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## **Official Report of Debates (Hansard)**

## **Journal des débats (Hansard)**

Thursday 27 April 2006

Jeudi 27 avril 2006

Speaker  
Honourable Michael A. Brown

Président  
L'honorable Michael A. Brown

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## LEGISLATIVE ASSEMBLY OF ONTARIO

Thursday 27 April 2006

## ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

Jeudi 27 avril 2006

*The House met at 1000.  
Prayers.*

### PRIVATE MEMBERS' PUBLIC BUSINESS

#### EASTERN ONTARIO

**Mr. Robert W. Runciman (Leeds-Grenville):** I move that, in the opinion of this House, the Ontario government should establish an eastern Ontario secretariat as a special-purpose office that supports the Ministry of Economic Development and Trade, with main responsibilities to provide analytical and evaluative support in the assessment of existing and new policies and programs impacting eastern Ontario.

**The Deputy Speaker (Mr. Bruce Crozier):** Pursuant to standing order 96, Mr. Runciman, you have up to 10 minutes.

**Mr. Runciman:** Thank you very much, Mr. Speaker. I appreciate the opportunity. I know that private members' opportunities don't come around too often; we're fortunate if we have one or two during the life of a government.

When I tabled the resolution, I issued a press release essentially explaining a number of things that I hope to accomplish with respect to this and a number of the justifications for the resolution itself. Certainly eastern Ontario is facing significant problems, or at least certain sections of eastern Ontario are facing real challenges.

I felt that the secretariat itself, if indeed it is established, should fall under the Ministry of Economic Development and Trade. I believe that's the appropriate ministry to address regional concerns that are primarily economic or have linkages to economic well-being. A secretariat could provide a window into government for the residents of eastern Ontario and elected officials. It would also in my view ensure that existing and new policies and programs are assessed for their impact on eastern Ontario. It would give that part of our great province a minister to represent its interests around the cabinet table and in the Legislative Assembly.

Members who have been around here for a while know that I can be as partisan as anyone, but I want to assure you that this is not a partisan initiative. A lot of these concerns have been around for my time in this assembly—25-plus years now—and governments of all political stripes have served during that period of time:

Liberals, NDP and Progressive Conservatives. In my first term in this place, I recall a bill being tabled by George Samis, who was then the member for Cornwall, calling for the creation of a ministry for eastern Ontario. So I think all of us have heard these concerns: the inability; the frustrations with respect to access to government; and initiatives, policies and programs being developed at Queen's Park without appropriate input or feedback from the residents, not just the elected officials, with impacts that are sometimes not favourable to that region. As I said, those concerns cover the waterfront with respect to the implications of involvement of all three political parties in this assembly.

We've heard various suggestions over the years as to how this could be addressed. What I have attempted to do is come forward with a proposal which I believe is cost-effective, responsive and reasonable, and hopefully will gain the support of all members of the Legislature. What I'm talking about here of course is the establishment of a secretariat within government, lodged within the Ministry of Economic Development and Trade.

Some members may have questions with respect to the boundaries of eastern Ontario. Effectively, we have utilized the boundaries that are accepted by the Ministry of Economic Development and Trade in terms of their definition of eastern Ontario. They have been endorsed by the Eastern Ontario Wardens' Caucus and by AMO, the Association of Municipalities of Ontario. These are essentially the currently recognized boundaries for initiatives undertaken by the provincial government with respect to eastern Ontario, and they are supported by municipal officials throughout the region and beyond.

I have based the concept on one of the current secretariats within government, the Ontario Seniors' Secretariat, which is lodged within the Ministry of Citizenship and Immigration. If you take a look at the estimates for 2005-06 for the Ministry of Citizenship and Immigration, the secretariat program, it cost around \$2 million, with 22 employees within the secretariat itself and three staffers on the minister's staff providing him with input. Does it have to be as large as the seniors' secretariat? I don't believe it would have to be. In terms of real costs to the government, I think they would be modest at best. If we're looking at secondments from within government—for example, rural affairs and finance—we're talking about policy analysts, we're talking about economists, we're talking about a range of experts in terms of essentially policy analysis and evaluation, with some people who would obviously be acting as liaisons in terms of

direct contact and providing that window into government for eastern Ontario residents.

**1010**

If you look at it from that perspective, in terms of this initiative not creating some other significant bureaucracy within government or adding any burdensome additional costs to the taxpayers, I think it accomplishes those goals essentially through secondments and transfers and through attaching those salaries rather than being lodged in the Ministry of Finance, for example, or rural affairs being lodged within the secretariat. I think it's a reasonable, affordable and practical initiative, which hopefully all members will support.

I want to talk about some of the challenges in eastern Ontario, and I can provide all of this information to anyone who wishes to have it, in terms of job losses over just the past year in the manufacturing sector. They have been significant within the boundaries I outlined earlier: close to 1,600 job losses in the manufacturing sector. A lot of these, of course, are impacting small, essentially rural communities.

I've had a few in my riding. There is Prescott's Hathaway shirt manufacturer, which many of us know. During our travels over the years, we have stopped in at the outlet store in Prescott and acquired great-quality products at reasonable prices. Prescott was the Canadian home of Hathaway shirts, and that is now lost and 53 jobs with it. There had been considerably more over the years, but because of the problems facing the textile industry in this country, that had diminished to 53 jobs.

Mahle Brockhaus in Gananoque, a recent closure, is moving to Mexico and the United States—90 jobs. Nestlé, which is in a neighbouring riding in Chesterville is again a factory that had been in this part of the province for as long as most of us can remember—300 jobs. The Harrowsmith cheese factory, another historic operation—89 jobs. Hershey chocolate in Smiths Falls has not closed its doors and hopefully that's not on the horizon, but it has reduced its operations by 50 jobs in the past year. Unilever in Belleville—100 jobs. I was recently advised by my colleague from Barry's Bay of another job loss in his riding: Smurfit in Pembroke—I think 139 jobs are being lost in the city of Pembroke. Cornwall has been especially hard hit, certainly with the Domtar closure, which is the most significant, I believe. Gildan Activewear is another one, with 170 jobs. Satisfied Brake—180 jobs. Spartech—90 jobs.

These are the kinds of impacts we're seeing. For the most part, these are small communities, whether it's Gananoque or Prescott or Chesterville, that are going to have an extremely difficult time recovering from those job losses and those impacts. I think we have to do what we can to address it, and we're limited because we know there are an awful lot of pressures outside this country impacting the ability of manufacturers in this province to compete effectively and maintain their operations.

I encourage all members to support this. This is not a partisan initiative and an attempt to be critical of anyone;

I'm doing this hopefully in the best interests of my part of the province.

**The Deputy Speaker:** Further debate?

**Mr. Jim Brownell (Stormont–Dundas–Charlottenburgh):** I'm certainly pleased to be here this morning and to be speaking, along with my colleagues. I will say right now that I am in support of the member for Leeds–Grenville and the motion he has put forward today. It was just two weeks ago that I had a private member's bill in this House, and the member did speak to my private member's bill. In speaking after the member from Brant had made a presentation here, the member from Leeds–Grenville said, "I have a lot of respect and some affection for the member who just spoke on behalf of the government, but I have to strongly disagree with his comments." I too, in speaking this morning, have a lot of respect and some affection for the member from Leeds–Grenville and certainly am in support of his motion, but I have to say, I wonder where the previous government was and where his party was when we had the desire and the need to have this kind of support way back when they were in government, when he was a cabinet minister. I really have to ask, where was that government? Because if they had thought of this idea and had put it into place, maybe eastern Ontario—his riding, my riding—wouldn't be in the state that it's in today. Certainly, we do have some tough economic times, but I think that if we'd had some support back then, we wouldn't be in this state.

I'd also like to say, speaking on behalf of my riding of Stormont–Dundas–Charlottenburgh, that this government has been nothing but supportive of the small communities like Chesterville; like Long Sault, where we had Gildan Activewear; like Iroquois, with St. Lawrence Textiles; and certainly with the city of Cornwall in their troubled times. We've had great leadership locally from the mayor of the city of Cornwall, Phil Poirier; the mayor of South Stormont, Jim Bancroft; the mayor and warden of South Glengarry, Jim McDonell; the mayor of North Stormont, Dennis Fife; the mayor of North Dundas, Alvin Runnalls; the mayor of South Dundas, Lyle Van Allen. They've always been very supportive of the best they can have in their municipalities. They have been working very closely—all those leaders have been here to Queen's Park to meet with the Premier, to meet with the Minister of Natural Resources, to meet with the Minister of Economic Development and Trade, to meet with the Minister of Energy. Just next month, on May 16, the Minister of the Environment is going to be in my riding. This just shows the interest of my government in the leaders of my community, who are working so hard.

I think it's important to recognize too that the Leader of the Opposition has been in my riding a number of times; in fact, he was there last Friday. He comes into Cornwall and he always talks about the city of Cornwall. There's more to my riding than the city of Cornwall. I have a large, large rural riding with small towns, one-industry towns, that have lost those supports, and we hear nothing from the Leader of the Opposition with regard to those small communities in my riding. I wonder if he

considers them worthy of his attention. I know that I do. I'm there speaking all the time. I certainly think that this motion would address some of the concerns of those small areas.

I look at our government being supportive of the communities in my riding, and I know that I continue to hear appreciation all the time. Just as an example, Mayor Phil Poirier of the city of Cornwall said on March 24, "All those meetings, all those proposals finally paid off. I knew all along we were going to get something. [The province] owned up to their promise," to help. In the same edition of the Standard Freeholder he also said, "The province is listening."

Yes, we have listened. I can say that I think this motion is a great one, to establish a secretariat, and it will go a long way in what we're doing, the McGuinty government is doing, for the economic situation in eastern Ontario and in my riding.

**Mr. John Yakabuski (Renfrew–Nipissing–Pembroke):** It is my pleasure to stand in support of my colleague from Leeds–Grenville and his resolution here this morning to support what we think is an important issue in the eastern part of the province, eastern Ontario.

It seems unfortunate that we always have to bring these issues up at a time of private members' business. Quite frankly, the government should show an interest in prioritizing the needs of eastern Ontario, because it is clear by the evidence that the member for Leeds–Grenville has shown already today that we're falling behind, and the government seems to only recognize the part of the province that is in the GTA. It always seems that we've got to raise these issues here in private members' business.

The lack of support for eastern Ontario was evident in the recent budget. It has been evident in the fact that they refused to support the bill of my colleague Norm Sterling, the member for Lanark–Carleton, when he proposed an eastern Ontario economic development fund. It is coming up again in the House. It has passed first reading and will again come up for debate. I hope the government will actually bring that to fruition this time. My gas tax bill would support people in eastern Ontario, in rural communities; eastern Ontario is primarily a rural part of the province. As a matter of fact, when my bill was debated in this House, the member for Ottawa–Orléans scoffed at it and ridiculed it. That's the kind of attitude we have in that government when it comes to the people of rural Ontario. That is regrettable.

## 1020

The resolution my colleague has proposed today would at least show some interest on the part of the government, to indicate that it is important enough to ensure that someone with a seat at the cabinet table is responsible to recognize and articulate the needs and issues of eastern Ontario at that table. The current members of the cabinet who reside in there don't seem to be doing that. It is important that the people of eastern Ontario have a special voice. I've got to give a lot of credit to my colleagues Norm Sterling, Bob Runciman, Laurie Scott, and

a new member here for Nepean–Carleton, Lisa MacLeod; I'm quite certain she will be a vocal supporter and proponent of support for eastern Ontario. We'll be hearing more from two of them later on.

I've got to give a lot of credit to the Eastern Ontario Wardens' Caucus, headed by the warden from my riding, Bob Sweet, who has been tireless in making a pitch to this government to recognize that eastern Ontario has different economic needs, that it has different issues affecting it and that it must get the ear of this government if we are going to be able to survive what is happening in eastern Ontario. My colleague talked about the job losses. If we're going to be able to go beyond those and continue to offer people in eastern Ontario, in particular in rural eastern Ontario, a standard of living that is fair—Mr. Runciman talked about the job losses. Many of these job losses that are outside my riding still affect my riding. When Domtar shut down with 91 jobs in Cornwall, that affected people in my riding because much of the fibre shipped to Domtar comes out of companies in my riding. Of course, recently there were the 130-some jobs at Smurfit in Pembroke.

In total, a lot of things are happening negatively in eastern Ontario. I think this resolution, if supported by the government, will go a long way to at least indicate to the people who live there that they have an interest in supporting the needs of the fine people who reside in eastern Ontario.

I commend the member for Leeds–Grenville, who is one of the most articulate and forcefully speaking members of this House when it comes to supporting the people from eastern Ontario. I commend and thank him for this resolution.

**Mr. Michael Prue (Beaches–East York):** I will be supporting the motion, as will my colleagues in caucus, when the time for the vote comes later this morning. In supporting this resolution, though, I have to state and admit that this is a problem not unique to eastern Ontario. A secretariat being brought about in eastern Ontario is a good idea, but we should also have one for rural Ontario and one for northern Ontario. We should have one for all the manufacturing sectors and all the rural locations that are having a very hard time economically, because that is in fact what this Legislature is supposed to do. I would think that's what the government should try to charge itself to do.

I commend the member from Leeds–Grenville, because as he has quite rightly stated, he is not the least partisan member of this House. He knows quite rightly that he is out here to make this resolution for the people of his riding and the people in the surrounding ridings, and is doing his very best to try to bring economic activity and some form of government impetus to do something about what is happening there.

We know that the manufacturing sector in this province is in decline. In spite of the protestations I might hear from time to time from the members in government opposite that it is not in decline, we know quite well that it is. In fact, I have here the Statistics Canada Labour

Force Survey that shows there has been a loss of 140,000 manufacturing jobs, more than 12% of the total, in the 18 months between July 2004 and January 2006 in Ontario. If you look at the chart, it is quite disturbing. You can see that manufacturing jobs in Ontario were in the 1.1-million range in September 2003. They actually climbed until July 2004 and then started a precipitous decline. Literally month after month, with a few blips, it has gone down until January 2006, where it's actually gone below one million manufacturing jobs in this province.

The member has quite rightly stated the number of manufacturing jobs that have been lost in eastern Ontario. He listed them off, everything from the Hershey factory in Smiths Falls to Domtar in Cornwall, and of course they have been lost.

Eastern Ontario is not unique; eastern Ontario is like every other part of the province. But what makes it particularly harmful to eastern Ontario, and to northern Ontario, where it occurs is that many of these are small municipalities. They are small municipalities that have one or two industries, and to lose one has a huge effect. To lose a factory job in a city like Toronto, Mississauga or Markham is of course very painful to the people who lose their jobs, but in terms of the wider municipality it is not that great a problem because there are so many others that jobs can be made available to those who have the misfortune of finding their factory closed. But in a small town, that often does not happen. We saw just the day before yesterday what is happening in Smooth Rock Falls, losing I think it's a planer mill—certainly within wood fibre. It's losing that, and that is literally the only major employer in the town. It would be near impossible for that town to recuperate, unless in fact they can convince someone to keep that operation going.

We also have to be worried about what is happening in Ontario in the long term. Not only are these declines forecast that have taken place since 2005 right through to 2006 showing a steady decline in the jobless rate in Ontario in the manufacturing sector, but I was disturbed to see in, I believe, the *Globe and Mail*—it might have been the *Financial Post*—a day or two ago, in a column in one of the business sections, the anticipation of where manufacturing was going to go in Canada in the next year. What it said was disturbing because, although it seemed that there would be jobs in manufacturing for export increased in Canada, the only province that was going to show a decline was Ontario. They are forecasting a decline for Ontario of an additional 1% in 2006-07.

I can understand where the member from Leeds-Grenville is coming from, because a further decline in that particular part of the province will of course have disastrous effect. But we, as a Legislature, need to look to all of the province, and we need to look for solutions.

We have seen what's happened just in this morning's paper around the softwood lumber issue. It appears that Ontario is not going to do very well in the bilateral talks. I don't know where the minister was during those talks. I don't know where the government was during those

talks. I understand that Ontario was at the table, but we seem to be getting short shrift on those.

We know that the mining sector is doing fairly well, and we're thankful for that. The cost of most of the minerals, most of the iron and nickel and copper, is increasing in value, and so is prosperity around mining towns. But they seem to be alone and unique, because the manufacturing sector, which was the bedrock in Ontario for many years, appears to be suffering from job loss.

There are a number of factors that come into play here, one of which has been cited very often, the high Canadian dollar, but I would suggest that's not the real cause. The real cause is that we have, many years ago, hitched our wagon to bilateral trade. We have talked about NAFTA. We have talked about one economic bloc for all of the Americas, including Mexico, the United States and Canada. The trade seems to move back and forth, and we have hitched ourselves to that. Rightly or wrongly, that is the economic reality of today.

**1030**

I will tell you that it is becoming increasingly difficult for Ontario to participate in a way that we once did. We are no longer trading as much amongst ourselves. Ontario is no longer producing the goods for Quebec, the Maritimes, the west and British Columbia. We are more and more reliant upon exports to the United States. As they change and as the Americans are finding themselves in deeper economic issues and deeper economic problems, running a trillion-dollar deficit, spending billions of dollars every day on the war in Iraq, causing a balance of payments which is not sustainable in the long run, of course Canada is suffering. The United States is flexing its economic and legal muscle in order to ensure that some of our goods are having a hard time vis-à-vis—softwood lumber is the best example. It used to be shakes and shingles and other commodities that we traded into that country. They're putting up protective walls to look after their own industries in spite of the NAFTA agreements.

There is no doubt that small towns in eastern Ontario and all over Ontario are having a hard time. Just this past week, I got a letter. I don't often get letters like this from small-town Ontario, but here's one. It is from the east, but not that far east, from Loyalist township. They are very upset, and rightly so, because not only are they having a hard time in terms of jobs and infrastructure, but the government has just announced to them that the Ontario municipal partnership fund allocated to the township is going to be drastically reduced. I looked at this in terms of today's debate and thought, this is absolutely what is happening and perhaps why we need a secretariat, not only to look for new jobs, not only to preserve jobs, but actually to look at how these smaller towns can be helped, how these smaller towns don't fall into cracks or into policies that really are not well designed in terms of their needs.

This is what's happening in Loyalist township. In their letter, and I'll quote a few sentences, it says, "The OMPF"—Ontario municipal partnership fund—"allo-

cation for 2006, excluding the phase-in adjustment and the additional one-time special assistance adjustment, before phase-in, represents a loss of nearly 40% of what was previously received as CRF funding (\$867,639)—which they're going to get now—"vs. \$1,382,000"—which they got before.

They go on in the body of the letter to say that the government of Ontario claims that the reason they're being reduced is because of their proximity to Kingston. They're a small township not too far from a medium- to small-sized city in eastern Ontario. They go on to say, "If this loss of funding had to be raised in 2006, it alone would have resulted in an increase of \$69.28 for a residential taxpayer using an average residential assessed value of \$157,100, or an 8.5% increase over 2005 taxes for township purpose. This increase would be over and above any other tax levy increase to meet increased costs of operating the township."

They go on in some detail to describe what is happening elsewhere in Ontario and how this area of Loyalist township in eastern Ontario is being hard done by. I don't have any doubt that what they have written in this letter is correct, and I don't have any doubt that the monies are needed for justifiable purposes for their municipality. What the member from Leeds-Grenville has put forward would be I think an opportunity for a secretariat to look after not only, as I said, the manufacturing sector and the loss of jobs but the entire economic sector and what we can do to make sure that the smaller towns and rural areas can be looked after.

Having said that, I listened as well to the member from Stormont-Dundas-Charlottenburgh, and there was one very puzzling statement in what he had to say. Although he's supportive of the bill, and I thank him for that, he had to say he wondered where the Leader of the Opposition was in all of this, in all of the talk around what was happening in Cornwall and in his riding. I would remind the honourable members that there is a government side and an opposition side, and it is the government's side to do something. It is the government side that has all the strings, all the control of the bureaucracy, control of how the budget money is spent. It is you who decide this. It is not the opposition. It is our job not to oppose you but to be critical of what you do, where you fall down and where you fail. I think any kind of statement that the Leader of the Opposition, or any member in the opposition, is somehow responsible for not doing enough for eastern Ontario is a false one. It is an argument that cannot and should not be allowed to stand unchallenged. It is a government responsibility. That's what this bill is attempting to do: To push the government to take responsibility for what is necessary for eastern Ontario.

I would suggest that there is also a great deal of difficulty in other places of the province, a great deal of difficulty in northern Ontario. We know that population has declined significantly. I don't believe it's reached third reading yet, but there is a motion before this House talking about sustaining the number of ridings in northern

Ontario. Because the population has declined, the federal government has actually lost one whole riding in northern Ontario. People are moving out of northern Ontario because of job loss, because the paper mills are being shut down, because of a whole wide variety of things. We know that is happening.

I would suggest that we support this bill. I went to the website—if I can find the document here—that Mr. Runciman, the member from Leeds-Grenville, had prepared. On his website, he did indicate what the problems were and why we needed to do something. I think it's instructive, because he doesn't talk so much about eastern Ontario. The first bullet point is, "There is a crisis in rural Ontario." We all know that is true. We know there is a crisis in rural Ontario. We have listened to the farmers and we know that the monies they are making are not sufficient to keep the farms operational, in many cases. He says there are "assaults on the rural way of life." We believe that to be true as well. He goes on to say that there are "MNR policies on fishing regulations and fish sanctuaries" that adversely affect regional tourism. That is true not only in eastern Ontario but literally everywhere in the province outside of the major metropolitan areas. He goes on to talk about, "conservation authorities, harmonizing their regulations ... infringing upon rural Ontarians." Again, it is a rural argument. Then he goes on, lastly, to talk about farmers' markets, church pot-lucks and the Ministry of Health.

This is a rural issue. It is a northern issue. It should be expanded. We are going to support this, but clearly there is an obligation on this government to do much more for the people in rural and northern Ontario, and if it is done in eastern Ontario as well, that's fine by us.

**Mr. Ernie Parsons (Prince Edward-Hastings):** I am very pleased to speak to this bill. I will certainly be supporting it for a number of reasons, one of which is that this is the closest to an act of remorse that I've seen on the part of the opposition party. They don't want to actually say they're sorry, but they're getting close, and I'm encouraged by that. This will establish what eastern Ontario used to have. We used to have the Eastern Ontario Development Corp. that essentially did what is proposed in this. It was a good corporation, but it was the previous government that disbanded that. So thank you for going through the healing process and acknowledging, "We were wrong, and we want to bring it back." I hope you feel the better for it.

In the meantime, folks, life has gone on in eastern Ontario and other people have stepped up to the bat. I'll say I'm supporting this because every little bit helps, but eastern Ontario has its own uniqueness, as every part of Ontario does. One of the realities in eastern Ontario is that our population density is lower than, say, the Metro area or southwestern Ontario. That means for us in eastern Ontario, for our industry that produces products that invariably are going to be sold out of the area, highways are a major issue.

This government downloaded vast kilometres of provincial highways to the local taxpayers. Of all of the

highways downloaded in Ontario, 40% of them were in eastern Ontario. In eastern Ontario you can drive for a considerable time where there's no housing. In fact it's crown land that doesn't produce the tax revenue to fund these highways. So I believe a great disservice was done to eastern Ontario by that.

**1040**

I think of the challenges that have faced industry in eastern Ontario. Regulation 170 has caused great problems for our community. It was the previous government—in fact I believe it was the mover of this motion—that signed that, when they created the false crisis over walleye fishing in the Bay of Quinte and we lost people coming to our area as tourists.

It was this government that created MPAC, which has caused great difficulties for our homeowners and businesses in eastern Ontario. The downloading of ambulances, the downloading of policing, all made the taxes much more difficult when you need the high level of service that our citizens are entitled to but there are fewer taxpayers to pay for it. So I'm pleased to see the turnaround, saying that at least we need to do something to try to fix what we messed up.

There's been mention in the debate so far about job losses, and no one in this Legislature wants to see that happen. When I hear announcements, wherever in Ontario, I feel so badly for the families and for the communities. But on CFRB in December 2005, not that long ago, when asked about job losses, "What exactly can the government do to stop these job losses?" Mr. Tory responded, "I don't think you can necessarily stop them."

As the Dalton McGuinty government, we certainly can and have worked very hard to increase employment in eastern Ontario. I think of my own community of Belleville, where I was present when Procter and Gamble unveiled their plans for a new building and a new product line that will generate, I believe, about 80 new jobs, 80 good jobs. That's happening because the Dalton McGuinty government stepped up to the plate and said, "We will assist with training the new employees for this area." So we're seeing those great jobs come.

The opposition has spent a great deal of time focusing on Cornwall, yet I have list after list of good things that are happening in Cornwall: Ridgewood Industries, 350 employees, now looking to expand; Prince Foods, 30 additional jobs; Nav Canada, 125 more people; Procter and Gamble, 80 new positions at Brockville; PDL looking to employ 50; Startech is expanding; Teleperformance—it goes on and on. This mix has changed perhaps in Cornwall. I can assure the people in Cornwall that both their member, Jim Brownell, and this government will do everything for Cornwall, and I think we've demonstrated that.

I'm proud of my community. When the Eastern Ontario Development Corp. was wound down by the previous government, we know—and I'm thrilled that my community recognized that if their neighbour does well, they do well. Rather than having competition to attract jobs, I now see that Brighton, Quinte West and Belleville

have banded together and said, "We will work collectively to attract industry to this community and to create jobs."

I'm very proud of what our government is doing. I will support this bill, but shame on you for disbanding the previous one.

**Ms. Lisa MacLeod (Nepean–Carleton):** I'd like to congratulate the member from Leeds–Grenville on this non-partisan and very inclusive resolution. He has been a strong advocate in this assembly for many years for our region of eastern Ontario.

There's hardly going to be a day in this Legislature where you're not going to know where I come from and who I represent. I'm proud to be from the riding of Nepean–Carleton, and I'm proud to call the nation's capital, the city of Ottawa, my home.

My riding and my community of Ottawa are the heart of eastern Ontario, and for many years and throughout various governments, the people where I come from have been frustrated with the lack accessibility to our government provincially. What comes to my mind, aside from the economic hardships many of the members here have mentioned, are some of the local issues in my community that are reflected in Nepean–Carleton, where farmers, for example, in Goulbourn township are frustrated with their farmland being designated as wetland. They're afraid that their land is going to be confiscated without being compensated and they need the provincial government to help them. I believe that the eastern Ontario secretariat would be a real asset to these farmers. This secretariat has the potential to not only have input into legislation but also to be a voice in government for these farmers with the Ministry of Natural Resources.

I also think of the Carp Road landfill site. Hundreds of families in my Nepean–Carleton riding are concerned about the expansion of this ever-expanding landfill site, and today the proposal is to more than double the size of what is now known as Carp mountain. On this side, we have been calling on the Minister of Environment in this House to seek other waste management alternatives rather than approve the expansion of this landfill. I and the member for Lanark–Carlton have been asking the Minister of the Environment in this House to get involved. We are justifiably concerned. This site has been in operation for 30 years and had been expected to close in 2010, but in those 30 years the village of Stittsville has grown enormously. It's become a bedroom community, a vibrant community. It's just not feasible to expand the landfill.

We believe that the eastern Ontario secretariat would be beneficial for our residents, who feel their needs with the provincial government must be addressed through their own ministry. I feel strongly. Although I did not address my remarks to the impact on the economy the secretariat would have, I believe the eastern Ontario secretariat should be under the umbrella of the Ministry of Economic Development and Trade. Our livelihood, our culture and our unique interests in the national capital, as well as in eastern Ontario, all contribute to our

economy or are inextricably linked to our economic well-being.

In closing, I would like to once again thank and congratulate the member from Leeds–Grenville, who I believe has come up with an innovative, cost-effective and viable solution to the disenfranchisement we sometimes feel in eastern Ontario. I would encourage all members on the opposite side of this chamber, whether they're from eastern Ontario or not, to support this resolution to create an eastern Ontario secretariat, so that we can have a window into government through a minister who will hear and represent the interests of the people of eastern Ontario and Nepean–Carleton.

**Hon. Leona Dombrowsky (Minister of Agriculture, Food and Rural Affairs):** I am happy to have the opportunity this morning to speak to the resolution that has been brought to us by the member from Leeds–Grenville. I appreciated, in his remarks this morning, his hope that as members of this Legislature we consider the resolution and are able to do it in a non-partisan way. Whenever there is a resolution particular to a part of the province that brings with it the spirit of supporting the economy within that region, that is something all of us should definitely support.

This morning I'm very happy to say that I've been a resident of eastern Ontario all my life. I'm a Tweed girl: born and raised in Tweed, Ontario, raised our family in Tweed, Ontario, and I certainly appreciate the many wonderful qualities that living in a rural community and living in eastern Ontario provide.

I want to say, with respect to the folks in eastern Ontario and some of the challenges we face, that we are not a densely populated part of the province—I would argue, however, that it's the most beautiful part of Ontario—and there are challenges in developing the local economy. I would also like to remind members of the Legislature that our government has implemented a number of programs that we believe will support and assist with economic development projects, particularly in eastern Ontario.

For the record today, I would like to remind folks of some of the initiatives of our government. With respect to the Move Ontario initiative, with \$400 million for municipal roads and bridges, more than \$60 million of those dollars came to eastern Ontario. With the rural economic development program, we have received 47 projects that account for \$37 million being invested in eastern Ontario. With respect to the OSTAR program, 75 projects, in total \$83 million, have been invested in eastern Ontario. Most recently, COMRIF, the Canada-Ontario municipal rural infrastructure program: For the most recent intake, there were 24 projects, for a total of \$47 million invested in eastern Ontario. We have also come up to the plate in terms of assisting municipalities with the burden they bear in providing land ambulance services. We have invested \$300 million over the next three years toward 50-50 cost sharing.

## 1050

The establishment of the Eastern Ontario Wardens' Caucus was referenced by the member from Renfrew–Nipissing–Pembroke. I want to say to the members of this Legislature that I think they are a very effective body that advocates on a range of issues, municipal and otherwise, that would improve their ability to develop their region economically. I've had the opportunity to meet with these wardens on a number of occasions. They continue to have my commitment and my support. I believe the announcements of our government most recently in the budget demonstrate that they are being listened to very carefully. We will continue to look to enable them in their particular roles.

I'm delighted to have had the opportunity to speak to the resolution that's before us today. I commend the honourable member for bringing it to this Legislature. I think any time that we have an opportunity to talk about eastern Ontario, what a unique and wonderful place it is and how we can better support it as a government, is always worthwhile.

**The Deputy Speaker:** Just one second. I reminded myself this is private members' business, so the previous speaker was from Hastings—

**Hon. Mrs. Dombrowsky:** Hastings–Frontenac–Lennox and Addington.

**The Deputy Speaker:** Hastings–Frontenac–Lennox and Addington. You see what kind of difficulty I have.

The member for Lanark–Carleton.

**Mr. Norman W. Sterling (Lanark–Carleton):** I want to rise in support of Mr. Runciman's motion to establish an eastern Ontario secretariat. As members know, I've introduced in this Legislature a bill to create an eastern Ontario economic development corporation to provide some financial muscle to those communities in eastern Ontario outside of the city of Ottawa to be able to step up and participate in government programs.

While economic issues are indeed important, for me this bill not only has an implication for those areas outside of the city of Ottawa but also within the city of Ottawa, because the city of Ottawa is unique in many aspects and different from any other community in the province of Ontario. So I not only want to talk about the needs in Prescott, Havelock and Lanark village, which are towns that need economic stimulation and economic health and special consideration when dealing with their problems—because those kinds of communities have some of the lowest incomes in all of Ontario, and that includes the north as well—I also want to indicate that the city of Ottawa finds itself in a different situation than many other municipalities.

As you know, when the finance minister came forward with this \$1.4 billion, the city of Ottawa, while representing 8% of the population, got about 3% of the money with regard to that \$1.4 billion. Now, we've seen that the eastern part of the province, not only in the rural areas but also in our urban areas, gets shortchanged from Toronto quite frequently, and it was just exhibited most

recently in the late March madness of handing out a huge amount of fiscal wealth.

But the city of Ottawa and eastern Ontario have a very large francophone population with respect to their overall population. I believe the city of Ottawa has 35% of the population which is francophone-based. I think that, within a secretariat, the recognition of the needs of our francophone community would be at the forefront and would be an important aspect of Mr. Runciman's resolution.

We also have the largest population living on an inter-provincial boundary, so for Ottawa members and eastern Ontario members, particularly along the Ottawa River, it became very important with regard to the construction laws, as we have learned, and the labour disputes with the province of Quebec. I think the eastern Ontario secretariat would show leadership and be involved in those kinds of disputes and in those kinds of policy matters with regard to the provincial government more so than the leadership that this government is presently showing on those kinds of issues.

We have problems in terms of transportation going across the Ottawa River to the Quebec side. We need increased transportation links. While the NCC and the city of Ottawa and Outauais are in fact involved in those issues, we need a larger provincial presence in those kinds of issues as we go forward. I think the eastern Ontario secretariat would do us well in engaging us in those kinds of discussions and planning, which we need not only for those lands within our border but those lands outside.

Lastly, I think the most important part of this resolution is that it would provide some communities outside of the city of Ottawa a much-needed boost in morale for their future, as they're suffering, in some cases, declining employment and manufacturing jobs leaving. We need an economic stimulus, and we do not see leadership within this government to deal with that particular problem for our eastern Ontario communities.

**Mr. Jean-Marc Lalonde (Glengarry-Prescott-Russell):** I'm delighted to be able to speak on this resolution this morning because I will definitely be supporting this resolution.

Let me tell you, way back in 1989, the former Peterson government put together a cabinet committee which was chaired at the time by Richard Patten, the Ottawa Centre member, but one of the two previous governments cancelled it. I also want to go back to the Eastern Ontario Development Corp. that was put together for eastern Ontario to help develop an industrial park, for example, of which I had the benefit of \$350,000 in my town of Rockland at the time. But then the previous government, the Harris government, cancelled that program that we had in place. That was definitely to help out small communities in eastern Ontario to develop and attract industry.

I have to say that even though we don't have an economic development secretariat in place, we have been

taking care of eastern Ontario communities. If I look at Cornwall—

**The Deputy Speaker:** Thank you. The time has expired.

**Ms. Laurie Scott (Haliburton-Victoria-Brock):** It's a pleasure today to rise to support my colleague Bob Runciman's resolution that, in the opinion of this House, the Ontario government should establish an eastern Ontario secretariat as a special-purpose office that supports the Ministry of Economic Development and Trade, with main responsibilities to provide analytical and evaluative support in the assessment of existing and new policies and programs impacting eastern Ontario.

The disparities that exist in eastern Ontario have been mentioned many times this morning. My riding of Haliburton-Victoria-Brock—all but a small section, the Brock section—is covered under eastern Ontario and represented well by the mayor of the city of Kawartha Lakes, Barb Kelly; the warden of Haliburton county, Murray Fearrey; and Neal Cathcart, the warden of Peterborough county. They have been working hard with the Eastern Ontario Wardens' Caucus. They have done a lot of analysis and are trying to bring that information forward to the government. I'm glad that the minister mentioned that she has met with them before.

My riding is very similar to the ones that have been brought up and spoken to by my colleagues in terms of the lack of support they need to get jobs into the area. We've all lost manufacturing jobs. In Lindsay, Trent Rubber was a big employer. We have slowly eroded our industrial base and jobs. And there's forestry up in the northern part, in the Haliburton sector. They need some extra assistance. They do have some special problems with a large geographic base, a huge amount of roads that need repair, and the high education tax that they're paying on commercial properties, just to name a few.

In my area, there is a large seniors population, so some type of economic stimulus to attract more young people and jobs to the area would certainly benefit us. I have in Haliburton county alone the second-lowest average income in the province of Ontario, and I have a seniors population well above the average in Ontario in the riding of Haliburton-Victoria-Brock.

They have challenges with bridges, roads, water systems and waste water systems. But there are good initiatives that are going on such as the DNA cluster from Trent University that would be a spinoff for jobs in my area. There's the speed skating oval, the promotion of that in the Lakefield area, with spinoff to the riding of Haliburton-Victoria-Brock. There's the need for broadband infrastructure so that small businesses can get set up.

I just have a short time to say that I'm very supportive of an Eastern Ontario Secretariat and the private member's bill here today.

**The Deputy Speaker:** Mr. Runciman, you have up to two minutes to respond.

**Mr. Runciman:** I want to thank all the members who participated. I appreciate the indications of support for

the resolution. I especially want to thank the Minister of Agriculture in terms of the government response, because it was in the tone that I had hoped would be set with respect to the discussion, and I compliment her for that.

It's unfortunate that there were other political references, especially focusing on the EODC, which is not what we're talking about—a completely different mandate, if members had been here earlier. I talked about the fact that the model I used was the seniors' secretariat, which is lodged within the Ministry of Citizenship and Culture.

I'm talking about a whole range of implications, issues, policies and legislation that can be reviewed by a secretariat and have a minister who can represent those views around the cabinet table, around caucus meetings and cabinet committees as well, and in the Legislative Assembly.

I can give you a couple of examples that I believe are complimentary to the government in terms of the reaction. In rural Ontario, with respect to the premier destination initiative by the Minister of Tourism last year, Kingston and the Thousand Islands were left out of that. The minister's office said, "Well, that's not an icon destination." Certainly there was a lot of criticism in eastern Ontario, and I compliment Minister Bradley, who responded very quickly to that concern and had it designated as a premier destination. Also, recently we had the Ministry of Natural Resources getting rid of sanctuary designations that had been in place in eastern Ontario for over 50 years: very unique; a real attraction for many tourists. I raised that in the House. Minister Ramsay responded quickly and has corrected the situation. I compliment both ministers.

That's an example of the kind of thing. As those policies go through government, they would be reviewed by a secretariat and we wouldn't get into those difficulties. It would also provide the window of access for representatives from eastern Ontario.

Again, I thank all members for their participation.

**1100**

EDUCATION AMENDMENT ACT  
(ORGAN DONATION EDUCATION), 2006

LOI DE 2006

MODIFIANT LA LOI SUR L'ÉDUCATION  
(ÉDUCATION SUR LE DON D'ORGANES)

Mr. Levac moved second reading of the following bill: Bill 33, An Act to amend the Education Act with respect to education on organ donation / Projet de loi 33, Loi modifiant la Loi sur l'éducation à l'égard de l'éducation sur le don d'organes.

**The Deputy Speaker (Mr. Bruce Crozier):** Pursuant to standing order 96, Mr. Levac, you have up to 10 minutes.

**Mr. Dave Levac (Brant):** I appreciate the opportunity to address the House today. It has been addressed a few times in the last little while. I'm awfully glad to see that

my bill, introduced in November 2005, last year, has sparked some interest here. But I will not take credit for our need to address this issue. I want to make sure that everyone is quite aware that there has been a lot of work done by all sides. As has been said in this place several times during private members' business that I've presented, I try to bring to the House during private members' business a non-partisan opportunity for us to discuss bills that will affect all of us in the province. On this particular issue, nobody has a monopoly on how to improve the circumstances, and I would invite a healthy debate on how we can continue to improve our organ donation opportunities here in Ontario.

Before I start on the meat of my speech, I want to thank my former intern, Brian Wettlaufer, who helped create the start of this bill. He did an awful lot of background work while he was in my office. And, as we tend to do, but not enough, I thank legislative counsel, Albert Nigro, who wrote the bill, and also legislative research in the library. They do an absolutely fantastic job for us. As has been said before, a very large thank you to those people who work behind the scenes to help us as legislators forward those pieces of information that the people of the province of Ontario need to hear.

I know we'll have some visitors with us who have indicated they are going to be here as soon as possible. Mr. George Marcello is the recipient of a liver transplant, but he is also a very great advocate. He travels the country advocating organ transplant and works with as many organizations as possible to get the word out there that we need to have more donations.

Donina Lombardi, the daughter of Johnny Lombardi, has taken it upon herself in the tradition of her dear dad to educate the multicultural communities about organ donation—another advocate on our behalf from the grassroots. We thank her.

In the gallery today we've got Jennifer Tracey from the Trillium Gift of Life Network and Paul Casey, another recipient. This is a grassroots movement that I'm hoping to stir, along with the other members who are introducing bills, to bring us to the realization that we need to do more.

I want to pull out of my pocket something that I carry with me all the time. I've done this before and I'll do it again. This is my organ donor card. It's signed. It's dedicated. But what's more important is that I've had the discussion with my family, who have all signed their donor cards. They understand my desire to make sure that if in this old body there's a piece of me that can be used after I go—I'm not sure of the way I'm treating myself, but I know that I want this gift to continue. My family understands that and are going to honour that. They will be going through, as all donor families do, a very difficult time during the very moment in which these organs are needed. The more we can get these kids educated, before they become drivers, before they become absolute donors in our case, we need to get that culture changed. That's why I signed my donor card.

But there are also other things that we can do. We will be hearing the disturbing statistics regarding this from many people. Last night, I was fortunate enough to be in front of some people who put a face on it. We need to talk about that.

We've got other bills before us. We've got three other bills besides mine, and I want to bring credit to those people who have introduced them.

We have Bill 61 from Mr. Kormos, of the NDP from Niagara Centre, An Act to amend the Trillium Gift of Life Network Act, and that is on what is called "assumed consent." That's another discussion we're going to have, and I encourage that.

Bill 67, An Act to amend various Acts to require a declaration with respect to the donation of organs and tissue on death, has been introduced by Mr. Keels from Oak Ridges, and we'll be debating that one as well. I want to support him, and I told him I would.

Bill 79, An Act to amend the Trillium Gift of Life Network Act, the Health Insurance Act and the Highway Traffic Act—M. Lalonde from the Liberal party—is another bill that brings forward the whole concept of understanding it.

If we can get a hybrid bill out of this, and it's absolutely what everybody wants, I'm all for it, because we need to move forward on this.

Let's talk a little bit about those statistics. We've heard—and this is the one that bothers me the most—that every three days someone dies waiting for a transplant. It's not that they wouldn't survive with it, but they actually die waiting for it. That's not acceptable. There were 469 donors in 2005 and 763 transplants in 2005. There were 1,720 people who were on the waiting list in 2005, and unfortunately that's growing as well. There have been 237 transplants so far this year; 132 donors so far this year, compared to 100 at the same time last year. That means there's actually an increase, and that's good news, but there are still more than 2,000 people waiting now to receive an organ. All parties have recognized this, and I compliment all of those who are saying yes to increasing our ability.

I want to move to what my bill tries to do. My bill, An Act to amend the Education Act with respect to education on organ donation, will do something different than these bills do. These bills are responding to the immediacy of what we can start. My bill is designed to change a culture. What we're trying to do is get in front of those bills by having the culture we need already built in. What's a good place for doing that? The education system.

We have had people step forward before this. This isn't a new idea. The multi-organ transplant program at the London Health Sciences Centre created a curriculum called One Life...Many Gifts. Right before us, I would just like to hold up—and I know it's a prop, but I know no one will really get upset with me about it. They've got pamphlets, they've got the CDs, the VHSs and a full curriculum that's already implemented in both the Catholic board in London and the Thames Valley board in the public system. It's used 100% by all the high schools. It's

already in place and it is not an add-on. One of the things I've learned from my discussions with the inside stakeholders is that they were concerned that we might be trying to implement a brand new curriculum on top of what they're already doing. So I want to suggest to them very respectfully that that's not going to happen.

I want to give credit to Cate Abbott, Rodger Dusky, Mahms Richard-Mohamed and Dr. William Wall—particularly Dr. William Wall, who has been a very stalwart advocate on behalf of what this is all about, and that is to save lives as young as months old. Young children are getting transplants, and without those organ donations, these children would die.

#### 1110

I saw and heard last night in this place stories about children and adults that brought tears to my eyes—to hear the wonderful gift that these people brought forward, and the tapestry that's going to be travelling the province. It is a two-part tapestry: those who are telling a story of donation—of the wonderful life, the gifts from the family members—and the recipients, showing what it means for them to survive.

I met a little girl last night. She had a full transplant, a multi-organ transplant. There was no way she was going to survive. Now she's a vibrant little 9-year-old who is just a gem and an angel. She understands what a transplant is all about. Why can't we get this done in our schools?

There's no way we are meeting with resistance. I've received feedback from everyone I've written to indicating that I'm on the right track. Dr. William Wall says, "We have a conviction that part of the reason for the higher rate of organ donation in southern Ontario—24 per million population, compared to the provincial level, an average of 13 per million—is the success of the curriculum project."

I've also received letters of support from various stakeholders—the Huron-Superior Catholic District School Board, the Ontario English Catholic teachers—that although they have some concerns, which we will address, they are going to move forward with it. The principals' associations, the trustees' associations, the Kidney Foundation—I could go on and on and I've only got a minute left.

I want to suggest to you that there are some things we need to do, and that is to ensure that the Minister of Education is aware of our concerns and that we understand that books like this: the annual report from the Ontario Trillium Foundation, the Trillium Gift of Life Network—three decades of transplantation, a multi-organ transplant program. These types of organizations have been working for decades to improve it.

We also have the organ donation position statements from the Kidney Foundation, which has been very supportive in moving this forward. Here are some of the things they want to do: public education and professional education. They understand that to change this culture, we must move forward with our young people.

I want to suggest to you a quick example: Mothers Against Drunk Driving. Before they came along, it was culturally acceptable to get in a car, loaded to the gills, and drive away. They said no; they changed the culture. Today we have an opportunity to change the culture once more. Sign your donor cards. Make sure everybody knows that you want to help give the gift of life.

**The Deputy Speaker:** Further debate?

**Mr. Frank Klees (Oak Ridges):** I want to commend the member for Brant for bringing this bill forward. I want to say at the outset that I and my colleagues will also be supporting it. It's the right thing to do.

I'm pleased that we have before us an issue that is really common ground. It's not often in this place that we debate an issue where there is common ground. But on this issue I know there isn't a member here who doesn't support the principle that's being proposed, who doesn't support any initiative at all that we can come forward with in this province to save lives.

The issue that is being brought forward and encouraged through this legislation is to begin with young people in our school system to help them better understand, first of all, what organ donation is and how they as young people can help save lives. We know what will happen if young people learn about this in the appropriate way in their classrooms: They will take it home and teach their parents as well, because there's a lot of misunderstanding and a lot of false information today regarding this issue. What we need to do is have clarity of thought. We need to ensure that everyone fully understands just what this gift of life involves. What I like about the member from Brant's proposal is that we begin to instill, in the very early stages of Ontarians' lives, the concept that they have within them the gift of life and that it's their choice to be able to share that with others.

I also want to take the opportunity to thank not only Dr. Wall from the London Health Sciences Centre but his colleagues throughout the various hospitals in this province. Ontario has shown leadership on the issue of organ transplants. In particular, we don't hesitate to emphasize Dr. Wall's role in helping to develop this strategy of education of young people.

I would like to read from a letter Dr. Wall sent me, dated March 9. This was in response to the private member's bill I introduced regarding organ donation that was debated here and that received, thankfully, unanimous support from all three parties. As you know, that bill, if implemented, will require of the government that everyone in the province of Ontario, 16 years of age and older, when they apply for or renew a driver's licence or a provincial health card, answer a question relating to organ donation. That question will allow for a yes, a no, or an undecided response so that no one is forced to make a decision to be a donor or not to be a donor. What it does require is that people have an opportunity or are confronted with the issue. I think that, in itself, is going to considerably increase the number of positive decisions made to become organ donors.

Dr. Wall states in his letter, "We have found that when people are educated and discuss their wishes with their families, then the next of kin typically upholds their personal decision to donate."

I make reference to that because it is so important that this decision regarding organ donation is not made in a vacuum, because with our system in Ontario, even if someone makes a decision to be an organ donor, there is still subsequently the discussion with the family, and many times it is the substitute decision-maker who, at the end of the day, will actually interfere or make a decision contrary to the wishes of the deceased. That is the state of our law today here in Ontario.

It is so important that the next of kin, who ultimately will be that substitute decision-maker, knows full well what the intention of the deceased was, and that of course will then result in positive decisions being taken at that crucial time.

In the way of education, I want to add to the discussion that I believe it's extremely important that we look at other ways of educating the public about this issue. With regard to my bill, it was never intended and would not be intended that it simply be a question on the application form for a driver's licence or a provincial health card. It is assumed that there would be, along with that application form, appropriate information relating to organ donation and what it is, so that there would be a point of education at the very time people would fill in their renewal applications.

With regard to drivers' licences, those renewal application forms come in the mail and there's plenty of time for people to pursue it. In fact, I have one sitting on my desk right now that I have to get around to completing. But along with that application form, I envision that there would not just be the opportunity to make a decision about it, but also that through the Trillium Gift of Life Network the appropriate information would be supplied that would motivate people to that appropriate decision.

**1120**

I also think it's appropriate for the media to have a role to play. I want to thank Ted Woloshyn, who I know, Speaker, you probably listen to regularly every morning. Ted signs off every one of his programs every morning with the words "Don't forget to sign your organ donor card"—very positive. What I'd like him to do at the same time is to say, "And by the way, if you don't have one, then go to the website [www.giftoflife.on.ca](http://www.giftoflife.on.ca) and download the application form." We need the media to help us get the message out. There's only so much that one person can do.

I want to thank someone with whom I have had some discussions over the last little while. His name is John Divinski. John has a radio program entitled Sounding Board. It is out of Port Elgin, 98 the Beach radio. I mention John because he's doing what I wish more people in the media would do: He's profiling this issue. He's had a couple of programs now, an hour in length, talking about this. I had the privilege of being on this program just this past week. But here was the magic of

that hour: Along with me, he had guests on that program, and one of these guests was Dianne Dalton. Dianne Dalton is the mother of a young son who was killed in a car accident. On the other end of the line, along with Dianne Dalton, was the young man who received her son's heart. This man is now alive because of Dianne's son. When you hear that kind of discussion, you can't even comprehend, first of all, what it means to the gentleman who is alive today because of that heart that was donated, but equally as important, what it means to the mother who knows that her son gave life in his death. What an amazing, amazing experience that is.

So I say that I think the media can do much more to help us get this kind of message out that it's more than just a technical term, it's not just another health care issue; it's life and death.

But I also want to caution the media. I'm going to read this into the record, because it shows the obligation on the part of the media to get the message out correctly. This is an e-mail I received from Lilliana Migliazza-Carbone immediately after the tabling of my private member's bill. I want to read it into the record, and I'm hoping that our press gallery will read this. It goes as follows:

"Dear Mr. Kees,

"I owe you a sincere apology on my thoughts while reading the attached link that was an article featured in today's Hamilton Spectator. I have never contacted any MPP or anyone in Parliament in regards to my feelings on issues. I researched your e-mail address in the hopes of telling you that I disagreed with your bill and I was ready to tell you that you have no right to force people into being organ donors. While on your home page I found a link to the bill that you actually proposed. I'm so glad I read it. I am an organ donor and I do understand the importance of making people aware of its importance. So I am amazed at my change of attitude between what I read in the newspaper and your proposed bill. I support your bill and you in making people aware of its benefits...."

Here's the key: We have to get the right information to people so that people can make up their minds about whether they want to be organ donors or not, but let's ensure that the media understand the issue. So there's a challenge for the Trillium Gift of Life Network: Make sure that the media understands what this is all about and helps us get this message out.

In closing, I want to again commend the member for Brant for bringing this issue forward. As the education critic for the Progressive Conservative caucus, I want to assure the member that we will do everything to support the inclusion of this important curriculum into the broader curriculum of our province. It's the right thing to do.

**Ms. Shelley Martel (Nickel Belt):** I am pleased to participate in the debate. I want to welcome the guests who are in the gallery today, and I want to commend the member for Brant for bringing forward his bill today.

As has been said by other speakers so far, I do hope that the addition of information with respect to organ donation in the curriculum will work to make young

people understand the opportunity to give the gift of life. But frankly, I also hope that it works to give people an understanding of their responsibility to give the gift of life, because I think we should be pushing this envelope much farther than we have been. I say that because we do need more public education, but I don't think public education alone is going to change the culture we have in the province enough. The reality today is that we have a crisis in organ donation in Ontario. That's no one's fault. Many people are making incredible efforts to change that, but we stand at a point in time where we have a very, very serious problem. We can as a society address it head on by pushing the envelope, and that's what I'm in favour of, or we can hope that through more public education and some other changes people might remember to sign their donor card and might remember to give the gift of life.

Let me just reinforce the extent of the problem. Frank Markel, president and CEO of the Trillium Gift of Life Network, was quoted in the Sudbury Star this week, because there was a press conference with a particular group that is very supportive of organ donations. He was quoted as saying that there are 1,758 people on transplant waiting lists in the province right now and that one person on a wait list, on average, is dying every three days. And this is key for me.

I say with the greatest of respect and the greatest of consideration to families who are affected by having their loved ones die every day in Ontario that many people pass away after a full life when they have been given palliative care, if they are in a long-term-care home, as has happened to my grandmother just recently. They pass away, tragically, from cancer, from heart attacks, from any number of fatal diseases and conditions. They pass away, very tragically, at a young age perhaps because they are victims of boating accidents or car accidents. In so many of those cases, there's nothing that modern medicine could have done to save those individuals and there's nothing that the medical profession could have done to save those individuals. But dying on a waiting list, waiting for an organ donation, is something altogether different for me. For me it is such an incredible waste—an incredible waste—because there is no need for anyone in Ontario to die on a wait list, waiting for a liver transplant, waiting for a kidney transplant.

We live in a province that has 12 million people, and in 2005 there were only 169 individual donors who gave the gift of life, those people who were willing and did have their organs donated after their death. While that statistic, that figure, is up 19% from last year and while, of those 169 individual donors, there were actually 750 transplant operations that occurred, 1,758 Ontarians are still on a waiting list, and every week three of those are going to die. It's not good enough when we have those kinds of people on a waiting list. It's not good enough when we know that a potential donor can donate up to eight organs for transplant in addition to donating tissue like eyes and bones and skin. It is not good enough that all we seem to be doing is trying to promote more public

education, as important as that is. We need a dramatic change in this province in how we deal with organ donations.

I said at the start that it's not as if people aren't trying very hard. I want to just reference the Trillium Gift of Life for a moment because I know that the organization has done a number of things to try to increase donations. I just want to put this on the record and congratulate the organization for the work that is being done.

**1130**

Firstly, the Trillium Gift of Life is working to increase hospital-based organ and tissue programs. We have 20 organ and tissue donation coordinators in major trauma centres and neurosurgery hospitals and community hospitals. Those coordinators are responsible to try to increase awareness of the need for tissue and organ retrieval in hospitals. They're responsible to try to develop a culture which considers organ donation a standard part of life-end care. They're trying to provide training to health care workers. They're helping to develop organ and tissue donation committees in hospitals and, most important, they're responsible for approaching families who are grieving when their loved ones have died in hospital to ask them to consider organ donation.

There's a really good article, for those of you who haven't had a chance to read it. It was printed in the National Post on April 22. It's an article that highlighted the personal story of Denis Dubé, whose wife suffered a massive cerebral hemorrhage and was on a ventilator with her heart still beating but with no brain functions at all. The Gift of Life coordinator, in that case Nancy Glover, worked with Mr. Dubé to fulfill the wishes of his wife to donate her organs, and as a result of that donation, three lives of critically ill people were saved and two people had their eyesight restored. Those of you who haven't read it should read it and see the important work that is being done by these coordinators.

Secondly, the Trillium Gift of Life is participating in what is described as the organ donation breakthrough collaborative. That collaborative encourages organ procurement organizations to share and adapt best practices and promote rapid integration of these practices. The Trillium Gift of Life Network has established pilot projects as part of this collaborative with three hospitals in the greater Toronto area: St. Mike's, University Health Network at the Toronto Western Hospital and Sunnybrook and Women's College Health Sciences Centre. The pilot sites established real-time health record reviews to identify their performance and set realistic targets that will reflect true potentially eligible-for-donor deaths.

The third thing that has been done, and this involved both the Ministry of Health and the Trillium Gift of Life organization, was a change in legislation, the Trillium Gift of Life Network Act, to ensure that major hospitals have to report every death to the Trillium Gift of Life Network. Now 13 major hospitals are reporting every death, and that began in January 2006. Those notification and consent provisions in the Trillium Gift of Life act were patterned after legislation in both British Columbia

and Manitoba, where it is mandatory for hospitals to notify that deaths have occurred. That notification, of course, is designed to determine if the potential for organ donation exists and to ensure that an opportunity is granted to the affected families to be approached to consider that option of donation.

The fourth thing that the network is doing involves educational programs and materials with respect to organ donation. A couple of examples: TGLN donation coordinators delivered hospital-based education programs in emergency and intensive care units this year, focusing on those hospitals deemed to have the highest donation potential. TGLN held its first provincial professional forum to discuss organ and tissue donation legislation and new Canadian guidelines for neurological determination of death. Regional meetings were linked by satellite to enable 50 specialist physicians, along with related health care professionals and TGLN staff, to hear from a panel of medical, legal and ministry experts. The donation resource manual, a primary guide to guide health care professionals through the organ and tissue donation process, was completed and distributed, and finally the Donor Family Advisory Council also developed the family aftercare support program. That includes a family bill of rights and materials to assist potential donor families in understanding their options, how to make decisions, as well as listings of the community resources available to them after they leave the hospital. Donor family recognition programs previously in place in Toronto were expanded to other parts of the province.

So there are a number of things going on. I commend all those efforts, but the fact remains that Ontario has much more to do and needs to do much more with respect to its organ donation rates. If you look at those donation rates as defined as donations per million population, Ontario's rate is 12.4 persons per million population. That is well below the national deceased donor rate of 13.1 per million; it's far below the province which performs the best in this regard, and that is Quebec, where their donor rate is 18 per million.

Again, 1,758 patients in Ontario are on transplant waiting lists, the vast majority needing kidneys and livers, and one person on that waitlist dies, on average, every three days.

What do I think really needs to be done? Well, Speaker, it's going to be no surprise to you and to other members of the House that I am a huge proponent of Bill 61, the Trillium Gift of Life Network Amendment Act, which has been put forward by my colleague Mr. Kormos, who's the MPP for Niagara Centre. This is the second time that he has put this bill forward. The first time was in December 2004. At that time the bill was Bill 156. When Mr. Kormos introduced the bill the first time, he said the bill was inspired by George Marcello, who is a well-known advocate for organ donation, and that the need for such a bill was reinforced by Kristopher Knowles, a young man who is in need of an organ donation, who walked across Canada in the spring of 2005 to raise public awareness of donations.

I just want to read to you the explanatory note from Mr. Kormos's bill. It states as follows:

"The purpose of the bill is to ensure that upon the death of a person, tissue from the person's body may be removed and made available for transplant into another person's body and that this may be done without the consent of the person from whom the tissue is removed. Currently, the act requires that consent be obtained before tissue can be removed from a human body. Under the proposed amendments, consent is no longer required, but a person may object to the removal of the tissue prior to his or her death or a substitute may object on his or her behalf after the death has occurred. If an objection is made, no tissue shall be removed from the body. Part II of the act sets out the manner and circumstances in which an objection may be made by or on behalf of a person."

"The Trillium Gift of Life Network continues in its role as planner, promoter and coordinator of activities relating to the donation, removal and use of tissue for transplant and for other uses. Obligations are placed on hospitals, nursing homes and other facilities designated under the act to notify the network when a patient dies or if death is imminent. The network coordinates the provision of information to the patient or his or her family with respect to the removal of tissue and the person's right to object. A person or the person's substitute may register with the network an objection to the removal and use of tissue from the person's body after his or her death. The network shall establish and maintain a registry of such objections."

It is true that Bill 61 would dramatically change the current regime regarding organ donations, because right now a donor card needs to be signed or the family needs to consent to the donation at the time of death, and under Bill 61 the onus is on the individual to object to the donation or the removal of tissue, and this objection needs to be maintained in a registry that will be maintained by the network. If there is no objection registered, then the tissue or organ may be removed and it can be used.

Why do I support this bill? The reality is that too many people forget to sign their donor cards. They have a good intention but they forget to do it. Too many people tell their family about their wishes, but their family at the time of death disregards those wishes. And too many people don't tell their family what their wishes are, so there is great stress and great anxiety at the time of death about what to do. From my perspective, this make no sense to me. Here are my cards. I signed my donor card when I got my licence when I was 16. That was a long time ago, and I have had a card signed since then. I've had my father sign my consent under the consent that was put out by the Ministry of Health in 2004, and the member for Kenora-Rainy River just recently signed my gift of donor card on April 7 as a witness, so he's very clear about what my wishes are. But from my perspective, I never thought twice about why I should donate—never thought twice. It seems to me, from my perspective, that my organs are no good to me when I am dead, but they could give someone else life. They could give

someone else the gift of sight. Why should I deny someone that opportunity when I'm dead? Frankly, I shouldn't. It seems to me, from my personal perspective, to be very selfish to do so. So I am a firm, firm advocate that the donation process in the province needs to change, that the culture in the province needs to change so that giving the gift of life becomes a normal end-of-life experience, period.

In closing, while I appreciate the bill that has been put forward by the member from Brant and will support it and I appreciate the other bills that have been put forward, I really think we need to have a very serious discussion in this province, because there is a crisis in organ donation, and no one—no one—in the province should die on a waiting list waiting for a new liver or a new kidney. I think the best way for us to deal with that would be to move forward with the proposal put forward by Mr. Kormos. I hope we have an opportunity for all these bills to be discussed in committee, to come forward with a bill that I hope will be his in terms of leadership with respect to what we do next.

#### 1140

**Mr. Bob Delaney (Mississauga West):** In December 1967, people worldwide became aware for the first time of organ donation with a very dramatic move in South Africa when Dr. Christiaan Barnard transplanted the heart of the world's first heart donor, a young woman named Denise Ann Darval, into the body of a middle-aged construction worker named Louis Washkansky. Mr. Washkansky lived only a very short time, but the world changed at that point because people then understood that organs could be transplanted and that a man whose life should have ended would therefore be able to live.

We're here to debate Bill 33, and Bill 33 about organ donation comes with two facets. There are two facets in making the public good come about: doing the right thing and doing things right. As professional managers know, these are two separate things. Doing the right thing is about allowing your organs to be harvested for transplant purposes in the event of your death. Doing things right is the tactical way of achieving that strategic objective of doing the right thing. Doing things right means finding every available channel into the hearts and minds of Ontarians of every age, and making a change in that mind or setting that mind while it still lives and while that mind still draws breath.

It may take many types of initiatives to cause a change to take place collectively in the minds of Ontarians, but Bill 33 isn't intended to be the be-all, the end-all and the catch-all of raising awareness of organ donation, but it is a solid step, a good step, and it deserves to be passed.

Bill 33 specifically is a channel into the minds of young people whose values and principles are not yet hardened by family, faith, tradition, customs, prejudice, misinformation or fear. Bill 33's principle is really very simple. It says that in an environment such as a school, in which young people come to learn, this gift of life and its value will be taught. It does not require that students agree to donate their organs, but it does say that a student

will be exposed to impartial information and that a student is going to have a chance to talk about the concept of organ donation without a worry of being influenced by one's parents' preconceptions, one's church's teachings or any other culture or value that may preclude an honest, objective look at the concept of organ donation.

We've done this before. We did this with recycling. Recycling basically meant putting the garbage out at the curb and forgetting about it because then it was somebody else's problem, but as a people we learned that recycling makes a difference; we learned what difference all that garbage meant to us. This approach also worked in smoking. We taught in schools: Smoking isn't good for you, smoking kills you. This approach has also proved effective in promoting a healthy lifestyle. But more to the point, one of the advantages of implementing Bill 33 and looking down the road when Bill 33 is part of the curriculum is that this is also a channel into the minds of family, parents and friends. This is what allows mainstream thought to evolve forward.

This is the sort of initiative that would allow the concept of organ donation to then become part of mainstream thinking—just like fastening your seatbelt. As I grew up when cars in general didn't have seat belts, you didn't think about it, but we learned it in school. We learned about a healthy lifestyle in school. We learned not to smoke in school. We learned about the benefits of recycling in school, and it became part of the way we thought. It became part of our fabric and so it should be with organ donation.

I agree with one statement that the member for Nickel Belt made. She said, "The culture in the province needs to change." This is a bill that promotes a means of changing that culture. It promotes doing the right thing but it allows a means of doing things right, and that's why I'm going to support it.

**Ms. Laurie Scott (Haliburton–Victoria–Brock):** I'm pleased to rise today in support of my colleague from Brant's introduction of Bill 33, an education amendment act. It amends the Education Act by permitting the minister to establish the organ donation education policy framework in order to require the boards to include the education on the importance of organ donation in the curriculum of students in the senior division so that every student, subject of course to certain exceptions, receiving their Ontario secondary school diploma will have learned about the importance of organ donation.

This is the third bill, since I've been here anyway, that has been introduced on organ donation. It highlights—

*Interjection.*

**Ms. Scott:** The fourth? I'm sorry; he corrected me. It's the fourth bill introduced by all parties and it highlights the need for more awareness around organ donation. The member from Nickel Belt has mentioned the number of people who are on wait lists.

It's important to educate young people. You know, we've evolved. I've nursed for 20 years, and when I nursed at Toronto General Hospital, one of the areas

where I worked was surgical intensive care. They were doing lung and liver transplants there. It is important to educate the families. When you can start earlier, it's probably better, because at a time of crisis when your loved one is being considered for organ donation, you're in a very traumatic situation. People didn't have the background to deal with it at that time. When the member introduced his bill here today, I think that's what he was getting to the heart of: The more people know who about organ donation, the better.

My colleague from Oak Ridges, Frank Klees, introduced his Bill 67 earlier in this session to make people, on their driver's licence or upon renewing their provincial health card, make a decision, to give them an option about organ donation. That's part of what we're trying to say here today and part of what this bill is about. We have a lot of people dying on wait lists for organ donations and we're not doing enough on the other side to educate people on how they can help. There were stories told today about family members who had phoned in to talk shows to say that their loved one had passed on but that their organ helped to save someone else's life. I think that's really at the heart of this bill.

Things have evolved in science and medicine. Success rates are incredible, with kidney at 82% to 92%, heart at 83%, liver transplants at 77%, single lung at 58%, double lung at 72% and heart-lung combinations at 72%. That's critical to hear and will change people's minds. I support this bill.

**Mr. Khalil Ramal (London–Fanshawe):** First, I want to thank and commend the member from Brant for bringing such an important issue. I know that in the past some related bills have been introduced in this House by the member from Oak Ridges, Frank Klees; the member from Niagara Centre, Mr. Kormos; and the member from Glengarry–Prescott–Russell, Jean-Marc Lalonde. Each one brought a different perspective but today we're discussing and debating a different and unique perspective.

The member for Brant, as a former educator in this province, knows the value of education. He knows how important it is to educate our youth, our students, and how important it is to include such education in the curriculum of this province. We cannot do anything without education. He mentioned many different important elements, but the most important one was that by including it in the education system, we are able to make some kind of change to the cultural pattern around this issue.

I've been listening to many different members of this House when they were talking about this important subject, which hopefully all the members will support in the end. Hopefully we'll see some kind of solution to it, because we allow too many people across the province of Ontario to die, not having found an organ to be donated to them. It will give them some kind of gift of life again, to be living among their family, with their wife or husband, their children, their neighbours and their communities.

**1150**

I was accidentally visiting the hospital of Western university last week and I met a person I've known for a long time. He was in a wheelchair. He was smiling with his wife. I asked him, "Why are you here?" He told me, "I had a heart transplant. I wanted to thank the person who gave me his heart before he died. He gave me the gift of life, to be able to sit in this place, to be able to smile, to be able to be with my wife and my kids and my community." So it's very important. When we don't have the chance to use our organs again, why wouldn't we give them to a person who needs them badly? This initiative by my colleague from Brant means a lot to many different people.

I was talking to John Wilson at my local radio this morning, AM 980. He was listening to us. He was listening to this debate. He was listening to all members in the House and he was happy to see a lot of members engaged in the debate. He was happy to see all the people in this place thinking about and valuing the importance of creating a culture of organ donation: to donate an organ that we don't use, that we won't be able to use in the future, to a person who can use it to be able to live in happiness among his family and his community.

I again want to commend the member from Brant for his passion about this issue, the other members who spoke in support and other members who brought similar bills to this House. I hope to see many people across Ontario sign to donate their organs when they cannot use them again, to give a chance to many people who are waiting patiently, before they die, to get some benefit from organs that others don't need. I hope in the future we'll see many people sign a card, like my colleague from Brant, which permits the hospital to use their organs after they die.

I think it's our duty as elected officials to play a role, create awareness and in whatever way possible encourage and help many people to donate the gift of life to many who are waiting patiently to see if someone will donate an organ to them and give them a chance to continue their life with happiness.

That's why I'm speaking in support of this bill, and I hope that in the end all members of the House will support it so we can see some kind of benefit to all of us.

**Mr. Ernie Parsons (Prince Edward-Hastings):** This is a very difficult issue to deal with emotionally. I'm not an expert on it but I would like to share some very personal thoughts.

We never discussed the concept of organ donorship with our children. Why should we? We're not going to outlive them. This is not something we needed to be involved in. And we were wrong. When our son died suddenly two years ago, we were never asked about whether we'd like to donate, and quite frankly we couldn't have made a decision at that time. We still struggle to get our heads around the fact that he's gone. At that particular instant we would have been absolutely incapable of responding, had a request come or had he filled out a card and the doctors had asked us to do it. We

would have made an emotional rather than a logical decision. Our son died from what was preventable. We struggle with that concept, and then we read or we become aware of other people who die from what is preventable. The lack of a donor organ is preventable for individuals.

There has to be something good come out of something bad. I believe that's our challenge as humans: to make that happen. But in the case of organ donors, it has to be a result of some planning ahead; and there was no discussion within our family about it. So I applaud the member's bill that will result, if passed, in discussion taking place in school. In hindsight, we would like to have seen some of our son's organs donated. But I also believe strongly that it would have had to have been his decision. He didn't have the opportunity to make that decision because it was never brought to his attention, and we took it for granted. Everyone believes that it's not going to happen to them. It's kind of like making wills: There's sometime a fear that "If I fill out that card, then I'll die." I know of people for whom, if they fill out a will, it will be a bad omen. It isn't.

I strongly believe our son Sandy would have had to make that call. We were negligent in not raising the issue; and we as a society have taken things for granted on that. So I recognize all too well now that the decision can't be made at the time of the loss. It has to be a decision, and it has to be an informed decision, because at the time of death the individual's body seems almost sacred and the thought at that instant of taking something out is just something that you cannot deal with. You cannot get your mind into it. But then, for the rest of the time, I think—and I think about it almost daily—of how great it would have been if other people could be enjoying life and enjoying families because of donations that were made. And our son would have wanted it; I'm absolutely convinced. He was a great kid who loved to help people, and for him this would have been the ultimate help.

I believe this private member's bill will literally save lives, and for those who hesitate, I can tell you, as someone who's walked in the shoes of having lost a child, it would have made us feel great too to see others benefit from it. I have no doubt in my mind that the Legislature is going to support this bill today. What a wonderful opportunity we have collectively to literally save lives and to make life better, not just for those who are recipients but for the loved ones of the donor to know that they've helped to prevent a death and they have helped to produce a quality of life for others that is absolutely priceless.

**The Deputy Speaker:** Mr. Levac, you have up to two minutes to respond.

**Mr. Levac:** First I want to do a quick correction. I identified Peter Casey as Paul Casey. So, Peter, visiting us here in the gallery, accept my apologies. Again, my reinforced thanks to those who have come from the Trillium Gift of Life Network, individuals who are working hard to educate us. Thank you for being here. I

wanted to add my thank you to Adam McDonald, my legislative assistant, who has been doing a yeoman's job in making sure that we're prepared for today and up to this and the aftermath afterwards. So thank you, Adam.

I want to thank the members from Oak Ridges, Nickel Belt, Haliburton–Victoria–Brock, London–Fanshawe, Prince Edward–Hastings and Mississauga West for their very kind comments and also for their contributions to the debate, which will go on and which will be continued and which will be, in my opinion, making us a better province and a better people.

One of the things that I wanted to touch on very quickly is that something has happened. I think the member from Nickel Belt mentioned it, and that is that there was an enactment, an enabling piece of the Trillium network act that the minister did, and it actually tripled donations in A hospitals. In other words, one of the other pieces of legislation that already exists has already moved it forward. I want to thank her for mentioning that as well. And I accept the challenge that we have to enter into the debate to get this right. So when we come up with a hybrid bill and as we piece this together, we will change a culture and, once and for all, I believe, put us in the forefront. We're in the forefront in terms of the science behind organ donation, by the way. So to those wonderful people who use those gifts of their hearts, their hands, their minds, to better us as a people, to make us even more effective as human beings, I want to thank you for that.

There's an awful lot of things—I want to take up the challenge that the member for Oak Ridges talked about, and that is engaging the media, making sure that we get it right. But also, why not challenge them to do a weekly feature and tell the story that we hear—the sad, the good—let's do that once a week. What about a national program to bring attention to this? I think we've got a long way to go, but I hope that we can all remember to sign our donor cards and talk to our families and move this forward. Thank you very much.

**The Deputy Speaker:** The time for private members' public business has expired.

#### EASTERN ONTARIO

**The Deputy Speaker (Mr. Bruce Crozier):** We will deal first with ballot item number 31, standing in the name of Mr. Runciman. Mr. Runciman has moved private member's notice of motion number 11. Is it the pleasure of the House that the motion carry?

All those in favour, say "aye."

All those opposed, say "nay."

In my opinion, the ayes have it.

We will have a recorded vote on this.

#### EDUCATION AMENDMENT ACT (ORGAN DONATION EDUCATION), 2006 LOI DE 2006 MODIFIANT LA LOI SUR L'ÉDUCATION (ÉDUCATION SUR LE DON D'ORGANES)

**The Deputy Speaker (Mr. Bruce Crozier):** We will now deal with ballot item number 32, standing in the name of Mr. Levac. Mr. Levac has moved second reading of Bill 33. Is it the pleasure of the House that the motion carry?

All those in favour, say "aye."

All those opposed, say "nay."

In my opinion, the ayes have it.

We will have a recorded vote on this as well.

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

*The division bells rang from 1201 to 1206.*

#### EASTERN ONTARIO

**The Deputy Speaker (Mr. Bruce Crozier):** Mr. Runciman has moved private member's resolution number 11. All those in favour, please stand and be recognized by the Clerk.

##### Ayes

Berardinetti, Lorenzo	Leal, Jeff	Patten, Richard
Bradley, James J.	Levac, Dave	Peters, Steve
Brownell, Jim	MacLeod, Lisa	Phillips, Gerry
Craitor, Kim	Martel, Shelley	Prue, Michael
Dombrowsky, Leona	Matthews, Deborah	Ramal, Khalil
Elliott, Christine	McMeekin, Ted	Rinaldi, Lou
Fonseca, Peter	McNeely, Phil	Runciman, Robert W.
Hardeman, Ernie	Meilleur, Madeleine	Ruprecht, Tony
Hoy, Pat	Mitchell, Carol	Scott, Laurie
Hudak, Tim	Munro, Julia	Smitherman, George
Klees, Frank	O'Toole, John	Van Bommel, Maria
Kormos, Peter	Orazietti, David	Wynne, Kathleen O.
Lalonde, Jean-Marc	Parsons, Ernie	

**The Deputy Speaker:** All those opposed, please stand and be recognized by the Clerk.

**The Deputy Clerk (Ms. Deborah Deller):** The ayes are 38; the nays are zero.

**The Deputy Speaker:** I declare the motion carried.

The doors will now be open for 30 seconds before the next vote.

#### EDUCATION AMENDMENT ACT (ORGAN DONATION EDUCATION), 2006

##### LOI DE 2006

#### MODIFIANT LA LOI SUR L'ÉDUCATION (ÉDUCATION SUR LE DON D'ORGANES)

**The Deputy Speaker (Mr. Bruce Crozier):** Mr. Levac has moved second reading of Bill 33. All those in favour, please stand and be recognized by the Clerk.

##### Ayes

Berardinetti, Lorenzo	Leal, Jeff	Parsons, Ernie
Bradley, James J.	Levac, Dave	Patten, Richard
Brownell, Jim	MacLeod, Lisa	Peters, Steve

Craitor, Kim	Martel, Shelley
Dombrowsky, Leona	Matthews, Deborah
Elliott, Christine	McMeekin, Ted
Fonseca, Peter	McNeely, Phil
Hardeman, Ernie	Meilleur, Madeleine
Hoy, Pat	Mitchell, Carol
Hudak, Tim	Munro, Julia
Klees, Frank	O'Toole, John
Kormos, Peter	Orazietti, David
Lalonde, Jean-Marc	Ouellette, Jerry J.

Phillips, Gerry
Prue, Michael
Ramal, Khalil
Rinaldi, Lou
Runciman, Robert W.
Ruprecht, Tony
Scott, Laurie
Smitherman, George
Van Bommel, Maria
Wynne, Kathleen O.

**The Deputy Speaker:** All those opposed, please stand and be recognized by the Clerk.

**The Deputy Clerk (Ms. Deborah Deller):** The ayes are 39; the nays are zero.

**The Deputy Speaker:** I declare the motion carried.

**Mr. Dave Levac (Brant):** I request that this bill be sent to the standing committee on regulations and private bills.

**The Deputy Speaker:** Shall the bill be sent to the standing committee on regulations and private bills? Agreed.

All matters relating to private members' public business now having been completed, I do leave the chair and the House will resume at 1:30 of the clock.

*The House recessed from 1212 to 1330.*

#### WEARING OF RIBBONS

**Hon. Steve Peters (Minister of Labour):** Mr. Speaker, on a point of order: I seek consent of the House to wear the yellow and black ribbon in honour of a day of mourning to recognize those killed and injured on the job.

**The Speaker (Hon. Michael A. Brown):** Mr. Peters has asked for unanimous consent to wear the yellow and black ribbon. Agreed? Agreed.

#### MEMBERS' STATEMENTS

##### WATER AND SEWER INFRASTRUCTURE

**Ms. Laurie Scott (Haliburton–Victoria–Brock):** I rise today to draw attention to the lack of action by the McGuinty government to address the massive water infrastructure deficit we have in this province. Over the last couple of months, we've experienced two major water main breaks that are causing undue hardship and destruction to the community and businesses in the Toronto area. One is at the intersection of Jane Street and Highway 7, which happened in February and is still under repair.

More recently, there has been a break near the intersection of Bathurst Street and Sheppard Avenue West, which will probably take months to repair. Municipal officials have blamed this recent water main break on aging infrastructure. The general manager of Toronto Water, Lou Di Gironimo, said the broken main is about 50 years old. We know that some municipal water systems are using pipes that have been around in some cases for 100 years.

The McGuinty government has done nothing to address this problem. The previous Progressive Conservative government laid the groundwork to address the water infrastructure deficit through the passage of Bill 175, the Sustainable Water and Sewage Systems Act. The government has not moved to implement regulations. It's been nine months since the release of the Ontario water strategy expert panel, and at that time, the Minister of Public Infrastructure Renewal said, "This is an important priority for our government," and in the more recent budget, "The government also recognizes the need to ensure the long-term economic sustainability of the province's municipal water and wastewater systems.... The government is carefully reviewing the expert panel's recommendations and will be responding in the coming months."

Stop delaying. Take action now.

#### THORNCLIFFE NEIGHBOURHOOD YOUTH CENTRE

**Ms. Kathleen O. Wynne (Don Valley West):** I rise in the House today to recognize and celebrate the opening of the Thorncliffe Neighbourhood Youth Centre in Don Valley West.

*Applause.*

**Ms. Wynne:** Hear, hear.

This project developed out of a needs assessment conducted in 2003, which found to no one's surprise that there was a lack of programs and support services for youth in the Thorncliffe area. The community willingly took on the challenge to fill this void, and after years of hard work and leadership from such people as Jehad Aliweiwi, who's the E.D. of the Thorncliffe Neighbourhood Office, Nesan Bandali, Nisha Nagartnam and Azam Naroon-Hassim, the centre was opened this past Monday, April 24.

The centre has been created to serve as a hub of this community. Located beside the Ontario Early Years Centre, the community is now able to provide a seamless support network for children through their teenage years. The youth centre will be coordinated by youth for youth and will provide recreation and extracurricular activities, employment opportunities, as well as leadership and mentorship initiatives. This centre was made possible through the financial support from various organizations, including the Ontario Trillium Foundation, East York Town Centre, the United Way, and from our government through the Ministry of Citizenship and Immigration.

Thorncliffe is a diverse and vibrant community. Residents from over 200 countries, speaking over 70 languages, live in the neighbourhood. It really is a microcosm of the world and a brilliant experiment in pluralism. I'm joining with enthusiasm the committed crowd at Thorncliffe Neighbourhood Office and the community once again to celebrate the launch of the Thorncliffe Neighbourhood Youth Centre, and making this endeavour a model for Don Valley West and for the city of Toronto.

## NORTHERN ONTARIO

**Mr. Garfield Dunlop (Simcoe North):** We come here every day waiting for the government to wake up and respond to the needs of Ontarians and to northerners. It is approaching three years and still we have no plan to deal with the challenges facing our province, and in particular the needs of the north. The only plan we have seen is that you have increased hydro rates at a dramatic rate.

It is more expensive to live in northern communities. Everything costs more, and the government continues to find ways to add to the financial burden faced by northern Ontario families and businesses.

There is no plan to seriously address the infrastructure deficit in the north. Last summer, Liberals announced their ReNew Ontario program, but it is no more than hollow words. There will be no actual spending until 2007.

Northern communities have aging systems that need replacement. People across northern Ontario have been on boil-water advisories, sometimes for years. Infrastructure is vital to building a successful economy in northern Ontario, and this government has not been providing the leadership they should. Your government has sat idly by while the problems in the forestry industry have gotten worse. You've sat idly by while mills have closed and jobs have been lost. You have sat idly by watching, doing nothing, while people have been forced to leave their communities because there are not enough jobs.

## BENEFIT CONCERT

**Mr. Michael Prue (Beaches–East York):** I rise today to inform everyone about the Canadian Concert and Recital Artists' annual benefit concert, which they have been holding in the Beach since 1990.

*Interjection.*

**Mr. Prue:** In the Beach, yes.

They bring together classically trained artists from around Canada. This year they are holding their fundraiser on May 6, which is a Saturday night, at 7:30 p.m. at St. John's Norway Church at the corner of Kingston Road and Woodbine. The importance of this annual event is that they raise funds, and for the 16th straight year the funds will go to Médecins Sans Frontières, or as people might better know it, Doctors Without Borders. This is a group that won the Nobel Prize for Peace in 1999.

Doctors Without Borders uses this money as part of their international organization. They are an impartial group in the name of medical ethics and humanitarian assistance. They speak out on the plight of those who are in danger and they alleviate the suffering of many peoples around the world. They protect life, and promote health and human rights.

The people in the Beach join with the Canadian Concert and Recital Artists. We ask you all to come and attend. The monies will go to an absolutely great cause and will promote Canadian talent of the highest calibre.

## VIETNAMESE CANADIAN COMMUNITY

**Mr. Richard Patten (Ottawa Centre):** I'd like to share with the Legislature today two deserving people from my riding of Ottawa Centre, two outstanding community leaders: the former mayor of the city of Ottawa and member of Parliament, Marion Dewar, and the Vietnamese boat organizer, Dr. Can Le.

As most of us would know, more than 25 years ago, as desperate Vietnamese citizens were clinging to tiny craft in the South China Sea, believing their chances for life were better with the fierce elements of nature than with their Communist government at the time, these two individuals stepped forward to lead Canadian communities in saving people from certain continued confinement.

At the same time, they showed all of us that the nobler elements of our humanity could triumph. They launched Project 4000 in Ottawa, placing many destitute boat people into private citizens' homes. Soon numerous centres across North America followed suit, and today there are thriving Vietnamese Canadian communities all across the country.

The Howard Adelman Award could not have a more deserving recipient—in fact, two. In true form, these two gracious and generous people, even in their moment of tribute, immediately donated their \$1,000 award money to a new project to build an international-quality Vietnamese boat people museum in Ottawa, which Dr. Can Le is spearheading. This particular award, named after Professor Adelman from Toronto, was started actually by the Thời Báo community fund, which is the largest Vietnamese newspaper throughout Canada, and is distributed throughout Canada.

I'm happy to share this particular commendation with my colleagues in the Legislature today.

## NORTHERN ONTARIO

**Mr. Jerry J. Ouellette (Oshawa):** We are coming up on three years now. This government has broken their pledge to northerners to improve the quality of life in the north. They have sat idly by while job losses have mounted and mills have closed, threatening the very lifeblood of northern communities. Hydro rate increases are just another on the continuing list of increased costs being passed along to residents, many of whom can ill afford it. Despite their promises to fix water quality, reserves and communities across northern Ontario have to contend regularly with boil-water advisories.

The report just released by the Ontario Health Quality Council says that patients in need should get appropriate care in the most appropriate settings. This is still not happening. The report notes that Ontarians who live in isolated rural and northern communities face expensive travel for care. Often they, and families who accompany them, lose income by missing work as well. It also shows that people living in the northeast have the second-highest percentage of in-hospital mortality within 30 days of a stroke.

This is not a government that has been helping northern communities. This is a government that engages in window dressing when it should be looking at concrete action. In the 2005 budget they said they were working on ways to strengthen the forestry sector, but we all know what has happened to the forestry industry in northern Ontario over the last year: shutdowns, job losses and devastation to entire communities.

Ignoring problems until it's too late—that's your government's sorry legacy to northern Ontario.

**1340**

### ORGAN DONATION

**Mr. Dave Levac (Brant):** This is organ donation week; thus the green ribbon that we approved earlier in the week. We take this time to remember that we can all help save a stranger by donating our organs. It is, sadly, something that not enough of us do.

Earlier this morning, we debated and passed, thankfully, second reading of Bill 33, my private member's bill, which would allow a change in curriculum so that all Ontario high school students would receive education about organ donation.

We all know how important organ donation is. Again, sadly, every three days someone dies waiting for a transplant. The waiting list is longer than the number of transplants performed. The fact is, not enough people donate organs. Signing up to become an organ donor just takes a second, yet this simple act can be the difference between life and death of another person. Anyone can become a donor by signing their card and carrying it with them. Sign the card and talk to your family about your wishes. It's an important thing to do. I believe we should make every effort to educate people about the importance of organ donation and, more importantly, ensure that more people actually donate their organs.

Members of all three parties have bills to help support more organ donation in this province, and I applaud everyone in this House. This is a pressing issue that requires action from all of us. Let's all work together to give the gift of life.

### EARTH WEEK

**Mrs. Carol Mitchell (Huron-Bruce):** I rise today to speak about some Earth Week activities that I had the opportunity to participate in this week. I had the chance to go to Brant Township Central School in Walkerton to help students plant a tree in their schoolyard. Later in the day, I met the Minister of the Environment to present a cheque to the Saugeen River conservation authority which will help them fund their scientific studies on drinking water. We also met with the board of directors from the Walkerton Clean Water Centre to discuss their current initiatives and future plans.

Keeping our water clean is important to rural Ontario. The proposed Clean Water Act will help conservation authorities and municipalities work together with the

province to achieve this goal. By supporting the protection of our drinking water, we are helping to protect the health of Ontarian families. The Walkerton water tragedy is a constant reminder of what can happen when water is not protected. I'm very proud to be part of a government that understands this.

I also want to add my congratulations to Brant Township Central School, which, as part of their Earth Week activities, planted 400 seedlings as well in a park and also cleaned up a number of areas where litter had accumulated throughout the winter. So congratulations. It's certainly young people who are coming forward and improving our environment.

### PROJECTS IN CORNWALL

**Mr. Jim Brownell (Stormont-Dundas-Charlottenburgh):** A recent headline from the website of the Jewel, a radio station in my riding of Stormont-Dundas-Charlottenburgh, read, "The Winds of Change are Blowing in Cornwall." An article from the Standard Freeholder newspaper similarly read, "Summer of Change Ahead."

These changes referred to are a slew of projects soon to be under way in downtown Cornwall. The people of this city will soon see construction equipment in the heart of the city, one of the signs of a thriving community. This construction is in addition to the new condominiums going up along Water Street in the city; it is in addition to the repairs to the roads that we will soon be seeing, thanks to the Move Ontario funding this government is providing; it is in addition to the new hospital projects being built over the next three years, with one currently under way. There is also the courthouse project, the water and waste water projects—the list goes on.

The city of Cornwall has a bright future, and that future is taking shape right now. It is an exciting time for Cornwallites and for all the citizens of my vast rural riding. I invite all members to come and witness the rebirth of this, one of Ontario's oldest communities. I particularly invite the Leader of the Opposition to come and stand in that place and see first-hand the first fruits of this government's plan for Cornwall and eastern Ontario.

There is a very bright future in the city of Cornwall and in the riding of Stormont-Dundas-Charlottenburgh. I'm be proud to be there leading the charge.

### INTRODUCTION OF BILLS

#### CITY OF LONDON ACT, 2006

Mr. Ramal moved first reading of the following bill: Bill Pr24, An Act respecting the City of London.

**The Speaker (Hon. Michael A. Brown):** Is it the pleasure of the House the motion carry? Carried.

Pursuant to standing order 84, this bill stands referred to the standing committee on regulations and private bills.

## STATEMENTS BY THE MINISTRY AND RESPONSES

### ORGAN DONATION

**Hon. George Smitherman (Minister of Health and Long-Term Care):** Yesterday a symposium took place here in downtown Toronto dealing with an issue of great importance. This symposium, co-sponsored by the Trillium Gift of Life Network and the University Health Network, was on the subject of organ donations in Ontario.

As all members of this House will know, the issue is literally one of life and death for thousands of Ontarians. It's clear that we, as a society, have not been responding to this situation as well as we should. This symposium provided an opportunity for some of the most knowledgeable and innovative experts on the subject to gather, to share information, to develop strategies, and to draw attention to this issue.

I had an opportunity to address those participating in this event yesterday evening. I used that occasion to share with them a new element of our government's strategy with respect to organ and tissue donations. I would like to use my remarks here today to share that same information with members of this assembly.

In light of the importance of this issue, it is our intention to create an Eminent Citizens Commission to develop recommendations for a made-in-Ontario organ donation/end of life strategy. The strategy developed by this commission would serve as the foundation of our policies and practices in this area. This commission would begin its work within the next several months and would likely take three to four months to complete its community consultations. This commission would consult broadly throughout all parts of Ontario, because this is an issue on which the public has strongly held views. There has to be a high degree of public engagement, and there will be.

This initiative would provide an opportunity to review the ideas behind the private members' bills currently before the House. It would also permit us to uncover other issues, ideas and considerations that might not be part of these bills.

I said a moment ago that this issue is one of great urgency. Let me share some startling numbers with the members present. The reality is that more than 1,800 Ontarians are waiting for life-saving transplants at this very moment. While the waiting list for organs has more than doubled over the past 10 years, the number of donors has remained relatively low. Every three days someone on the waiting list for a donation dies.

Our government has been working to rectify this situation. One step we've taken is the recent proclamation of the routine notification and request strategy, a strategy requiring Ontario's major hospitals to report all deaths to the Trillium Gift of Life Network, allowing Trillium to take the necessary steps to determine if a donation is possible. It has produced good results, but more must be done.

I look forward to announcing more details about this initiative in the coming weeks and I look forward to working together with all members of this House, and indeed with all Ontarians, to improve our province's system of organ and tissue donation and to provide those thousands of Ontarians on waiting lists with a new chance at life. So much depends on getting this right, and with the help of all members of this House, we will.

1350

### ELECTRICITY SUPPLY

**Hon. Donna H. Cansfield (Minister of Energy):** I'm pleased to bring to the attention of the House the official opening of the Glen Miller hydroelectric project. Located near Trenton, the project is a result of our first request for proposals for renewable energy projects. Like the wind farms which have opened in the past few months, this project will help Ontario meet the goal of providing, by 2007, at least 5% of our electricity capacity through renewable energy resources, including wind, biomass and small hydroelectric projects. That target increases to 10% by 2010. It is just one more step in our government's plan to ensure that Ontario has safe, clean, reliable generation for generations to come.

The Glen Miller project is actually one of the oldest hydroelectric sites on eastern Ontario's Trent-Severn waterway, but in its previous life the underutilized dam and powerhouse produced only two megawatts of power. The revitalized Glen Miller hydroelectric dam and power project will produce eight megawatts of clean, hydroelectric power. By refurbishing the dam and installing two new high-efficiency Ecobulb turbine generators, this run-of-the-river hydroelectric project will produce a long-term, reliable and secure source of electricity for the province. The Innergex Group contracted with Sunoco Canada to revitalize the Glen Miller facility.

Our government is building a new energy future that will keep the lights on and ensure that our children have cleaner air. This project, and the dozen others now operating or being built across this province, will allow us to create a stable supply of clean, renewable power. It is an important milestone towards our future, and it shows leadership.

Such projects represent only one part of our approach to renewable energy. We recently announced one of the most ambitious and forward-looking standard offer contract programs in North America, one that Dr. David Suzuki has said "will revolutionize the market for clean, renewable energy in North America and lay the groundwork for a healthier, brighter future."

We also now have in place a net metering regulation that helps consumers consider renewable energy right at home for their generation. Our approach to renewable energy is comprehensive, from large-scale projects to smaller community projects to steps that individual homeowners themselves can take.

But I know that renewable energy can only be one part of a forward-looking plan for Ontario's electricity sys-

tem. We are also putting an emphasis on conservation, because this government recognizes the important role that conservation plays in Ontario's supply mix. We are creating a culture of conservation through supporting innovative demand-management initiatives, through mandating increased efficiency for electrical appliances like air conditioners, and through providing the information, encouragement and tools that allow customers themselves to participate in a culture of conservation.

Programs like the conservation bureau's new Every Kilowatt Counts, a province-wide education and incentive program, will give Ontarians the tools they need to consider how to conserve energy this summer. The brochure is now reaching households right across this province, with energy-saving tips and a range of incentives designed to encourage Ontarians to switch to Energy Star-qualified lighting and cooling equipment, like \$25 off an Energy Star-qualified ceiling fan. Ontarians who take advantage of the coupon package can save up to 10% on their summertime electricity bills. The coupons are redeemable at over 1,600 stores in over 400 communities.

PowerWISE is another program, in which our province has partnered with Ontario's local electricity utilities. Ontarians are finally getting support to save money, to save energy and to help save the environment.

We're moving ahead too with smart metering, which will give consumers timely information on their electricity consumption instead of learning about their usage of electricity long after the fact, handicapped by old metering technology from the age of Edison.

The power that smart meters will measure will come from a wider range of sources and newer generating sources than what this province had been left by previous governments.

Since October 2003, Ontario has seen over 3,000 megawatts of new capacity come online, through new natural gas generation, through the timely and efficient refurbishment of nuclear plants and through renewable energy projects. In total, there is over 11,000 megawatts of capacity either now online or in the works, enough to meet the needs of over five million homes.

How have we achieved such results? We've taken leadership and we've taken action. We've made the decisions necessary to keep the lights on. We've ensured that consumers, both industrial and residential, can benefit from the province's past investment in generating facilities. We've taken steps to improve those public investments through initiatives like the Niagara tunnel, which will provide 1.6 terawatt hours of power a year, comparable to the capacity needed to power over 160,000 homes. We're also encouraging private investment by creating a stable electricity system and transparent policy and regulation. We've taken pricing out of the political realm, where it was all too often abused by governments in the past and has left our children with a legacy of debt.

In addition, we're working with other provinces—Manitoba, Quebec, and Newfoundland and Labrador—to look east and west in meeting our needs. And looking

south, our plans to close our own coal-fired generating plants not only makes sense by eliminating their damaging emissions, but our resolve gives us the ability to work with our American neighbours to encourage them to reduce their emissions, which promises significant benefits for our air and the world's climate.

Our government has taken a multi-faceted and comprehensive approach to renewing Ontario's approach to electricity, ensuring an approach that will result in a sustainable, clean, reliable and affordable supply of power for years to come.

In summary, the opening of the Glen Miller hydroelectric project is just one more sign of the bright energy future that we are creating for all the people of Ontario.

**The Speaker (Hon. Michael A. Brown):** Responses?

#### ORGAN DONATION

**Mr. Frank Klees (Oak Ridges):** I'm pleased to respond to the statement made by the Minister of Health. You know, if there's any issue in this place where we can find common ground, I'm sure it is the issue of organ donation and the fact that we as a government must do whatever we can to ensure that the many people on those waiting lists—as the minister said, one person dies every three days in this province awaiting an organ transplant. That is unconscionable, and we have a responsibility to do something about it.

I also welcome the minister's announcement regarding a citizens' commission to investigate what the appropriate policy would be to ensure that the issues are addressed appropriately. But I would appeal to the minister to include in that commission members from all three parties. It is unique that in this place we have had, over the last few weeks, members from each political party bring forward private members' bills all with the purpose of ensuring that the issue of organ donation is addressed, that the lines are shortened. So I would make a recommendation to the minister to give consideration to put as members on that committee Mr. Kormos, who introduced his bill from the NDP; and I would certainly be willing, as the sponsor of my private member's bill relating to organ donation, to participate; and certainly Mr. Levac, who introduced his bill, which was debated this morning. That bill also received unanimous consent in this House, as did mine. I think it would be appropriate for the three parties to work together, to show that in fact this is a tri-partisan initiative, that there is consensus in this House on this very important issue. I look forward to working with the minister in that regard.

#### ELECTRICITY SUPPLY

**Mr. John Yakabuski (Renfrew–Nipissing–Pembroke):** It's a pleasure to respond to the Minister of Energy, as usual. Welcome back. I know you had a little tour this week, making some announcements—although I guess we should quantify just the significance of those announcements.

I guess we'll start with the energy one first. Six additional megawatts of generation: That's wonderful, but it pales in comparison with the 6,500 that you continue to insist you're going to shut down, and you're way off schedule on that. It's about time to call in the coroner and determine that policy as being officially dead. It's time to move on and plan, as others are, to ensure that we can create generation in this province that will ensure the lights are on and not simply to tell the people you've got a plan when there's nobody left out there who believes you but yourself. Not even your own caucus believes you.

**1400**

On your energy conservation announcements today, I guess I could say, "What took you so long?" We've been telling you for two and a half years that you've got to do something to encourage conservation with regard to energy-efficient light bulbs. Finally, a light bulb must have gone off in the conservation office there. At \$300,000-plus a year, I guess you figure what everybody has been telling you people for two and a half years is a good idea: Energy-conserving bulbs will help.

Your plan for air conditioners that you announced a couple of weeks ago really amounts to handing a monopoly over to a specific group, because that's not a consumer rebate at all. It remains to be seen how much individual consumers will benefit from that announcement.

I could ask the Minister of Tourism, who no longer lifts up his book to Bob Rae, what about energy-efficient appliances? You cancelled the program two years ago—nothing. We're coming into the summer, we're filling up those old beer fridges again, but you're doing nothing. You have done nothing in two years to encourage people to replace those appliances with energy-efficient appliances. In fact you cancelled our program, which was a very well received program, an excellent program that was paying dividends to the province of Ontario.

We keep hearing announcement after announcement. Now you're saying that you've got plans for 11,000 megawatts that will power five million homes. You're shutting down 6,500 megawatts. At that rate, you're shutting off the power to almost three million homes in this province.

Minister, get on with the program. We need energy in the future, not just announcement after announcement and promises that you can never keep.

#### ORGAN DONATION

**Mr. Peter Kormos (Niagara Centre):** I'm pleased to have the opportunity to respond to the Minister of Health. Notwithstanding the incredible efforts of organ donation advocates across this province and this country, people like George Marcello and so many others who are out there on the ground telling people about organ donation, telling people about the proverbial gift of life, telling people indeed how, rather than selfless, having one's organs after one's death used to save another life can be done at literally no cost to oneself. It requires no sacrifice

whatsoever. Notwithstanding the institutional efforts of the Trillium Foundation, notwithstanding modest improvements in the efforts of the Trillium Gift of Life Network to identify possible organs available for transplant, there hasn't been a major reduction in the waiting list here in the province or across the country. It has been cited that 1,800 people, give or take, on an annual basis are waiting and dying here in the province of Ontario, while at the same time we in the NDP believe very, very strongly that good organs, organs that can save lives, are being buried and burned. We believe there has to be a radical, major, indeed revolutionary shift in values and perspective before we're going to have not just a reduction but an elimination of those waiting lists.

You know, it's well known that New Democrats have been advocating for a system of presumed consent or presumed intent, as is used in so many European jurisdictions to great success. It's not just the pragmatic application of presumed intent; it's the shift in attitude that it creates. It encourages people to understand that of course one's organs are going to be used after one's death to save and prolong the lives of others. It's not a matter of internal debate or even a matter of discussion, because one of course presumes that those organs, no longer of any use to that person, will be put to use.

We have laws that ensure that in the event somebody dies without a will, his or her assets are distributed to the next of kin. If you don't make a will in this province, it's presumed that you intend for your assets to be given to your children, your grandchildren and your sisters and brothers in a statutory schedule of who constitutes next of kin. I tell you that presumed intent legislation would do the same for organs. Yet in the event that people don't make that election, just like people from time to time do not make a will, I believe it's the obligation of the government, the obligation of the state to ensure that there is a presumption of the intent of that person, and that just as assets aren't stored away or confiscated by the government or buried in a landfill, organs shouldn't be either.

We believe that at the end of the day it's members of this Parliament who have to make decisions, and they will inevitably be tough and challenging decisions. But we have to show the courage and demonstrate the leadership that is necessary to take people into a new era, an era where organ donation waiting lists will disappear because good organs are being used to prolong and save the lives of those people, including oh so many young people, when they're of no use whatsoever to the bodies that they formerly inhabited.

#### ELECTRICITY SUPPLY

**Mr. Howard Hampton (Kenora-Rainy River):** Once again, today, we have another photo-op announcement of the McGuinty government that does virtually nothing for energy efficiency and energy conservation, but it's a continuing attempt by the McGuinty government to cover up, to hide their real electricity policy. And

what's the real electricity policy? Forty billion dollars on mega nuclear power plants; that's the real McGuinty electricity policy.

If the McGuinty government were really interested in energy efficiency, the Pembina Institute and the Canadian Environmental Law Association have provided a framework. In fact, they've published several frameworks for the McGuinty government. But each time they publish their framework, what they note is that the McGuinty government has failed.

California has reduced electricity consumption by 12,000 megawatts. That's the equivalent of three Darlington-sized nuclear power plants. That is an energy efficiency strategy. But we see nothing like that from the McGuinty government.

The McGuinty government talks about affordable electricity. Over 4,000 forest sector jobs have been wiped out in northern Ontario because the McGuinty government is driving electricity rates through the roof.

#### VISITORS

**Mr. Frank Klees (Oak Ridges):** On a point of order, Mr. Speaker: We have a wonderful page program in this place. As members, we all get notification of those pages who are appointed from our ridings, but we also get notice of those who applied but weren't successful because there are only so many spaces. I always make it a point to invite those pages to come and visit Queen's Park. We have with us in the gallery this afternoon three of those young people and their friends. I'd like us to welcome them. I'll read out their names.

We have with us Emily Pringle from Richmond Hill and her friend Krizka Orpilla. We have Stephanie Wan from Richmond Hill and Tina Nguyen. And we have Paige Fernandes from Richmond Hill and her friend Chantal. They're accompanied by Emily's father, Fred Pringle. All six girls are in grade 7 at Our Lady Help of Christians in Richmond Hill. Please welcome them.

#### WORKPLACE SAFETY

**Hon. James J. Bradley (Minister of Tourism, minister responsible for seniors, Government House Leader):** On a point of order, Mr. Speaker: I believe we have unanimous consent for all parties to speak up to five minutes to recognize the day of mourning for injured workers.

**The Speaker (Hon. Michael A. Brown):** Mr. Bradley has asked for unanimous consent for all parties to speak for up to five minutes on the day of remembrance for injured or deceased workers. Agreed? Agreed.

**Hon. Steve Peters (Minister of Labour):** April 28 is observed across Canada as the day of mourning for workers killed or injured on the job. The date was chosen because on April 28, 1914, the Workmen's Compensation Act was given third reading in this very Legislature. The government of Ontario has been recognizing the day of mourning since the 1980s. The day of mourn-

ing was officially recognized by the federal government in 1991, eight years after the day of remembrance was launched by the Canadian Labour Congress. The day of mourning has since spread to about 80 countries around the world.

#### 1410

Tomorrow marks the 22nd anniversary of this most important date. On this day, we will remember and honour those who have died, been injured or become ill as a result of their job. It is a day to remember, to reflect and to commit: to remember lives lost or forever changed by the simple act of going off to work; to reflect upon the past and know the great strides that have been made in health and safety over the years thanks to the commitment and dedication of those who fight for workplace health and safety; to commit to making workplace health and safety a personal priority and to take action to prevent workplace tragedies.

It is a community effort. Health and safety advocates in our businesses, schools and our communities work hard every day to ensure healthy and safe workplaces all across Ontario. This has resulted in Ontario having one of the lowest workplace injury rates in all of Canada. Despite this, though, too many men, women and young workers continue to lose their lives or suffer an injury or illness as a result of their job. In 2004 alone, the Workplace Safety and Insurance Board reported 296 workplace-related deaths and more than 270,000 workplace injuries. These statistics are overwhelming. No job is worth a life; no job is worth an injury.

When I became the Minister of Labour, I was shocked to discover how many of our young workers are injured or killed on the job every year. In 2004 alone, seven young workers lost their lives at work and more than 49,000 were injured. I think we all find these statistics devastating. These statistics represent young people who are our sons, daughters, grandchildren and friends. But these young people were our future. What is most devastating is that all of these tragedies could have been prevented.

I rise today as the Minister of Labour, but I know I echo the sentiments of all members of this House and past Ministers of Labour across all party lines when I say that workplace deaths and injuries are tragic and unacceptable. I speak to all of you today as employers, as parents and as members of our community. We must each dedicate ourselves to doing what we can to ensure that people go to work every day and return home every day safe and sound. I urge each and every one of us to make workplace health and safety a personal priority, not only for the people of Ontario whom you represent, but also for your friends, your families and your communities. We must work together to ensure that our sons, our daughters, our loved ones and members of our communities return home safely from work every day.

We have the knowledge and the resources to prevent workplace injuries. It's our job to make sure that every workplace has access to the information and tools they need to improve workplace health and safety. We must

hold those in positions of responsibility to account. As elected representatives, we have a duty and a responsibility to lead by example and make safety a priority every day of our lives. Let's dedicate ourselves to prevention. Let's honour those we remember today by using the knowledge we have to someday reach that goal of eliminating workplace injuries and deaths. We have to change, though, how society views workplace health and safety.

I'm proud to represent a government that is actively promoting a culture of prevention, one that understands the importance of investments in workplace health and safety. However, I know that there is much more to be done. We must continue to raise the bar for workplace health and safety.

Very shortly, we will observe a moment of silence to remember those who have died, who have been injured or who become ill as a result of the job. Let us honour the memory of our fallen workers by pledging that we will do what we can to prevent future workplace tragedies.

**Mrs. Elizabeth Witmer (Kitchener-Waterloo):** I'm pleased today to join my colleagues on all sides of the House to speak on behalf of our leader John Tory and our party on this day of mourning, which will be observed in Canada tomorrow.

Today in this House we remember the many workers who have suffered injury or illness or lost their lives while on the job. Today is the opportunity for us to be reminded of the terrible human, social and economic toll that workplace illnesses, injuries and fatalities can take. Today we have the opportunity to join with the workers in this province, the employers and the others to express our sincere condolences to the families and friends of those killed or injured in the workplace.

Today is also an opportunity for us as legislators to reaffirm our shared commitment to the prevention of illness and injury and zero tolerance for fatalities. Health and safety is not a political issue; it is a human issue, and we all bear responsibility to do what we can to prevent illness, death and injury.

There are approximately 300,000 Ontarians injured on the job each year. So it is up to us as leaders to work together to ensure that our workplaces are healthy and safe. We need to continue to develop health and safety programs, and we need to continue to provide training, particularly to our young people, in order to prevent illness, death and injury in the future.

I know we have seen improvements in recent years. However, we must never become complacent, because there is still so much more to do. I can remember, as Minister of Labour in one of the first months in office, receiving a visit from a father, Paul Kells, whose 19-year-old son had been killed in the workplace. He took action because he wanted to make sure that no other family suffered the tragic loss that they had, and he set up the Safe Communities Foundation.

At this time of year, when young people are about to go into the workplace, some of them into their very first job, it is extremely important that we do all we can to

raise awareness about health and safety. We also need to make sure they know about their rights as an employee, and that is that they have the right to refuse unsafe and dangerous work. They need to know they can always say no.

Yes, health and safety must remain a priority issue for us. So on this day, when we recognize injured workers and those who have died on the job, we have that opportunity to renew our own personal commitment to the task of eliminating death, illness and injury in the workplace, because one death, one injury or one more illness will always be one too many.

**Mr. Howard Hampton (Kenora-Rainy River):** This Legislature passed Ontario's first Workers' Compensation Act in 1914, 92 years ago today. In 1914, most who worked in the foundries and the forests, mines and mills risked life and limb to feed their families. Sadly, injuries were regarded as part of the job. Incredibly, deaths too were regarded as part of the job. Those workers fought governments and employers so that workers wouldn't have to die to feed their children. Ninety years later, their children and grandchildren are still fighting. Last year, pallbearers carried 322 Ontario workers to their graves as a direct result of workplace conditions. Another 357,555 workers had to claim compensation for work-related diseases. Missing from the official record were an estimated 6,000 workers killed by cancer, lung disease and other ailments, all attributed to toxic substance exposure in their workplaces.

#### 1420

Today we honour the memory of these working women and men killed on the job. But it's too easy to get lost in the numbers. It is vital that we remember that each of these deaths, each of these injuries happened to real people: workers; women and men with families and friends.

Bob Shaw was a firefighter in Hamilton. He died in March 2005 of esophageal cancer, leaving behind his wife, Jackie, and son, Nathan. He was a fit and healthy man who developed a cancer that is all too common to firefighters. His family is still fighting to have this acknowledged as a workplace death.

Ned Peart was a migrant worker from Jamaica. He died in August 2002 when a bin tipped and crushed him on a tobacco farm near Brampton. He left behind a big family in Jamaica, including his father, a former farm worker who had asked him not to go to work in Canada. Farm workers like Ned are still being denied today the right to organize unions, the right to fight through those unions for better health and safety protection. And they are still denied today the same health and safety protections extended to other workers.

Jim Vandermeer of Dryden hasn't been able to work for two years because of his workplace injury. He was one of hundreds of construction workers who worked on an air emissions project at the Dryden Weyerhaeuser paper mill between 2002 and 2004. These construction workers worked in a plume of chemicals from the smokestack, day in, day out, for months on end. Mr. Vander-

meer suffers from neurological damage, nerve damage elsewhere in his body, a lack of stamina, shortness of breath and fatigue. Despite the fact that this happened over two years ago, he has yet to receive any compensation from the Workplace Safety and Insurance Board.

These are three stories of thousands that happen every year. We remember, in the hopes that one day we won't need a day of mourning because working people won't be killed or injured on the job.

**The Speaker:** Would all members and guests please join me in observing a moment of silence in recognition of Workers' Memorial Day.

*The House observed a moment's silence.*

## ORAL QUESTIONS

### HEALTH CARE

**Mr. John Tory (Leader of the Opposition):** We had been informed that the Premier was going to be here, and there he is. He's coming. Perhaps I could just beg the indulgence of the House for a moment.

**The Speaker (Hon. Michael A. Brown):** Reset the clock. Leader of the Opposition.

**Mr. Tory:** Thank you, Mr. Speaker. My question is to the Premier. As you know, Ontarians want a quality health care system that delivers the right service at the right time. In fact, I think those are words you've often used. Yesterday, we had the Ontario Health Quality Council issuing a damning report on your progress or lack thereof on the public health file. The agency's first report called it "a disturbing reality" that some Ontario residents are not getting the health care they need "because of who they are." They talked about rural residents, aboriginal residents, differences between men and women, diabetic patients and so forth. How can you explain these major shortcomings in our health system? And why are you demanding so much in the case of your punishing McGuinty health tax and yet delivering less and delivering inequity for these people?

**Hon. Dalton McGuinty (Premier, Minister of Research and Innovation):** I'm pleased to receive the question and pleased to talk a bit more about our new health quality council. That is a creature which is a product of our government's policy. It arose out of our piece of legislation called the Commitment to the Future of Medicare Act. The intention behind that is that—unlike, I would surmise, the previous government—we are more than prepared to be judged, to be held accountable and to ensure that information is transparent when it comes to Ontario's health care system. For the first time ever in the history of our province, there is now an independent, arm's-length body which is specifically responsible for commenting on government policy and what it's in fact producing on the front lines. I want to take the opportunity to thank the people at the Ontario Health Quality Council, and to let the people of Ontario

know that we are proud to make this information available to them for the first time. In the supplementaries, I'll tell you about some of the great things that are happening when it comes to health care in Ontario.

**Mr. Tory:** Well, you may well do that, but I would prefer it if you would actually answer the question, because when you commission a report like this and create a body like this, then I believe you have some responsibility. It's not just about creating the body and commissioning the report. You have a responsibility to answer what they have to say, and what they're saying, as we've been saying for weeks now, is that people are paying more and getting less. This independent body says that little or no progress has been made on many aspects of health care. In fact, the ones where they point to progress being made—Telehealth, the northern medical school and the universal flu shot—were initiatives of the previous government.

What they say is that under your watch—and I quote their words—there are "disparities"; there are "inequities." How can it be that after three years and the massive amounts of money you are taking out of the pockets of Ontario taxpayers, we have these disparities and inequities, we have people paying more and getting less, and all of the differences in the quality of care and access to care that the report identifies as received by the people of Ontario?

**Hon. Mr. McGuinty:** I want to ensure that the Leader of the Opposition is in fact referencing the document just put out by the Ontario Health Quality Council, because if he makes reference to the conclusion of the report, he will read the following, and I will quote this for you: "We've found that Ontario's health system is performing well relative to other parts of Canada. The overall health of Ontarians is improving and we are making progress in getting the results we want from health care." It seems to me that we're moving in the right direction.

But it's at least passing strange that the Leader of the Opposition is now in fact relying on a document produced by the Ontario Health Quality Council because, originally when we proposed this by way of legislation here, his health critic, Liz Witmer, said, "This health council has no power.... It's not going to tell us how well our health system is doing." Miller said, "Under this legislation, the council will not be independent, it will not report directly to Ontarians and it won't tell us how well the government is managing the health care file." Tim Hudak said, "This notion that they're going to be reporting on the health care system is nonsense," and, "The quality health council is an empty vessel."

We can rely on the Ontario Health Quality Council and we can rely on—

**The Speaker:** Thank you. Final supplementary.

**Mr. Tory:** You read me a quote; I'll read one back and then maybe you could actually respond to this one. The report goes on to suggest that not only are Ontarians seeing no progress in their health care system, but aborigines, low-income earners and diabetics are some of the groups being left behind. "In Ontario, heart attack vic-

tims who are wealthier and better educated are more likely to receive specialized investigations, rehabilitation, and specialist follow-up. Wealthier Ontarians are more likely to get rehabilitation after a stroke, get preventive care such as screening tests for colorectal cancer and have more hip and knee replacements, cancer surgery and MRI scans, even though lower-income Ontarians tend to be sicker than wealthier ones.”

This is the status reported in this report you just quoted from. I quoted from page 13. These are the very people you are making pay more of your health tax, the lower-income earners. What do you have to say about this report saying that there are these discrepancies and disparities between these groups of people, especially lower-income and rural people?

**1430**

**Hon. Mr. McGuinty:** The single, most important and effective tool we can put in place to address the inequities to be found in health care—and admittedly some exist; we inherited those—is a community health centre. Over our term, we’re putting in place 39 new community health centres. These are specifically aimed at communities that are having trouble accessing health systems, whether those be our First Nations communities or lower-income communities. We even have some new ones which are specifically targeting youth in Ontario, another group that traditionally has been hard to reach.

So again, the Leader of the Opposition tells us that he is not satisfied with where we find ourselves in health care. He tells us that somehow he’s going to bring about substantive improvement by reaching into the public health care system and taking \$2.5 billion out. I just can’t understand how taking money out of the system is going to improve its quality for the people of Ontario. I believe there is more work to be done, but I think it’s all right from time to time to stop and take stock of the improvement that we’re making together.

**The Speaker:** New question.

**Mr. Tory:** My question again is for the Premier, and I’m sure they’ll be doing a lot of cancer surgery and hip and knee replacements at the community health clinics, where the lower-income people can’t get the care they need.

Let’s talk about what you’re doing with that money that you’re taking out of the pockets of Ontarians through the McGuinty health tax, which you explicitly promised, of course, during the election campaign, you would not do. Perhaps you could provide us with an update on the current status of your government’s Smart Systems for Health. To date, \$260 million has been spent on this initiative. You’re spending another \$144 million this year. The report from the Ontario Health Quality Council says that we have 108 e-health projects executed by 45 entities under 14 funding authorities—an absolutely guaranteed prescription for a lack of results and for complete bureaucratic chaos, waste and mismanagement. Where does this initiative stand? When are we going to start to see some value for the taxpayers’ money being spent on this project?

**Hon. Mr. McGuinty:** To the Minister of Health.

**Hon. George Smitherman (Minister of Health and Long-Term Care):** I want to say to the honourable member that, firstly, he may with the sweep of his hand wash away and disparage the role of community health centres in his province, but if he was aware and connected to what’s going on at community levels, I do believe he would find that community health centres truly are one of the most effective ways that we can address fundamental inequities that exist in our health care system. We believe fundamentally that equity is one of those most essential principles.

Accordingly, with respect to Smart Systems for Health, the honourable member should be a little bit careful to, again, sweep away the initiatives they’ve been involved in and advancing on behalf of our province. I’ll give one that’s very important to all of us: We came into life as a government right after SARS and found that, during SARS, we didn’t have integrated public health database software. We were working with Post-it Notes to track cases. We’ve just come live in all of the public health units across the province of Ontario: a Smart Systems for Health initiative to develop IPHIS, the integrated public health information system, a critical tool in defence against those threats that we’re all very concerned about. So this is one example of a very profound deliverable.

**Mr. Tory:** I don’t diminish the importance of an accomplishment like that at all, no, because what I say is that when taxpayers are investing \$400 million, they have the right to expect more from you than one thing you can name: \$260 million now, \$140 million more this year. Don’t take it from me; take it from the Toronto Star. They say that government efforts to bring computerized patient records to all Ontarians were riddled with delays and conflicting agendas despite the fact that more than \$260 million has been spent on the project. We have \$260 million spent, and you can name exactly one thing that is being done with that money.

The Ontario Health Quality Council talked yesterday about the absence of a clear plan, appropriate governance and requisite funding. These are concerns, and they said the result is “too many players pursuing uncoordinated agendas.” You have had a review under way for months on this. We’ve heard nothing from you on the results of that review. When are we going to hear some real results that affect all Ontarians for \$260 million, plus \$144 million of their money? When are you going to stand up and say that something really substantive has been done with this money instead of just spending it on high-priced bureaucrats?

**Hon. Mr. Smitherman:** Firstly, the honourable member says that he doesn’t want to diminish the necessity of a public health infrastructure and then he does it again. Then he asks for a very specific deliverable, and we offer one and he sweeps it away.

Well, here’s another one: Hospital emergency rooms across the province of Ontario, as a result of the initiative Smart Systems for Health, have now got the capacity to

determine the drug use of those people on the Ontario drug benefit. This is one more very specific example of a project that was advanced by Smart Systems for Health.

To your point, sir, that these are bureaucrats, the reality is that we inherited a Smart Systems for Health that had been loaded up by your government in the way that you worked with consultants—consultants left, right and centre. We have worked to make sure that Smart Systems is a properly performing organization so that the investment that we make is one that pays appropriate dividends for taxpayers.

Accordingly, we have a new board in at Smart Systems for Health. I can assure the honourable member—I would be very pleased to brief him on this, as I've offered on prior occasions—that Stein Brown, assistant deputy minister of strategy in our ministry, is—

**The Speaker:** Thank you, Minister. Final supplementary.

**Mr. Tory:** Well, let's talk a little bit about loading up, because the new champion is sitting across the House from me: the Minister of Health. This agency saw its \$100,000—

*Interjections.*

**Mr. Tory:** I can wait until you all are finished. Go ahead. Take your time.

**The Speaker:** Stop the clock. Leader of the Opposition?

**Mr. Tory:** Let's just review the facts on the loading up. This agency saw its \$100,000-a-year-plus club, the people who make more than \$100,000 a year, just in this smart health records agency climb from 14 to 73 people in the last year. There wouldn't be any organization anywhere that has that many more people—from 14 to 73 people—and yet you can stand up here and tell me about two things that have been done across the province.

You set up a review of this agency in December 2005, and here we are in April; we've heard nothing from you. But on the website today there are a dozen more positions that are waiting to be filled by these kinds of people.

The Premier talks about the right services being provided to people at the right time. I don't think that people who are paying the health tax to your government are thinking about the fact that they're paying that to get the number of people making \$100,000 a year quadrupling on your watch.

When are you going to explain to people paying the health tax when they're going to see some real results, some real value for the money they're paying in their hard-earned taxes, instead of these expensive—

**The Speaker:** Minister?

**Hon. Mr. Smitherman:** The circumstances that are related to that—I gave the honourable member the answer even before he chose to raise it as a question. Apparently, he doesn't get it.

The reality is that Smart Systems for Health had been established by the previous government as a playpen for consultants. I can't say it any more plainly than that: It was a playpen for consultants. We've worked to overhaul

the administration there to make sure it performs in a fashion which delivers appropriate accountability to the taxpayers.

Accordingly, we've just put in a new board at Smart Systems for Health of people who have tremendous capacities, to be able to make sure that we move forward and address those information technology opportunities.

I say to the honourable member, with respect to the challenges of the development of an electronic health record, this is a multi-year project that requires the investment and the development of the appropriate infrastructures. We've laid lots of that pipe. We've made those investments. There is more work to do as it relates to the e-health strategy. I said to the honourable member earlier that we'll be bringing that forward and it will, I'm sure, be one that the honourable member will wish to be briefed on so that he can bring to this House more than his top-line rhetoric.

## SOFTWOOD LUMBER

**Mr. Howard Hampton (Kenora–Rainy River):** My question is for the Premier. A year ago, your Minister of Natural Resources said, with reference to the softwood lumber dispute, that Ontario must be at the table: "I won't be out of the room, because I want to know what's going on." Yesterday, your Minister of Natural Resources said that he was blindsided, but I think everyone who could read the newspaper knew that softwood lumber negotiations were going on. Can you explain how your Minister of Natural Resources could be blindsided when everyone knew that these negotiations were going on and your minister said he had to be in the room?

**Hon. Dalton McGuinty (Premier, Minister of Research and Innovation):** Let me say at the outset how proud I am of the work being done by David Ramsay, our Minister of Natural Resources, on behalf of the forestry sector in the province of Ontario and all those Ontario communities that rely on it for their livelihood and their well-being.

I think the leader of the NDP actually knows that we have retained Michael Kergin, former Canadian ambassador to the US, to act as our negotiator. He is our person on the ground in Washington. He may as well already know that we had come to an agreement with respect to the position we wanted to have advanced in those negotiations. We left one particular evening, having delivered those instructions. They were well received and well understood. It turned out the next morning that something happened overnight when negotiations were not in our hands—just so the leader of the NDP understands with some clarity and accuracy what has happened. Having said that, we have since then made our position very, very clear and I look forward to articulating that during the supplementary.

**1440**

**Mr. Hampton:** Under your watch over the last two and a half years, 4,000 forest sector jobs have disappeared in this province, mainly in northern Ontario, so

a reasonable person, I think, would expect that your government would be paying very careful attention to this.

I want to quote your minister from February 10, where the Toronto Star says that Ontario Natural Resources Minister David Ramsay said he was stunned when he read in the Toronto Star yesterday that a softwood deal had been in the offing before the election. He said, “I was surprised this morning. I was surprised by the story and surprised that the federal government was that close to an agreement.” Yesterday he said he was blindsided; a few months ago he said he was stunned. Everyone knows these negotiations have been carrying on. How could your minister be blindsided yesterday and stunned just a few months ago?

**Hon. Mr. McGuinty:** The negotiators involved, the federal government and now the US government, know exactly where we stand. I think if there’s any question that Ontarians would want to have answered today, it is, do Mr. Hampton and the NDP stand with the people of Ontario? Do they stand with Ontario’s lumber industry? Are they prepared to stand up for our province to ensure that we get a fair deal in Washington that respects the needs of our industry, our northern Ontario communities, their well-being and their future prosperity? I think that is the real question the people of Ontario would like to have answered.

**Mr. Hampton:** I’ll tell the Premier whom I stand with: the 525 workers at Cascades who were laid off under the McGuinty government; the 130 at Neenah Paper in Terrace Bay who were laid off under the McGuinty government; the over 300 at Kenora who were laid off under the McGuinty government; the 520 in Dryden who were laid off under the McGuinty government; the 175 in Red Rock who were laid off under the McGuinty government; the 70 at Norbord in Kapuskasing who were laid off under the McGuinty government.

Your government has presided over the destruction of thousands of forest sector jobs. What do we hear from the minister? When everyone knew a deal was being negotiated before the election, he says he was stunned. When everyone knew a deal was being negotiated over the last couple of weeks, he comes here and says he was blindsided. Premier, while thousands of forest sector workers lose their jobs, how many times is the McGuinty government going to be stunned and blindsided that negotiations are going on?

**Hon. Mr. McGuinty:** The leader of the NDP has not had the opportunity of late, obviously, to speak with representatives of Ontario’s forest industry. Had he had that opportunity, he would then know how closely allied the minister is and our government is with the interests of Ontarians when it comes to preserving and indeed enhancing the future prosperity of our forestry sector.

We have historically contributed 10% to 11% of Canadian softwood exports to the US. Let’s get to the nub of this. The draft agreement that was made public yesterday would have capped our exports at just under 9%. That represents a cut of 10% to 15%. It is very important that the federal government gets this agreement

right, not just for interests outside the province of Ontario but for pan-Canadian interests. We have worked long and hard, together with our colleagues in the other provinces, to establish what they’ve called a hybrid arrangement which will protect not only the interests in western Canada but also those in central Canada.

Again, I invite Mr. Hampton to join us when we stand up—

**The Speaker (Hon. Michael A. Brown):** Thank you. New question.

#### PROPERTY TAXATION

**Mr. Howard Hampton (Kenora–Rainy River):** I say to the Premier that killing 4,000 forest sector jobs is hardly what I call standing up for Ontario forest sector workers.

To the Premier: Homeowner outrage over Ontario’s broken property tax system is growing stronger every day. The Coalition After Property Tax Reform represents hundreds of thousands of homeowners. Today this group added its voice to the list of groups and people who want you to keep your promise to fix Ontario’s unfair, broken down and regressive property tax system. We know, Premier, that you are seized with the property tax issue. What people want to know is, what’s your plan to fix it?

**Hon. Dalton McGuinty (Premier, Minister of Research and Innovation):** I think I’ve made it clear that we recognize what we inherited as a government was a property tax system that was rife with problems, and that has manifested itself in the representations, calls, letters and e-mails that each and every one of us in this House, I’m sure, has received by way of our constituency offices. We’ve indicated that we are very pleased with the work done by our Ombudsman. We look forward to acting on those recommendations, but I’ve also indicated that I don’t think those recommendations go far enough to address the root challenges we’re going to have to grapple with.

The Minister of Finance will be undertaking some work in connection with this. One of the things he will be doing is calling on the opposition parties to offer their very best advice, with specific recommendations as to how they’d like to have changes made. I look forward to receiving those recommendations from the leader of the NDP.

**Mr. Hampton:** The Premier talks about something he inherited. I want to remind him that you inherited it three years ago and you’ve been seized with it ever since. The Oxford dictionary defines “seized” as “becoming stuck or jammed,” and that’s exactly the position of the McGuinty government. You’ve had no action on the problem of unfair and regressive property taxes. Even though the finance minister has been studying property taxes for two years, even though the Ombudsman has made his recommendations on how to fix part of it, your government still doesn’t have a plan and hasn’t done anything.

Premier, the property tax system is unfair, regressive and broken. People want to know, since you are the government, what is your plan to fix it?

**Hon. Mr. McGuinty:** I think it's important for our public to understand that, even when we have made genuine efforts to improve the property tax system for Ontarians, as, for example, when we put forward an initiative to help seniors by increasing the seniors' property tax credit by 25%, the NDP voted against that. When a representative was asked about property tax reform by the Ottawa Citizen, Mr. Prue said the party "is in the gestation of looking at some kind of official policy.... The NDP doesn't want to share its ideas too early...."

Notwithstanding that, we would welcome Mr. Hampton's specific recommendations for improvement to Ontario's property tax system.

**Mr. Hampton:** It's interesting: The budgets you refer to are the budgets where you have \$1.2 billion in tax reductions for banks and insurance companies but nothing for hard-pressed property taxpayers. Homeowners are giving you plenty of options, and I'll give you some here today: Implement all of the Ombudsman's recommendations. Keep your promise to upload the download—the property tax system should not be used to pay for health care, to pay for social assistance, to pay for seniors' housing. Those things should be paid for by you, Premier. You could also bring in a fair and balanced approach to smoothing out skyrocketing assessment increases so that seniors won't have to get out of their homes.

Those are three very practical suggestions, Premier. What is your plan?

**Hon. Mr. McGuinty:** Typical of the NDP. They are full of recommendations and advice with respect to what to do, but of no substance when it comes to how to do it.

It's worth revisiting how we got here. The former government put forward a package of proposals, which in fact extended over eight separate pieces of legislation, none of which were successful in repairing the original injury. What we intend to do is to take our time, to approach this in a way that is both thoughtful and responsible, and to ensure that we get this right.

I want to assure the members opposite, but more importantly the people of Ontario, that the Minister of Finance has taken this to heart.

**1450**

#### ONTARIO HUMAN RIGHTS COMMISSION

**Mrs. Christine Elliott (Whitby–Ajax):** My question is for the Premier. The human rights legislation that was introduced in this House yesterday by the Attorney General has caused great concern in many communities across this province, particularly among those serving ethnic groups and persons with special needs. These organizations feel that they've been ignored by this legislation and that their concerns have not been addressed. The Urban Alliance on Race Relations has said, "We

strongly oppose a move to the proposed model, which would facilitate a two-tiered system [for complainants] ... the protection of human rights should not only be available to those who can afford it. The government should strengthen and appropriately fund the Ontario Human Right Commission, not dismantle it." Many community organizations share valid concerns like these. Why are you not listening to them?

**Hon. Dalton McGuinty (Premier, Minister of Research and Innovation):** I thank the honourable member for the question. I take this opportunity to welcome her and to wish her the very best with her responsibilities. I'd be leery of the advice of the federal member in the riding, though.

I'm sure it won't come as a surprise that we see this differently. We think that this proposed legislation will in fact represent real progress, that it will both modernize and strengthen Ontario's human rights system, that it will be more efficient and more effective. There have been calls now in Ontario for at least 10 years calling for change to our human rights system. Our new law will ensure that the system improves services to the public and advances human rights in the province. I look forward to providing more details through the supplementary.

**Mrs. Elliott:** Premier, the African Canadian Legal Clinic wrote a letter to you on April 12 of this year, which indicated that they had asked for a meeting with you in January 2005. Apparently the matter was referred to the Attorney General, but the April letter indicates that he did not address their concerns. The clinic states in the April letter, "The government is moving ahead with rushed legislative change where no recent consultation has occurred. This speaks to the government's disconnect from the needs of our community." The African Canadian Legal Clinic and many other groups are fiercely concerned that, although you tout your proposed human rights legal support centre as the third pillar to the human rights system, the fact of the matter is that if claimants proceed directly to the tribunal, as proposed, there will be no legal services available to assist them in conducting their investigation in the first place.

Why have you rushed forward with this legislation without holding the consultations so needed to ensure that the rights of all Ontarians are protected?

**Hon. Mr. McGuinty:** I disagree with the characterization that this somehow represents a rushed effort. Various constituencies have been seeking change in this area for 10, 20, 30 years. It's been a long, long time coming. There will be opportunities for constituents and interested parties to make representations during committee.

But let's listen to what some people have said about this legislation. Here's what the chair of the Human Rights Tribunal of Ontario said: "Under this legislation, Ontarians would be able to have their human rights complaints resolved quickly, efficiently and effectively. I look forward to working with the government on implementation." The executive director of the HIV & AIDS Legal Clinic says, "I applaud the Attorney General's

legislation to reform the human rights system. Human rights and community groups have asked for this for many years. We welcome this government's commitment to human rights."

I have many more. We have never, ever pretended that any piece of legislation we put forward is perfect. We look forward to introducing it to committee and getting feedback from Ontarians so we might look forward to improving it further.

### WOMEN'S HEALTH SERVICES

**Ms. Shelley Martel (Nickel Belt):** I have a question to the Premier. According to the Ontario Health Quality Council, Ontario women are 50% more likely than men to get a prescription for a tranquilizer, but women with heart disease are less likely than their male counterparts to receive diagnostic tests and surgery. Can you explain why this is happening in Ontario, and what does your government intend to do about it?

**Hon. Dalton McGuinty (Premier, Minister of Research and Innovation):** The Minister of Health.

**Hon. George Smitherman (Minister of Health and Long-Term Care):** I would like to take the opportunity to thank the honourable member for the question and especially to remind the honourable member that she, like the members of the official opposition during the time of debate around Bill 8, the Commitment to the Future of Medicare Act, which she voted against, also suggested that the Ontario Health Quality Council could play no role. The reality is that we came to office, and the health care system had become rather too accustomed to using the word "system" and not delivering system-wide results. We're working very, very hard to create a system and to deliver on the capacity to make sure that public health services are delivered in an equitable way.

The work of the Ontario Health Quality Council will help all health care providers to recognize some of those challenges that were highlighted and help to develop strategies to address them. But the overarching view is that we need to do a better job with information management and to collect data in a consistent fashion. Local health integration networks are of course also going to be a very important element of that strategy.

**Ms. Martel:** What I said on the public record about the council is as follows: "The Ontario Health Quality Council must have the power to make recommendations about how to make health care better for" Ontario "families. Unfortunately, Dalton McGuinty has deprived his health council of that power and ensured his government has no accountability to his ... council." They can table their report under Bill 8 and you can shelve it.

The council also said yesterday, with respect to women's health, that the Ontario annual hospital report included a women's health performance report. But the council also said that "less than half" of hospitals "got beyond the stage of reading the report. Only one in five organizations surveyed claimed the report had an impact on patient care."

Why is quality research about women's health being ignored, especially when it could have a significant positive impact on patient care?

**Hon. Mr. Smitherman:** Quite to the contrary, through a process we're currently involved in in the government of Ontario; we're restoring independent life and governance to Women's College Hospital and at the same time creating a province-wide centre of excellence for women's health, tying together the women's health and research capacities we have and creating them in a fashion where they can operate more like a system.

Ottawa at the Ottawa Hospital has done a great job. In London, they've done work like that. Sunnybrook of course has expertise. But nowhere in the province of Ontario have we bound together all of the potential, all of the research, all of the capacity related to women's health. We're creating that capacity, as we speak, across the way at Women's College Hospital. The Ontario Women's Health Council will be working out of Women's College Hospital, as they both seek to develop better province-wide mandates.

Agreed, this report has been very helpful in demonstrating to us other areas where we can move and enhance the quality of health services. That's what we asked the Ontario Health Quality Council to do. That's what they have done. And through the work that we're engaging in right now, across the way at Women's College Hospital, we're creating a resource that can be province-wide—

**The Speaker (Hon. Michael A. Brown):** Thank you. New question.

### SOFTWOOD LUMBER

**Mr. Brad Duguid (Scarborough Centre):** My question is for the Minister of Natural Resources. Forestry is a major economic driver in the north, yet there are still many forest industry spinoff operations that are located in other parts of the province. As a member who represents the riding of Scarborough Centre and urban areas right across this province, we really recognize that urban areas as well are impacted by the fate of our forest industry. So not only is the north impacted, but so is every city, village and town across this province.

Yesterday in the Legislature, Minister, you explained to us why this is a bad deal for Ontario. Can you elaborate further today on why this deal does not work for this province?

**Hon. David Ramsay (Minister of Natural Resources, minister responsible for aboriginal affairs):** I very much appreciate receiving a question from the member from Scarborough Centre because, as he knows, the majority of forestry jobs actually are in southern Ontario and not in northern Ontario, and many are in the city of Toronto in container board and tissue manufacturing.

I think the House needs to understand the Ontario position and why our historical share of the market is so important in this agreement. Why I was certainly surprised yesterday that this even came up is that it's not a

matter that the United States, quite frankly, cares about. The United States just cares about the total volume of lumber that's exported into their country; they do not care from which province or which region of this country it comes. Therefore, that's an internal matter, a domestic matter, something to be arranged amongst ourselves in this country. Quite frankly, I have indicated that to our Ambassador Wilson, and he now understands the point that Ontario is making.

**1500**

**Mr. Duguid:** I want to thank the minister for working to protect and champion Ontario's softwood lumber industry. His efforts to stand up for Ontario's softwood lumber industry are appreciated. Surely it's time for the opposition to join us in these efforts rather than keep trying to throw stones at them. Can the minister tell this Legislature what he's done to fight for a fair deal for Ontario's softwood lumber industry?

**Hon. Mr. Ramsay:** We've had discussions with Ambassador Wilson. He understands the point now. But I think it's very important to build bridges across this country, so I've been working with not only trade minister David Emerson, but also the British Columbia forest minister, Rich Coleman, to show support for each other, so that we can equally support the changes we both require, so that British Columbia and Ontario can together support positions in this agreement that would be good for Canada, good for Ontario and good for British Columbia. We're asking that the ambassador present that to the Americans and make those changes so we can have an agreement that's going to be good for the forest industry of this country.

#### PROPERTY TAXATION

**Mr. Tim Hudak (Erie-Lincoln):** A question to the Premier: I'll call your attention to your 2004 budget, page 130. I'll read it to you. "The government plans to proceed with analysis and consultation on alternative assessment stabilization measures for residential and business properties for 2006 and future reassessment years." These will be used to "address taxpayer concerns with assessment volatility for individual properties" and "ensure fairness for all property owners...." I think Mike Colle, then parliamentary assistant to the Minister of Finance, was in charge of studying this very issue. Premier, as you know, it's now 2006. Skyrocketing property assessments are impacting on taxpayers. Can you update us on the status of this study that began in 2004?

**Hon. Dalton McGuinty (Premier, Minister of Research and Innovation):** I can say that, again, we are looking at all of our options with respect to how we might improve Ontario's property tax system. It took eight separate pieces of legislation to get us into this fix. It's not the kind of thing that can be undone overnight. As I say, the Minister of Finance has taken this to heart. He is actively examining a variety of options in terms of the kind of process that we might put in place so we can engage residential ratepayers, business ratepayers, the

people at MPAC, our municipal representatives and members of the opposition as well so we can put something together that will represent real progress and be of lasting value to Ontarians.

**Mr. Hudak:** I think page 130 is the page the Premier forgot. I'll ask you to free poor Mike Colle over there, who worked so hard on his report from the 2004 budget, but his report has been buried for the last two years. Premier, as one of my questions, I ask you to please free Mike Colle's report and table it with the Legislature; it began in 2004.

The Premier knows as well that CAPTR, a property tax advocacy group, did a presentation today. They indicated that for the last taxation year, they had over half of owners with assessments up greater than 10%; one fifth are up 20%. As you know, CAPTR, which represents hundreds of thousands of property owners and seniors across Ontario, has called for caps on assessment increases. Premier, as part of your study, are caps on skyrocketing assessments on the table or are they off the table?

**Hon. Mike Colle (Minister of Citizenship and Immigration):** Let me at him. I'd like to get into this with him. I'd like to give him an earful.

**Hon. Mr. McGuinty:** Speaker, we're going to be charged with having an extra man on the ice shortly here. Mike Colle wants to get in on this.

As I said, we have an overall, overriding, all-consuming intention, which is to get it right when it comes to improving property taxation in Ontario. We have had an independent assessment of the proposal put forward by Mr. Hudak. It comes compliments of the Ottawa Citizen, and I want to quote from a column put forward by Mr. Randall Denley, who's quite an expert on these matters. He says, "In suggesting capping, the Conservatives are returning to a tactic they employed while in power, to disastrous effect."

We remain earnest in our search to make sure we get this right.

*Interjections.*

**The Speaker (Hon. Michael A. Brown):** Order. Stop the clock.

The leader of the third party.

#### NUCLEAR SAFETY

**Mr. Howard Hampton (Kenora-Rainy River):** My question is for the Premier. Yesterday, your Minister of Finance repeatedly claimed that a "decision has not been made" with respect to the McGuinty government's plans to burden Ontarians with \$40 billion of expensive, unreliable and environmentally risky nuclear reactors. Yet recently you said that hydroelectric is maxed out, natural gas is expensive, wind generation is expensive and unreliable, solar is too expensive, and so nuclear power expansions are "on the table" for the province. Premier, your government's fascination with these mega nuclear projects is a very badly kept secret. When are you

going to share all of the details with the hydro ratepayers of Ontario, who will have to pay the bills?

**Hon. Dalton McGuinty (Premier, Minister of Research and Innovation):** To the Minister of Energy.

**Hon. Donna H. Cansfield (Minister of Energy):** I thank the member for the question. We have had the opportunity, as you know, to participate in consultations across 12 cities, with hundreds of individuals and associations. We've even done conference calls with a significant number of people in the north. And we've had an extraordinary number of really good ideas that have been put forward. We are in the process of compiling that information, along with the recommendations from the Ontario Power Authority. We know that there are no easy solutions to this. We are looking at a mixed fuel supply report. We will be presenting that in the near future.

**Mr. Hampton:** Here's the McGuinty government's nuclear record. You refuse to make public all information in your possession about what impacts a nuclear accident would have on human health, the environment and the economy. Nuclear generation companies are lining up to bid on building new nuclear plants. You refuse to put your electricity supply mix plan to a full environmental assessment. And briefing notes show that Ontario Power Generation has been in discussions around locations for new nuclear plants for months. Premier, I say again, this is a very badly kept secret. Your fascination with nuclear megaprojects is clear and obvious. When are you going to share the details with the hydro ratepayers of Ontario, who are going to have to pay the bills?

**Hon. Mrs. Cansfield:** I do thank the member for the question. He's dead on and dead right: We do have an obsession. It's called keeping the lights on. We tend to do it where others will not. I think it's really important that people have accurate information. Currently, 37% of our base load supply comes from nuclear. It supplies 51% of electricity in this province. We also know that we've just refurbished Pickering unit 1 on time and on budget, and we have in place a contract with Bruce for two new units. So there is no question that nuclear is very much a part of the future of this province, as it has been in the past. It has for 40 years been a part of the history of this province. So I think it's important, when information is given out, that the information is accurate.

## WORKPLACE SAFETY

**Mr. Kevin Daniel Flynn (Oakville):** My question today is for the Minister of Labour. Earlier this afternoon, we all observed a moment of silence to mark the day of mourning. It's a day to remember those who have died, been injured or become ill on the job. Tomorrow, which is April 28, individuals all across Ontario and across Canada will gather together to commemorate and reflect.

Minister, everyone in this House agrees that one workplace accident is simply one too many. We agree that one workplace death is simply one too many. And we've all spoken with constituents whose lives have been forever

changed by a workplace accident, occupational illness, or the death of a loved one.

**1510**

I know that the day of mourning events have grown in size and scope over the years. In fact, this day is now marked in over 80 countries around the world. Please explain to the House the significance of the day of mourning for those who are watching who may not be familiar with its significance.

**Hon. Steve Peters (Minister of Labour):** First, I want to acknowledge the role that the honourable member played, as both my parliamentary assistant and my predecessor's as well. I just publicly thank him for that.

As well, I think he correctly notes the worldwide importance of this event. It was on April 28, 1914, that the first Workmen's Compensation Act was passed here in Ontario. Today is a day to remember those who have been killed, who have died, who have been injured on the job. It's a time to remember fallen workers. It's a time to reflect, but more importantly, Mr. Speaker, and for all of us, it's a time to learn from the past. And it's a time—

**Mr. Peter Kormos (Niagara Centre):** Mr. Speaker, on a point of order—

**The Speaker (Hon. Michael A. Brown):** You will sit down until the minister has finished his reply. Minister.

**Hon. Mr. Peters:** It's unfortunate to see the disrespect that the honourable member is showing towards injured workers in this province, because it is a time that we collectively, every one of us in this House, need to look forward to the future. We need to reduce the tragic statistics that were quoted, and that we often hear quoted: 296 work-related deaths and 277,000 injuries in this province in 2004; seven deaths of young workers, 49,000 injuries to young workers. That's not acceptable.

We all need to take an important role and play a role in prevention. As well, the day of mourning marks the stark importance of the challenges that we face in this province of protecting our workers.

**Mr. Kormos:** Mr. Speaker, on a point of order: My point of order is that it's out of order for a parliamentary assistant to ask a question of his minister.

**The Speaker:** You're absolutely right. Supplementary?

**Mr. Flynn:** This really is an important issue, and it's a shame the way it's being treated.

Thank you, Minister, for highlighting the significance of the day. Workplace injuries and fatalities are tragic and unacceptable. The suffering to workers, their families and friends cannot be quantified. As your former parliamentary assistant, I had the opportunity earlier this year to lead a province-wide tour to promote the message of workplace safety and accident prevention, and visited a lot of chambers of commerce across Ontario.

Strengthening enforcement of regulations has an enormous effect on injury prevention. Over the past few years, your ministry has taken vital steps to strengthen and improve regulations under the Occupational Health and Safety Act. Minister, would you please let the House

know more about some of these important initiatives to help prevent workplace injuries in Ontario?

**Hon. Mr. Peters:** Allow me to introduce my parliamentary assistant, the honourable member from Thornhill.

This is a very important matter. It's a serious matter, and there is no doubt that more needs to be done. As a government, we take the issue of health and safety very seriously. I think we've demonstrated very clearly that commitment to health and safety by the Premier, supporting the initiative to hire an additional 200 health and safety officers for this province, doubling the number of individuals who serve in that capacity.

As well, we're taking action to protect workers in a number of other ways, and contrary to what was said by the leader of the third party earlier today, effective June 30, 2006, farm workers in Ontario are going to fall under the Occupational Health And Safety Act, something that has not happened in the history of this province. We're proud of that.

We've updated asbestos regulations. We've amended construction regulations. We've updated and strengthened—

**The Speaker:** Thank you. New question.

#### ONTARIO HUMAN RIGHTS COMMISSION

**Mr. John Tory (Leader of the Opposition):** I'd like to return to the Premier and to the subject of the human rights commission legislation. The Premier spoke about how a number of people have been talking about the need for change for years and so forth and so on, but I don't think that really dealt with the question from the member for Whitby–Ajax, which was why you needed to bring this bill forward before so many groups had an opportunity to be consulted on it. In fact, we have a long list of groups here, all kinds of groups, from the CNIB to the Canadian Hearing Society to Community Living Ontario to the National Anti-Racism Council of Canada to OPSEU and so forth, who specifically said that they were not consulted on this.

My question is this: These people are very concerned about inequitable access to the human rights process, the fact that you will have to go out and hire a lawyer now and get involved in a very complicated, expensive process and how a lot of people will be left out. Will you commit, in order to make sure these people are heard before this matter comes here for second reading debate, that this bill can go out after first reading to complete the job the minister should have done and indicated he would do before he introduced the bill, namely to properly consult these groups that are very concerned about this turn of events in human rights legislation in Ontario? Will you commit to that?

**Hon. Dalton McGuinty (Premier, Minister of Research and Innovation):** There has been ongoing consultation and discussion about our human rights

system for the past 15 years. In fact, a number of reports have been issued in connection with this particular issue. Report after report has shown that there is a system in place which is badly in need of improvement.

The fact is, over the last year, we've held meetings and consultations with over 30 individuals and groups, including many community groups, legal practitioners, legal clinics, academics, and employer and labour organizations. We have consulted extensively, with a view to getting the best ideas to incorporate into our bill. As I say, there will be opportunity during debate, and of course through committee, to improve upon that, should that be required.

**Mr. Tory:** I have a list here of another 20 groups. You talked about meeting with 30 lawyers and whomever else you've said has been met with, but there's clearly a group of 20, and these are not just people who were made up in the dark of night: It's B'nai Brith Canada, Accessibility for Ontarians with Disabilities Alliance and the South Asian Legal Clinic of Ontario. These are people who have explicitly said that they were not consulted and not met with. In fact, many of them even asked to be met with before you brought this legislation forward and were refused a meeting by the minister, refused an opportunity to consult.

I made one reasonable suggestion to you, which was that you agree to have this bill sent out so that these people can have their chance to be heard after first reading of the bill. It should have been before; you didn't answer that question.

Let me address one other matter to you. When the disabilities legislation was being put through the House, it was indicated by you and by your ministers that, rather than setting up a separate tribunal, those people could have the act monitored by the human rights commission, which you are now fundamentally altering. What are these people to make of that when you're making a change on the very thing—

**The Speaker (Hon. Michael A. Brown):** The question has been asked.

**Hon. Mr. McGuinty:** To provide a bit more information to the Leader of the Opposition and to the House with respect to with whom the minister consulted, just some of those groups include: the Metro Toronto Chinese and Southeast Asian Legal Clinic, the African-Canadian Legal Clinic, the Ontarians with Disabilities Act Committee, the Advocacy Resource Centre for the Handicapped, the Centre for Equality Rights in Accommodation, the League for Human Rights of B'nai Brith, OPSEU, the Ontario Federation of Labour, the Canadian Federation of Independent Business and many, many others.

The fact of the matter is that we have had extensive consultations in order to get the best possible advice with respect to how to lend shape to this bill. But again, we will have the opportunity to debate this in this House, and

then, subsequent to second reading, there will in fact be public committee hearings, giving ample opportunity for persons interested to comment on this draft legislation.

### WORKERS' COMPENSATION

**Mr. Howard Hampton (Kenora–Rainy River):** My question is for the Premier. Between 2002 and 2004, construction workers at the air emissions project at the Dryden Weyerhaeuser mill were exposed to a plume of chemicals, including mercury, manganese, hydrochloric acid, ammonia, chlorine and arsenic. As a result, almost all of these workers are very sick and have suffered neurological damage, causing their motor skills to deteriorate. Four years later, the WSIB has not compensated even a single worker of the 160 workers who submitted claims.

Premier, when will these seriously injured workers receive the help and the compensation that anyone who has looked at the case agrees they deserve?

**1520**

**Hon. Dalton McGuinty (Premier, Minister of Research and Innovation):** To the Minister of Labour.

**Hon. Steve Peters (Minister of Labour):** As we know, the health and safety of Ontario citizens is the number one priority for us as a government. We also recognize that exposure to hazardous substances is a major cause of occupational disease, and they add significant cost to businesses but, more important and unfortunately, put workers in this province at serious risk.

We sympathize with any worker who has been exposed and suffers from a workplace injury, and our government is committed to working with workers to see that they are treated fairly and ensure that they are compensated fairly. There are avenues individuals have that, if they have concerns about WSIB, they have that opportunity to communicate directly through to the WSIB.

**Mr. Hampton:** I asked the question of the Premier because this is a situation which I think tells us a lot about how sad and how serious some of these conditions are. Many of the workers who worked in this project are now dead. Others are seriously and chronically ill and probably will never be able to work again.

Jim Vandermeer of Dryden hasn't been able to work for two years because of the injuries suffered at this work site. Mr. Vandermeer suffers from neurological damage, nerve damage, a lack of stamina, shortness of breath and fatigue. He's been to neurologists, neuropsychologists and other specialists, who all confirm his injuries and confirm the relationship to the workplace, but this week the WSIB said that these specialists weren't acceptable. He now has to go and see WSIB doctors. Tell me, Minister and Premier, how long do these workers have to wait? How much do they have to suffer before they get the justice they deserve?

**Hon. Mr. Peters:** This government sympathizes with any worker or any family that has suffered as a result of

any sort of disease, including occupational disease. It's my understanding that many of these employees have contacted the Occupational Health Clinics for Ontario Workers, and these clinics are working with these workers.

As well, there are avenues through the WSIB that these individuals can take, and I would just say to the honourable member that there is some talk that out of frustration a protest will be taking place in Thunder Bay, and that the suggested action of gassing animals is not appropriate. I would ask that the honourable leader of the third party stand up with me and say to those individuals that yes, they have a right to protest, but that endangering the life of an animal is not appropriate.

### EMPLOYMENT SUPPORTS

**Mr. Wayne Arthurs (Pickering–Ajax–Uxbridge):** My question today is to the Minister of Community and Social Services, but I'd like to begin by congratulating the minister on her new portfolio. We have a common background in part. Municipally, both of us, in different jurisdictions, served on social service and health-related committees. So I understand the challenges that she's faced with and I know that, with her background and experience, she's up to the challenge of a very complex portfolio.

Minister, my constituents were extremely pleased to see the government make yet another significant commitment to the vulnerable within our communities in our recent budget by increasing our social assistance rates by some 2%. That relates to some 5% since our government formed office—after 12 years in which it was totally neglected. We recognize the rate increase will help those living on social assistance.

Your ministry also, though, is actively helping people on social assistance find work and helping them to get the necessary job skills to find permanent jobs through programs such as Jobs Now. Minister, can you tell the members of this House why Jobs Now is an important program for those trying to make it off social assistance?

**Hon. Madeleine Meilleur (Minister of Community and Social Services, minister responsible for franco-phone affairs):** Thank you very much for the question; to the member for Pickering–Ajax–Uxbridge. I know that in his former position as the mayor of Pickering, he has had to deal in the past with this very serious issue. So I am pleased to be able to tell you about our Jobs Now program and how important this pilot project is for those trying to leave social assistance.

We know that it is beneficial to all of us when people move into steady jobs and off social assistance. People on social assistance want to work and want to become financially independent from welfare. Jobs Now offers people, the clients, the personalized support they need for up to 18 months. That's the secret of that program.

## PETITIONS

### OPTOMETRISTS

**Mr. John O'Toole (Durham):** I have petitions from the riding of Durham which I'd like to put on my desk here.

"Whereas the last funding agreement between the Ministry of Health and Long-Term Care and the Ontario Association of Optometrists (OAO) expired March 31, 2000; and

"Whereas the optometric fees for OHIP-insured services remain unchanged since 1989; and

"Whereas the lack of any fee increase for 15 years has created a crisis situation for optometrists; and

"Whereas fees for OHIP services do not provide for fair or reasonable compensation for the professional services of optometrists, in that they no longer cover the costs of providing eye examinations; and

"Whereas it is in the best interests of patients and the government to have a new funding agreement for insured services that will ensure that the most vulnerable members of society are able to receive the eye care they need;" when they need it,

"Therefore we, the undersigned, petition the Legislative Assembly of Ontario as follows:

"That the Ministry of Health and Long-Term Care," George Smitherman, "resume negotiations immediately with the OAO and appoint a mediator to help with the negotiation process in order to ensure that optometrists can continue to provide quality eye care services to patients in Ontario."

I'm pleased to support this, and Dr. Kahn and others, who are extremely professional individuals.

### AUTISM SERVICES

**Ms. Shelley Martel (Nickel Belt):** I have a petition addressed to the Legislative Assembly of Ontario which reads as follows:

"Whereas the incidence of autism spectrum disorders has dramatically increased in recent years and Ontario's schools lack the required resources to accommodate this growing number of pupils; and

"Whereas children with ASDs are capable of academic success when they have appropriate support; and

"Whereas under the Education Act of Ontario, children with ASDs are legally entitled to receive appropriate special education programs and services; and

"Whereas many ASD pupils are denied their education rights and are suffering academically, socially and emotionally because of a lack of resources available to assist them with their disability-related needs; and

"Whereas the resources required to accommodate ASD pupils may include (but are not limited to) educational assessments; educational assistants; specialized personnel such as behavioural therapists, speech and language pathologists, and occupational therapists; special-

ized programs and curriculum (including social skills and life skills); transitional programs; and assistive technology;

"We, the undersigned, petition the Legislative Assembly of Ontario as follows:

"(1) Increase funding for special education, and ensure that this funding reaches ASD pupils to meet their disability-related learning needs;

"(2) Develop educational best practices and pilot projects for educating children with ASDs so that every student with ASD across Ontario has access to the best possible programs and services."

This petition was sent to me by Michelle Dewar of Ottawa. I want to thank her for sending it to me. I agree with the petitioners and I affix my signature to this.

### PUBLIC TRANSIT

**Mr. Mario G. Racco (Thornhill):** "To the Legislative Assembly of Ontario:

"Whereas we, the residents of the GTA and York region, recognize the need for a solution to the gridlock problem that plagues our streets;

"Whereas the province of Ontario has invested \$670 million in the Spadina-York subway extension;

"Whereas the federal government must also invest funds in transportation infrastructure for any project to be effective;

"Whereas the federal government has failed to do so;

"We, the undersigned, petition the Legislative Assembly of Ontario to lobby the federal government to support the province's initiative to fight gridlock in southern Ontario by investing in the Spadina-York subway extension."

I support this and I put my signature to it.

### ORGAN DONATION

**Mr. Jerry J. Ouellette (Oshawa):** I have a petition to the Legislative Assembly of Ontario.

"Whereas 1,920 Ontarians are currently on a waiting list for an organ transplant; and

"Whereas the number of Ontarians waiting for an organ transplant has virtually doubled since 1994; and

"Whereas hundreds die every year waiting for an organ transplant; and

"Whereas greater public education and awareness will increase the number of people who sign their organ donor cards and increase the availability of organ transplants for Ontarians; and

"Whereas the private member's bill proposed by Oak Ridges MPP Frank Klees will require every resident 16 years of age and older to complete an organ donation question when applying for or renewing a driver's licence or provincial health card, thereby increasing public awareness of the importance of organ donation while respecting the right of every person to make a personal decision regarding the important issue of organ donation;

“Therefore, be it resolved that we, the undersigned, respectfully petition the Legislative Assembly of Ontario to pass Bill 67, the Organ and Tissue Donation Mandatory Declaration Act, 2006.”

As I am supportive of organ donation, I will affix my signature.

**1530**

#### COMMUNITY MEDIATION

**Mr. Peter Fonseca (Mississauga East):** Petition to the Ontario Legislative Assembly:

“Support Community Mediation

“Whereas many types of civil disputes may be resolved through community mediation delivered by trained mediators, who are volunteers who work with the parties in the dispute; and

“Whereas Inter-Cultural Neighbourhood Social Services established the Peel Community Mediation Service in 1999 with support from the government of Ontario through the Trillium Foundation, the Rotary Club of Mississauga West and the United Way of Peel, and has proven the viability and success of community mediation; and

“Whereas the city of Mississauga and the town of Caledon have endorsed the Peel Community Mediation Service, and law enforcement bodies refer many cases to the Peel Community Mediation Service as an alternative to a court dispute; and

“Whereas court facilities and court time are both scarce and expensive, the cost of community mediation is very small and the extra expense incurred for lack of community mediation in Peel region would be much greater than the small annual cost of funding community mediation;

“Be it therefore resolved that the government of Ontario, through the Ministry of the Attorney General, support and fund the ongoing service delivery of the Peel Community Mediation Service through Inter-Cultural Neighbourhood Social Services.”

I affix my signature.

#### DISABLED PERSONS PARKING PERMIT PROGRAM

**Ms. Laurie Scott (Haliburton–Victoria–Brock):** Petitions presented to me by Brian Burnett from Lindsay.

“To the Legislative Assembly of Ontario:

“Whereas there currently exist problems of exposure to theft and the weather when displaying a disabled person parking permit on a motorcycle while parked in a disabled parking space;

“We, the undersigned, petition our members of Parliament to promote the development of a special, fixed permit as proposed by the Bikers Rights Organization, for use by disabled persons who ride or are passengers on motorcycles, even if that requires an amendment to the Highway Traffic Act.”

Signed by hundreds of people from my riding.

#### CELLPHONES

**Mr. John O’Toole (Durham):** It’s a privilege today to have two petitions on behalf of my constituents as follows:

“To the Legislative Assembly of Ontario:

“Whereas the safe operation of a motor vehicle requires the driver’s undivided attention; and

“Whereas research has shown that the operation of devices such as cellphones and other in-car technology detract from a driver’s ability to respond and concentrate on the task at hand;”—which is driving—“and

“Whereas more than 30 jurisdictions around the world have already passed legislation to restrict the use of cellphones while driving; and

“Whereas Durham MPP John O’Toole has introduced a private member’s bill that would, if enacted, enact regulations, raise awareness and gather data on distracted driving;

“Therefore we, the undersigned, respectfully petition the Legislative Assembly of Ontario as follows: That the Legislative Assembly of Ontario support Bill 68, Highway Traffic Amendment Act (Cellular Phones), 2006” and immediately call it before the estimates standing committee of the provincial Legislature.

I’m pleased to sign this on behalf of my constituents, and of course on behalf of myself.

#### OPTOMETRISTS

**Mr. Jerry J. Ouellette (Oshawa):** I have a petition that reads:

“To the Legislative Assembly of Ontario:

“Whereas the last funding agreement between the Ministry of Health and Long-Term Care and the Ontario Association of Optometrists (OAO) expired March 31, 2000; and

“Whereas the optometric fees for OHIP-insured services remain unchanged since 1989; and

“Whereas the lack of any fee increase for 15 years has created a crisis situation for optometrists; and

“Whereas fees for OHIP services do not provide for fair or reasonable compensation for the professional services of optometrists, in that they no longer cover the costs of providing eye examinations; and

“Whereas it is in the best interests of patients and the government to have a new funding agreement for insured services that will ensure that the most vulnerable members of society are able to receive the eye care they need;

“Therefore we, the undersigned, petition the Legislative Assembly of Ontario as follows:

“That the Ministry of Health and Long-Term Care resume negotiations immediately with the OAO and appoint a mediator to help with the negotiation process in order to ensure that optometrists can continue to provide quality eye care services to patients in Ontario.”

I affix my signature.

### CRIME PREVENTION

**Mr. Lorenzo Berardinetti (Scarborough Southwest):** I have a petition that's addressed to the Legislative Assembly of Ontario and reads as follows:

"Whereas gun violence has been on the rise in the province of Ontario over the past year;

"Whereas such violence has had a devastating effect on communities across this province;

"Whereas this propensity towards gun violence is born largely out of neglect and abandonment on the part of previous governments toward youth and the issues and concerns they face;

"Whereas programs supporting youth such as employment and recreation are essential in diverting youth from pursuing and embracing a culture of crime;

"Whereas we applaud Premier Dalton McGuinty for his quick response to this issue by immediately meeting with members of affected community groups and committing the government of Ontario to action;

"We, the undersigned, petition the Legislative Assembly of Ontario to request that the government of Ontario, as part of its strategy to deal with gun violence, restore and fund more programs that fund initiatives that empower youth like employment and recreation."

I agree with the contents of this petition, affix my signature to it and give it to Page Haakim, who's with me here today.

### JUSTICE SYSTEM

**Mr. John O'Toole (Durham):** I have another petition to represent the views of my constituents here at petition time. I've presenting this before, but there's been no response to date.

"In-Depth Investigation of Judicial System

"To the Legislative Assembly of Ontario:

"Whereas the Honourable Michael Bryant, Attorney General of Ontario, is elected to safeguard our justice system on behalf of the people of Ontario;

"Whereas the Ministry of the Attorney General may not be aware of the serious and important issues facing individuals involved in areas of the justice system even though the Attorney General's ministry is continually monitoring" the system;

"Therefore we, the undersigned, ask the Honourable Michael Bryant, Attorney General, for his in-depth investigation and findings of the Ontario judicial system and make the public of his findings immediately."

I am pleased to support this and present it on behalf of Steve Spence, Fred Finlayson, Orv Holland and others in my riding.

### MACULAR DEGENERATION

**Mr. Bob Delaney (Mississauga West):** I have a petition to the Legislative Assembly of Ontario, and I join with my seat mate, the member for Niagara Falls, in presenting it. It reads as follows:

"Whereas the government of Ontario's health insurance plan covers treatments for one form of macular degeneration (wet), there are other forms of macular degeneration (dry) that are not covered,

"We, the undersigned, petition the Legislative Assembly of Ontario as follows:

"There are thousands of Ontarians who suffer from macular degeneration, resulting in loss of sight if treatment is not pursued. Treatment costs for this disease are astronomical for most" people "and add a financial burden to their lives. Their only alternative is loss of sight. We believe the government of Ontario should cover treatment for all forms of macular degeneration through the Ontario health insurance program."

I'm pleased to sign this petition and to ask Page Haakim to carry it for me.

### ORGAN DONATION

**Mrs. Elizabeth Witmer (Kitchener-Waterloo):** I have a petition to the Legislative Assembly of Ontario:

"Whereas 1,920 Ontarians are currently on a waiting list for an organ transplant; and

"Whereas the number of Ontarians waiting for an organ transplant has virtually doubled since 1994; and

"Whereas hundreds die every year waiting for an organ transplant; and

"Whereas greater public education and awareness will increase the number of people who sign their organ donor cards and increase the availability of organ transplants for Ontarians; and

"Whereas the private member's bill proposed by Oak Ridges MPP Frank Klees will require every resident 16 years of age and older to complete an organ donation question when applying for or renewing a driver's licence or provincial health card, thereby increasing public awareness of the importance of organ donation while respecting the right of every person to make a personal decision regarding the important issue of organ donation;

"We, the undersigned, petition the Legislative Assembly of Ontario to pass Bill 67, the Organ and Tissue Donation Mandatory Declaration Act, 2006."

I have affixed my signature.

**1540**

### CRIME PREVENTION

**Mr. Lorenzo Berardinetti (Scarborough Southwest):** I have a petition with three pages of signatures, prepared by residents of Fir Valley in my riding. It reads:

"To the Legislative Assembly of Ontario:

"Whereas gun violence has been on the rise in the province of Ontario over the past year;

"Whereas such violence has had a devastating effect on communities across this province;

"Whereas this propensity toward gun violence is born largely out of neglect and abandonment on the part of previous governments toward youth and the issues and concerns they face;

"Whereas programs supporting youth such as employment and recreation are essential in diverting youth from pursuing and embracing a culture of crime;

"Whereas we applaud Premier Dalton McGuinty for his quick response to this issue by immediately meeting with members of affected community groups and committing the government of Ontario to action;

"We, the undersigned, petition the Legislative Assembly of Ontario to request that the government of Ontario, as part of its strategy to deal with gun violence, restore and fund more programs that fund initiatives that empower youth like employment and recreation."

I agree with this petition. I affix my signature to it and give it to page Gennaro, who is with me here today.

#### BUSINESS OF THE HOUSE

**Hon. David Caplan (Minister of Public Infrastructure Renewal, Deputy Government House Leader):** On a point of order, Mr. Speaker: I want to rise, pursuant to standing order 55, and give the House the business for next week.

On Monday, May 1, in the afternoon, second reading of Bill 104, the Greater Toronto Transportation Authority Act; in the evening, second reading of Bill 81, the Budget Measures Act.

On Tuesday, May 2, in the afternoon, second reading of Bill 11, the Provincial Parks and Conservation Reserves Act; and in the evening, to be confirmed.

On Wednesday, May 3, in the afternoon, opposition day from the official opposition; in the evening, second reading of Bill 43, the Clean Water Act.

On Thursday, May 4, in the afternoon, second reading of Bill 104, the Greater Toronto Transportation Authority Act.

#### ORDERS OF THE DAY

##### TRANSPARENT DRUG SYSTEM

##### FOR PATIENTS ACT, 2006

##### LOI DE 2006 SUR UN RÉGIME DE MÉDICAMENTS TRANSPARENT POUR LES PATIENTS

Resuming the debate adjourned on April 25, 2006, on the motion for second reading of Bill 102, An Act to amend the Drug Interchangeability and Dispensing Fee Act and the Ontario Drug Benefit Act / Projet de loi 102, Loi modifiant la Loi sur l'interchangeabilité des médicaments et les honoraires de préparation et la Loi sur le régime de médicaments de l'Ontario.

**The Acting Speaker (Mr. Joseph N. Tascona):** Time for debate. The Chair recognizes the member for Kitchener-Waterloo.

**Mrs. Elizabeth Witmer (Kitchener-Waterloo):** I'm pleased to continue with the presentation that I had begun

on Tuesday of this week, April 25. I have to say that in the interim we have continued to receive more and more letters, e-mails, faxes and phone calls from individuals in this province who have had more time to analyze Bill 102, the new drug reform bill, and who are expressing concerns. In fact, I would say the level of concern is growing each day.

Certainly, it has become abundantly clear that this bill is all about cost containment. That is the centre of this new drug reform bill, and at the end of the day, despite the fact that the government has raised expectations, particularly for patients, about the fact that they're going to have increased access to drugs, particularly innovative new drugs, and that this bill is going to result in better patient outcomes, the opposite continues to be true as people continue to analyze this bill.

There's also growing concern about the economic impact of this legislation, the impact it's going to have on the innovation and research sector in this province. Again, we've heard from people who are concerned about their jobs. There is the potential for many high-paying jobs to be lost for people in the province of Ontario.

I would say that the largest area of growing concern is probably from patient groups and patients themselves, who have now recognized that there isn't going to be improved patient access or better patient outcomes.

The other group that is very, very concerned is pharmacists. By far the greatest number of communications in the last two days have come from individuals, in particular independent pharmacists, who are very concerned that the government, not having done any economic impact study, has now introduced a bill which will cause many of them to go bankrupt and be forced to abandon the pharmacies that they have established. It will be particularly, they believe, hard-hitting and negative for people in rural and northern Ontario.

I'm going to continue today; I was talking about interchangeability the other day. Again, we're hearing concerns from stakeholders about the implications of the terminology. They're concerned if this means that the government is going to be opening the door for things like therapeutic substitution.

In fact there was an Rx&D statement issued on April 13, 2006, from Russell Williams, the president, where he says, "It is imperative that patients have access to the therapies that work best for them. Imposing substitution of medicines and thus limiting the physician's ability to prescribe what they know is best, is contrary to optimal health outcomes for patients. As we understand the plan, this is of concern to us."

There's also concern about the change of the requirement that generics, which were required to be the same, now only have to be similar.

This of course raises concerns about drug efficacy. As we know and as has been pointed out to us by stakeholders, people react differently to different drugs. The confidence we have in generics today is because we know they're identical in every way to the original brand

name product. But under this reform package that changes.

There is concern, and questions have been raised about what happens if a pharmacist decides to substitute a generic product in tablet form for a brand product in capsule form and that product doesn't work for the patient. Can doctors insist that brands be given? Can pharmacists override doctors' prescriptions? Who pays the difference between the generic and the brand in that case?

There are many, many questions that are left unanswered about the impact of this legislation as it deals with this whole issue of interchangeability.

The minister of course has added to the confusion, because he said on April 13, 2006, that all patients will continue to receive the drugs they currently receive. Yet people have said that the entire purpose of Bill 102 seems to be to allow the switching of patients' drugs in order to save money. They don't see anything here in the bill that would provide or require grandfathering that any patient would continue to have access to the same drugs, which the minister's statement suggests they would have. What is there here to protect patients that would enable them to continue to receive the drugs that they currently receive? Certainly there's nothing here in the bill that would suggest that that would be happening. In fact it appears, and this is another concern expressed by our stakeholders, that for the first time the government will be allowed to force seniors to switch one brand name drug to a completely different one simply because it is cheaper, even if they have not been approved as interchangeable by Health Canada.

We're starting to hear concerns from patient groups about this issue. Judy Cutler from CARP has said that CARP supports the new drug strategy in principle. However, they do have some concerns. They believe that substitution must not mean that Ontarians will be given the cheapest drug in a family of drugs rather than the most effective one for that patient. They're also concerned that, obviously, more and more expensive drugs are going to be delisted. They also have expressed concern that any therapeutic substitution should be grandfathered, so that patients are not switched from one drug to another. They say that doctors' prescriptions for specific drugs must be honoured; they say they are the people who know what is appropriate for the patients' overall well-being. They also question what "conditional use" means.

They go on, and we're hearing this from other people as well—they are recommending that Minister Smitherman slow down the process of the strategy to ensure that Ontarians get the best treatment and know what they are getting into.

**1550**

Of course, other people are demanding as well that the government take a look at the implications and do an impact study on the consequences of this legislation, which overhauls the Ontario drug system and is expected, according to the analysis that we're receiving, to have

some very negative repercussions for patients. As you know, the people never had an opportunity to respond or be consulted on the actual content of the bill.

I want to talk a little bit about rebates. The government said they are outlawing rebates. But again, people are saying there's a lot of confusion. They're saying, "What exactly is a rebate and what is not?" In fact, McMillan Binch Mendelsohn put out a health bulletin. In their analysis of the bill, they say, "The bill defines prohibited rebates to include money, discounts, refunds, trips, free goods and any other prescribed benefits. Discounts offered in the ordinary course of business for prompt payment are not rebates." Then they go on to say that perhaps the regulations "may well explain exactly what else will not fall within 'rebate's' fairly broad definition."

The question being asked is, will there be rebates or will there not? The minister says there will not be, but when people start to do an analysis of the legislation, they're not so sure that that will not indeed happen. But again, nobody knows what the definition will be.

The other impact of eliminating rebates, as the minister says he's going to do, is the economic impact that this may have on independently operated pharmacies. Here we are hearing growing concern. This is where we are receiving so much more communication each day from independent and small-chain pharmacies and pharmacists. They are very, very worried about the impact of the changed situation in the province of Ontario. In fact, one pharmacy decided that they should give us a look at their books, just to show us what the impact was going to be on their bottom line if the bill, as presently worded, is introduced. They showed us how the proposed changes were going to impact their financial structure. It was going to create a situation where it would force them to reduce access to the pharmacy. It would increase the wait times for patients to have their prescriptions filled, and it would decrease the access for patients to certain products because the pharmacies will no longer be able to carry the unique and more expensive products that patients need. They also went on to say that, and we took a look at their books, many of the pharmacies which were going to be in a similar situation to theirs would be forced to close their doors to patients altogether.

This government has not done an economic impact study of how this bill is going to impact those individuals and those small independent pharmacies, and obviously that needs to be done. Pharmacists are an important partner in the delivery of primary care health services. The plan is that they would become part of the family health teams. They are an essential service in communities across the province and, of course, they also support our hospitals.

CIBC World Markets equity research also had a company update. They have expressed concern about the implications of the Ontario drug benefit plan, specifically the elimination of the rebates on pharmacists. This is what they say:

"Eliminating rebates on generic drugs paid to pharmacists is a negative that is endemic to independent pharmacists. Educational fees or training support will be restructured into more formalized cost and service agreements. Again chains with size and leverage will be most successful. As structured, this bill provides no incentives for pharmacists to help reduce health care costs by counselling, advising and/or promoting generics. As structured, this bill not only contains no incentives; it could also be a blow to drugstores, in particular the mom-and-pop operations."

I want to read one of the letters that I have received from pharmacists who are concerned. This one is from John Furtado on Bloor Street, here in Etobicoke. He says:

"We are small pharmacy owners in this province. We are writing to ask you to ... reconsider your proposed Bill 102. We take exception to you demonizing pharmacies in your statement at the first reading, and particularly your suggestion that pharmacies are to blame for the lack of funds in the health care system. We take exception to your suggestion that pharmacies and pharmacists are profit-makers and are somehow cheating the government by receiving rebates from generic manufacturers. We take exception to your suggestion that you have considered the interests of pharmacies and the services we (particularly small community pharmacists) provide to our patients."

He goes on to say, "We are health professionals first and foremost. We look after our patients on an individual basis." He goes on to say that they need to be "compensated fairly for the services we provide" in order that they can "feed our families."

He talks about how they have done everything possible to stay in business. They've waived the \$2 co-payment fee to lower their prices. They've done everything. Now they stand in a position where they may be forced to go out of business.

He concludes by saying, "This ... Bill 102, as it stands, will result with most independent pharmacies not being able to make its bottom line, forcing them to close." So that's the type of concern we're hearing from individuals.

I would urge the government to keep in mind the integral and important role that pharmacists in Ontario play in the delivery of primary health care services. They need to do an impact study. They need to ensure that pharmacists continue to be compensated fairly. The government may wish to consider using this new pharmacy council, which they say they're going to set up but it's nowhere in the legislation, to take a look at what would be adequate reimbursement. Anyway, there is a lot of concern.

The minister said that they're going to spend more money on drugs each and every year—he said that on April 22—but if you take a look at the estimates released by the minister, they're going to cut them by \$13 million this year.

What about the principles in the bill? If you take a look at the principles in the bill, while we are supportive of principles of good governance in this bill, there cer-

tainly remain questions about the government's priority when it comes to the bill. Again, there's nothing in here about optimal patient outcomes or the health and wellness of Ontarians as a principle of the new act. Instead, three of the five principles talk about money. So one wonders if the people are right and this bill really is all about cost-containment and really not much interested in optimal patient outcomes or the health and wellness of Ontarians.

By the way, no one can criticize the principles of good governance, especially for a system that spends over \$3 billion of taxpayers' money each year.

I now want to move to what we have heard is a big concern for people in Ontario, and that is the powers that have been given to the new executive officer, powers that we now see are sweeping, unprecedented and unfettered.

#### **1600**

There is growing concern about the extraordinary powers that have been transferred from cabinet to the proposed new executive officer, with no compensatory transfer of the requisite accountability, oversight or appeal mechanism that should be provided for. Furthermore, the government has not established any criteria for this person's selection, and yet this person will, through the amendments, assume nearly all responsibility for the drug system, responsibilities, by the way, that currently reside with the Minister of Health and Long-Term Care.

It's interesting. The minister has stated that the drug approval system has been cloaked in science for too long. He said, I think in the initial introduction of the bill, that he really doesn't want a pharmacist or a physician to fill the position, and yet this is the person who has all the power and who is going to be making decisions that obviously should be based in science about such things as interchangeability. It's been suggested to us that instead of science, it appears the drug system and decision-making in the future, while it is not cloaked in science, may now be cloaked in politics. This whole issue around the Drug System Secretariat, the work done by the secretariat, has been shrouded in secrecy in the past.

Let's take a look at some of the powers of this proposed executive director. The government likes to point out that there's nothing different between this individual and the director at OHIP. I would like to point out to those on the government side who use this argument that in fact some of the powers and some of the functions of the new executive director are far different than any powers that are exercised at OHIP. For example, the director at OHIP, who deals with OHIP services, does not have the unilateral authority or ability to delist OHIP services. These decisions are usually made by cabinet. The director of OHIP doesn't have the unilateral ability to add services to the schedule of benefits. That's the responsibility of the cabinet. The director at OHIP doesn't have the ability to unilaterally determine a fee schedule, either for the physicians or for the health care providers who depend on OHIP. That usually occurs in conjunction with the OMA through negotiations, and it is ratified by cabinet.

For the government to maintain that this is the same as the director at OHIP—this bears no resemblance whatsoever. This individual is going to be given unprecedented power to make decisions. This individual is going to have unilateral power to enter into agreements with drug companies on pricing. This individual is basically going to have not just power, but this individual is not going to be a bureaucrat; it is going to be a political appointment, an individual who is appointed through an OIC.

So throughout the province of Ontario, there is widespread concern about the unprecedented powers of this new position that is being created in this legislation.

Another area of concern is this whole area of the former section 8. What does it really mean? People are relieved, particularly physicians, to see section 8 go, but does the new section simply mean that the same thing is going to happen?

“Section 8 is to be replaced by a new program called ‘conditional listing,’ coupled with an ‘exceptional access mechanism.’ Limited-use drugs are to be reviewed with the aim of moving them to either the conditional listing category or general benefits.” But you know what? Nobody knows what the conditional listing program will look like; it’s not in the legislation. Yet the government claims that the result will be less paperwork for physicians. They say that the exceptional access mechanism will fulfill the original mandate of section 8, that is, to provide the means to access unlisted drugs in special circumstances.

Although the elimination of section 8 and limited use is welcome news, I know that the physicians in this province, particularly the OMA, are going to be looking very carefully in order to ensure that the replacement program in this bill is not merely a name change. I know that the OMA said in their recent newsletter that they’re going to monitor the government’s plans for changes in its rules for interchangeability. “At present, the Ontario rules for generic substitution are very tight,” they say, “and it appears the government intends to loosen them.” They have also said that they will be seeking to ensure that physicians can rely upon the fact that dispensing pharmacists will not substitute the medication they ordered for a product that is deemed “similar.” Again, there is concern on the part of those individuals as well.

I want to go back to the whole issue of delisting and the power that was given to the executive officer, because if we take a look at section 20, the minister has said, “And if a drug is not approved, we’ll tell both patients and manufacturers why—quickly and honestly.” He said that on April 13, 2006. However, section 20 allows the executive officer to delist a drug for any reason. What it does not state is that the government must publicly explain their decision. What the minister has said and what is in the bill are two different things. There is no requirement right now to explain any decision to patients and manufacturers, and there’s no responsibility at all to do so quickly and honestly. Where is the accountability that the government talks about?

We see other areas where what the minister says and what the legislation says are two different things. The minister said in the April 13 news release this year, “There will be no change whatever so to benefits, to copayments, to deductibles, or to eligibility for Ontario drug program recipients.” Section 23 is clear, however: “The operator may charge or accept payment from a person other than the executive officer in an amount equal to the sum of,

“(a) the amount the executive officer would have paid under this act, absent the criteria; and

“(b) the amount the operator could have charged under this act, absent the criteria.”

In addition we have heard from pharmacists who are wondering how they will be able to avoid charging copayments that are currently being waived when this bill comes into effect.

There is a lot of difference between what’s been said on the date of the introduction of the bill and what is actually contained within the legislation, which I would say is not much; it doesn’t give much confidence to people that some of the rhetoric on the day of introduction is actually going to be seen in reality.

There’s also concern about the partnership agreements and competitive agreements for brand drugs. How will providing market access agreements to manufacturers increase the availability of drugs? We have been asked this question. If two companies each produce a drug that treats the same condition and one company is awarded an exclusive contract with the government, what happens to the company that is shut out of the marketplace? Will Ontarians be denied access to the drug? Nobody knows at this point in time. Also a question being asked: As prices are negotiated downwards, what will this mean for pharmacies that see reduced revenues as a result of the markups? Again, we don’t have an answer.

#### 1610

In fact, there are a lot of answers that we do not have, but there is a lot of concern. There is concern that patients are going to be paying more but have less choice. There is concern that if patients want a different drug, they will have to pay the whole cost of that different drug themselves. There is concern that patients are going to be forced to choose between a few drugs covered by the government drug plan, even if those drugs don’t work for them.

There is a concern certainly about these new agreements. Does it mean that the government is going to have a monopoly on who supplies Ontario with medication? Will there continue to be competition? What kind of transparency measures are going to be in place as this proposed executive officer makes these deals with the drug company? Will the public be told how company A got a listing and company B did not? Also, what about the deals that the company may have given the government in order to get the agreement?

I’ve mentioned the fact that there’s huge concern about the change to the pharmacy reimbursement structure. We applaud the increase to the dispensing fee. How-

ever, we know that it does not accurately reflect the cost of dispensing. I've said before, and we continue to hear from the pharmacists, that this could threaten the viability of independent, small-town pharmacies in particular, but also others.

I want to ask the question again: Has the government ever costed the implications of this bill on pharmacies in the province of Ontario? If they have, they should be honest. They talk about transparency. They should table the estimates with people in the province because, right now, they're raising a lot of concern.

When we take a look at dispensing costs, you're going to give the pharmacist \$7; the costs are closer to \$10. So the increase that we see today isn't going to reflect the true costs of dispensing in the province.

I would also ask the government: If you've done an impact study and looked at the fact that pharmacists are going to go out of business, what is your contingency plan? How are you going to ensure that people in the province of Ontario continue to have access to their pharmacist, who, I have said before, is a key member of the primary health care team? These are all questions that must be answered.

I'm pleased to see that pharmacists are going to be paid for their professional services. This is a change that our government supported. They have been performing a med-management role, and I would agree that it is time that they're compensated. However, if they're going to be practising in pharmacies that are going to be negatively affected by other changes in the reform package, such as the rebates, then what good is it going to do to pay them for professional services when they don't have a pharmacy left to perform those services in? That's what we're hearing: that this plan is not balanced. I'll say it one more time. It can, and they're telling us it will, result in reduced patient access to pharmacy services as some of these businesses are going to be forced to close their doors because they simply cannot make ends meet, and probably the hardest-hit areas are rural and northern communities, where they already lack access to doctors and other primary care providers as well.

So there is concern that this well may be—I quote from a letter I received—"the beginning of the possible extinction of retail pharmacy as we know it today." They say that the new act will mean fewer pharmacies are going to be able to survive. And I just want to tell you this: There will be less availability of drugs within the pharmacy since they simply are not going to be able to afford to keep a large inventory. So that's an impact.

They have a message for the government. They have questions for the government. They're asking you this: How did the government derive the numbers, given that it is widely accepted that it costs more than \$10 to provide a prescription to a patient? How did the government conclude that a \$25 cap on markup could be sustainable when they know that this will jeopardize the ability of pharmacies to provide high-cost medications to patients because the cap will not cover the costs of stocking these medications? Has the government considered

the impact on sensitive patient groups: for example, those suffering from HIV/AIDS, cancer, rheumatoid arthritis, multiple sclerosis and Crohn's disease? I would hope that the government will very seriously consider this whole issue of pharmacy reimbursement and the possible impact it can have on fewer pharmacies and pharmacists available to the people of Ontario in the future.

Let's turn to conditional listing, the exceptional access mechanism. The minister raised expectations that new, innovative drugs like Velcade and Fabrazyme were going to be funded. We hope that's going to be true, because there are many people who desperately need these drugs. But people are already becoming skeptical. In The Observer, the Sarnia paper, on Saturday April 15, Darren Nesbitt, a man who has been fighting this province to approve an expensive treatment for a rare genetic disorder that he suffers from, already is expressing some concern about the impact of this new drug reform bill. He says at this time, "I feel more loyalty to this drug company than to my own government." He said that if the plan does speed up the approval process, he's all for it. But he is concerned that it's not going to have the impact that the government says it will.

Again, there's a concern about breakthrough drugs. What's the process? What's the definition? What's the rapid review? Without knowing what the process is, without knowing the definition, there's concern that it's not going to make much difference and there aren't going to be any new products, or very few, in the marketplace. They're concerned. We have heard from patient groups that incremental medicines might not be in any position to be more readily available in the future as well. We need to see definition. We need to see a process. It's simply not there.

Then we have the innovation fund. This is a very weak attempt to make up for the massive cuts to revenue and market share that the manufacturers are going to suffer under this drug package. The Premier talks about being the innovation and research Premier, even though he saw his own budget numbers cut back this year. Even though he went to Chicago and said that this is a place to invest in Ontario if you want to invest in innovation, well, within hours of his making that statement in Chicago, the minister closed the door to innovation by introducing this bill. It doesn't take into consideration the need for research and development in this province and the need for a balanced approach.

The bill we have before us could well translate into job loss. In fact, today, Paul Lucas, president and CEO of GlaxoSmithKline, said, "If this bill moves forward as is, pill hill will disappear. Might not be next year, you might not read about it in the papers, but make no mistake, the investments will go elsewhere," to places like Singapore, Ireland, China, the US, India and Quebec. Well, ladies and gentlemen, I think you can see that there is growing concern amongst all stakeholders in the province of Ontario, whether it is the individual patient, the pharmacist or the pharmacies or whether it is those people who engage in innovation and research.

**1620**

Unrealistic expectations have been raised that this is going to improve access to drugs and it's going to improve patient outcomes. Instead, we're seeing a bill that is really all about cost containment. I don't deny that we have to contain the costs in this budget area, but the government needs to be truthful when it comes forward with this bill and not raise unrealistic expectations that they simply have no means to achieve.

There's also growing concern about the unprecedented powers that are being transferred from cabinet to the proposed executive officer position and the fact that there's no compensatory transfer of accountability, oversight or appeal mechanism.

There's also concern, again, about the impact—I will say it just one more time—on research and innovation in this province. Research and innovation create many high-paying jobs. Contrary to what the Premier of this province professes that he wants to see happen, this bill closes the door to that area. Certainly we have quotes demonstrating that that could happen.

I would just say that we have pharmacists in this province to whom, because no economic impact study has been done as far as what this bill says is going to happen, it means that their future economic viability is going to be put at risk, and it probably is going to hit the independent operators especially hard.

I hope the government will allow for significant consultation, real consultation, on the recommendations contained in this bill. I hope they will do the economic impact study. What does this mean for Ontario? What does it mean to introduce all of these initiatives, all of these reforms, if at the end of the day people have less access to drugs, particularly innovative drugs, in the province and if they have less choice? This bill without consultation could have the potential to have very devastating consequences for everyone in this province.

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

**Mr. Michael Prue (Beaches-East York):** I listened intently, I can't say to the whole speech because I didn't hear the first 20 minutes, but the last 40 minutes were quite detailed. Mrs. Witmer, the member from Kitchener-Waterloo, is to be commended for her dogged determination to follow this file. If anyone other than my colleague from Nickel Belt follows this government file more closely I would be very surprised. I think the two of them do a remarkable job.

I'd just like to zero in, in the minute and a half or so that I have, on the comments she made particularly around the issues of pharmacies. I will have an opportunity myself to speak on this in a few minutes. But if there is one real telling point in this legislation, if there is one point for which we all need to be just a little bit careful and a little bit circumspect, it is the issue she has raised for the pharmacies. There are a number of small independent pharmacies in this province, mostly in rural communities, mostly where you don't find Rexall and Shoppers Drug Mart and all the other big chains, that are

literally the only people who can dispense medicines in a given community, in small communities for which there is not the market to have the big chains go in there. We need to be very careful to maintain those services within small municipalities and rural places.

If they are to be taken out, as she has suggested, and I have the same and similar fears, then we are in for a lot of difficulties in this province. It is the dispensing, and the careful dispensing, of those drugs which will keep people well. If it is not possible to get the drugs or medications prescribed by a doctor in close proximity, it will entail a great deal of travel or it will entail people not taking the drugs that are so necessary for their well-being. I will deal more with that, but I commend the member for what she had to say today.

**Mr. Tim Peterson (Mississauga South):** It's a privilege to speak to a bill that addresses a transformation of the drug industry that has been asked for over 20 years. Other people have attempted to do it, and yet we are doing it.

The member speaking on behalf of the official opposition says pharmacy costs for dispensing are \$10. We don't have any information to indicate that is the cost, but we would appreciate her helping us with that information because she is tabling that number.

We are increasing the cost to \$7 for pharmacists because, to us, the small pharmacists, especially in the smaller communities, are not only a backbone of the community but also a backbone of health care, and we want to keep them in an upfront role there.

I must say that Mr. Marc Kealey of the Ontario Pharmacists' Association has been a very strong advocate that these people can play a pivotal role in health care in Ontario, and should be allowed to do so and rewarded for so doing.

Under our system, we will protect pharmacists from price increases. Right now, if the drug manufacturers put through a price increase, the pharmacist would have to eat it because the government would not reimburse them for the increase in cost. So we are protecting pharmacists in that regard. Also, we'll be putting through a fee code so that the pharmacists who render services to the public can be rewarded for that.

In the last 20 seconds, I'd like to address—yesterday the member attacked Helen Stevenson for being a political appointment. When we reviewed her resumé, we found outstanding credentials, not the least of which was an MBA. We asked her about her political involvement. She said, "Yes, I worked for Bill Davis."

**Mr. Ted Chudleigh (Halton):** I point out to the member that we weren't criticizing her appointment. I think we were criticizing the way it was done in secret, behind closed doors.

I commend the member from Kitchener-Waterloo for putting her finger on the point of this bill. What you see and what you know about this bill generally we all agree with. They want to lower drug costs. Who wouldn't want to do that? That makes great sense, lowering drug costs. But constantly we've seen stories in the paper about

Americans coming across the border to buy drugs in Canada. Canada already has cheap drugs. We have lower-cost drugs than the United States. So now they're going to lower these drug costs even lower. Something just doesn't ring true.

What is there about this bill that we don't see, that we don't know? I appreciate the members opposite—I don't think they've seen it either. I don't think you know any more about this bill than I do. But it doesn't ring true. When our drug costs are already lower than in the United States and people are coming across the border to buy their drugs, and now the government says we're going to lower the cost of drugs, what is there about this that doesn't ring true?

It sounds kind of familiar. Then they say that pharmacists are going to be protected, they're going to be fine, they're going to be happy with this. But the pharmacists are all lining up to see me. Tomorrow, my entire morning is full. Every 15 minutes, another pharmacist is coming in to see me. They're very upset about this bill. They say they won't be able to survive. They say all the big chains will take over the pharmacy business, and that's in Halton, which is a relatively high population area. What's going to happen out in the country? What's going to happen in northern Ontario? What's going to happen to the pharmacists in eastern Ontario? People will be driving 50 miles to find a pharmacist.

What is there in this bill that we don't see? Those are the things that are important. Remember eye exams, physiotherapists and chiropractors: We're all paying for those now. Is this going to be the same thing in the pharmacy business?

**Mr. David Zimmer (Willowdale):** We've heard a lot of information and statements. It's important now, as we get to the end of the day, to correct some of the facts. Let me just tell the voters of Ontario, assure them of the following. Look, the changes we are making will in no way mean cuts for patients. Anything you are getting now you will continue to get. That's number one. Number two, the fact is that drug costs have been rising too fast, for too long, and are a threat to the entire public health care system.

What we're doing is making the innovative changes needed to bring costs under control and assure the sustainability of the overall system. The changes we are making are about respecting taxpayers' dollars. We're going to leverage our \$3.5 billion worth of Ontario purchasing power to ensure we get the best value for the money we are spending. The best prices should go to the biggest customer, and that's Ontario. That's a wise use of taxpayers' dollars.

### 1630

The money that drug companies spend on research and innovation is money well spent, and we will continue to make sure that they are fairly compensated for those investments.

What we are doing is changing the Ontario drug system to ensure that patients get better access to the drugs they need, that taxpayers get value for the money we

spend and that drug companies are fairly compensated for the money they spend on critical research and innovation. All of those factors are important to maintaining the sustainability of the drug benefits here in Ontario.

The people of Ontario deserve no less. We are going to deliver on this. This is a good piece of legislation.

**The Acting Speaker:** It's time for a response. The Chair recognizes the member from Kitchener-Waterloo.

**Mrs. Witmer:** Let me express my appreciation to the members for Beaches-East York, Mississauga South, Willowdale and Halton. I appreciate their comments.

I just heard the member from Willowdale say that this is all about sustainability. You know what? No one can disagree with the need to ensure the sustainability of the drug system in Ontario. However, if that is the case—and I've said that's really what this bill is all about, cost containment; those two words are pretty well the same—then the government needs to acknowledge that fact and not create unrealistic expectations for people in Ontario that they're going to have greater access, more choice and faster access to innovative drugs than they do today.

As far as the whole issue of markup and prescribing fees, I would draw the members' attention to this pharmacy sustainability report. Since I have been involved with pharmacists, they have let us know time and time again what the prescribing fee should be. In this document dated April 20, it says that the 46-cent fee increase only brings the fee paid by government to 18% below 1996 levels. Indexed for inflation, the new fee should be \$8.21. Based on actual costs of dispensing before profit, the new fee should be closer to \$12.

Folks, we have been given this information time and time again. Obviously, if the minister and the ministry and the government had done the research, if they'd done an impact study, as I had suggested should be done, they would know that what they're proposing is not sustainable for the independent pharmacists in Ontario.

**The Acting Speaker:** It's time for continued debate. The Chair recognizes the member for Beaches-East York.

**Mr. Prue:** Thank you very much, Mr. Speaker. As I rise to speak to this issue today, I'm mindful of how much of these debates I actually hear, like yourself, sitting in that chair. As a New Democrat, with only eight members in the caucus, it would seem that I spend an awful lot of time in this chamber.

I've had an opportunity to hear from the minister; I've had an opportunity to listen to both government and opposition members and what they have had to say on this bill, and I must confess that this is a bit of a daunting bill. When the minister first stood up and started to speak about what was contained in the bill, I have to tell you, I was supportive. I immediately thought, "This is about time. This is what we need to do. This is going to help contain some costs. This is going to end," as he described, "all of the cloudiness and bring some transparency to what is happening. This is maybe going to rein in some of the big multinational drug companies. This is going to help consumers." That was my first

reaction. I must admit, he was the first speaker, and he certainly went a long way to convince me.

Then I started to hear some of the other speakers. As people detailed what went on, it was not quite so clear. I must admit, having had an opportunity to hear speakers from all three parties and to discuss this at length with my colleague the member from Nickel Belt, there are some errors, I would suggest, in this legislation. Although New Democrats are largely supportive of what was contained in the bill, there is sufficient here to cause us to at least, at a very minimum, want to send this to committee. Potentially, there are a couple of sections we think need some major work.

If I may continue, though, one of the first speakers—I admire the member; I've known her for a long time—the member from Don Valley West, stood up, and it wasn't a very long speech, I think just a two-minute hit. She was talking about the way medicine used to be, the way the province used to be, and how she had seen a television show on the life of Joseph Atkinson—better known to most people as one of the founding editors of the Toronto Star—and about his crusade to end poverty and to help those who were misfortunate people in Toronto in the 1920s and 1930s, and about how he had done so much and how conditions are so much better in this city than they were at that time. Whereas I have no doubt that he was a man who made a huge contribution to ending poverty, a huge contribution to this city and a huge contribution to health, it made me stop to think about really what has happened in those 85 years or so between 1920 and today.

I am often indebted to my own parents, who grew up downtown in what was then Cabbagetown, what became Regent Park, for knowing what life was like in this city in those circumstances in the 1920s and 1930s. My parents are both alive. They may even be watching this show, and I hope I can recount the way that life was. Life was very brutal, life was very harsh. People often had a hard time keeping jobs. There wasn't much money. People lived amidst a great many problems and a great many diseases.

When I started to think about what she had to say about governments in general doing a lot of things to reform, I must say that I disagree in part, although governments certainly had their place. The conditions of the 1920s and 1930s were changed by many, many factors, not the least of which was the improving economies after the Great Depression. The continuing economies and people getting jobs probably had more to do not only with the end of poverty but with a general health increase than any other factor you can mention.

Even today, we know that people are more likely to be sick, more likely to suffer psychological and psychiatric problems, if they are poor. It is a fact. It is what happens. Poverty just naturally results in that. You are more likely to end up in hospitals, you are more likely to end up with psychiatric problems, you are more likely to need doctors if you are poor than if you are well off.

She went on to talk about other things, and I started to think: What has made the great improvements? One of the great improvements was just simply doing a better job with public health and sanitation. That was done, not by this Legislature, but by the crusading people of the city of Toronto and the first medical officers of health the city put forward.

The decline in industrial accidents—today is the day we were discussing that—has had a huge impact. I go back to my own time as a young man, when my first real, strong summer job was working in a factory called Dunlop's on Queen Street. I've spoken about that in this Legislature before, because in that factory there were men and women walking around with one arm or one leg because one had been taken off in the machinery. There were people who had industrial accidents and, quite frankly, we would be shocked and appalled today to see the kinds of things that went on there.

There was a safety bar on what was called a banbury. The banbury squeezed the rubber down and pushed it through. I wasn't allowed, as a student, to get too close to it because there was no safety mechanism. If your hand went in there, you went through like the rubber. There was nothing to do except turn it off. By the time you turned it off, the guy was through it. It was an awful machine, and they put a safety bar on it so you'd only lose an arm, and that happened about the time that I went in there.

Those were the kinds of things that we experienced as a society and the kinds of things that, thankfully, have changed. The reason that people have better health is because they don't work around and in conditions like that anymore, conditions which I think today would be found to be intolerable. Even within my lifetime, the changes that I see—I don't see places like that, quite frankly, anymore.

#### 1640

On the whole question about childbirth and mortality of infants, we have done a terrific job as a society. It used to be commonplace for women to die in childbirth, and although, unfortunately, it still happens today, it is becoming increasingly rare. And of the children who are born, so many of them live today who used to die.

The average lifespan is now closing in on 80 years, when it was only in the mid-60s when I was a young man. That's a huge improvement.

Then we come down to surgical procedures and all the wonders of that, and the inoculations. I remember lining up and getting Salk vaccine and all those things in school, and the eradication of smallpox within my lifetime.

Last but not least—sorry to take so long, Mr. Speaker—what the member for Don Valley West was trying to talk about was the wonder of the pharmacies and the wonders of modern medicine. It was not so much the wonders of these pharmacies and modern medicine as I think all those other factors that are related to our lifestyles today, and perhaps the wonderful work of Joseph Atkinson.

It is the pharmacies and medicine, though, that are the subject of this particular bill. When I'm trying to under-

stand why a bill is taking place, why the government is putting it forward, I usually go to the last page. The last page is usually what money it's going to cost or what money is going to be saved. I was not disappointed in this bill, because in the government's own bills and the government's own information that they handed out at the MaRS site, the last page, what was put up, was the savings from the proposed drug system strategy. There it is, all laid out: This is what this bill is supposed to do.

It is not so much, in my view, about looking for better patient care, although maybe some of that is in there. It is not so much about watching the drug companies or making sure that generic drugs can be switched for non-generic drugs. It's not so much about the small-town pharmacist, although that's important and I'm going to get to that. What the government is doing this for is the bottom line, the last page. What they put up at the MaRS project is that they think they are going to save \$289 million if this bill is passed. They outline how that is going to happen. Number one is better management of drug distribution; that's going to save \$53.5 million. Better management of formulary listings: That's going to save \$62.5 million. Better value for government expenditures, including drug listing agreements and better use of drugs: \$106 million. And a federal shared payer model: \$67 million. That's a grand total of \$289 million.

Of course, we all want to try to save money. I don't have any doubt in my mind that the bottom line here is what is driving this agenda: the \$289 million.

Then I try to figure out, "Where is this contained within the body of the bill?" I must admit, even after discussions with my colleague the member from Nickel Belt, there is a very hard time trying to find within the body of the bill from whence these numbers are derived. In fact, they're not contained anywhere within the body, nor could I with any reasonable due diligence find out where the numbers come from. The better management of drug distribution: Where does someone find it? Perhaps some government member will stand up and tell us. Where do you derive the \$53.5 million from this bill on that line item? Where do you derive the better management of formulary listings, \$62.5 million? Where do you get the \$106 million for better value for government expenditures and, last but not least, the \$67 million for the federal shared payer model, which has not been negotiated, and on which this province is not even at the table?

Now, I do know that two provinces have signed on, but this province is not yet at the table. Around this place, it seems to take a long, long time, no matter what government is in power, for deals to be struck with the federal government, no matter which government there is in power. I can think, even here in this Legislature, of the length of time it took—we were the last province to get on board with a child care policy, and by the time we got on board, it was over. We were the last government in Canada to get on board with a policy around immigration. Nine other provinces had signed an agreement with the federal government; we had not. Thankfully this

has happened now, but we were 20 years behind Quebec; we were 20 years after the fact.

Here it says that \$67 million is going to be saved, in their exact words, "by a federal shared payer model." There have been no negotiations or even an attempt to set up negotiations. This is a dream if this government thinks it's going to save \$67 million by passing this piece of legislation and then sitting down with a federal government that is simply going to hand over that money. I would have my very real doubts.

In looking to the bill, it's obviously about money to the government. Yet there's not much science behind the numbers. In some cases, especially with the federal government, I would suggest that it's wishful thinking.

As well, I want to look at the difficulties of this bill. Much has been made about the new "drug czar"; that's been coined by some other member of this Legislature in describing the new appointed member who is going to take over from the bureaucracy. I read this with considerable interest. My colleague from Nickel Belt made some detailed comments on this in her own statement. There were in fact some 10 changes that were going to take place to allow the new drug czar to have considerable power that the bureaucracy has never exercised, and in fact much of which the cabinet heretofore, before this bill, would have exercised and still exercises today. They are:

- “(a) to administer the Ontario public drug programs;
- “(b) to keep, maintain and publish the formulary;
- “(c) to make this act apply in respect of the supplying of drugs that are not listed drug products as provided for in section 16;
- “(d) to designate products as listed drug products, listed substances and designated pharmaceutical products for the purposes of this act...;
- “(e) to designate products as interchangeable with other products under the Drug Interchangeability and Dispensing Fee Act...;
- “(f) to negotiate agreements with manufacturers of drug products...;
- “(g) to require any information that may or must be provided to the executive officer under this act....”—that is, to talk to the minister;
- “(h) to make payments under the Ontario public drug programs;
- “(i) to establish clinical criteria under section 23; and
- “(j) to pay operators of pharmacies for professional services, and to determine the amount of such payments subject to the prescribed conditions, if any.”

In the past we had a bureaucracy and we had capable people who were trained and who understood the laws of this province, which are sometimes very difficult to understand and can border on the arcane. Now we're going to have a drug czar who's going to be chosen by cabinet at arm's length so that the cabinet will not have to take the kind of political pressure that we often see in this House, I would suggest: political pressure to have new drugs like Velcade and political pressure, which I watched in the last government, in the last Legislature,

around whether or not people would get drugs for myeloma and drugs for when their eyesight was failing and all kinds of stuff. The ministers took considerable heat over whether or not those drugs would be allowed. The minister will be able to stand up and say, "I don't make that decision anymore." This is the drug czar. This is to take the political heat off. I can't see any other purpose for it.

I've got four minutes left. I want to deal with pharmacies. Maybe I've spent too much time talking about other things. The new reality of pharmacies, when you travel across this province, particularly into smaller towns—but I must admit that I see even in Beaches—East York, in some of the non-aligned or non-corporate pharmacies, that most of them are having a very tough time. You can go into those pharmacies and will you see that the actual act of dispensing medications, as prescribed by doctors and as prescribed in the hospitals, is probably not something with which a person can make a decent living.

**1650**

When you go into those small pharmacies, you will see that there is very little activity taking place within them. If they are to survive, and I would suggest many of them do everything possible to survive—the one down the street from me has a post office in it. Certainly more people go in to use the post office, and then hopefully will buy their drugs or their pharmaceutical needs there, than go in there for any other purpose, because they don't have the splashy shelves; they don't have the weekly flyer from Shoppers Drug Mart or Rexall or all of these others. They don't have that. They are just small, independent people who dispense drugs as required under the legislation of the province of Ontario and for which they are licensed. If they need to do something else, they might have a post office; they might have another little corner of the store where they will sell aids to help people walk or something. What I see in there is absolutely minimal. They are having a tough time.

I think back to the debate we had here in this Legislature about optometrists. I was surprised to hear, when they were delisted or even before they were delisted, that most of them lose money on being optometrists, actually doing the eye tests. They lose money. The only way they made money was by selling glasses and prescriptions. That is why they all had glasses and frames and prescriptions and did that kind of stuff in their office, because on the actual eye exam for which they are licensed, they lose money. The same is true today in most small pharmacies. Without the post office, without the sales of ancillary products, without making these kinds of deals, most of them would go broke. And most of them, I would suggest, in small towns are going to go broke under this legislation.

I looked at the pharmacies—and in a minute and a half I don't have enough time. They say, and I believe they are correct, that the ODB currently pays only half the professional fee. They say that does not in and of itself provide an adequate market. They say that the pharmacies in turn negotiate better prices through suppliers in

the free market, and that this bill will take away those provisions and will lower their markups from 10% to 8%. They say that the fee increase is inadequate. With inflation, it will be less than what they got in 1996. They say the actual costs are \$12, not \$8.21, which they're going to get if this bill goes through, and that the pharmacy markup actually will be reduced from 10%; 2.4% after the wholesale upcharge is figured in.

*Interjections.*

**Mr. Prue:** That's what they say, and they are the ones who are going to be affected. I'm going to listen very carefully to them, and I would suggest that this government not laugh about that but listen to them extensively. I hope that there are some hearings. I hope that the pharmacists come out and explain this in detail and that this government reacts, because we need those health care professionals literally in every community of this province.

Thank you very much, Mr. Speaker, for the time to speak here today, and to my colleagues for listening.

**The Acting Speaker:** Time for questions and comments. The Chair once again recognizes the member for Mississauga South.

**Mr. Peterson:** I was at the luncheon with Mr. Lucas today when he indicated he had concerns that the effect on pricing for the large pharmas could be detrimental, long-term, to the pharma industry in Ontario. What I assured him was that he was looking at the pricing only, and that we asked him to also detail for us the information about new drugs that he could bring to the table faster, because this isn't just about the pricing of existing drugs; it's about getting new drugs which can keep people out of our health care system and keep our long-term health care costs lower, getting those faster to consumers, and helping us all out.

They have a drug that they made a proposal to us for, and we were unable to accept a new drug in under the terms of the existing legislation. But under the new legislation, we will be able to work with all the big pharmas, like GSK, to get faster approval of their drugs to benefit consumers. We look forward to receiving partnership proposals from not just Paul Lucas and GSK, but all the other big pharmas on how we can get better drugs to consumers faster.

I can also tell you that under this new framework for drugs, we are going to have a new committee on which we will have two patients. This is breakthrough mythology, that we would allow patients to sit on these committees as a way of not having cabinet blockage or delay of these important decisions.

**Ms. Laurie Scott (Haliburton—Victoria—Brock):** I'm pleased to rise today to comment on the member from Beaches—East York on Bill 102, An Act to amend the Drug Interchangeability and Dispensing Fee Act and the Ontario Drug Benefit Act.

The member has made some very good points. He was talking about the small independent pharmacies, and certainly in my riding of Haliburton—Victoria—Brock, which is predominantly rural, that's a big concern. We have

small independent pharmacies in our communities, and we want to see them stay and prosper. There are concerns within this bill that are going to affect them. The member from Halton mentioned that there are a lot of pharmacists coming to see him tomorrow. So there's something wrong with the bill in its present form and I think that needs to be addressed. When we go out to committee, as mentioned, we hope those pharmacists come forward to us.

I'm sure the member opposite was mistaken in saying that he wants to help the large pharmacies. We want to help everyone succeed. Don't forget about the small-town pharmacies over in our communities and the innovative measures they've had to take in order to survive.

I'll talk about the drug secretariat and the secrecy that surrounded that. No one is making any comment about the drug secretariat that was appointed, but there was no public announcement of the creation of it, of the mandate, who commented, what stakeholders she listened to to produce the report for the minister. We don't need this to be done in a cloak of secrecy; this is open. We know changes have to be made, but the way they were made, I hope, does not set a precedent for the end conclusion of this bill, in that they're not going to listen to input from the pharmacies and all other interested stakeholders that come before committee.

The interchangeability is also a big concern. Pharmacists have been speaking to me since I was elected about the interchangeability of drugs. Not all patients are going to be able to accept different drugs that are interchanged, so that has to be taken into consideration.

**Mr. Rosario Marchese (Trinity–Spadina):** I congratulate the member from Beaches–East York for raising three or four major issues that have been touched upon by others, including and especially our member from Nickel Belt. I think these issues will come out in the hearings, and they need to.

The member from Beaches–East York talked about the \$289 million of savings that the government claims will be achieved. We don't know whether there are going to be those savings; we have no clue. There is no evidence for it other than a claim that the minister makes. If it were to be true, will those savings be put back into our health care system? The minister claims that will happen. What the member from Nickel Belt said, and the member from Beaches–East York agrees with, is that if it's not in the bill, we don't know whether those savings will go back into our health care system. It would be a simple amendment to include in the bill, which would give us assurances that will indeed happen.

The member also talked about the new drug czar, the new executive officer, who is going to be appointed. As people know, there is someone who has been appointed, Susan Paetkau, who is in charge of the drug programs in the Ministry of Health. This individual has been working at this for a whole year, and all of a sudden we're appointing a new czar to deal with this new power that is going to be in his or her hands, taken away from the minister, taken away from the director's branch in the

Ministry of Health. We think this individual is going to be unaccountable. It will be done in the back rooms, unbeknownst to us—credible new powers and it has not been explained why we're giving them away to an unaccountable individual. Those issues, and many more, will be raised in this Legislature.

1700

**Mr. Zimmer:** We've been hearing about a lot of the technical aspects of this piece of legislation, but I think it's important to also keep in mind, overall, the big challenge that we're dealing with. Just this afternoon, I happened to be reading in the Atlantic Monthly, a non-partisan magazine, an article on managing health care and the difficulties that all governments are facing. Just let me read a paragraph from this.

"Citizens everywhere desire unrestricted access to state-of-the-art technologies. Increasingly, they insist on choice and control, too." Yet they are struggling, it says, "to pay what those things cost. People demand as a right the best health care money can buy," the best drug plans, "delivered in a way that best suits them, expense be damned. All that, and the price must be affordable.

"Nowhere can this self-contradictory demand be satisfied. Everywhere, therefore, health care presents itself to governments as their most difficult ... challenge."

It goes on to say, and I think this is the point we have to keep in mind, "Such is the sensitivity" of this issue, "though, that only the bravest ... policy-makers" are prepared to "stride up to the issue with a genuine intention to act."

That's what this piece of legislation does. It's a genuine attempt, a brave attempt, to deal with this very, very difficult issue. The fact of the matter is, if we don't manage these costs in the health care system, and particularly in the drug delivery plans, the system will go broke. This minister has taken a brave step. He strode up to the plate and introduced a piece of legislation that deserves to be supported by all parties.

**The Acting Speaker:** Time for a response. The Chair recognizes the member from Beaches–East York.

**Mr. Prue:** I would like to thank the member from Haliburton–Victoria–Brock and the member from Trinity–Spadina—I'll deal with the other two in a minute—as well as the members from Willowdale and Mississauga South.

The member from Haliburton–Victoria–Brock obviously listened to my speech, because she talked about the pharmacists and about some of the things I had to say. The member from Trinity–Spadina talked about the cost savings and what was in my speech, and how this government was bent on that kind of stuff.

But I have to say that I don't think the government listens to the opposition at all. I have never thought that, and it was borne out today by my colleagues here in the House. The member from Mississauga South commented on something about which I had not spoken at all, nor did he comment on any aspect of the speech that I made for 20 minutes, and my colleague from Willowdale did the same. Obviously, they have their own agenda, they have

their own things they want to say, and they are right if they want to say it, but this is, after all, questions and comments on what the previous debater had to say. Obviously they were not listening, and obviously they have another agenda, which is not to listen to the debate in this House and to fine-tune their legislation.

Having said that, this is all about money. When I listened to the member from Willowdale, he finally put, on the end, that it's about money. That is what drives this. It's about the savings of money, to try to give a system that will cost the government less and therefore can be delivered. I thank him for his honesty in having said that. And having said that, we have to question where those savings are going to be. In fact, if those savings are going to actually materialize in the form of some \$289 million, as your government and your minister have seemed to indicate that this legislation is going to provide, then is that \$289 million ultimately going to find itself back into the system, as the minister has stated will happen? Certainly, there is not a single provision or a single line in this act which will force that to happen.

**The Acting Speaker:** Time for further debate. The Chair recognizes the member from Mississauga East.

**Mr. Peter Fonseca (Mississauga East):** It's fair to say this is a difficult file. We have an Ontario drug system that is cumbersome, archaic, frustrating and complex. For too long, former governments have not wanted to tackle the tough issues. This government did the responsible thing. We're working with our partners and our stakeholders to make sure we can bring transparency and improve the Ontario drug system, always with one thing in mind, and that's the patient, always thinking about the patient.

The opposition will speak about how this was brought forward through a cloak of secrecy and darkness, but that is the farthest from the truth. Here is the truth. The truth is meetings with stakeholders—36 meetings with pharmacy; 16 meetings with the generic drug manufacturers; 28 meetings with the brand name drug manufacturers; 29 meetings with patient and disease advocacy groups; 21 meetings with consultants and benefits plan administrators; seven meetings with large employers; 18 meetings with academics, researchers and health care professionals; five meetings with professional associations; seven meetings with Cancer Care Ontario; 15 meetings with other ministries—and I can go on and on, because this is so important to Ontarians.

Most Ontarians need drugs for health care benefits, have to access drugs, and we want to make sure we build a system that is patient-centred, that fixes what is broken and that makes sure we can bring efficiency, fairness and access to a system that today doesn't have that.

So let's see, after all those meetings, all that consultation—and there will be much more consultation as we move forward—what some of the groups said.

Patient groups: "Ontario appears to have set a new standard for access to drugs, one that other provinces can emulate."

"Today, cancer patients have renewed confidence that they have been heard and their needs will be addressed." That's from the Cancer Advocacy Coalition of Canada.

Another group: "The government has listened to the complaints of doctors, patients, pharmacists, everyone involved in the system." Dr. Gowing, Cambridge cancer doctor and director of the Cancer Advocacy Coalition of Canada.

Mr. Speaker, you know as well as I do, as all the members in this House do, that many of our constituents come to see us feeling frustrated. We have Dr. Kuldip Kular here from the Bramalea-Gore-Malton-Springdale riding. I've talked to him often about the frustration, and he's talked to me about his patients coming in, needing access to drugs, having to go through a cumbersome process with section 8. He knows they need those drugs. They continue to wait for six to eight weeks, when they should be getting them right away.

This piece of legislation is looking to address all those barriers that exist today in front of patients and that tie up our doctors. Our doctors shouldn't be filling out hundreds or thousands of forms, wasting all sorts of precious time. They should be taking care of the health of our children, of our seniors, making sure they can see another patient. We know that there is a shortage of doctors. We're addressing that through other means, through our colleges and universities, to make sure that we get more of those foreign-trained doctors online and working in our communities. But we shouldn't have the doctors we have today working with an archaic system and not allow them to provide better health care, and making Ontario's health care system one that should be second to none.

Let's look at another group, our hospitals. Hilary Short, CEO of the OHA, has said, "Proposed changes to the way that drugs are approved for use in Ontario hospitals could help manage fast-rising pharmaceutical costs and lead to greater efficiency and effectiveness."

"The OHA ... supports the government's move to more closely involve patients in the pharmaceutical policy development and review processes."

## 1710

Yes, we would like to get better value for money for the taxpayers of Ontario, for all Ontarians, but that's not what's at the crux of the matter here. It's about making the system better for the patients, more access for the patients. And where do patients access their drugs? At their pharmacies. The pharmacies, like schools and other services that we have, are vital to our communities. When I say "community," I'm talking about the community that you walk in, that you ride your bike in. Most communities have a pharmacy. This legislation, if passed, will make sure that we are able to use the great resource of our pharmacists in the community, where they have not been used in the past. They've been seen just as dispensers of drugs. But they're so much more than that. They have so much education, and they have been waiting for so long to be able to deliver that education to the community. They should be compensated for that.

They will be able to work with all of us in our community and let us know how to lead healthier lifestyles and what drugs mean to our lives. Complications may happen with interaction between different drugs. We don't want that to happen to somebody and find them back at the doctor's office or in the hospital.

We want to make sure that we can access that resource. The pharmacists really are our front line of defence for patients each and every day. They're easy enough to meet on a daily basis. When you think about the level of interaction and the primary role that they play, especially in small communities—I know it has been brought up here about small communities, rural communities. They are vital there. Throughout the province, these people are nothing short of amazing. I have many friends who are pharmacists, and I think they're "people" people. They really enjoy interacting with those in the community and making sure that they keep their community healthy and well. We've heard that, on average, pharmacists interact with approximately 150 patients each and every day. That would translate into 1.6 million visits by Ontarians with their pharmacists on any given day—1.6 million visits. So we have a tremendous opportunity here that we are going to make sure we can access.

Along this line, I know that the Ontario Pharmacists' Association will be in negotiations with the Ministry of Health and Long-Term Care around their professional fees. We want to be fair with them. We want to make sure that they are a viable resource in our communities and that they're well taken care of, as we want others to be well taken care of as we build a better model, a better system that others could look to and see us as an example for what other jurisdictions may be doing in the future. It's a bold step that we have taken.

We've worked with the generic pharmaceuticals, another large stakeholder, and here's what they had to say: "Canadian generic drug makers support the government of Ontario's efforts to bring greater transparency and cost savings to the operation of its drug benefit programs." That's the Canadian Generic Pharmaceutical Association. Also, Russell Williams, president of Canada's Rx&D: "Canada's Research-Based Pharmaceutical Companies reaffirms its willingness to work with government to strengthen health and pharmaceutical care in Ontario."

It's really about moving forward into a model that is going to allow us, Ontario, to exercise, yes, our buying power—Ontario spends \$3.5 billion of purchasing power on drugs—and be able to give us the best value for money for everybody. But it's not so that we won't do anything with that money. That money is going to be used to better our health care system.

**The Acting Speaker (Mr. Mario Sergio):** Questions and comments?

**Mr. Peterson:** It's a pleasure to follow the member from Mississauga East because he obviously not only gets the content, he gets the enthusiasm with which we are promoting this bill.

It's interesting to note that some people think the new executive director will be able to hide his process. It's quite the contrary: The process will be open and it will be disclosed on a website as to what stage drugs are at in terms of the review process. Under the new rapid review, we will be able to take drugs, where there's no alternative treatment available, and review a product while it is still being reviewed by Health Canada, so that once Health Canada has finished its review, we will be in lockstep with them and be able to approve the drug immediately rather than starting from scratch. This, again, should give us faster access to drugs.

At the present time, for a drug to be approved, it has to be reviewed by cabinet. As you all know, cabinet proceedings are all held in secrecy, kept confidential and cannot be disclosed. With the executive director, we will be able to disclose his process, reveal information so that the drug companies can feel more up-to-date about what is happening and the process will not be cloaked in secrecy.

There are many aspects to this bill. It is not just about price; it is about better access to better drugs for the benefit of all the people of Ontario.

**Ms. Scott:** I'm pleased to comment on the comments from the member for Mississauga East on Bill 102 today. I was happy to hear that there are going to be more consultations, because there need to be. The member from Kitchener-Waterloo, when finishing up her initial remarks on the bill, brought up a lot of interested stakeholder groups that want to have more comment and want to make more changes.

Should we make the system better? Absolutely. More accessibility for patients to drugs? Yes. Does this bill do this? We don't think for sure that it does. That's why we've brought up some recommendations that we want to hear before committee, and hopefully some amendments that will be made to the accessibility to drugs.

There's no question, as the member commented, that pharmacists are a valuable asset in our communities, and there's no question that if they could have a bigger role in primary health care, they should have it. They interact with patients. They know about drug reactions that happen. They have a more concise list of drugs that patients are on. So we certainly are supportive of the changes, because for years pharmacists have been performing this. They call it a med-management role, and they need to be properly compensated for that.

The concern we have about the small-town and independent pharmacies is that they may be negatively affected by other parts of this bill, especially in the reform package with rebates. If we can't keep the small pharmacists going, and pharmacists in small communities going, so that patients can access their professional services and their primary health care, what is it going to do for the patients if pharmacists are leaving? That's of great concern, the small drugstores that aren't in big chains in our system.

We're concerned that this bill doesn't mean greater access for patients and doesn't give them more choice, and we look forward to more debate on this.

**Mr. Marchese:** I wonder whether the member from Mississauga East, and the member from Mississauga South, when he gets another opportunity, will comment on a number of these questions that I want to ask them.

The first one has to do with the savings that are going to be generated, because the member from Mississauga East says "Savings will be reinvested." That's what the minister said. That's what every member is saying. I wonder whether the member has any problems including that in the bill, where we actually say, through a simple amendment, that should there be savings from the reform of the drug system, the money will be put back into our health care system. I'm assuming you wouldn't disagree with that, because it's a simple amendment and it's something that agrees with what you want to do.

**1720**

Secondly, the new drug quality and therapeutics committee: The minister claims there will be patient representation, a patient rep. I wonder whether or not the members from Mississauga East and Mississauga South agree with me that. Perhaps we should include that in the bill, because while the minister claims there will be patient representation, we don't know whether that's the case. If you include that in the bill, with one minor amendment, we will know, we will agree with you and everybody will feel better. I wonder what the member from Mississauga East thinks about that.

The drug czar: I wonder whether the members who have spoken, the parliamentary assistant and the member from Mississauga East, can comment on this. We have a drug programs branch, headed by Susan Paetkau. What is your problem with continuing to have that group of people, who have built up a great deal of expertise, manage this, versus having to appoint a drug czar to deal with it? If you could explain that difference, it would help me.

**Mr. Kuldip Kular (Bramalea-Gore-Malton-Springdale):** What the Minister of Health and Long-Term Care is doing with Bill 102 is trying to change the Ontario drug system. Drugs are costing too much in our province, and the costs for these drugs are growing fast every day. For the last few years, the drug costs are so much that they are trying to threaten our public health care system. This province has \$3.5 billion worth of drug purchases from various pharmaceutical companies.

This system is not only saving costs on the drug system; it's going to increase the efficiency of the system. Patients will have faster access to the drugs they need and the taxpayers will get value for their money.

At the present time, we have significant challenges with the current system. It's not giving the money's worth of what the patients pay for. With our system, by changing this one, what the minister is trying to do and is telling Ontarians is that they will get drugs faster, the new drugs will be easier to access and they will be getting what they are getting now. There would be no change in the drug system they're getting—all the drugs

they are getting now, they will be getting the same way they are getting them now.

The minister is doing a phenomenal job to save, and is making the system efficient.

**The Acting Speaker:** The member from Mississauga East has two minutes to respond.

**Mr. Fonseca:** First, I'd like to thank all the members who just spoke: the member for Mississauga South, the member for Haliburton—Victoria—Brock, the member for Trinity—Spadina and the member for Bramalea—Gore—Malton—Springdale.

The member for Mississauga South, I know, has been out there in the community, working across the province and making sure people really understand this legislation, because it is a monumental change. But it's a positive change that will help all Ontarians, will help our health care system.

The member for Haliburton—Victoria—Brock spoke eloquently about the pharmacists. What I'm going to do is just make a statement here and say what the minister had to say about how this will help in terms of pharmacology and the pharmacists. "I recognize that there are issues about the sustainability, about the economics of pharmacy," and as such, we will work in partnership with the Ontario Pharmacists' Association "to make sure that we have robust, vibrant pharmacy" system "in this province." At the end of the day, "we have a particular obligation to ensure that the economics of pharmacy remain vital, so that the vital service they can provide will be very well cared for."

That's a resounding endorsement, I think, from the minister toward the pharmacy and our pharmacists.

The member for Trinity—Spadina also spoke about the patients. Is this about the dollars or is this about the patients, or what is this all about? This is about making a better system. But yes, I can assure the member from Trinity—Spadina that it's about keeping the patient always at the centre of our system. We will not go wrong if we always focus on the patient.

The member from Bramalea—Gore—Malton—Springdale, who has so much knowledge on this, being a family physician, talks about how we can get quicker access for all Ontarians to drugs, and I think that's a great thing.

**The Acting Speaker (Mr. Joseph N. Tascona):** It's time for further debate. The Chair recognizes the member from Oshawa.

**Mr. Jerry J. Ouellette (Oshawa):** I very much appreciate the opportunity to rise today to speak on Bill 102.

We put a lot of trust in a lot of individuals in this health care system, from the doctors prescribing medications to the pharmacists and people working there in providing and filling those medications. I think the reality is that a lot of individuals, when they come upon a recommendation by a doctor, take that advice. They don't have a lot of detailed information as to what's going to take place. Granted, the pharmacists provide the handout, but quite frankly, I would imagine, like the average family does, like a lot of them do, they just

discard them, putting their full trust in the individuals who prescribe those medications.

I think, as mentioned by the member from Mississauga East, that looking for the best value for money is—essentially what we're looking at here is an ongoing battle between the generic companies and the name brand companies. We talk about the fact that some of it is the rebates and all those sorts of things that potentially take place from companies, and disallowing that. I don't know, not having worked on the file directly, if that is actually a problem, if that's a large thing that's occurring. I would certainly hope that the PA, when he responds, will be able to define whether drug companies receive a lot of rebates or if that's an incentive that goes on.

One of the things I do very much appreciate is the advertising that takes place by the American drug companies now, where they actually list all the side effects and potential things to watch out for when dealing with drugs. I think that's a good way of informing the public at large. That helped to formulate a bit of the parameters on which I decided to move forward on the private member's bill that I introduced in December regarding advertising.

Some of the areas that I wanted to discuss were such things as the executive officer deciding and designating product interchangeability. Some of the areas that I have concern about—and I'm probably going to get into a bit of an example that may be somewhat off topic, but I think at the conclusion or the debriefing of it the members here will gain an understanding of what I'm referring to. For example, my mother was taking medication and it was being delisted. Then she had to take another one, and she was quite frankly not receiving, according to her and to her doctor, the same sort of benefits from the new drug. The questions there for the PA would be: In the case where a person has been using a drug for an extended period of time, how is that going to impact them when all of a sudden they have to change the current source of relief that they receive from whatever the drug may be? Is there going to be an extension of grandfathering? What's the case going to be, or is it all of a sudden cut and dried in moving from this drug to that drug? That will have a substantial impact on a lot of individuals, not only the individual receiving the medication but the doctors who are prescribing it.

In her particular case, the doctor who came forward in this was saying that the new one—and he was not very pleased with the generic one, I believe it was, that was being allowed; the other one was being disallowed. The benefits from that were not as defined. In the model where the US drug companies are specifically saying, "These are the side effects," some form of comparison, whether it's through the secretariat, allows the people or the populace at large to get a better understanding of what the exact benefits and what the negative impacts potentially could be.

On page 2 of the bill it talks about the requirements for interchangeability: "it does not contain a drug or drugs in the same amounts of the same or similar active

ingredients in the same or similar dosage form as the other product."

Some of the concerns that could be coming forward are that people react in different ways, as we all do, to different medications. There are coatings that are put on or there are carrying agents. I'm not totally versed in how all the drugs—I have some understanding of the way it works, but a carrying agent actually carries the medication to the problem area within the system. It could be different and it could react to different individuals; hence, you don't get the same response. Is that how the section 8 removal will be allowed to come forward? If something is working very beneficially and they change it over, will those other things be considered, whether it's the coatings or the carrying agents or other aspects that come forward as well?

**1730**

One of the other things that I think needs to be discussed is, for example, it talks about the impacts and the fees. How is this going to impact, for example, a methadone clinic? There's a lot of concern from a lot of individuals in my own riding of Oshawa. There's a methadone clinic there, and as a matter of fact I received correspondence within the past 24 hours from a constituent who had concerns about the way individuals are making their money through the methadone clinic. What are the impacts going to be on this, and how is it going to be affected, and are there going to be limitations on what takes place there? The community or the individuals with businesses in that area have some strong concerns about the way the methadone clinic operates. Clarifying it or providing information would go a long way in removing people's concerns and making sure it's dealt with in a proper fashion and a benefit to not only the community but the recipients as well.

There are some other things. I can remember doing a course where it was specifically brought up that the drug development aspect—this is where the name brand and the generic brand comes into play. It takes about a billion dollars to develop a new drug. There is a disincentive for the developmental companies to move forward in developing new drugs when they don't get the guarantees of the revenues that may come back. As mentioned by the member from Mississauga East, the \$3.5-billion file is certainly something that needs to be addressed. It occupies and is a very warranted area that the budget in the province of Ontario deals with, trying to help out people in a lot of areas.

Is this going to be a deterrent for drug manufacturers to locate in Ontario, to try to move forward? Hopefully the member from Mississauga East, who is shaking his head no, will be able to fill us in on how they think there's an incentive for them to come forward. Quite frankly, I'd like to know those sorts of things.

One of the other areas that I would hope the secretary could possibly look at is the dispensing aspect. I know that two governments ago there were some changes.

My wife had her thyroid removed, and she has to get the same medication every year. Once upon a time,

previous to our government, when we had the privilege and honour, they would just phone up and say that they needed a repeat on it, and it would take place. Now she has to go in and have an examination every year whether she needs it or not. More or less, it looks like paperwork and filing. The member had mentioned before the difficulties with the amount of paperwork. Is there not some way that the secretary can compile data to show that on repeat drugs, it possibly might not be necessary to have constant reviewing by the doctors to allow the repeat to go through, so that we save all those reviewing fees by the doctors and the dispensing fees, however they take place, within the pharmaceutical communities? That might be one way we can speed up the process, reduce the paperwork and decrease costs to the taxpayer at large.

Now, we spoke about a number of other areas that I wanted to bring forward. I know Minister Kwinter has been in the House most of the afternoon. He brought forward a private member's bill, when he was in opposition, dealing with alternative medicines. Is there going to be any possibility to deal with alternative medicines in this or not? I haven't seen any communication or any dealings come forward on that.

The one thing I wanted to mention was, when I spoke about the carrying agents or the coatings and things like that—I can give an example. What happened was—and this will seem rather strange, but I think you'll gain understanding of what I'm referring to at the end of the debate—we have an older dog at the house, and it couldn't walk. We had gone to the vet and said, "What's wrong with our dog?" The dog is about 12 years old, and the vet said, "This dog has a very poor quality of life. You should look at putting it down." My response was, "We take on a responsibility. You should fulfill the obligations of your responsibility and do what you can for it." The vet said that normally in situations like this a tumour has grown on the spine and shut off the nerve system. I said, "How do we find out?" It was through an X-ray. So we went in for an X-ray and found out no, it wasn't a tumour, but all the cartilage had worn out in the dog's right rear hip. So the vet said at the same time, "This dog has a very poor quality of life, and you should look at putting it down." I said, "No, actually we have a jar of glucosamine in the cupboard that's been sitting there for a while, and we're going to try that. We have nothing to lose." So we started the dog on glucosamine. I want to tell you now that within a month you would not know that dog had ever had a problem. It was up running around and going like crazy.

The point I'm getting to—and I actually happened to hear that through the Arthritis Society. It had a great presentation and review of glucosamine, and explained how it worked and everything else. Well, the jar ran out, and the jar had been in the cupboard for a while, so I went back to buy another one. I couldn't find the exact same jar. Lo and behold, there's a new brand of glucosamine, and guess what? The dog has been on it for a while and is going downhill again. The new jar isn't working as well. So I have to go back and try and find

some of the old stuff, the point being that, sometimes when we change—and dogs don't really know the difference. They don't know placebos. They don't know, when they're taking something—when you put a little bit of peanut butter on it, they take it just the same. They don't know the change. The effect is that the dog's having difficulty again and I'm going to have to go back to the old one.

The point is that it's the same thing when we're changing to generics or to less costly drugs. There may be some alternative side effects. Yes, they may be beneficial and yes, they may have cost advantages, but we have to have some area where we can actually look at the debate and find that we can move forward to ensure that those ones that were working in the best interests of the patients are actually working.

**Mr. Chudleigh:** Is the dog still around?

**Mr. Ouellette:** The dog is still around. It's up and down and it's going great. It's actually an amazing story because we'd have to carry it outside to go to the washroom. It couldn't go downstairs; it couldn't even sit up—nothing. Now it goes around and can't wait to go for a walk. Mind you, it's getting a little bit slower and the new jar isn't working quite as well, so I've got to find—

*Interjection.*

**Mr. Ouellette:** And it works.

Some of the other areas I wanted to talk about were on section 8 and what takes place there. I don't understand quite all the details, and hopefully the PA will be able to fill us in on the exact paperwork and the benefits to it. I know that the member from Kitchener-Waterloo had brought forward some of the debate and concerns. I didn't really hear a response as to how it's going to change in order to benefit. I know that the current law in section 8 is that in certain cases drugs are allowed, but is this going to change and will we have to look at section 8s for those individuals, as I mentioned earlier on, who are currently using one that's going to be delisted and brought forward again?

The other area I'd like to discuss on this bill is the calculation formula. We hear a lot about the impact on small pharmacies and what's going to take place. I believe that they'll restructure into one of two things: They could be bought up by major companies or they'll form into buy groups.

From what I understand, when reading the calculation for the dispensing formula, it's based on the volumes that you buy. The province of Ontario, to my knowledge, hasn't changed and is still the largest pharmaceutical purchaser in the entire world with \$3.5 billion. There's no other single organization or entity in the entire world that buys as many drugs as Ontario, but we're at the end of the line. What'll take place, from what I'm seeing and hearing, is that the large drug companies will make large purchases, get volume discounts and be able to sell at reduced costs. The smaller mom-and-pop pharmacies, as they're being called, will not be able to compete on that level.

What will end up happening, and what I may see happening or expect to happen, is that these businesses will actually come forward and form into buy groups where they'll be able to buy in large-volume discounts. Hopefully, they'll be able to get some assistance from the province to move forward to ensure that they can provide those services, as mentioned, in rural or small northern communities, whatever the case may be.

The rebate: As I said earlier on, I'm not quite sure that there is a problem in that area, but I would certainly like to find out if there are problems in the rebate aspect of the legislation. What's the impact going to be on the methadone clinic?

Drug development: I know the member from Mississauga East had stated that there would be no negative impact on developing new drugs or research in the province of Ontario. Is there going to be some formula or some provincial incentive for them to maintain here? I believe it was about an 18-year payback for a drug company, once they develop a drug, in order to recoup the costs. After that period of time, as I recall, they start making profits. Obviously it depends on the volume of drugs sold and those sorts of things. There may be some other ones in which obviously, if it's large-volume sales, their time frames are lot less. Do you expect to see any changes in that?

The other area, as I mentioned earlier on, is the aspect of changing medication and the secretariat's ability to do that. Hopefully, we'll find out what takes place from that.

Some of the concerns, as brought forward, are that apparently this potentially could put 30,000 high-paying jobs in the province of Ontario at risk. I know that our lead speaker, the member from Kitchener-Waterloo, had brought this forward. We need to hear some sort of response just to understand how it's going to impact the industry as a whole. The return on investment for drug companies, as mentioned earlier on, will certainly have a large impact.

Those are some of the key things that I wanted to bring up. Hopefully that will be moving forward and going to committee.

**1740**

I expect that the committee hearings would take place throughout the province and that we would be able to get some input from a lot of the small and rural and particularly northern communities in Ontario. As listed, the potential is that one in 10 pharmacies could be forced to close due to the cap on the fees that is coming forward. Actually, one of the members from the third party mentioned the actual savings that are going to take place; \$3.5 billion is a huge, huge part of the provincial budget. We certainly need to address it in any way we can move forward in dealing with this, making sure that we provide the quality of service and the care for the individuals in Ontario who are using this. This is something we all need to look forward to.

I look forward to hearing the responses on some of those. At this time I'm—

*Interjection.*

**Mr. Ouellette:** No?

**Interjection:** Tell us more about the dog.

**Mr. Ouellette:** Tell us more about the dog? Just a sec.

**Mr. Chudleigh:** Is this the first dog you've ever had?

**Mr. Ouellette:** No, this is not the first, but this is the first time glucosamine has ever worked or been utilized. The question was about the poor dog that is utilizing that.

Some of the other areas—

**Mr. Chudleigh:** What about the poor pharmacists?

**Mr. Ouellette:** Well, no, we spoke about the pharmacies and the advertising component as well. That would be something that I hope the PA would be able to bring forward as well. As I started off the debate, we put a lot of trust in the doctors who prescribe the medications and the pharmacists who provide them, but realistically we don't have a lot of detailed information as to what the effects are going to be. When these sorts of delistings and listings come forward, some form of comparison to inform the public at large what the impact is going to be would be very beneficial to a lot of people.

With that, I'm going to close my remarks. I appreciate the opportunity to speak on the debate and look forward to hearing the responses.

**The Acting Speaker:** Time for questions and comments.

**Mr. Marchese:** I've got some questions for the member from Oshawa too. I asked the member from Mississauga East but perhaps he didn't have the fullness of time to answer them; I'm not quite sure but I asked him some questions. This is about saving money. That's what they're saying.

**Mr. Fonseca:** No, it's about the patient.

**Mr. Marchese:** The member from Mississauga East says, "Oh, it's only about the patient." He must have repeated that five times. But the member from Willowdale talked about managing the costs. I'm sure that the member from Mississauga East would disagree with that. It's not about managing costs, is it? It's about the patients, isn't it? So I'm hoping that when the member from Mississauga East stands up, he is going to correct the member from Willowdale, because it's not about managing costs; it's about patients and making sure they get access to the right drugs and access to the right service.

They claim they're going to save 289 million bucks. I believe that if those savings are to be achieved, they should be going back into the health care system. What we're proposing is that we move a slight little amendment that says that those savings are going to go back into the health care system and put that in the bill. I suspect that the member from Oshawa might agree with me and might want to comment on that.

The other point I made is that there's going to be a new Drug Quality and Therapeutics Committee. The minister has said that they're going to have a consumer, not advocate but individual, to be represented on that committee. My sense is that it would be good to have a consumer or former patient on that committee and comment in that regard. My sense is that it would be a good

thing. I'm saying, put that into the bill, and I wonder whether the member from Oshawa agrees with me.

**Mr. Lou Rinaldi (Northumberland):** It's a pleasure to make a few comments to the statements the member from Oshawa made just a few minutes ago. He mentioned methadone dispensing and the challenges that creates. The member should know that Minister Smitherman just this week announced a task force to review how methadone is dispensed. We recognize there are some challenges and we're going to tackle them. The minister announced that just this week.

Let me add to this. We can argue back and forth where the money is going and where it's not going. The fact of the matter is that 46 cents out of every dollar we collect in this province goes to health care, and the drug piece is a big component of that. I hope we don't come to the day when the government in this province recognizes the out-of-kilter costs for health care, including drugs, and put up their hands and say, "We can't afford this anymore." We need to put mechanisms in place to make sure we maintain one of the envies of the world when it comes to our public health care system. This is just one of those components that is getting way out of hand.

You don't have to listen to this government. The previous government and the government before that recognized those challenges, but they stood back and let those costs increase. I know it's tough, but all I'm saying is that patients come first and we're dealing with that to make sure they get the proper drugs, and at the same time, to put some measuring sticks in place, some measurements, to make sure that we control those costs, that we can afford the public health care we've all become accustomed to in this province. We want to maintain that.

**Mr. Chudleigh:** The member for Oshawa speaks knowingly about this bill, and from personal experience. All drugs are not the same, and as to the differences between brand names and generics, there's all kinds of anecdotal evidence on the differences between these two. There's more of it there than could be just happenstance. There's something about the different formulae that helps some people and doesn't help others. To substitute those willy-nilly or unknowingly to the patient could be a very dangerous thing.

It points out the fact that we don't know what this bill is really all about. We know they want to reduce prices, we know they want to bring down the price of drugs, but we already know that Americans are coming over to Canada to buy drugs. So we know that our drugs are already cheaper than they are across the border, yet this government wants to bring down the price of drugs even further. Something doesn't quite wash. It doesn't quite make sense that we already have cheap drugs and you want to make them cheaper. I find it just a little confusing when this bill talks about doing things that apparently, from observing the marketplace, you might think are already done. So what else is in this bill that they're not talking about? The whole bill was brought about in a rather secretive kind of situation.

It's also the pharmacies. They say the pharmacies are going to be very happy. They say the guy who runs the pharmacy association is very happy with this legislation. Yet there was an article about this bill in the paper this week, and tomorrow, when we all go to our constituencies, my constituency day is booked with every pharmacy in town. It's going to be really busy tomorrow with all the pharmacists who apparently are not very happy with this bill. They're going to tell me how this bill is going to bankrupt them. Apparently the Liberals don't want me to talk about this. It's going to come about that it's going to be very difficult for these people to make a living and survive.

**The Acting Speaker:** Okay.

**Mr. Chudleigh:** So I ask you to have a second look at this. I think this bill, a lot of debate—

**The Acting Speaker:** Thank you.

**Mr. Chudleigh:** Sorry. I think my time is up.

**The Acting Speaker:** Thank you. That was very well said.

It's time for further debate. The Chair recognizes the member for Perth–Middlesex.

**Mr. John Wilkinson (Perth–Middlesex):** I hope it's no imposition that I get up and speak for a few minutes on this. I wouldn't want to put you out.

I say to my good friend from Halton, let's just run through the math again. I agree with your premise, sir, that drugs are more expensive in the United States. Obviously that is why people are lined up to come to our country. I agree with you. So now what you're saying is—and I find this kind of odd. Maybe when the member gets his chance to rebut this whole part of the debate, he will help me out on this. If we're going to actually reduce those costs further so that the available resources provide more pharmaceutical care for those who need it, what is wrong with that? It seems to me that we have a responsibility to the taxpayers to take their money and make sure we get the very best value for the dollar given to us. The minister has been very clear that this is not about saving money so that people have less care; it's about wisely spending the taxpayers' money so that there is more care. So I was somewhat taken aback, as someone dealing in the financial world before I ever got here, as to why we would not all be in favour, if we can find ways of being more efficient with the taxpayers' money, of providing more care and better care.

I particularly like the minister's initiative. As members, we all know about the challenges of doctors taking time out of their own time to help our patients who need schedule 8s. I thought the minister's idea of how to streamline that, how to get rid of that, to reduce that kind of bureaucratic requirement and put us in a position where as a province we could be more compassionate to our fellow citizens who are in the position of needing a schedule 8 approval, is a far better way to spend taxpayers' money.

**The Acting Speaker:** The Chair recognizes the member from Oshawa in response.

**Mr. Ouellette:** I appreciate the members from Trinity-Spadina, Northumberland, Halton and Perth-Middlesex speaking on the issue.

In regard to the member from Trinity-Spadina mentioning the \$289-million savings and investing it back in, we all know that everything goes back to the general revenue. But the increased costs in health care will be ongoing, and anything that goes back into it would certainly help the populace at large in providing a health care system that we're all proud of.

The member from Northumberland spoke about the minister's announcement regarding the task force on dispensing that was announced this week. Certainly when a bill comes forward that deals with these specific issues, I would have thought a task force should have gone out before the bill came forward. Possibly this is going to be part of the bill or the amendments to come forward. Then the bill should be delayed until the results of that task force come back so that we can get all the information and input to make sure the task force on dispensing, as the member from Northumberland talked about, will have the impact that is needed, and not go through a bill,

then look for another bill to come forward, or possibly through regulations, to try to deal with the amendment at that time.

The member from Halton mentioned the Americans coming in to buy Canadian drugs. The Canadian dollar reached a high of 88 cents the other day and they're still coming across, because obviously our drugs are that much cheaper.

One of the questions for the member from Mississauga East—and I didn't really hear any responses to any questions I had—would be, when we spoke about the jobs that potentially could be lost, are you replacing the research that the name brand companies actually provide out there with the generic companies that will be selling cheaper drugs to Americans or other jurisdictions around the world? Is that one of the impacts that we expect to see? Also, what's going to take place in regard to the methadone clinic and how it's going to be impacted?

**The Acting Speaker:** Thank you. It being approximately 6 p.m., this House stands adjourned until 1:30 p.m. on Monday, May 1, 2006.

*The House adjourned at 1754.*

**LEGISLATIVE ASSEMBLY OF ONTARIO**  
**ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO**

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 Speaker / Président: Hon. / L'hon. Michael A. Brown  
 Clerk / Greffier: Claude L. DesRosiers  
 Deputy Clerk / Sous-greffière: Deborah Deller  
 Clerks-at-the-Table / Greffiers parlementaires: Todd Decker, Lisa Freedman  
 Sergeant-at-Arms / Sergent d'armes: Dennis Clark

Constituency Circonscription	Member/Party Député(e) / Parti	Constituency Circonscription	Member/Party Député(e) / Parti
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Ancaster-Dundas- Flamborough-Aldershot	<b>Tascona, Joseph N.</b> (PC) Second Deputy Chair of the Committee of the Whole House / Deuxième Vice-Président du Comité plénier de l'Assemblée législative Prue, Michael (ND)		<b>Bountrogianni, Hon. / L'hon. Marie</b> (L) Minister of Intergovernmental Affairs, minister responsible for democratic renewal / ministre des Affaires intergouvernementales, ministre responsable du Renouveau démocratique
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Beaches-East York / Beaches-York-Est	Jeffrey, Linda (L)		
Bramalea-Gore-Malton- Springdale	Dhillon, Vic (L)	Huron-Bruce Kenora-Rainy River	<b>Dombrowsky, Hon. / L'hon. Leona</b> (L) Minister of Agriculture, Food and Rural Affairs / ministre de l'Agriculture, de l'Alimentation et des Affaires rurales
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Brampton West-Mississauga / Brampton-Ouest-Mississauga	Murdoch, Bill (PC)		Hampton, Howard (ND) Leader of the New Democratic Party / chef du Nouveau Parti démocratique
Brant	Jackson, Cameron (PC)		
Bruce-Grey-Owen Sound	Martiniuk, Gerry (PC)		<b>Gerretsen, Hon. / L'hon. John</b> (L) Minister of Municipal Affairs and Housing / ministre des Affaires municipales et du Logement
Burlington	Hoy, Pat (L)		Milloy, John (L)
Cambridge	Ruprecht, Tony (L)		
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Davenport	Wynne, Kathleen O. (L)		
Don Valley East / Don Valley-Est	Tory, John (PC) Leader of the Opposition / chef de l'opposition O'Toole, John (PC)	Kingston and the Islands / Kingston et les îles	
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Etobicoke North / Etobicoke-Nord			
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Northumberland	Rinaldi, Lou (L)	Stormont–Dundas–Charlottenburgh	Brownell, Jim (L)
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Oakville	Flynn, Kevin Daniel (L)	Thornhill	Racco, Mario G. (L)
Oshawa	Ouellette, Jerry J. (PC)	Thunder Bay–Atikokan	Mauro, Bill (L)
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Ottawa–Orléans	McNeely, Phil (L)	Timmins–James Bay / Timmins-Baie James	Bisson, Gilles (ND)
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A list arranged by members' surnames and including all responsibilities of each member appears in the first and last issues of each session and on the first Monday of each month.

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

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Norman W. Sterling, Kathleen O.Wynne  
Clerk / Greffière: Anne Stokes

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