada Health Act and bringing them over provincially so we can stop privatization. If the bill really did that, we could probably have a pretty good debate about how to get this through the House pretty fast. But that's not what the bill does.

I just want to read one letter from the James Bay General Hospital, signed by Stella Wesley, who's the chair of the board: "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. We serve the communities of Moosonee, Fort Albany and Attawapiskat and each community is represented on our hospital board by dedicated community volunteer board members. Currently, 10 of the 12 board members are aboriginal and we feel this link to our communities is an essential component for maintaining and improving the health services provided in each community. Our communities are unique and it is essential that the governance of our hospital be locally controlled in a meaningful manner without interference from the Ministry of Health and Long-Term Care...."

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...."

They go on to talk about, "The government can bypass hospital boards, the people who know the most about the hospital and the services it provides to the community." That's essentially what's wrong with the bill.

I have another letter from the Timmins and District Hospital, which I don't have time to read. I have others from Smooth Rock Falls, Kapuskasing and Hearst, and they're all saying the same thing: "This is a power grab for the Minister of Health. It has nothing to do with protecting the principles of medicare in this bill." So let's not continue in the way we're going. I agree with the member from Toronto-Danforth: Withdraw the bill and reintroduce—

The Acting Speaker: Thank you very much.

The member for Haldimand-Norfolk-Brant has two minutes to reply.

Mr Barrett: I appreciate the comments of the members for Toronto-Danforth and Timmins-James Bay. I think we have agreement on a number of issues. We certainly recognize the written input that we've received that uses such words, with respect to this bill, as "draconian," as I mentioned earlier, "alarming," "one-sided," "badly flawed," "hastily drafted" to describe Bill 8. Why are they using words like these? Because this bill is all of these things.

These groups, whose only purpose is to create healthier communities, are hoping that they will get some sort of reaction to their concerns from this government. I thank the member from Renfrew-Nipissing-Pembroke for acknowledging this kind of input. The response to date from this government, notwithstanding the announcement today, can essentially be described as underwhelming, to say the least.

Although fresh hearings are on the way, I know the groups that write to us will appreciate this: It does "give the government the opportunity," as the member for Perth-Middlesex indicated, to get it right.

Unlike the Liberals, who refuse to accept any opposition amendments, I know the member from Perth-Middlesex made mention of the previous government. Our previous government was quite willing to include some of the ideas provided by the opposition. While the Liberals have made some amendments to Bill 8, they were not open to any suggestions from the opposition benches. This is shameful. No opposition amendments were included. This is shameful, given the fact that the members opposite claim to be open and transparent in the spirit of democratic—

The Acting Speaker: I want to thank the member for his concluding comment.

It being past 9:30, this House stands adjourned until tomorrow at 1:30 pm.

The House adjourned at 2130.

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