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# Official Report of Debates (Hansard)

**Wednesday 15 February 2006**

# Journal des débats (Hansard)

**Mercredi 15 février 2006**

**Standing committee on social policy**

**Comité permanent de la politique sociale**

Local Health System Integration Act, 2006

Loi de 2006 sur l'intégration du système de santé local

Chair: Mario G. Racco
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LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

# STANDING COMMITTEE ON SOCIAL POLICY

# COMITÉ PERMANENT DE LA POLITIQUE SOCIALE

Wednesday 15 February 2006

Mercredi 15 février 2006

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*The committee met at 1003 in committee room 1.*

## LOCAL HEALTH SYSTEM INTEGRATION ACT, 2006

## LOI DE 2006 SUR L'INTÉGRATION DU SYSTÈME DE SANTÉ LOCAL

Consideration of Bill 36, An Act to provide for the integration of the local system for the delivery of health services / Projet de loi 36, Loi prévoyant l'intégration du système local de prestation des services de santé.

**Mr. Mario G. Racco (Thornhill):** Good morning. I think we do have a quorum. Just so we can deal with all the issues today, which is expected to be the last day, we should try to start, unless there is any disagreement from anybody. Therefore, good morning and welcome to the last day on Bill 36.

Yesterday, we left off at page 82. I would go to Mr. Arnott. I believe that's your motion. Sir, would you like to start?

**Mr. Ted Arnott (Waterloo–Wellington):** Mr. Chairman, I am withdrawing that motion.

**The Chair:** We seem to be starting very fast this morning. So the motion on page 82 is withdrawn.

We move to page 83. It is from the government side. Mr. Ramal, or anyone?

**Mr. Khalil Ramal (London–Fanshawe):** Give me a second.

**The Chair:** Yes. That's no problem. We have lots of members of staff available if there are any questions, I understand. On my right side?

**Mr. Arnott:** Mr. Chair, if I might *[inaudible]*. I understand that yesterday, the Minister of Health, in a scrum, indicated that the opposition parties were filibustering this bill in committee. I was very disappointed to hear him say that. When hearing that from the minister, one immediately thinks that when we're not filibustering, perhaps we should show him what a filibuster is. But certainly that's not my intention today, as I indicated by my withdrawal of the first motion.

**The Chair:** And I appreciate that.

**Mr. Arnott:** I look forward to the minister's clarification when he publicly tells the press that he was wrong.

**The Chair:** Thank you, Mr. Arnott. I'm sure that Ms. Wynne did hear your comments, and it's her responsibility, I would suggest, to inform the minister and all his staff here, and it's up to the minister to make the decision. We are dealing with clause-by-clause, but I appreciate your comments.

We are at page 83, Ms. Wynne, if you are ready. By the way, the motion on page 82 has been removed, so we are at page 83.

**Ms. Kathleen O. Wynne (Don Valley West):** I move that subsection 25(4) of the bill be struck out and the following substituted:

"Parties to decision

"(4) The following persons and entities are parties to an integration decision issued by a local health integration network:

"1. If the decision is issued under clause 25(2)(a), the parties to the agreement that the network facilitates or negotiates under that clause.

"2. If the decision is issued under clause 25(2)(b) or (c), the health service provider to which the decision is issued."

This amendment would clarify the intent of the legislation by being more explicit about the parties to an integration decision.

**The Chair:** Is there any debate on the motion? If there is none, I will put the question. Those in favour of the amendment? Those opposed? The amendment carries.

Mr. Arnott, page 84.

**Mr. Arnott:** I move that subsection 25(5) of the bill be amended by adding the following clause:

"(c.1) a requirement that the parties to the decision develop a human resources adjustment plan in respect of the integration;"

I'm advised that this was recommended by the Brewery, General and Professional Workers' Union. This is a requirement of all parties involved in the restructuring plan to participate in efforts to reach an agreement on a human resources plan. This was an element of the Conservative Health Services Restructuring Commission process that was helpful in reducing the adverse impact of transition. The plans address issues such as how employees in the donor hospital secure positions in the recipient hospital and how to deal with inconsistent terms and conditions of employment.

**The Chair:** Thank you for the explanation. Is there any debate? Ms. Wynne.

**Ms. Wynne:** No, just that I'll be supporting this amendment. We had put the same one in.

**The Chair:** Any further debate? If there's none, I will now put the question. Those in favour? It carries.

The next motion is from Ms. Wynne, page 85.

**Ms. Wynne:** I will withdraw this motion because it's identical to the previous one.

**The Chair:** Thank you.

Mr. Arnott, page 86.

**Mr. Arnott:** I move that section 25 of the bill be amended by adding the following subsection:

"Appeal

"(11) A party to an integration decision or a member of a community affected by an integration decision may appeal the decision by following the prescribed process."

**The Chair:** Any explanation or any debate? If there is none, I will now put the question. Those in favour? Those opposed? It does not carry.

We have dealt with all the amendments, and therefore I will take a vote on the section. Shall section 25, as amended, carry? Those in favour? Those opposed? The section carries.

Section 26, Ms. Wynne, page 87.

**Ms. Wynne:** I move that subsection 26(1) of the bill be amended by striking out "subsections (2) to (4)" in the portion before paragraph 1 and substituting "subsections (2) to (6)."

This is a technical amendment to reflect other amendments that have been made.

**The Chair:** Any debate? If there is none, I'll put the question. Those in favour? Those opposed? It carries.

Mr. Arnott, page 88.

**Mr. Arnott:** I move that section 26 of the bill be amended by adding the following subsection:

"Date

"(1.1) The date mentioned in subsection (1) shall not be earlier than six months from the day that the local health integration network makes the decision."

If I may, I understand this amendment was requested by the Canadian Hearing Society. Apparently, this legislation contains no mention of transition planning and timelines. When an integration decision is made, it will have a ripple effect on staffing, leases, legal and other wind-down or expansion considerations of affected health service providers. This amendment that we're putting forward allows for a six-month minimum transition period so that affected providers can plan for the ordered integration and thereby minimize service disruption.

**1010**

**The Chair:** Any debate? Ms. Wynne.

**Ms. Wynne:** I won't be supporting this motion. We actually heard during the hearings that there were groups that wanted to make sure that we didn't set up barriers to integration. This is an arbitrary time period and so it's not necessary.

**The Chair:** Any further debate? If there's no more, I will now put the question. Anyone in favour? Anyone opposed? Does not carry.

Mr. Arnott, page 89.

**Mr. Arnott:** Mr. Chairman, I'm withdrawing the amendment.

**The Chair:** Thank you. Page 90, Mr. Arnott.

**Mr. Arnott:** I move that clause 26(2)(f) of the bill be amended by adding "as determined under section 1 of the Canadian Charter of Rights and Freedoms" after "unjustifiably."

If I may, Mr. Chairman—I understand this was requested by the Catholic Health Association of Ontario and St. Joseph's Healthcare and Hamilton health services. As written, "unjustifiably" is not defined in this bill, and therefore this clause does not provide sufficient protection for denominational rights. This provision respects and protects the denominational nature of a health service provider that is a religious organization, including the members of the Catholic Health Association of Ontario. It's our contention that the wording "unjustifiably" is too loose and that the additional wording would make it clear. As intended by the ministry, the word "unjustifiably" has the careful meaning ascribed to it by section 1 of the Canadian Charter of Rights and Freedoms.

**The Chair:** Any debate on the motion? If there's none, I'll put the question. Those in favour of the motion? It carries.

Ms. Wynne, 91.

**Ms. Wynne:** I'd like to withdraw 91. It's identical to the motion we just passed.

**The Chair:** Thank you. Mr. Arnott, page 92.

**Mr. Arnott:** I move that subsection 26(2) of the bill be amended by adding the following clause:

"(f.1) shall not interfere with the provision of services of pastoral care or religious or spiritual care and ethics by a health service provider that is a religious organization."

Again, I understand, Mr. Chairman, that this was requested by the Catholic Health Association of Ontario.

**The Chair:** Any debate? If there's none, then I'll—

**Ms. Wynne:** Mr. Chair, just to be clear that I won't be supporting this because it's unclear what this adds to the protections that are already in the legislation.

**The Chair:** Any further debate? If there's none, I'll put the question. Those in favour of the amendment? Opposed? It does not carry.

Madam Martel, page 92a, please.

**Ms. Shelley Martel (Nickel Belt):** I move that subsection 26(3) of the bill be amended by striking out "a health service provider that is."

This section is a request for reconsideration. Right now it says that a health service provider that is a party to the decision may request the LHIN to reconsider it. It's my view and it was the view of many who made submissions that there's more of an interest than just the health service provider—the clients of that health service provider that would potentially be affected negatively, who should have a right to reconsideration, as well as a union if they are actually in the workplace and providing services for that health service provider. The deletion of "health service provider" would allow for a broader opportunity of parties generally to ask for reconsider-

ation. The parties, obviously, would be clients and a trade union if they are in a workplace.

**The Chair:** Thank you. Ms. Wynne?

**Ms. Wynne:** Chair, I won't be supporting this. What this would do is it would make it so that anybody could request a reconsideration, and my contention is, that would be too broad.

**The Chair:** Any further debate?

**Ms. Martel:** I'm wondering, given that right now it's very restrictive—right now only the health service provider can actually request a reconsideration, so those clients who are affected as this now stands don't have an opportunity. I think they should, and I also think that the trade union, if their jobs are going to be lost, potentially should have an opportunity. My concern is that it is restrictive at this point and it's a very narrow definition of who can actually apply for reconsideration when there are much broader implications for some of these decisions.

**Ms. Wynne:** I'll just make one comment, and that is that the opportunity for public engagement in the planning process is up front as opposed to at this point in the process. So we've tried to set it up so that there would be a broad public engagement initially.

**Ms. Martel:** But that's different from a decision. There are some mechanisms for people to plan. We're talking about a LHIN actually making a specific decision and who has a right to respond. The public engagement process—people would not be aware of what decisions are going to be made, so that's not an opportunity for them to respond. If a decision is made, there should be an opportunity at that point. They can't make those judgments in a broad consultation process. They don't know what the LHIN's going to do. So I don't see a broader consultation process as really the mechanism to deal with very specific decisions and how one can deal with those.

**The Chair:** Any further debate? If there's none, I will put the question. Shall the motion carry? Those in favour? Those opposed? It does not carry.

Madam Martel, 92b, please.

**Ms. Martel:** I move that subsection 26(5) of the bill be struck out and the following substituted:

"Further reconsideration

"(5) If a local health integration network amends or revokes a decision under clause (4)(b), a party to the decision may request that the local health integration network reconsider its decision under clause"—

**Ms. Wynne:** Sorry, are we doing 92b or 92c, Ms. Martel?

**The Chair:** It should be 92b in front of us. If you're reading 92c—

**Ms. Wynne:** She was reading 92c.

**Ms. Martel:** My apologies, Mr. Chair.

I move that subsection 26(4) of the bill be amended by striking out "health service provider" in the portion before clause (a) and substituting "party."

This is the same argument as before. This is with respect to an appeal.

I know the government has some amendments that are coming up, and so do the Conservatives, about revising this whole section with a new reconsideration. The government amendments talk about making copies of the proposed decision available to the public and any person may make a written submission about the proposed decision. I could be wrong about this, but it seems to me that that's pretty broad. If you're allowing any person to make a written submission, then that seems to be any party being able to make a submission as well. So I'd ask the government to look at this again.

We just voted down an amendment that would have allowed anybody to appeal, but if I read the government amendments, allowing any person to make a submission would essentially have the same effect. I'm not sure why the government would have voted the other amendment down, given what's coming.

**Ms. Wynne:** Maybe we can get some advice from staff here about what the difference is.

**The Chair:** Maybe you can stay there for the rest of the day, if you don't mind, please.

**Ms. Tracey Mill:** Government motion 94 would amend the reconsideration process that's in the bill and would require public notice and would permit submissions from any parties that might be affected. So it isn't restricted just to the health service provider.

**Mr. Robert Maisey:** My name is Robert Maisey, counsel, Ministry of Health and Long-Term Care. If I could just add a clarification to that, it's any "person." It's not a "party" to the decision, because there has been an amendment to section 25(4) that clarifies who a party to the decision is. So the proposed government motion 94, subsection 26(4), would allow any person to make a written submission.

**The Chair:** Mr. Wood, do you have an explanation?

**Mr. Michael Wood:** Yes. Michael Wood, legislative counsel. One other point to consider in this is that subsections (3) and (4), as presently written, contemplate that people will be asking the LHIN to reconsider a decision once it has been made, whereas the government motion to rewrite subsections (3) through (5) introduces a different concept—that is, that parties get a right to make submissions before the decision is actually made and that there is a notice given of the proposed decision and the public has the right to comment on that.

**Ms. Martel:** But if you've changed the definition of "party" earlier on, how does that impact here then? Are you trying to say, because you've used "persons" instead of "parties," that broadens it?

In the amendment that I was moving, which was to try and broaden those who could be implicated, because of the change in definition of "party" that the government passed, it would now make my limiting motion a restrictive one?

**1020**

**Mr. Maisey:** It would have no effect. Motion 92b would not extend it to anyone other than a person who was a party, and the definition of "party" has already been amended to—

**Ms. Martel:** That's what I mean. As a consequence of the government change in the definition of "party,"

which wasn't my reference to "party," this now becomes restrictive, only because it is tied to the definition of "party" that the government has passed in a previous amendment.

**Mr. Maisey:** I wouldn't say it's restrictive, because the intent of the definition of who a "party" was, was always that it would be the health service provider.

**Ms. Martel:** But I want that to be broader, and I'm assuming the government wants that to be broader too.

**Mr. Maisey:** That's right. How I would say it is that the intent of your 92b would not be achieved now.

**Ms. Martel:** I get it.

**The Chair:** Any further debate?

**Ms. Martel:** No. In view of the change in definition that now impacts this one, I'm going to withdraw this amendment.

*Interjection.*

**Ms. Martel:** No, now it's 92c. Sorry. This is the one I was doing before.

I move that subsection 26(5) of the bill be struck out and the following substituted:

"Further reconsideration

"(5) If a local health integration network amends or revokes a decision under clause (4)(b), a party to the decision may request that the local health integration network reconsider its decision under clause (4)(b) and subsection (3) applies for that purpose.

"Same

"(6) If a party requests a reconsideration under subsection (5), the local health integration network may reconsider that decision if, it its opinion, there are compelling reasons to do so."

This would apply for a second request for reconsideration, particularly in the case where there has been a request for reconsideration; there has been an amendment to an original decision that was made by the LHIN. This would give the parties, broadly speaking—"persons" is probably the better word—an opportunity also to deal with the amendment in the case that they find the amendment also to be unsatisfactory. So it applies a second effort at reconsideration, where the current legislation only provides for one request.

**The Chair:** Any debate on this?

**Ms. Wynne:** In light of the conversation you just had, Ms. Martel, our motion 94 is similar, but yours includes a longer time period and doesn't include public notice. I'm just wondering if 94—do you want to get staff to talk about the difference between the two? Could we get a distinction made between these two? I apologize.

**Ms. Martel:** As I understand 94, the decision has actually been formerly rendered. What the LHIN is proposing is actually transmitted to parties or bodies and then there can be a response. I'm making a request for specifically after a decision has been made.

**Ms. Mill:** That's correct. Government motion 94 would set up a process where the LHIN would have to give notice of an intended decision before actually issuing the decision. There's a 30-day time period where any interested person could make submissions about that proposed decision. The LHIN would consider that and then they would make their final decision. That would replace the current provisions in the statute that deal with a reconsideration process. As I understand it, your motion 92c would include a reconsideration when the LHIN was either amending or revoking a final decision, so this would put another review or reconsideration process into that process.

**Ms. Wynne:** From our perspective, that would protract the process.

**Ms. Mill:** It would extend the process and review of the decisions beyond what is being proposed in government motion 94. Government motion 94 would have the discussions taking place before a final decision was actually made.

**Ms. Wynne:** That makes it clear for me. I won't be supporting 92c.

**The Chair:** Any further debate? I will now put the question. Shall the motion carry? Those in favour? Those opposed? It does not carry.

We go to Mr. Arnott, 93a.

**Mr. Arnott:** I'm withdrawing that motion, Mr. Chair.

**The Chair:** Thank you—very efficient.

Ms. Wynne, 94, please.

**Ms. Wynne:** I move that subsections 26(3) to (5) of the bill be struck and the following substituted:

"Notice of proposed decision

"(3) At least 30 days before issuing a decision under subsection (1), a local health integration network shall,

"(a) notify a health service provider that the network proposes to issue a decision under that subsection;

"(b) provide a copy of the proposed decision to the service provider; and

"(c) make copies of the proposed decision available to the public.

"Submissions

"(4) Any person may make written submissions about the proposed decision to the local health integration network no later than 30 days after the network makes copies of the proposed decision available to the public.

"Issuing a decision

"(5) If at least 30 days have passed since the local health integration network gave the notice mentioned in subsection (3) and after the network has considered any written submissions made under subsection (4), the network may issue an integration decision under subsection (1), and subsections (3) and (4) do not apply to the issuance of the decision.

"Variance

"(6) An integration decision mentioned in subsection (5) may be different from the proposed decision that was the subject of the notice mentioned in subsection (3)."

I think we've talked about what this amendment would do, allowing an up-front process before a decision was made.

**The Chair:** Any debate? If not, I shall put the question. Shall the motion carry? Those in favour? Those opposed? That's carried.

Mr. Arnott, page 95.

**Mr. Arnott:** I withdraw that motion, Mr. Chair.

**The Chair:** Thank you. And 96?

**Mr. Arnott:** I withdraw that motion as well.

**The Chair:** Thank you. Therefore, we'll now take a vote on the section. Shall 26, as amended, carry? Those in favour? Those opposed? The section carries.

Section 27. Mr. Arnott, motion 97.

**Mr. Arnott:** I withdraw that motion.

**The Chair:** Thank you.

Ms. Wynne, motion 98a.

**Ms. Wynne:** Mr. Chair, we have 97a, b and c.

**The Chair:** Oh, I'm sorry. I was going to deal with them later on. Therefore, Madam Martel, please.

**Ms. Martel:** I move that subsection 27(6) of the bill be amended by striking out "a health service provider that is."

I'm assuming this is going to be the same, because "party" has now—oh, wait a minute. It's not. Because "party" has been defined, this is the same issue as before with respect to different decisions. I withdraw it, then.

**The Chair:** You withdraw this one. How about 97b?

**Ms. Martel:** That would be the same. I will withdraw.

**The Chair:** And 97c?

**Ms. Martel:** I had a question about this one. We have made a change with respect to 94, the government motion that is applicable to proposed decisions. I gather that only applies in that particular section and does not apply to any of section 27, the integration by health service providers?

**Ms. Mill:** Government motion 98 would basically create the same type of process as we just spoke about. In government motion 98, it would require the LHIN to provide advanced notice of—sorry. It would first require the health service provider who was going to integrate to give notice to the LHIN. Then the LHIN, if they were going to consider objecting to that integration, would have to give notice that they were intending to do that; there would have to be public notice of that. There is an opportunity for submissions to be made by the health service provider to the LHIN before the LHIN issuing a final decision about whether to stop the integration or not.

**Ms. Martel:** So what mine would do is the same as before, which was to have a further reconsideration, which was already voted down. It would be voted down again, so I'll withdraw it.

**The Chair:** Okay. Back to you, Ms. Wynne.

**1030**

**Ms. Wynne:** I move that subsections 27(3) to (8) of the bill be struck and the following substituted:

"Notice to network

"(3) If the integration mentioned in subsection (1) relates to services that are funded, in whole or in part, by a local health integration network, the health service provider,

"(a) shall give notice of the integration to the network, unless the regulations made under this act prescribe otherwise;

"(b) may proceed with the integration if the service provider is not required to give the notice mentioned in clause (a);

"(c) shall not proceed with the integration until 60 days have passed since giving the notice mentioned in clause (a), if the service provider is required to give the notice and the network does not give notice under subsection (4);

"(d) shall not proceed with the integration until 60 days have passed since the network gives notice under subsection (4), if,

"(i) the service provider is required to give notice under clause (a),

"(ii) the network gives notice under that subsection, and

"(iii) the network does not issue a decision under subsection (6); and

"(e) shall not proceed with the integration that is the subject of a decision under subsection (6), if the network issues such a decision.

"Notice of proposed decision

"(4) No later than 60 days after the health service provider gives the notice required under subsection (3), the local health integration network may,

"(a) notify a health service provider that the network proposes to issue a decision under subsection (6);

"(b) provide a copy of the proposed decision to the service provider; and

"(c) make copies of the proposed decision available to the public.

"Submissions

"(5) Any person may make written submissions about the proposed decision to the local health integration network no later than 30 days after the network makes copies of the proposed decision available to the public.

"Issuing a decision

"(6) If more than 30 days, but no more than 60 days, have passed after the local health integration network gives notice under subsection (4) and after the network has considered any written submissions made under subsection (5), the network may, if it considers it in the public interest to do so, issue a decision ordering the health service provider not to proceed with the integration mentioned in the notice under clause (3)(a) or a part of the integration.

"Matters to consider

"(7) In issuing a decision under subsection (6), a local health integration network shall consider the extent to which the integration is not consistent with the network's integrated health service plan and any other matter that the network considers relevant.

"Variance

"(8) An integration decision mentioned in subsection (6) may be different from the proposed decision that was the subject of the notice given under subsection (4)."

We had a conversation about this motion, which replaces the reconsideration process that's in the bill and puts a process in place that allows for notice and a draft decision process prior to the final decision.

**The Chair:** Is there any debate? If there is no further debate, I will now put the question. Those in favour? Those opposed? It carries.

Mr. Arnott, page 99.

**Mr. Arnott:** I withdraw that motion

**The Chair:** Page 100?

**Mr. Arnott:** I withdraw that motion.

**The Chair:** Thank you.

There has been an amendment. Therefore, shall section 27, as amended, carry? Those in favour? Those opposed? It carries.

Section 28. Madam Martel, page 101.

**Ms. Martel:** I just want to make some comments about why we're recommending voting against this section entirely. There were two points of view about this section during the course of the public hearings. There was a view that was expressed, for example, by OANHSS, which is the association that represents not-for-profit long-term-care homes and service providers. They appeared on the second day and said that from their point of view, this section permitted discrimination because it allowed the minister to make recommendations, order a ceasing of operations, amalgamation etc., that impacted only on not-for-profit organizations, and there was no similar responsibility or power that the minister had with respect to for-profits. So there were a number of groups who came before the committee and said that the government should do one of two things: either apply the ministerial power to for-profit organizations as well or delete the section altogether.

The most persuasive argument I heard with respect to this section was in a presentation—actually, in a question and answer period that came after a presentation that was made jointly by CAMH, the federation of mental health and addiction services and a third provider that represents essentially survivors, those consumer support/consumer survivor initiatives. In the questioning after, the representative from CAMH, who is a vice-president at CAMH, told the committee that she had, in a previous life, done drafting of legislation at the Ministry of Health, and from her perspective, after having done that, the changes that were in this bill, particularly in this section, gave incredible power to the minister, more than she had ever seen. Her recommendation, very strongly, was that the entire section be deleted because of the extraordinary power that it gave to the minister to have operations cease, to dissolve, to wind up operations, to force amalgamations etc.

I am not persuaded by some of the amendments that will come from the government, where there is some attempt to clarify certain things, that the way to go is to apply this section to both not-for-profits and for-profits. I think this section altogether is unacceptable because of the extraordinary new powers that it grants unilaterally to the Minister of Health. That is why the NDP recommends voting against this entire section. We should not be giving the Minister of Health these kinds of powers to make these kinds of decisions.

**The Chair:** Is there any debate?

**Ms. Wynne:** Just to say that we are going to be bringing forward amendments. We did hear the concerns about this section, and we'll be amending it.

**Ms. Martel:** Chair, if I might, if I look at the government amendments—I'm looking at 103 and 104—I see that the government response, at least in 103, is to apply these excessive ministerial powers equally to the for-profit and not-for-profit sectors. That's my read of it.

There's a section on 104—paragraph 4 is a little difficult for me to understand. My question is whether or not it will really stop a transfer of not-for-profit operations to for-profit operations. Regardless of that, even if it does, the provisions that the minister has to force providers to cease operating, to dissolve or to wind up, to amalgamate or to transfer all of their operations to one person or another continue to exist. Those excessive powers by the government have not been dealt with. There is no change in those excessive powers. Many groups came forward and said that it wasn't just a question of this being applied only to the for-profit sector; their concern was the extreme powers that had now been granted to the minister. That's why we'll be voting against this section, because that has not been changed; that has not been fixed.

**The Chair:** Maybe we should introduce the section—

**Ms. Wynne:** Could I just make a brief comment? First of all, some of the powers in this section are powers that already reside with the minister and have done so since the previous government. The second point is that the issue that was raised by many of the people who came before us was the inconsistency of treatment, particularly in the long-term care sector. That's why we're amending this section.

**The Chair:** Can I have Ms. Wynne deal with 103, please?

**Ms. Wynne:** Okay. So we don't need to do anything with 101 or 102?

**The Chair:** No, 101 and 102 are not motions.

**Ms. Martel:** We can't vote against that section?

**The Chair:** No, at the end of the section. We're going to deal with all of the amendments.

**Ms. Wynne:** Yes, you recommended that.

**The Chair:** Your comments would have made more sense at the end of the day, but that's fine; you made them.

Go ahead, please.

**Ms. Wynne:** I move that subsection 28(1) of the bill be amended by striking out "on a not-for-profit basis to do any of the following on or before" in the portion before paragraph 1 and substituting "on a for-profit or not-for-profit basis to do any of the following on or after."

**The Chair:** Is there any debate on this?

**Mr. Arnott:** I'd like to hear an explanation from the government side as to what this amendment does.

**Ms. Wynne:** This addresses the inconsistency that presenters raised with us during the hearings. It means that health service providers who operate on a for-profit or a not-for-profit basis may be the subject of a minister's integration order. This attempts to address the issue

around long-term care homes about the differential treatment of long-term care providers that are not-for-profit and for-profit.

**The Chair:** Any other comments? If there is no more debate, then I now put the question. Shall the motion carry? Those in favour?

**Ms. Martel:** Recorded vote.

**Ayes**

Matthews, Ramal, Sandals, Wynne.

**Nays**

Arnott, Martel.

**The Chair:** The amendment carries.

Page 104, Ms. Wynne.

**Ms. Wynne:** I move that paragraphs 2, 3 and 4 of subsection 28(1) of the bill be struck out and the following substituted:

"2. To amalgamate with one or more health service providers that receive funding from a local health integration network under subsection 19(1).

"3. To transfer all or substantially all of its operations to one or more persons or entities.

"4. To do anything or refrain from doing anything necessary for the health service provider to achieve anything under any of paragraphs 1 to 3, including to transfer property to or to receive property from another person or entity in respect of the operations affected by the order."

**1040**

**The Chair:** Any debate?

**Ms. Martel:** I'd like to be clear that for paragraph 1, ministerial power—which as it now stands: "1. To cease operating, to dissolve or to wind up its operations"—remains intact, so that is still a power that the minister has. Secondly, the changes still give the minister the power to amalgamate one or more service providers that receive public funding and it still gives the minister the power to transfer all or substantially all of its operations to one or more persons or entities, so all the powers that people defined as being excessive still remain. There's been no change in that regard. Those powers continue to be held by the minister, to be used by the minister at his discretion.

**Ms. Mill:** Your characterization of paragraphs 1, 2 and 3 are correct. In paragraph 4, the change from what is in the bill is actually just to pick up consistency in wording in the bill that is used in the LHIN integration section. There's no substantive change there. It's just a wording change to have internal consistency in the bill with respect to that clause.

**Ms. Martel:** So to be clear, there'd be nothing in here, and I think that this is the case—what has been done in basically the two amendments, or probably the one before, is that the minister's ability to do things will now be applied equally to the not-for-profit and the for-profit sector. That's the first question.

**Ms. Mill:** There are some limitations introduced in a further government motion, number—

**Mr. Maisey:** It's number 108. Government motion 108 sets out some limitations.

**Ms. Martel:** Are they limitations on his power in terms of ceasing operations, dissolving, amalgamating, transferring?

**Mr. Maisey:** Yes, they are. Sorry, I'm jumping ahead now into explaining that government motion. Is that appropriate or should we wait?

**Ms. Wynne:** Actually, can we just deal with 108? The issue of long-term care is going to come up, so if we deal with it now in the context of this clause, I think it'll clarify it later.

**The Chair:** That's fine with me, unless there is an objection. Go ahead.

**Mr. Arnott:** I'm quite concerned about these government amendments 103, 104 and 108, which appear to give the Minister of Health extraordinary arbitrary power to shut down health service providers, including non-profit businesses as well as for-profit businesses. We have put forward additional amendments to section 31. I hope the government will give consideration to supporting those to ensure that people's interests are protected. I want to express my reservations and my definite opposition to these three amendments that the government has put forward: 103, 104 and 108.

**The Chair:** You can go ahead now and give us the explanation.

**Mr. Maisey:** Certainly. With respect to government motion number 108, let me deal with the two large issues first in paragraphs (d) and (e). Paragraph (d) would prevent the amalgamation of not-for-profit organizations into for-profit organizations. Paragraph (e) is a companion to that to prevent the transfer of operations of a not-for-profit organization into a for-profit organization. Those are in paragraphs (a), (b) and (c). Paragraph (a) deals with municipal homes for the aged. It also deals with municipalities. In other words, the minister could not use powers under section 28 in respect of municipal homes for the aged or municipal governments.

**Ms. Martel:** Because they're funded by the municipalities?

**Mr. Maisey:** Because they're funded by the municipalities, because they're not-for-profit homes and because municipalities are required under the Homes for the Aged and Rest Homes Act to operate a municipal home. It's clarifying how this section 28 applies.

Also, in respect of a municipality, obviously the Minister of Health would never use powers to amalgamate municipalities under this statute. Amalgamations of municipalities are dealt with under the Municipal Act.

**Ms. Martel:** I don't think anybody suggested that during the course of the hearings, though.

**Mr. Maisey:** I thought the Association of Municipalities of Ontario had raised a concern about that.

**Ms. Martel:** I didn't think it was amalgamating municipalities, though. Maybe I didn't read their brief entirely. Sorry, my apologies.

**Ms. Wynne:** What amendment 108 will do is address the concerns about long-term care being included in this section, and it addresses the issue of moving from a not-for-profit to a for-profit, amalgamation of a not-for-profit into a for-profit. That was something that was raised over and over by people who came before us, so I would think that there would be a lot of support for this amendment.

**Ms. Martel:** If I go back, to me, there were two points that were raised through this whole context: either you could apply the sections equally or you could strike it out altogether if your concern was with the enormous power of the minister. When I gave my reasoning for voting against it, it was for that reason, that on the face of it, in listening to the arguments, while I remain very concerned about the potential loss of for-profits, my overwhelming concern in this whole section has been the new powers that have been given to the minister. I think that was made clear to us not only in the presentation by CAMH, where the vice-president made it clear she had worked for the Ministry of Health and had drafted legislation, and this language gave the minister more power than she had ever seen, we also heard a similar sentiment being expressed by the physiotherapy association, which also said that this was above and beyond even the previous government's Health Services Restructuring Commission. My concerns continue because of the new powers that I feel, and that I think have been confirmed for us during the course of the public hearings, have now been granted to the minister. I know staff can't do anything about that.

**Ms. Wynne:** Can I just make a comment, and then we'll leave this?

*Interjection.*

**Ms. Wynne:** I understand. We have to get going. But just to be clear, the legislation as it's written doesn't grant new powers to the minister; the powers already exist. What it does do is put process in place around those powers and specify how those powers can be exercised. The powers that are in place currently are left over from a previous government. What we're trying to do is put some guidelines around them and put process in place. Yes, the minister is going to have some authority to facilitate amalgamations and integrate the system.

**Ms. Martel:** If I might, and I'll conclude: We're going to have to agree to disagree on this. We heard two presentations where folks—one in particular, who I think would know very well—gave a completely different opinion. The vice-president from CAMH was very clear that in a previous role in the ministry, her read of the language now is that this does give more powers to the minister. We heard that repeated in a presentation by the physiotherapy association, and we have seen that repeated in at least three of the legal opinions that have been done, which have probably not been shared widely with the committee, but certainly that I've had access to and others have had access to as well. We clearly have a difference of opinion about whether or not these are the same powers and whether or not they're more. My argument is that they are more, and that's why we'd be voting against this section.

**The Chair:** It's everybody's opinion, and that's fair; I think we heard them. I will recognize Mr. Ramal, and then if we can move on, please.

**Mr. Ramal:** Just a question to staff: This bill will give the Minister of Health more power than he has right now at the present time or just facilitate power among the 14 LHINs?

**Ms. Mill:** The minister currently has powers to carry out some of these functions in some statutes and for some sectors; in other sectors, this would be some additional authority for the minister. It is correct to say too that in those sectors where he has that authority already, this puts some additional process into that.

**The Chair:** Thank you. Mr. Arnott, please.

**Mr. Arnott:** Just to conclude briefly, we've just heard staff reinforce why the opposition is concerned about this. New powers are being granted to the minister, and we're concerned about the potentially arbitrary use of them to negatively impact on health care in Ontario. So I'm going to continue to vote against these amendments.

**The Chair:** Any further debate? If there is no further debate, then I will put the question. Shall the motion carry? Those in favour?

**Ms. Wynne:** We're voting on 103.

**The Chair:** No, 104. We dealt with 103; it's 104 we're dealing with. That's the only one on the floor.

Shall the motion carry? Those in favour?

**Mr. Arnott:** Recorded vote.

**Ayes**

Matthews, Ramal, Sandals, Wynne.

**Nays**

Arnott, Martel.

**The Chair:** Page 105, Mr. Arnott, please.

**1050**

**Mr. Arnott:** I move that subsection 28(2) of the bill be amended by adding "as determined under section 1 of the Canadian Charter of Rights and Freedoms" after "unjustifiably."

The reason for this amendment being proposed today is because it was requested by the Catholic Health Association of Ontario and St. Joseph's Healthcare and Hamilton Health Sciences. As written, "unjustifiably" is not defined in this bill, and therefore this clause does not provide sufficient protection for denominational rights. Therefore, we are moving this amendment to clarify that.

**The Chair:** Any debate on the motion? If there's no debate, I shall put the question. Shall the motion carry? Those in favour? Those opposed? It carries.

**Ms. Wynne:** Mr. Chair, I'd like to withdraw 106.

**The Chair:** It will be withdrawn.

We go to 107. Mr. Arnott, back to you.

**Mr. Arnott:** We are prepared to withdraw this.

**The Chair:** Number 107 is also withdrawn.

Number 108, Ms. Wynne.

**Ms. Wynne:** I move that section 28 of the bill be amended by adding the following subsection:

"Restrictions

"(2.1) Despite subsection (1), the minister shall not,

"(a) issue an order under that subsection to a board of management described in paragraph 5 of the definition of 'health service provider' in subsection 2(2) or a municipality;

"(b) issue an order under that subsection to a health service provider described in paragraph 4 or 6 of the definition of 'health service provider' in subsection 2(2), if the service provider is not also described in another paragraph of that definition;

"(c) issue an order under paragraph 1 of that subsection, in respect of the operation of a nursing home or charitable home for the aged, to a health service provider described in paragraph 4 or 6 of the definition of 'health service provider' in subsection 2(2), if the service provider is also described in another paragraph of that definition in respect of the home;

"(d) issue an order under paragraph 2 of that subsection to a health service provider that carries on operations on a not-for-profit basis to amalgamate with one or more health service providers that carries on operations on a for-profit basis; or

"(e) issue an order under paragraph 3 of that subsection to a health service provider that carries on operations on a not-for-profit basis to transfer all or substantially all of its operations to one or more persons or entities that carries on operations on a for-profit basis."

I think we've had a long discussion about this amendment.

**Mr. Ramal:** Can we have a recorded vote?

**The Chair:** Yes. Let's see if there's any debate on this.

**Ms. Martel:** I'm going to repeat my concern about the ministerial power in this entire section, which from my perspective is new and unprecedented, and repeat my concern that the whole section in fact should be taken out. The minister should not have these kinds of powers. I'm voting against the entire section.

**The Chair:** Any further debate?

**Mr. Arnott:** Just to reiterate, the position of the Progressive Conservative Party is to have section 28 in its entirety deleted. As such, I cannot support this government motion.

**The Chair:** Any further debate? If there's none, I shall put the question.

**Ayes**

Matthews, Ramal, Sandals, Wynne.

**Nays**

Arnott, Martel.

**The Chair:** The motion carries.

Mr. Arnott, 109.

**Mr. Arnott:** I'm prepared to withdraw the proposed amendment.

**The Chair:** Thank you. Ms. Wynne, 110.

**Ms. Wynne:** I move that subsection 28(3) of the bill be amended by striking out "and 26(3) to (5)" and substituting "clauses 26(2)(g) and (h) and subsections 26(3) to (6)."

This is a technical amendment that would add a new reference that would restrict the minister from transferring charitable property to a person or entity that is not a charity.

**The Chair:** Any debate? If there's none, I shall put the question. Shall the motion carry? Those in favour? Those opposed? Carried.

There have been five amendments approved. Therefore, shall section 28, as amended, carry?

**Ms. Martel:** Recorded vote.

**Ayes**

Matthews, Ramal, Sandals, Wynne.

**Nays**

Arnott, Martel.

**The Chair:** It does carry.

Section 29: Ms. Wynne, 111.

**Ms. Wynne:** I move that subsection 29(3) of the bill be amended by striking out "after the point in time specified in subsection (4)."

This amendment removes reference to subsection 29(4) because there is a proposed amendment, which is 112, to repeal that provision.

**The Chair:** Any comments? If none, I shall put the question. Shall the motion carry? Those in favour? Those opposed? It carries.

Page 112, Ms. Wynne.

**Ms. Wynne:** I move that subsection 29(4) of the bill be struck out.

This removes the reference to the time limits for filing an application for a court order, and 29(4) would no longer be necessary if the amendment to replace the reconsideration process with a notice provision were adopted, which is motion 98.

**The Chair:** Any debate? I shall put the question. Shall the motion carry? Those in favour? Those opposed? It carries.

Shall section 29, as amended, carry? Those in favour? Those opposed? It carries.

Section 30: Mr. Arnott, 113.

**Mr. Arnott:** Our party is recommending that we vote against section 30 in its entirety. So I would ask that members consider voting against it. The reason is that our party is in agreement with the Association of Fundraising Professionals and the Association for Healthcare Philanthropy, that giving the minister or the LHIN authority to order a transfer of charitable property is

unprecedented and fraught with complications. The provision is unnecessary because the courts already have justification to transfer charitable property under the cyprès doctrine, I am told. The courts are a better place than the LHINs or the minister to make decisions regarding transfer of charitable property. The courts are impartial, transparent and have expertise and experience in making such decisions. It is unclear how the minister or the LHIN will be able to break the legally binding contract, as most gifts are, between the donor and the recipient health care provider. Donors and health service providers have no apparent input regarding the transfer. Forced transfers fail to take into account the intent and wishes of the donors when they make the donation. If donors feel they are losing their voice over the use of their gifts, then vital charitable assets will be removed from the overall health care system.

That is our concern, and it is supported by the Association of Fundraising Professionals and, again, the Association for Healthcare Philanthropy. Therefore, I would encourage all members of this committee to vote against section 30.

**The Chair:** Ms. Wynne, 114, please.

**Ms. Wynne:** I just wanted to comment that—

**The Chair:** We can do it at the end of the section, please. I am going to enforce that from now on.

**Ms. Wynne:** Okay, yes—114?

**The Chair:** Yes.

**Ms. Wynne:** I move that the English version of subsection 30(1) of the bill be amended by striking out "property of the transferee" at the end and substituting "property to the transferee."

This is a drafting error correction.

**The Chair:** Any comments?

**Mr. Arnott:** I'd just like to ask the staff what, exactly, this means. I would like a staff explanation.

**The Chair:** Could staff explain, please.

**Ms. Wynne:** All it means is that the property goes to the transferee.

**The Chair:** Okay. Do you want staff—Ted?

**Mr. Arnott:** I'd like the staff to confirm that.

**Ms. Wynne:** Sure.

**Ms. Paula Kashul:** I'm Paula Kashul, counsel with the Ministry of Health and Long-Term Care. The ending of this now says—and I'll just read the last bit—"that form part of the property being transferred shall be deemed to be gifts, trusts, bequests, devises and grants of property of the transferee."

That was an error in drafting. There is a similar provision proposed for an amendment to the CCAC Act, and in that particular section, it says "to the transferee." So we're just correcting the word "of" here to "to" so that the property goes to the transferee.

**The Chair:** Thank you very much.

Any further debate? If there is no further debate, I will put the question. Shall the motion carry? Those in favour? Those opposed? It carries.

Shall section 30, as amended, carry? Any comments?

**Mr. Arnott:** A recorded vote.

**Ms. Wynne:** I just wanted to make the comment that we've preserved the charitable purpose, and this allows the property to follow the service.

**The Chair:** Okay.

**Ayes**

Matthews, Ramal, Sandals, Wynne.

**Nays**

Arnott, Martel.

**The Chair:** It carries.

Section 31: Mr. Arnott, 115

**1100**

**Mr. Arnott:** I move that subsection 31(1) of the bill be amended by adding, after "takes", "in good faith."

This, I understand, was requested by the Ontario Long Term Care Association. This amendment will limit the ability of providers to get compensation for decisions made under this act. As written, good faith is not included and therefore cannot be made as a defence by the minister or the LHINs. Moving this amendment is, therefore, sound public policy and certainly politically expedient in the long term, but not in the short term.

"Good faith" was included in part IV of the bill but not in relation to losses arising from integration decisions. Good faith is a fundamental principle to exclude various forms of bad faith as a discretionary standard preventing parties from recapturing opportunities foregone on contracting.

For those reasons, we are supportive of this amendment.

**The Chair:** Is there any debate on the motion? If there is none, I will now put the question. Shall the motion carry? Those in favour? Those opposed? It does not carry.

Ms. Wynne, 116, please.

**Ms. Wynne:** I move that subsection 31(1) of the bill be amended by adding "under this act" after "a local health integration network takes."

This change reflects the original policy intent, which is the provision that sets out that health service providers are not entitled to compensation for losses resulting from LHIN or minister direct or indirect action under this act.

**The Chair:** Any debate on the motion? If there is none, I shall put the question. Shall the motion carry? Those in favour? Those opposed? It does carry.

Mr. Arnott, 117.

**Mr. Arnott:** I move that subsection 31(4) of the bill be struck out.

It's my understanding that this amendment was requested by the Ontario Long Term Care Association. As written, the Expropriations Act does not apply to the bill. Deleting this section means it would. It is difficult to understand why a new process would need to be established. Ministry of Health service providers are entitled to fair compensation for the value that they have

brought into the system. The Expropriations Act is the current norm for fairness in this process.

**The Chair:** Any debate?

**Ms. Wynne:** What the bill does is propose a process for determining compensation. It's necessary to be clear that the Expropriations Act doesn't pertain, because there's another process put in place.

**Mr. Arnott:** And this amendment, as I understand it, would mean that the Expropriations Act would, by default, be the appropriate process.

**Ms. Wynne:** Yes.

**The Chair:** Any further debate? If there is none, I shall put the question. Shall the amendment carry? Those in favour? Those opposed? It does not carry.

We'll take a vote on the section. Shall section 31, as amended, carry? Any comments? Anyone in favour? Those opposed? It carries.

Section 32: Ms. Martel, you have three motions on this.

**Ms. Martel:** I move that subsection 32(3) of the bill be struck out.

This section outlines when the Public Sector Labour Relations Transition Act applies. The reference in 32(3) is actually an exception. The bill, in subsections 32(1) and (2), outlines when the act applies in terms of integrations, the changeover, who the predecessor employers are etc. Subsection (3) is an exemption so that the act does not apply in the case where the new employer or the successor employer is either a person or entity that is not a health service provider or, secondly, where the primary function of that new successor employer is not the provision of services in the health sector.

A number of trade unions that brought this to our attention said the Public Sector Labour Relations Transition Act should apply in all cases of integration. There should not be an exception to the application of the law. My concern is that what you will see here is that changes occurring would permit something like people being transferred from a hospital service to a service that is now going to be contracted out. I believe that that is the case that's being referred to here. My strong suggestion is that the act should apply to all employees who may be affected by integration orders and whose employment may be shifted, may be changed etc. The protections that they had should continue to apply.

**The Chair:** Any comments?

**Ms. Wynne:** I'll just give the rationale for not supporting this amendment. The Public Sector Labour Relations Transition Act was designed to deal with restructuring in the health sector and in other broader public sectors, and restructuring that affects a non-health-sector organization. An organization that's not functioning primarily for the health sector is dealt with under the labour relations act. So, for that reason, we need to have this section.

**Ms. Martel:** Can I ask a question about that in terms of the labour relations act? That gives the sense that protections that employees have would carry from one employer to successive employers and that for some of these employees, those protections would carry under the labour relations act. Can I get a clarification of that?

**Ms. Wynne:** Yes, that's my understanding.

**Ms. Martel:** And what protections does that entail? Do successor rights, then, apply?

**Ms. Mill:** It may be the case that the integration would fall under the sale of business and successor right provisions of the labour relations act, section 69 of the labour relations act.

**Ms. Martel:** When you say it may be the case, in some cases?

**Ms. Mill:** It would have to meet the definition and any of the tests under the labour relations act, and any disputes or questions about that would be referred to the Ontario Labour Relations Board for a determination.

**Ms. Martel:** Thank you. Can you give us two cases then: one where, under this act, the ministry would presume that it would fall under the sale of business, and then employees would be protected under the labour relations act; and can you also give us a case where this might not be the case with respect to what's happening in the changes here?

**Ms. Mill:** I'm sorry, I don't think I would be able to do that, because it would be case-specific and, as I mentioned, in many cases, the matters would be referred to the Ontario Labour Relations Board, who would make a determination. I wouldn't have the ability to assess what they may actually find in that instance.

**Ms. Martel:** So what if it's not a sale? If it's an integration that's been ordered by the minister, is that considered to be a sale?

**Ms. Mill:** Are you referring to an integration that's been ordered under this act?

**Ms. Martel:** Yes.

**Ms. Mill:** Under this act, if the minister ordered an integration, PSLRTA would apply, except for the instances as you have been defining, where it's not a health service provider or the successor employer is not operating primarily in the health sector.

Then, again, I'd have to repeat: If it didn't meet those conditions, it is possible that the successor right provisions under the labour relations act would apply. Again, it's dependent on the circumstances.

**Ms. Martel:** But there's a chance that they wouldn't apply, and then those employees would have no protections, because they would have neither protection under the labour relations act nor any protection under PSLRTA.

**Ms. Mill:** It's case-specific.

**Ms. Martel:** So the way to get around it would be to make sure it does apply in one case or another, wouldn't it? You allow for an exception here, and the ministry's rationale is that they hope—I'm not trying to minimize this—that people will be covered under the labour relations act. But I don't think you can give me a guarantee that that will be the case in all areas, because we'll have to deal with this as integration orders occur, one case after the other. Would that be correct?

**Ms. Mill:** I think, as Ms. Wynne mentioned, the issue here or the rationale here was that the Public Sector Labour Relations Transition Act was designed for restructuring in the broader public sector, and any restructuring that is affecting employers who are not in the broader public sector are generally, as they are today, covered under other labour statutes. The processes that apply to those types of activities today are the ones that would be the result in this case also.

**Ms. Martel:** Thank you. If I just might make a quick comment, these amendments have been moved by both ONA and OPSEU, who would have had some experience over the past couple of years of restructuring generally, frankly, in the health sector and outside. If those two unions feel the language is not clear enough and does not provide protection—obviously they do because they've asked me to move the amendment. Because I can't get a guarantee that people will be protected in either one act or another, I would encourage the government to ensure that these exemptions are taken out; we don't have a guarantee that everyone will be covered and everybody's rights will be protected as they go through this process.

**1110**

**The Chair:** Any debate? If there is none, I shall put the question. Shall the motion carry? Those in favour? Those opposed? It does not carry.

Motion 117b, please.

**Ms. Martel:** This referred to the earlier motion, and had the earlier amendment I just put passed, then this also would have needed to go into effect. I'll have to withdraw the motion because the previous amendment was voted down.

**The Chair:** Thank you. Motion 117c.

**Ms. Martel:** I move that subsections 32(6) to (21) of the bill be struck out.

This is a reference to a process under the Ontario Labour Relations Board. Under the section we just dealt with, the Public Sector Labour Relations Transition Act is to apply to integrations with the exception of the groups I was trying to get covered. It also says in 32(4) that PSLRTA would not apply if there was consent of three parties involved in the process, as I understand it: the successor employer, the previous employer and the bargaining agent or the workers themselves.

As I understand this section, if there is no agreement in subsection (4)—that is, if all three of them don't agree that PSLRTA will not apply—a party can go to the board and request that the Ontario Labour Relations Board rule that the Public Sector Labour Relations Transition Act will not apply to some of these workers. We want to get rid of that section, because my concern is that it would be a successor employer, which could well be non-union, that would be the most likely to go to the board and request that the protections under PSLRTA not apply, because then they probably wouldn't have to pay the same pay, the same benefits etc. What I'm trying to do is shut down that possibility so that there isn't an opportunity for one party to work outside the process and make an application to the board to encourage the board to rule that PSLRTA should not apply to the workplace or the workers who are affected.

**The Chair:** Any debate?

**Ms. Wynne:** But the effect would be that well-established processes and statutes that are in place now would not pertain, so I won't be supporting this. The way the bill is written, we need to have these processes in place, and they're statutes that are used now.

**Ms. Martel:** If I might, this amendment was brought forward by both ONA and OPSEU. Clearly, the parties that are very likely to be affected by this bill want some guarantees that a successor employer who may well be non-union is not going to go to the board and try to make an argument against the other two parties. That's the intention of the changes from trade unions that already operate under this legislation.

**The Chair:** Any further debate? If there is none, I shall put the question. Shall the motion carry? Those in favour? Those opposed? It does not carry.

Shall section 32 carry? Those in favour? Those opposed? Carried.

On section 33, the first is a notice.

We go to Ms. Wynne for 119, please.

**Ms. Wynne:** I move that section 33 of the bill be amended by adding the following subsection:

"Human resources adjustment plan

"(2.1) A person or entity that is required to cease performing a service described in a regulation made under subsection (1) shall develop a human resources adjustment plan in respect of the integration of the service."

This would require that public hospitals, like the University of Ottawa Heart Institute, that are integrating non-clinical services under a regulation under section 33 put in place a human resources adjustment plan. This addresses some of the concerns that we heard from unions that came forward.

**The Chair:** Any debate?

**Ms. Martel:** I'll let Ms. Wynne move both because I'm going to deal with what the union said in this regard, which was to vote against the section.

I'll raise some of the comments now. Frankly, the unions came forward and said this whole section allowed the minister to essentially contract out or privatize services that are being offered in hospitals now. That was the concern and the criticism that was raised with respect to this particular section. The section allows the Lieutenant Governor, so essentially the minister or cabinet, by regulation to order a public hospital to stop performing or to cease performing any prescribed non-clinical services and, secondly, to also integrate these services by transferring those services to another entity.

There was quite an interesting discussion on a number of occasions about this section, because the government at a certain point tried to articulate that this was being put in place because of some specific integrations that were underway, although none are named in the bill, and what is named in the bill is very broad, that the minister can order this with respect to any public hospital under the Public Hospitals Act and the University of Ottawa Heart Institute.

The second problem with this whole section is that "non-clinical services" are not defined anywhere in the bill, so we had very strong concerns raised by groups that said that on the face of it, this would probably mean, for example, cafeteria services in a hospital; secondly, laundry services in a hospital; thirdly, cleaning services in a hospital. From the perspective of those workers, this would allow the minister to essentially contract those things out to for-profit companies. In the same vein, we heard serious concerns about how most workers felt these were integral parts of the health care system, particularly the cleaning services. There were many descriptions given to us about the role played by a number of CUPE workers, in particular, during the SARS crisis and what their incredible responsibilities were around cleaning and disinfecting during the SARS crisis, and that these folks and this function are an integral part of the health care system and should not be contracted out.

The other concern was that because "non-clinical" was not defined, it may mean some of those services and it may mean others. It's not defined, so it's not clear exactly what services the minister has in mind when he talks about ordering a hospital to cease providing them and then contracting them out.

The other problem, which the government tries to mitigate somewhat in its amendment 120, is that the rationale puts in a deadline. We heard from the government on a number of occasions that this section was only going to be applicable to certain scenarios, which went unnamed, for a certain period in time. The government has put in a restriction now that a regulation will not be made under this section on or after April 1, 2007. That doesn't respond to the overwhelming concerns that were heard, which remain; that is, that the minister has the power, has the authority to even overrule the board of the hospital and force that board of the hospital to essentially stop providing the service and contract it out.

Secondly, we have no idea what services are in mind, because "non-clinical services" aren't defined. Thirdly, the government might say it only applies to some specific changes that are occurring within the ministry now. Those aren't defined, so the legislation as it is written is very broad and has application to any public hospital and the University of Ottawa Heart Institute. It's also very unclear who is going to get that service. Clearly, the concern that was raised was that not-for-profit jobs in the hospital or publicly funded jobs in the hospital would now be transferred out to the for-profit sector.

Those are the concerns that were raised. Regrettably, the addition of a date by which this will all be shut down would not go the way to convincing the unions this is a section that should be voted in favour of, and doesn't do anything to convince me I should vote in favour of it. That is why I've made a recommendation to vote against the whole section and the amendments contained therein.

**The Chair:** Ms Wynne?

**1120**

**Ms. Wynne:** I'll be very brief. I think if we go back in Hansard and look at Ms. Martel's comments, on a number of occasions she said that if it's transitional, then demonstrate it's transitional and put a date in. That's exactly what we've done. There were people who came in front of us who said that if there are particular processes like the hospital business service process that are in play right now and are going to be completed, then put a date in, at which time this section would no longer pertain. So that's what we've done. The government members went back to the ministry and the minister and said, "This is necessary. We need to demonstrate that this is transitional." That's what we've done, and I actually would have expected support from Ms. Martel on this amendment.

**Ms. Martel:** If I might, it's a shame that Ms. Wynne is being so selective in her memory. I said over and over again that there were a number of concerns with this section. First of all, it was Ms. Wynne who tried to tell various presenters that this section only responded to some integrations that were now under way in the ministry and that we shouldn't be concerned about it. But there's nothing in section 33, as it's currently drafted, and there's nothing in the proposed amendment by the government that articulates what those processes are.

Ms. Wynne, read section 33. It says very clearly that the government "may, by regulation, order one or more ... entities that operate a public hospital within the meaning of the Public Hospitals Act and the University of Ottawa Heart Institute ... to cease performing any prescribed non-clinical service...." There's no limitation there. That's as broad as the number of public hospitals in the province, and there are about 152 of those, and then the Ottawa heart institute. So whatever processes the ministry has in mind are not articulated here, and this section, as it is written, applies to every single hospital in the province of Ontario. Secondly, it gives the minister the authority to order that hospital to stop providing those services, contrary to whatever the board itself may have decided. Thirdly, the non-clinical services are not defined, and that was a concern I raised again and again. Some people might think that's housekeeping, some people might think it's laundry or some people might think it's cafeteria services. First of all, in my opinion, those services are not ones that should be contracted out of a hospital; they are integral to the well functioning of the hospital system, so they shouldn't be contracted out in the first place, even if that's what we think. But because there's no definition, no doubt the minister will be, and certainly could be, under the language written here, much broader than that in terms of which services he decides should cease operating in a hospital and which should be contracted out to the community.

I also raised the concern again and again—and this was raised by any number of presenters—that what this really entailed was the privatization of hospital services. Housekeeping being done now, for example, was going to be contracted out to for-profit companies; cafeteria services that in many hospitals were still paid for—they were employees of the hospital—were going to be contracted out; and there would be a loss of employment for hospital employees, not to mention public sector dollars

going to private sector companies to make some money off the deal. So that concern was raised and this amendment doesn't deal with that either.

The only thing the government has done here in response to the numerous concerns that were raised by presenters and by myself on the public record is to put a date in by which this fiasco might end. It doesn't limit the power of the minister, it doesn't limit the hospitals that he can make orders to, it doesn't limit the kinds of services that he can describe as non-clinical to contract them out, it doesn't limit that contracting out; all it does is limit the day by which he might do all that. That certainly doesn't respond to my concerns and it doesn't respond to the concerns that were raised on this issue.

**The Chair:** Is there any further debate? If there is none, I will put the question. Shall the motion carry? Those in favour?

**Ms. Wynne:** Just to be clear, Mr. Chair, we're voting on 119 at this point, right?

**The Chair:** On 119, yes. Shall the motion carry? Against? The motion carries.

Ms. Wynne again, page 120, please.

**Ms. Wynne:** I move that section 33 of the bill be amended by adding the following subsections:

"Restriction

"(4.1) The Lieutenant Governor in Council shall not make a regulation under subsection (1) on or after April 1, 2007.

"Revocation of regulations

"(4.2) The Lieutenant Governor in Council may, by regulation, revoke a regulation made under subsection (1) and section 37 does not apply to a regulation made under this subsection."

I think we've talked about this.

**The Chair:** Any debate?

**Mr. Arnott:** We may have talked about it *[inaudible]* power until April 1, 2007, what changes are made on that day, if any, and what are they planning to do with this power?

**The Chair:** Is there any answer?

**Ms. Wynne:** There are currently some processes in play that need to be completed. We've always said this was a transitional clause in order to allow those integrations to happen and after April 1, 2007, this clause will no longer be in effect. Do you want more detail than that, because that's in effect why we're putting the date in.

**Mr. Arnott:** Could I have an answer from staff?

**Ms. Mill:** The April 1, 2007, date is there to reflect the fact that if the bill was passed, April 1, 2007, would likely be the time in which the LHINs would assume all of their final authorities. In that case then, the LHINs would have the authority to effect any types of integration. So as not to have conflict or inconsistency with the Lieutenant Governor in Council having these authorities and the LHINs having these authorities, it reflects that this type of integration would only be able to be effected by the LHINs after that date.

**The Chair:** Any further debate? If there is no further debate, then I shall put the question.

**Ms. Martel:** Chair, can I just confirm then that in essence it doesn't diminish the power, it just transfers it from one entity to another, right? That's what the effect of this is. It doesn't diminish the power for these things to happen. It just transfers it from cabinet doing it to the LHINs doing it.

**Ms. Wynne:** But that's what the bill's about. The bill is about integration. That's why we've got the legislation before us.

**Ms. Martel:** You've been trying to say this only applies to certain processes, and once these processes are over—these are your exact words—

**Ms. Wynne:** For the Lieutenant Governor in Council.

**Ms. Martel:** —then this is not going to happen any more. My argument continues to be—and this has just been confirmed, right?—it's not that these processes are going to end; they're going to start under the minister and then they're going to continue under the LHIN. That's what we had confirmed.

**Ms. Wynne:** That's what the bill says.

**Ms. Martel:** Look at the regulation. All the concerns still apply. What you're going to see here, and we heard it again and again, is an effort being made first by the minister and then by the LHINs to off-load any number of services out of the hospital into the community, probably preferably to a for-profit provider at the expense of those in the hospital and spending dollars that should go into patient care instead of going into the profits of those for-profit agencies. Again and again we've heard people say, "This is what the bill is all about: off-loading services out of the hospital somewhere into the community to a for-profit provider." First, the minister's going to do it and then the LHINs are going to do it. That was just confirmed by the comments that were made by staff.

**The Chair:** Ms. Wynne?

**Ms. Wynne:** No, it's fine. Clearly, Ms. Martel is not supportive of integrating or coordinating the health system. That's not what she's interested in doing. That's what this bill is about. I will refrain from further comment, but I think it's unfortunate that the status quo suits Ms. Martel just fine.

**The Chair:** If there is no further debate, then I will put the question. Shall the amendment carry? Those in favour? Those opposed? It does carry.

Now we'll take a vote on the section. Shall section 33, as amended, carry? Those in favour?

**Ms. Martel:** Recorded vote.

**Ayes**

Craitor, Matthews, Ramal, Sandals, Wynne.

**Nays**

Arnott, Martel.

**The Chair:** It does carry.

We go to section 34, page 120(a), Ms. Wynne.

**Ms. Wynne:** I move that subsection 34(2) of the bill be struck out and the following substituted:

"Exceptions

"(2) A regulation made under subsection (1) shall not devolve to a local health integration network,

"(a) a power to make regulations under any other act for whose administration the minister is responsible; or

"(b) a power, duty or function that applies to a person described in subsection 2(3) and that exists under the Health Insurance Act, part II of the Commitment to the Future of Medicare Act, 2004 or paragraph 4 of subsection 6(1) of the Ministry of Health and Long-Term Care Act."

**Mr. Ramal:** Which one are you reading now?

**1130**

**The Chair:** It's a new one: 120a.

**Ms. Wynne:** It's 120a. Yes. I actually am going to have to ask staff for an explanation on this.

**The Chair:** Can staff assist us, please? It was the latest piece given to us, for those of you looking for the page.

**Mr. Maisey:** This proposed amendment would limit the power to devolve under subsection 34(1). It would prevent a devolution of powers to make regulation, which is (2)(a) that's currently proposed in subsection (2).

Subsection (2)(b) is a new limitation. This would prevent the devolution of any power, duty or function as it relates to physicians and other practitioners under the Health Insurance Act, the Commitment to the Future of Medicare Act or in relation to alternate payment plans, family health teams, on-call physicians, those sorts of programs. It's similar to the amendment that was made in respect of assigning agreements under 19(3.1), which was motion number 69.

**The Chair:** Any debate? If there is no debate, I'll put the question. Shall the motion carry? Those in favour? Those opposed? That's carried.

Ms. Wynne, 121 and 122, please.

**Ms. Wynne:** I move that subsection 34(4) of the bill be amended by adding "and the modifications with which the power, duty or function is to apply" at the end.

This clarifies that a regulation devolving certain other powers or duties to a LHIN could include modifications to reflect the change in responsibility. For example, if the provision provided that a particular official had a power or duty and the power was devolved, the regulation could clarify who in the LHIN would exercise that power.

**The Chair:** Any debate? If there is no debate, I will put the question. Shall the motion carry? Those in favour? Those opposed? That's carried.

Ms. Wynne, 122.

**Ms. Wynne:** I move that subclause 34(5)(a)(ii) of the bill be amended by adding "on or" after "arises."

This is a technical change which changes "after" to "on or after" with respect to the date that the LHIN is released from liability for powers and duties that are devolved to the LHIN by regulation. It would ensure consistency between the date the LHINs receive their authorities and their protection from liability for exercising those authorities.

**The Chair:** Any debate? I shall put the question. Shall the motion carry? In favour? Against? It carries.

Shall section 34, as amended, carry? Those in favour? Those opposed? Carried.

Shall section 35 carry? Those in favour? Those opposed? It carries.

**The Clerk of the Committee (Ms. Anne Stokes):** The new 35.1.

**The Chair:** Oops. The new 35.1: the government. Sorry. Ms. Wynne, the new 35.1; 122a is the page.

**Ms. Wynne:** I move that the bill be amended by adding the following section:

"Information for public

"35.1 The minister and each local health integration network shall establish and maintain websites on the Internet and shall publish on their respective websites the documents that the minister or the network, as the case may be, is required to make available to the public under this act."

I think we discussed this amendment earlier in terms of making documentation public on the LHIN website.

**The Chair:** Any debate? If there is none, I will put the question. Shall the motion carry? Those in favour? Those opposed? It carries.

Section 36: Mr. Arnott, page 123.

**Mr. Arnott:** I am prepared to withdraw that amendment.

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

Madam Martel, 124.

**Ms. Martel:** I move that clause 36(1)(e) of the bill be struck out and the following substituted:

"(e) governing the elections of members of a local health integration network and providing for members' terms of office;"

If previous amendments had been accepted, this would have been the section where the election of LHIN members would have been developed and the process put in place in regulation.

**The Chair:** Is there any debate on the motion? If there is none, I shall put the question. Shall the motion carry? Those in favour? Those opposed? It does not carry. Therefore, there is no change.

Shall section 36 carry? Those in favour? Those opposed? It does carry.

Section 37, 124a. Madam Martel, please.

**Ms. Martel:** I move that clause 37(1)(a) of the bill be amended by adding "and on the ministry's website" after "the Ontario Gazette."

The staff might have to help me, but there is a process for the regulation-making process which is outlined in this section. As I understand it, it allows for information to be posted in the Gazette with respect to regulations that are going to be made under this act. I'm not sure if that information is also posted on the ministry's website, and that's what the aim of the amendment is. But perhaps staff is going to clarify for me whether it's going to be posted in both places.

**Ms. Wynne:** Sorry, what are we reading?

**The Chair:** It's two new additions, which are 124a and 124b. We're dealing with 124a. Will the staff be able to assist us, please?

**Mr. Maisey:** We think it probably is already covered by the new section, 35.1, but it would add clarity to that policy intent.

**The Chair:** Ms. Martel, are you satisfied?

**Ms. Martel:** Well, if it would add clarity, I hope the government would accept it. Maybe they want to just hold on this for a second.

**The Chair:** I will be happy to suppress, if necessary.

**Ms. Wynne:** I would accept that.

**The Chair:** Is there any further debate? If there is none, I will put—

**The Clerk of the Committee:** No, Michael has something.

**The Chair:** Oh, sorry. Mr. Wood, can we have one minute, please?

**Mr. Wood:** I agree with the opinion just expressed by the counsel from the Ministry of Health and Long-Term Care that this would be redundant, in light of government motion 122a, to add the new section 35.1 of the act. If we passed motion 124a, it would perhaps raise the danger that by being redundant, it might call into question the effect of section 35.1.

**The Chair:** All right. Any debate on the other side, of staff?

**Ms. Martel:** Now I'm totally lost. All I was trying to do was make sure that the regulations that were being proposed under this section would appear in two places: in the Ontario Gazette, which they would normally, and on the ministry's website. I'm not clear, as to the last round of discussion, what the problem is here.

**Ms. Mill:** Okay. I think that the legal opinion being expressed by both legislative counsel and ministry counsel is that this would actually be taken care of under the new 35.1. I think legislative counsel is now expressing a concern that if we did in fact add this new amendment in, as being proposed in 124a, it might give rise to questions as to what we were actually meaning in 35.1, that perhaps we were not meaning to have the regulations posted because we found it necessary to be much more clear here in this section. I'm assuming that the legal advice is actually to leave it just in 35.1 and not make this change in order to avoid that conflict.

**Mr. Wood:** That is correct.

**The Chair:** So what is your opinion on that?

**Ms. Martel:** Can I ask a question: because 35.1 is silent on what would be posted?

**Ms. Mill:** Well, 35.1 basically says that any documents that are being required under this act, which presumably would include the regulations, would have to be published on the ministry website, but also presumably—I'm now actually looking at legislative counsel and my counsel here—would require it being posted on the LHIN website?

**Mr. Maisey:** No, I don't think it's under the LHIN website, sorry. That's a bit of a confusion. Section 35.1 requires the minister to make public on the ministry's website any document that is required to be made available to the public under this act. It's our view that a notice of a proposed regulation has to be made public, and therefore would be made public on the ministry's website.

**The Chair:** Are you satisfied?

**1140**

**Ms. Martel:** Okay. All right, if that's the case—

**Ms. Wynne:** We'd like to support this if Ms. Martel wants to continue to put it forward. But are you going to withdraw it, or—

**Ms. Martel:** Those documents are different from the regulation-making process itself; that's what I was trying to get clarity on. So if you are telling us that it is the intention that those be posted, then I will—

**Ms. Mill:** That's correct.

**Ms. Martel:** So I withdraw.

**The Chair:** Withdraw that section. You still have the floor—124b.

**Ms. Martel:** Sorry, Chair. Now I'm just not sure if the next one has become—

**The Chair:** Do you need some assistance from staff on that? Can staff answer the question? Do we still need 124b? Well, is it relevant, is the question.

**Ms. Mill:** If I understand motion 124b, it would actually strike out subsection 37(2). That section deals with exceptions to the requirement to have a public consultation period on the regulations. So this is different from the previous motion.

**The Chair:** Okay, thank you. So you still have the floor.

**Ms. Martel:** Then I would move that subsection 37(2) of the bill be struck out.

That is an exemption clause, and I'm sorry that I didn't pick that up quicker. It would be my view that, given the changes that the government has talked about will come with this legislation, there should be public notice for all of the regulations. There should not be an exemption.

**The Chair:** Any debate? If there is no debate, then I shall call the question. Shall the motion carry? Those in favour? Those opposed? It does carry.

Ms. Wynne, page 125.

**Ms. Wynne:** I move that subsection 37(6) of the bill be struck out and the following substituted:

"Discretion to make regulations

"(6) Upon receiving the minister's report mentioned in clause (1)(e), the Lieutenant Governor in Council, without further notice under subsection (1), may make the proposed regulation with the changes that the Lieutenant Governor in Council considers appropriate, whether or not those changes are mentioned in the minister's report.

"Same, minister's regulations

"(6.1) If the minister may make the proposed regulation and the conditions set out in subsection (1) have been met, the minister, without further notice under that subsection, may make the proposed regulation with the changes that the minister considers appropriate."

This clarifies that, with respect to Lieutenant Governor in Council regulations, the minister must provide the Lieutenant Governor in Council with recommendations for changes, if any, to the proposed regulation, but that this step is not necessary for minister regulations.

**The Chair:** Any debate? If there is no debate, I will put the question. Shall the motion carry? Those in favour? Those opposed? The motion does carry.

Page 126, Ms. Wynne.

**Ms. Wynne:** I move that subsections 37(7) and (8) of the bill be amended by striking out "and (6)" wherever that expression appears and substituting in each case "(6) and (6.1)."

This is a technical amendment that reflects other amendments.

**The Chair:** Any debate? If there is no debate, I will put the question. Shall the motion carry? Those in favour? Those opposed? It carries.

Mr. Arnott, 127.

**Mr. Arnott:** I move that subsection 37(13) of the bill be amended by striking out "21 days" and substituting "60 days."

It's my understanding that the Ontario Long Term Care Association has requested this amendment based on their belief, which is supported by our party, that the proposed timelines for seeking a judicial review are unrealistically short, as proposed in the original Bill 36. This amendment would extend the timelines to a more reasonable period.

**The Chair:** Is there any debate on the motion?

**Ms. Wynne:** Just, Mr. Chair, that the 21 days is consistent with other health legislation. That's why we've used it here.

**The Chair:** Is there any further debate?

**Mr. Arnott:** Does the parliamentary assistant think that 21 days is sufficient just because it's in other aspects of health legislation?

**Ms. Wynne:** Well, I think that if it works in other contexts, then it will work in this context. So that's why we're supporting that time frame.

**Mr. Arnott:** I submit that it doesn't work; 60 days is required.

**The Chair:** Any further debate? If there is no further debate, then I shall put the question. Shall the motion carry? Those in favour? Those opposed? It does not carry.

Shall section 37—

**The Clerk of the Committee:** Michael would like to speak.

**The Chair:** Yes.

**Mr. Wood:** Since the committee has passed the motion to strike out subsection (2) of section 37, it becomes necessary to make a minor change to subsection 37(1), which contains a cross-reference to the now non-existent subsection (2). So, with the committee's indulgence, I wonder if I could have a few minutes to draft up a motion and if we could stand down consideration of the vote on section 37.

**The Chair:** Fine. If there's no disagreement, we'll do that. Can we deal with section 37.1, new? Okay. So stand down the actual section.

Therefore, section 37.1 is a new one. Mr. Arnott, page 128, please.

**Mr. Arnott:** I move that the bill be amended by adding the following section:

"Review of act and regulations

"37.1(1) A committee of the Legislative Assembly shall,

"(a) begin a comprehensive review of this act and the regulations made under it no earlier than two years and no later than three years after this act receives royal assent; and

"(b) within one year after beginning that review, make recommendations to the assembly concerning amendments to this act and the regulations made under it.

"Definition

"(2) In this section, 'year' means a period of 365 consecutive days or, if the period includes February 29, 366 consecutive days." A leap year.

*Interjections.*

**Ms. Wynne:** Are you reading 128? Because that's not—

**The Chair:** Everybody seems to have it. Are you the only one?

**Mr. Wood:** No. There's been a replacement.

**Ms. Wynne:** I know, but we don't have that language.

*Interjections.*

**The Chair:** You all seem to have one. Okay. It seems to me that everybody has, except you. Am I correct?

**Ms. Wynne:** No, nobody has it. Only Anne has it.

**The Chair:** Okay, fine. So we have a problem. We have to wait until she comes back—wait the motion before we can continue discussions. Am I right?

**Ms. Wynne:** Can we move on to the next one?

**The Chair:** Unfortunately, we can't. It looks like we'll have at least a few minutes of break until she comes back.

**The Clerk of the Committee:** We can stand down.

**The Chair:** We'll stand it down. When the photocopy comes back, we'll deal—how about section 38? Shall section 38 carry? Those in favour? Those opposed? Carried.

Section 39: Ms. Wynne, page 129.

**Ms. Wynne:** I move that the bill be amended by adding the following subsection:

"(7.1) Subsection 6(1) of the act is amended by striking out 'or a regulation.'"

Subsection 39(24) of the bill repeals the minister's authority to make regulations prescribing restrictions on the capacity, rights, powers or privileges of CCACs. Subsection 6(1) of the CCAC act, 2001, deals with restrictions on CCACs' power and refers to this regulation-making authority. Since the minister's regulation-making authority is being removed, subsection 6(1) of the CCAC has to be amended to remove the words "or a regulation" from the end of it.

**The Chair:** Any debate? If there is no debate, I'll put the question. Shall the motion carry? Those in favour? Those opposed? Carries.

Ms. Wynne, 130.

**Ms. Wynne:** I move that subsection 12(2) of the Community Care Access Corporations Act, 2001, as set out in subsection 39(15) of the bill, be struck out and the following substituted:

"Auditor's report

"(2) Each community care access corporation shall give a copy of every auditor's report for a fiscal year of the corporation to the minister within six months after the end of that fiscal year, if that fiscal year ends before the day before the first anniversary of the day on which subsection 39(15) of the Local Health System Integration Act, 2005 comes into force."

What this does is it clarifies that the CCAC auditor's report is provided to the minister for the time during which the directors are appointed by the government. This obligation would continue for the fiscal years prior to the repeal of the obligation. This is in the transition between the current board structure to the new board structure.

**The Chair:** Any debate? If there's no debate, I will put the question. Shall the motion carry? Those in favour? Those opposed? That's carried.

Page 131, please.

**Ms. Wynne:** I move that subsection 13(1) of the Community Care Access Corporations Act, 2001, as set out in subsection 39(16) of the bill, be struck out and the following substituted:

"Annual report

"13(1) Each community care access corporation shall give an annual report on its affairs for the preceding fiscal year to the minister within six months after the end of that fiscal year, if that fiscal year ends before the day before the first anniversary of the day on which subsection 39(16) of the Local Health System Integration Act, 2005 comes into force."

This is the same argument but for the annual report.

**1150**

**The Chair:** Any debate on the motion? If there is none, I will put the question. Shall the motion carry? Those in favour? Opposed? It carries.

Page 132.

**Ms. Wynne:** I'm going to ask Ms. Matthews to read this one, if she has it in front of her.

**Ms. Deborah Matthews (London North Centre):** Certainly. I move that section 15.3 of the Community Care Access Corporations Act, 2001, as set out in subsection 39(18) of the bill, be amended by striking out the portion before paragraph 1 and substituting the following:

"Amalgamation of corporations

"15.3 If a regulation made under subsection 15(1) amalgamates two or more community care access corporations into one corporation, the following rules apply."

**The Chair:** Is there any debate on the motion? If there is none, I will put the question. Shall the motion carry? Those in favour? Those opposed? It carries.

Page 133, please.

**Ms. Matthews:** I move that section 15.3 of the Community Care Access Corporations Act, 2001, as set out in subsection 39(18) of the bill, be amended by adding the following subsection:

"Conflict

"(2) None of the following shall conflict with the rules set out in subsection (1):

"1. A regulation made by the Lieutenant Governor in Council under subsection 15(1).

"2. An order made by the minister under subsection 15(3), unless it specifies otherwise with respect to a matter dealt with in paragraph 3 or 6 of subsection (1)."

**The Chair:** Any debate on the motion? If there is none, I will put the question. Shall the motion carry? Those in favour? Those opposed? That's carried.

Ms. Matthews, 134.

**Ms. Matthews:** I move that the French version of subsection 16.1(5) of the Community Care Access Corporations Act, 2001, as set out in subsection 39(18) of the bill, be amended by striking out "(1) et (4)" and substituting "(1) à (4)."

**The Chair:** Any debate on the motion? If there is none, I'll put the question. Shall the motion carry? Those in favour? Those opposed? That's carried.

Ms. Matthews, 135.

**Ms. Matthews:** I move that subsection 16.2(1) of the Community Care Access Corporations Act, 2001, as set out in subsection 39(18) of the bill, be amended by adding "any direct or indirect action that the minister takes under this act, including under" after "arising from."

**The Chair:** Any debate on the motion? If there is none, I'll put the question. Shall the motion carry? Those in favour? Those opposed? That's carried.

Ms. Matthews, 136.

**Ms. Matthews:** I move that section 16.2 of the Community Care Access Corporations Act, 2001, as set out in subsection 39(18) of the bill, be amended by adding the following subsection:

"No expropriation

"(4) Nothing in this act and nothing done or not done in accordance with this act constitutes an expropriation or injurious affection for the purposes of the Expropriations Act or otherwise at law."

**The Chair:** Any debate on the motion? If there is none, I'll put the question. Shall the motion carry? Those in favour? Those opposed? It carries.

Ms. Matthews, 137.

**Ms. Matthews:** I move that subsection 39(21) of the bill be struck out and the following substituted:

"(21) Section 18 of the act is repealed and the following substituted:

"Information for the public

"18. The minister shall make available to the public,

"(a) every report of a community care access corporation on its affairs given to the minister under this act; and

"(b) every report of the auditors of a community care access corporation on a report mentioned in clause (a)."

**The Chair:** Is there any debate on the motion? If there is none, I'll put the question. Shall the motion carry? Those in favour? Those opposed? It carries.

Ms. Matthews, 138.

**Ms. Matthews:** I move that subsections 39(25), (26) and (27) of the bill be struck out and the following substituted:

"(26) Section 23 of the act is repealed and the following substituted:

"Repeal

"23. Subsection 12(2), sections 13 and 18 and this section are repealed on a day to be named by proclamation of the Lieutenant Governor."

**The Chair:** Any debate on the motion? If there is none, I'll put the question. Shall the motion carry? Those in favour? Those opposed? That's carried.

Shall section 39, as amended, carry? Those in favour? Those opposed? It does carry.

Are we ready to deal with Mr. Arnott, 128, section 37.1?

**The Clerk of the Committee:** No, I think the first one we would do—

**The Chair:** It's the stand down—

**The Clerk of the Committee:** You stood down section 37 to deal with this motion that Michael Wood just mentioned, so I'll hand it out now.

**The Chair:** Would you please do that? Mr. Wood, do you have any explanation to give us in addition?

**Mr. Wood:** I'll repeat the explanation I gave earlier. The committee, by way of motion, struck out subsection 37(2) of the bill. There is presently cross-reference to subsection 37(2) in subsection 37(1), so therefore it becomes necessary to amend subsection 37(1) to strike out the cross-reference to the non-existent subsection (2).

**The Chair:** Any questions or any debate? It's the item that we stood down.

**Mr. Arnott:** I don't have a copy of my amendment, unfortunately.

**The Chair:** You were just given it. We got it. I'll give you mine. I'm asking if there are any questions or debate, while you're getting it.

**Mrs. Liz Sandals (Guelph–Wellington):** So this is the new one from legislative counsel.

**The Chair:** Yes. You heard the explanation from Mr. Wood. If anybody has a question, first of all, for Mr. Wood, and if there are no questions, then I'll open the floor for any debate, and then we may take a vote. No questions. Any debate? If there is none, then I will put the question.

**The Clerk of the Committee:** Somebody has to move it.

**The Chair:** I'm sorry. Would Ms. Wynne move it?

**Ms. Wynne:** I move that subsection 37(1) of the bill be amended by striking out "subsections (2) and (8)" and substituting "subsection (8)."

**The Chair:** Since the motion is on the floor, then I'll ask, is there any debate on the motion? If there is no debate, then I will put the question. Shall the motion carry? Those in favour? Those opposed? It does carry.

Shall section 37, as amended, carry? Those in favour? Those opposed? It carries. So we've dealt with section 37.

**The Clerk of the Committee:** Now you do 37.1.

**The Chair:** It's motion 128.

**The Clerk of the Committee:** Nobody had it. Did you already move it?

**Mr. Arnott:** Yes, I moved it.

**Mr. Wood:** To assist members of the committee in locating the correct motion, if you look on the top right-hand corner, under "PC Motion," it says "v.2" instead of "v.1."

**The Chair:** It's my understanding that this motion is already on the record.

**Mr. Arnott:** Could I just offer a word of explanation? I'm told that this has been requested by the city of Toronto, in principle. Most other provinces across Canada, if not all, have some form of regional health authorities, as has been pointed out during the course of these hearings. It's my understanding that most of these experiences have shown over a period of time that the structure doesn't always work as intended, and that's been our experience across the country.

The LHIN structure is unique in Canada. Therefore, it would be prudent, given the experience in other provinces and the uniqueness of our own proposed structure, for a committee of the Legislature to review the system and make recommendations for improvement at some point down the road. A committee of the Legislative Assembly would be the strongest possible way to do this review—and, I would add, in a public forum—to demonstrate the government's commitment to ensuring the success of this exercise in improving Ontarians' access to high-quality health care.

**The Chair:** Any more comments from you, Mr. Arnott? Any debate?

**Ms. Wynne:** I would be prepared to support this amendment but the two and three years are still giving us a problem. We want to make sure there is enough time to know whether things are working. So we're suggesting that, if it could be adjusted to three and four years, "no earlier than three years and no later than four years," we'd be willing to accept it.

**Mr. Arnott:** So are you making an amendment?

**1200**

**Ms. Wynne:** Indeed. I'm going to propose an amendment:

"(a) begin a comprehensive review of this act and the regulations made under it no earlier than three years and no later than four years after this act receives royal assent; and" etc.

**The Chair:** So that's an amendment. I will deal with the amendment first. That's the way we operate here. That's normally the case.

**Ms. Wynne:** Is everybody clear?

**The Chair:** Everybody's clear, otherwise they will let me know. Is there any debate on the amendment? If

there's no debate on the amendment, I will put the question. Shall the amendment to the motion carry? Those in favour? Those opposed? It carries.

Now there is an amended motion. Is there any debate on the motion, as amended? If there is none, I will put the question. Shall the motion, as amended, carry? Those in favour? Those opposed?

You're in favour? It's your motion, right?

**Mr. Arnott:** I was in favour of the amendment to the motion.

**The Chair:** Anyway, it still carries.

**The Clerk of the Committee:** No, wait a second.

**The Chair:** It does carry.

**Mr. Arnott:** You carried my amendment, actually.

**The Clerk of the Committee:** The amendment to the motion carried. Now it's the motion, as amended. That's what we're voting on now.

**The Chair:** That is what we just voted on, and it carries.

**The Clerk of the Committee:** I know. Mario, you have to slow down. I have to keep up too.

**The Chair:** All right. It carries. Thank you.

The next item—we've got to go back to section 40. Is that the next section?

**Ms. Wynne:** We just finished motion 138.

**The Chair:** Are we on section 40, which means page 138a? Is everybody on the same page? Madam Martel, please.

**Ms. Martel:** I move that the definition of "health services integration" in section 2 of the Public Sector Labour Relations Transition Act, 1997, as set out in subsection 40(1) of the bill, be struck out and the following substitute:

"'health services integration' means an integration that affects the structure or existence of one or more employees or that affects the provision of programs, services or functions by the employers, including not limited to an integration that involves a dissolution, amalgamation, division, rationalization, consolidation, transfer, tendering, retendering, merger, commencement or discontinuance, where every major employer subject to the integration is either,

"(a) a health service provider within the meaning of the Local Health System Integration Act, 2005, or

"(b) an employer who provides or, immediately following the integration, will provide services within or to the health services sector; ('intégration des services de santé')"

This would have allowed for PSLRTA to apply to a broader integration, so it would not be restricted to the integrations where the successor employer does not have a primary function in health care. It's related to previous amendments that I moved to try and broaden the application of PSLRTA.

**The Chair:** Any debate? If there's no debate, I will put the question. Shall the motion carry? Those in favour? Those opposed? It does not carry.

Ms. Martel, 138b.

**Ms. Martel:** I move that subsection 9(7) of the Public Sector Labour Relations Transition Act, 1997, as set out in subsection 40(4) of the bill, be struck out.

As it currently stands, as the bill is drafted, it says that under subsection 9(7) PSLRTA does not apply to an employer in the health sector who is the crown or where the crown is the employer. By striking out this section, this would now apply to the crown as the employer, and bargaining agents could go to the board then to try and get covered under PSLRTA. So it's providing an obligation essentially for the crown to have to participate under this act.

**The Chair:** Any debate on the motion? If there is none, I will put the question. Shall the motion carry? Those in favour? Those opposed? It does not carry. It's two to one, so it doesn't carry. Sorry.

The next one is 138c.

**Ms. Martel:** I move that subsection 40(7) of the bill be amended by striking out "Subsection 12(2) of the act is" and substituting "Subsections 12(2) and (3) of the act are."

This is an amendment that follows from the previous amendments where we're trying to get the Public Sector Labour Relations Act to apply also to the crown. This is an associated amendment, trying to achieve that aim.

**The Chair:** Any debate? If there's no debate, I'll put the question. Those in favour? Those opposed? It does not carry.

Shall section 40 carry? Those in favour of section 40? Those opposed? It does carry.

Shall section 41 carry? Those in favour? Those opposed? It carries.

Section 42. The first one is Madam Martel. I believe it's page 138d.

**Ms. Martel:** I move that subsection 31(2) of the Commitment to the Future of Medicare Act, 2004, as set out in subsection 42(49) of the bill, be amended by striking out "when required to do so by the minister or a local health integration network."

The rationale for the change is that I think that a health service provider should always have to post copies of the accountability agreement in a conspicuous place and not just do so when directed by the LHIN or the minister.

Now there were some changes—

**Ms. Mill:** I don't have that motion.

**The Chair:** You don't? It's 138d and 138e. Does the clerk have it?

**Ms. Wynne:** We've got d and e.

**The Chair:** Can someone provide a copy to staff? Is that possible?

**Ms. Wynne:** Can you just hold on a second?

**The Chair:** Yes. We will see if we can get a copy right away; otherwise, we'll have to take a break again.

Okay. You've already introduced 138d. Is there any debate?

*Interjection.*

**The Chair:** Yes. Anybody else?

Let me know when we are ready, Ms. Wynne.

**Ms. Wynne:** I'm just wondering whether it's possible to move on to another section. Can we do that? Could we stand those down? Is that possible?

**The Chair:** Yes, we can do that.

Does the committee agree on standing down? Okay.

**Ms. Martel:** Chair, I had wanted to ask a question of legislative counsel because I believe there was a change made about posting of accountability agreements in workplaces. I don't remember the exact reference and whether it was a requirement always or not. So it may be that it's been covered. I was going to give that information to the staff before we started looking for the amendment. So if that helps—

**Ms. Wynne:** Are you referring to motion 45?

**Ms. Martel:** The one we were just dealing with, yes, that's been stood down. But I can deal with the next one if you want. It may well have been covered and I'm just not clear about that. So I'll deal with the next one, then?

**Ms. Wynne:** Well, they're looking at 138e as well.

**The Chair:** They're looking at that too. Why don't we then go to 139, to you, Ms. Wynne, and then we'll deal with your two?

**Ms. Martel:** I have a 138d and e. Does staff now have both?

**Ms. Wynne:** They have both.

**Ms. Martel:** Okay. So we're moving to 139.

**Ms. Wynne:** I move that subsections 31(2) and (3) of the Commitment to the Future of Medicare Act, 2004, as set out in subsection 42(49) of the bill, be amended by striking out "service accountability agreement" wherever that expression appears.

This revision—it refers to motion 45—removes service accountability agreements from the list of documents the minister may require a health service provider to post and adds a new subsection to deal with the public disclosure of service accountability agreements.

**The Chair:** Any debate?

**Ms. Martel:** Sorry? I'm just confused about—currently, it is a requirement to post?

**Ms. Wynne:** Yes. I think the issue is that currently that would be one of the documents, and we've got a new process in place for those documents.

**The Chair:** Staff?

**Mr. Maisey:** This relates to motions 138d and e, I believe. Currently, the provision in subsection 31(2) is that the health service provider is only required to post the service accountability agreement when the minister or the LHIN requires it to do so. Government motion 139 strikes out the reference to "service accountability agreement" in subsections 31(2) and (3), and government motion number 140 then adds two new subsections, the effect of which is to require the minister and the LHIN to make the service accountability agreement public and to require the health resource provider to post the service accountability agreement as well, in the sites of operations to which the service accountability agreement relates.

**1210**

**Ms. Martel:** So it's going to be a requirement that they do that regardless.

**Mr. Maisey:** It's an absolute requirement. It's not at the minister's discretion.

**The Chair:** Any further debate on the motion? If there's none, then I will put the question. Shall the motion carry? Those in favour? Those opposed? It carries.

Motion 140, Ms. Wynne.

**Ms. Wynne:** I move that section 31 of the Commitment to the Future of Medicare Act, 2004, be amended by adding the following subsections:

"Service accountability agreement

"(3.1) The minister or a local health integration network shall make copies of any service accountability agreement that the minister or the network, as the case may be, has entered into with a health resource provider available to the public at the offices of the ministry or the network, as the case may be, even if this results in the disclosure of personal information.

"Same, health resource provider

"(3.2) A health resource provider shall post a copy of its service accountability agreement in a conspicuous public place at the health resource provider's sites of operations to which the agreement applies and on its public website on the Internet, if any, even if this results in the disclosure of personal information."

We will be supporting this amendment, obviously, and I think it takes care of what the member for Nickel Belt was bringing forward in 138(d) and (e).

**The Chair:** Any debate on this motion? If there is no debate, I shall put the question. Shall the motion carry? Those in favour? Those opposed? That's carried.

Ms. Wynne, 141 please.

**Ms. Wynne:** I move that subsections 32(1) and (2) of the Commitment to the Future of Medicare Act, 2004, as set out in subsection 42(50) of the bill, be amended by adding "a director or officer of a local health integration network" after "the minister, a local health integration network" in each subsection.

**The Chair:** Any debate? If there's no debate, I will put the question. Shall the motion carry? Those in favour? Those opposed? Carries.

Can we deal now with 138(d) and (e)? Are we ready? Ms. Wynne, is staff ready?

**Ms. Wynne:** Yes. I just want to reiterate that I won't be supporting (d) and (e) because 139 and 140 have taken care of this.

**The Chair:** Terrific. Do we have 138(d) on the record?

**The Clerk of the Committee:** Yes.

**The Chair:** The motion is on the floor. Is there any further debate on your motion?

**Ms. Martel:** No, I'm happy that the government dealt with my concern, so I'll withdraw the amendment.

**The Chair:** Oh, you will withdraw it? Terrific. That's for 138(d). How about 138(e)? Would you like to introduce it?

**Ms. Martel:** I'm going to take their word for it that they did. They're nodding, so I will withdraw that one as well.

**The Chair:** You'll withdraw it. Thank you.

So we've dealt with this section. Shall section 42, as amended, carry? Those in favour? Those opposed? That's carried.

Shall section 43 carry? Those in favour? Opposed? Carries.

Shall section 44 carry? Those in favour? Opposed? Carries.

Shall section 45 carry? Those in favour? Against? Carries.

Shall section 46 carry? Those in favour? Against? Carries.

Section 47: Mr. Arnott, page 142.

**Mr. Arnott:** I move that section 20.13(1) of the Nursing Homes Act, as set out in subsection 47(7) of the bill, be amended by striking out "minister may" and substituting "minister shall."

This is an amendment that's been requested by the Ontario Long Term Care Association. As written, Bill 36 currently has, as I understand it, no amendment for the minister to continue funding homes under this act and this amendment would make ongoing funding a legal requirement. Long-term-care homes are currently funded on a retroactive basis, I'm told, and changing the language to "may" opens the door to the possibility that funding for services rendered may not be forthcoming from the ministry to the LHINs, and then from the LHINs to the providers. This is an untenable situation that introduces risk where risk should not be introduced, and creates uncertainty where uncertainty should not be.

**The Chair:** Thank you very much for the explanation. Is there any debate on the motion? If there's none, I'll put the question. Shall the motion carry? Those in favour? Those opposed? It does not carry.

Mr. Arnott, 143.

**Mr. Arnott:** I move that subsection 47(8) of the bill be struck out and the following substituted:

"(8) Section 20.15 of the act is repealed."

Again this is an amendment that has been requested by the Ontario Long Term Care Association. It's my understanding that currently the minister may allocate additional funds to a licensee to assist in defraying the costs incurred or to be incurred as a result of the occurrence of an extraordinary event prescribed by the regulations. This is important, as it allows for the protection of nursing homes from unforeseen costs such as those incurred during a pandemic outbreak or a natural disaster. Bill 36, as written, I'm told, does not address this issue and adopting this amendment preserves the ministerial authority contained in the Nursing Homes Act.

**The Chair:** Is there any debate on the motion? If there's none, I shall put the question. Shall the amendment carry? Those in favour? Those against? It does not carry.

Shall section 47 carry? Those in favour? Those against? It carries.

Section 48: Madam Wynne, 144.

**Ms. Wynne:** I move that section 48 of the bill be amended by adding the following subsection:

"(0.1) The Pay Equity Act is amended by adding the following section:

"'Application of s. 13.1 in other circumstances

"'13.2 Section 13.1 applies with respect to an event to which the Public Sector Labour Relations Transition Act, 1997, applies in accordance with the Local Health System Integration Act, 2005."

This corrects an omission in making this consequential amendment that would ensure consistency in the application of pay equity provisions when the Public Sector Labour Relations Transition Act, 1997, applies to integrations under this bill.

**The Chair:** Any debate? If there is no debate, I will put the question. Shall the amendment carry? Those in favour? Those opposed? That's carried.

Number 145, Ms. Wynne, please.

**Ms. Wynne:** I move that subsections 48(1) and (2) of the bill be struck out and the following substituted:

"(1) Clauses 1(d), (h), (h.1), (i) and (j) under the Ministry of Health in the appendix to the schedule to the act are amended by adding 'or a local health integration network as defined in section 2 of the Local Health System Integration Act, 2005' at the end of each clause."

This is a drafting error being corrected.

**The Chair:** Any debate? If there is no debate, I will put the question. Shall the motion carry? Those in favour? Those against? It carries.

Shall section 48, as amended, carry? Those in favour? Those against? It carries.

Shall section 49 carry? Those in favour? Those against? Carries.

Section 50: Mr. Arnott, page 146.

**Mr. Arnott:** I move that subsection 50(11) of the bill be struck out.

I understand this was requested by the Hospital for Sick Children in Toronto and the Association for Healthcare Philanthropy. I'm told that the ministry has an established policy for the settlement reached with foundations in 1998 that will not require this reporting and should seize this opportunity to bring the act into alignment with the policy. That's what Sick Kids' Hospital has advised us.

Stakeholder uncertainty: This bill purports to broaden the scope of a provision that has not been used in eight years and the minister has previously agreed not to use. Again, that's advice from the Association for Healthcare Philanthropy.

**The Chair:** Is there any debate?

**Ms. Wynne:** I'll be supporting this amendment and we'll actually withdraw the next amendment because we agree.

**The Chair:** Any further debate? If there's no debate, I'll put the question. Shall the motion carry? Those in favour? Those opposed? It carries.

The next one has been withdrawn. Shall section 50, as amended, carry? Those in favour? Those opposed? Carries.

Section 51: Ms. Wynne, 148.

**Ms. Wynne:** I move that subsections 51(1) and (2) of the bill be struck out and the following substituted:

"51(1) Clauses 1(d), (h), (i), (j) and (k) under the Ministry of Health in the appendix to the schedule to the Social Contract Act, 1993 are amended by adding 'or a local health integration network as defined in section 2 of the Local Health System Integration Act, 2005' at the end of each clause."

Again, this is a technical drafting error that's being corrected.

**1220**

**The Chair:** Any debate on the motion? If there's none, I'll put the question. Shall the motion carry? Those in favour? Those opposed? The motion does carry.

Shall section 51, as amended, carry? Those in favour? Those opposed? It carries.

Shall section 52 carry? Those in favour? Those opposed? It carries.

Shall sections 53 and 54 carry? Those in favour? Those opposed? Both of them carry.

Ms. Martel, preamble 1, please.

**Ms. Martel:** I move that the preamble to the bill be amended by adding the following clause:

"(0.a) affirm their continued commitment to the values set out in the preamble to the Commitment to the Future of Medicare Act, 2004, including,

"(i) that medicare—our system of publicly funded health services—reflects fundamental Canadian values and that its preservation is essential for the health of Ontarians now and in the future,

"(ii) that two-tier medicine, extra billing and user fees should continue to be prohibited in accordance with the Canada Health Act, and

"(iii) that access to community-based health care, including primary health care, home care based on assessed need and community mental health care are cornerstones of an effective health care system;"

If I might, Mr. Chair?

**The Chair:** You read it into the record. Before you get into any explanation, let me say this: In the case of a bill that has been referred to committee after second reading, a substantive amendment to the preamble is permissible only if it is rendered necessary by amendments made to the bill. I find that the bill has not been amended in such a way as to warrant this amendment to the preamble. I therefore find this amendment out of order.

**Ms. Martel:** Yes, and further to that, because there are a number of amendments from all parties, I'm going to ask for unanimous consent that all the amendments from the parties to the preamble section be allowed to be put and debated etc.

**The Chair:** Terrific. So then I have a motion on the floor now. We are just doing one each time, or are we going to take all of them at once?

**The Clerk of the Committee:** It should be done each time.

**The Chair:** So we'll take yours, and each time we've got to go through this. Therefore, Ms. Martel has asked that unanimous support be given, otherwise we cannot deal with this matter. I will take the vote at this time. Do I have unanimous consent? Okay. Now we can debate.

**Ms. Martel:** Thank you, Mr. Chair.

**The Chair:** You can tell me all you want.

**Ms. Martel:** Very good, Mr. Chair. Thank you.

We had a number of presenters who came before the committee who expressed significant concerns about this bill and where it was heading, and in fact made a point to confirm that there was no reference in the bill to either Bill 8, the Commitment to the Future of Medicare Act, or any reference to the Canada Health Act and its principles. With respect to health care, health care is a core value for Ontarians and Canadians, and these things are integral. It's also my hope, as an aside, that the bill will promote these and not take away from them, but I guess time will tell.

I know that the government has an amendment that references both the commitment to medicare act and the Canada Health Act. What the government's amendment to the preamble doesn't include, however, would be point (iii), that access to community-based care, primary health care, home care and community mental health care are cornerstones of an effective health care system. I've added that in this section as well because I'd like the bill to make it clear that these sectors, sometimes traditionally given short shrift in terms of funding or policy or other considerations, are essential as well, that the system is bigger than hospitals. While hospitals are important, there must be solid recognition that these other sectors are just as important to people's quality of life and well-being. So that was what the third bullet point also tried to address.

**The Chair:** Any debate? If there is no debate, then I'll put the question. Shall the motion carry? Those in favour? Those opposed? It does not carry.

Ms. Wynne.

**Ms. Wynne:** Mr. Chair, I assume I have to ask for unanimous consent to bring this motion to the preamble?

**The Chair:** Yes. Do we have unanimous consent? Yes, you do.

**Ms. Wynne:** Thank you. Does everyone have version 6? It's government motion version 6.

I move that the preamble to the bill be amended by adding the following clauses:

"(0.a) confirm their enduring commitment to the principles of public administration, comprehensiveness, universality, portability, accessibility and accountability as provided in the Canada Health Act (Canada) and the Commitment to the Future of Medicare Act, 2004;

"(0.a.l) are committed to the promotion of the delivery of public health services by not-for-profit organizations;"

We believe that this language addresses the concerns of the folks who came before us.

**The Chair:** Is there any debate on this motion? If there's no debate—

**Ms. Wynne:** Could we have a recorded vote?

**Ayes**

Martel, Orazietti, Ramal, Sandals, Wynne.

**The Chair:** Those opposed? The motion carries.

Mr. Arnott, yours is next. First of all, do I have unanimous consent for Mr. Arnott's motion? Yes, we do. Go ahead, Mr. Arnott.

*Interjection.*

**The Chair:** We're doing clause (e), which is page 3.

*Interjection.*

**The Chair:** From the NPD. I'm sorry, Mr. Arnott. Back you to you, Madam Martel.

**Ms. Martel:** I ask for unanimous consent.

**The Chair:** Do I have unanimous consent? Yes.

**Ms. Martel:** I move that the preamble to the bill be amended by adding the following clause:

"(0.a.l) acknowledge that health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

This came from a number of presenters who represented organizations in the mental health field, to ask us to broaden the definition of "health" to be all-inclusive, and that's what the intention of the amendment is.

**The Chair:** Any debate on the motion? If there's no debate, I shall put the question. Shall the motion carry? Those in favour?

**Ms. Martel:** Could I have a recorded vote?

**Ayes**

Martel.

**Nays**

Orazietti, Ramal, Sandals, Wynne.

**The Chair:** The motion does not carry.

Now we go back to the PC clause (e) motion. Do we have unanimous consent for Mr. Arnott? Okay, we do.

**Mr. Arnott:** I move that clause (e) of the preamble to the bill be amended by striking out "aboriginal peoples" and substituting "aboriginal communities."

It's my understanding that this amendment has been requested by the Noojimawin Health Authority, because they rightly state that aboriginal Canadians live in both urban and rural settings, and replacing the word "peoples" with "communities" acknowledges that there is not just one uniform aboriginal group. It is important that this fact be recognized in the preamble, and I would hope the government will offer the passage of this amendment.

**The Chair:** Is there any debate on the motion?

**Ms. Wynne:** We've used the "aboriginal peoples" language in other places in the bill, and it's our contention that we need to be consistent.

**The Chair:** Any further debate? If there's none, I will put the question. Shall the motion carry? Those in favour? Those opposed? It does not carry.

Do I have unanimous consent for NDP preamble 4? We do. Madam Martel, would you please introduce your motion?

**Ms. Martel:** I move that the preamble to the bill be amended by adding the following clause:

"(e. 1) recognize the role of Franco-Ontarians in the planning and delivery of health services in their communities;"

We had a number of representations from organizations representing francophone communities. We know that there is a report that has been done. We haven't seen the details of that, so we don't know what will happen to that report and how it will impact on the bill or on LHINs.

**1230**

There were a number of recommendations, potential amendments, however, that were given to the committee near the end of the hearings by an organization called Alliance des réseaux ontariens des services de santé en français. One of those amendments had to do with encouraging the committee to recognize the role of Franco-Ontarians in planning and delivery of health services in the health care system, in the same way that the preamble currently recognizes the role of First Nations in clause (e). The intention is to respond to the concerns that were raised, respond to the request for an amendment that was made, and also have in legislation an amendment that patterns the language that is in the preamble of the bill now with respect to recognition of First Nations and aboriginal peoples.

**The Chair:** Is there any debate?

**Ms. Wynne:** We've made a substantive amendment on the role of francophones in the body of the bill, and clause (d) does make reference to the French Language Services Act, so I won't be supporting this amendment.

**The Chair:** Any further debate? If there's none, I'll put the question. A recorded vote.

**Ayes**

Arnott, Martel.

**Nays**

Orazietti, Ramal, Sandals, Wynne.

**The Chair:** It does not carry.

First of all, do I have unanimous support for the Liberal amendment to preamble 5? We do.

**Ms. Wynne:** I move that clause (f) of the preamble to the bill be amended by adding "continuous quality improvement and" after "promotes."

This adds to the preamble the recognition that one of the goals is to promote continuous quality improvement of the health system.

**The Chair:** Any debate? If there's no debate, I'll take the vote. Shall the motion carry? Those in favour? Those opposed? It carries.

NDP amendment to preamble number 6: Do I have unanimous support? Okay. Please proceed, Madam Martel.

**Ms. Martel:** I move that the preamble to the bill be amended by adding the following clauses:

"(f.1) respect health care professionals and confirm that they are fundamental to the delivery of quality health care and have the right to equitable terms and conditions of employment regardless of where they work in the health care system;

"(f.2) recognize that the current shortage of health care professionals and workers needs to be addressed;

"(f.3) confirm that regional disparities in the availability of health care within Ontario need to be addressed;

"(f.4) recognize that patients who are required to travel for medical care as a result of an integration under this act should be reimbursed for costs incurred in relation to such travel."

This change comes from both the Ontario Nurses' Association and OPSEU. It recognizes a number of issues that were raised during the course of the public hearings:

—that workers are on the front line, and we need to remember that in terms of any restructuring that's done in the health care system;

—secondly, that part of what the LHINs will not be able to address, frankly, in terms of their roles and responsibilities still needs to be addressed, and that is a shortage of health care professionals broadly;

—thirdly, that there are disparities in health care. Again, that can only be addressed by the funding that's going to be provided by the government to different LHINs to try and address that, but that is something that needs to be addressed;

—finally, as a result of consolidation and integration, particularly in the hospital sector, the valid concern that was raised and repeated through the course of the hearings is that services that may now be available in a small community hospital will no longer be available, that they will be consolidated into larger regional centres or a regional hospital, and that, as a result, people who would not be travelling for care now will have to in the future. That is also an issue that needs to be addressed.

As this change gets under way, here are some of the concerns that have been put forward by a number of groups that came before this committee about who might be impacted and how we need to address that.

**The Chair:** Is there any debate? If there's none, I'll put the question. Shall the motion carry? Those in favour? Those opposed? That does not carry.

Shall the preamble, as amended, carry? Those in favour? Those opposed? It does carry.

Shall the title of the bill carry? Those in favour? Those opposed? Carried.

Shall Bill 36, as amended, carry? Those in favour? Those opposed? Carried.

Shall I report the bill, as amended, to the House? Those in favour? Those opposed? Carried.

I thank you all for your participation. That's quite a bill. I think it will make quite a difference in Ontario. I didn't say which way.

*The committee adjourned at 1235.*

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### STANDING COMMITTEE ON SOCIAL POLICY

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Mr. Robert Maisey, counsel, legal services branch
Ms. Paula Kashul, counsel, legal services branch
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