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Wednesday 27 September 2006

Mercredi 27 septembre 2006

Speaker
Honourable Michael A. Brown

Président
L'honorable Michael A. Brown

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LEGISLATIVE ASSEMBLY OF ONTARIO

Wednesday 27 September 2006

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

Mercredi 27 septembre 2006

*The House met at 1330.
Prayers.*

MEMBERS' STATEMENTS

ETHNIC MEDIA

Mr. Frank Klees (Oak Ridges): I take this opportunity to report to the House and, through this statement, to Ontarians across the province on an important event that took place here at Queen's Park this past Friday, September 22. The National Ethnic Press and Media Council of Canada honoured 14 individuals from every walk of life and cultural background from all over Canada, as well as 14 publishers/editors of ethnocultural publications in Canada.

The occasion was hosted by His Honour the Honourable James Bartleman, the Lieutenant Governor of Ontario. I was deeply honoured to represent John Tory and the Ontario PC caucus and to extend our congratulations to the 28 award recipients. Also present was MP Peter Van Loan, who brought greetings from the Prime Minister, the Right Honourable Stephen Harper.

I ask honourable members here to acknowledge with me the crucially important role of the ethnic press and media in our country and in this province, where we celebrate one of the most culturally diverse societies in the world. A special acknowledgement and congratulations are extended to Mr. Thomas S. Saras, president and CEO of the National Ethnic Press and Media Council of Canada, for his role in organizing this memorable event.

The work of our ethnocultural media is highly significant in the life of our province, especially when we consider how it provides a necessary cultural context within which new Canadians are made to feel both comfortable and welcome in their new country. The ethnic media also keeps open the necessary cultural and linguistic channels for the maintenance, promotion and handing-on of the heritage of Ontario's many cultural communities that continue to enrich our society.

COMMUNITY HEALTH CENTRE CENTRE DE SANTÉ COMMUNAUTAIRE

Mr. Jean-Marc Lalonde (Glengarry–Prescott–Russell): I am so proud to stand here today to say that the McGuinty government has improved community health care in Glengarry–Prescott–Russell.

Effectivement, le gouvernement McGuinty investit dans un nouveau centre de santé communautaire satellite à Bourget. Ces services sont parrainés par les services de santé communautaires de l'Estrie de Cornwall et amélioreront l'accès aux soins de santé primaire pour les gens de la région de Bourget. Ceci est une excellente nouvelle pour cette communauté, qui a maintenant accès à des services de santé bilingues.

En décembre dernier, notre gouvernement avait débouché des sommes importantes, et aujourd'hui je suis fier de dire que le centre de santé communautaire à Bourget a ouvert ses portes le 18 septembre dernier.

This community health care centre in Bourget is now fully operational. This is fantastic news for the people of this area. This community has been without a doctor for more than eight years. The closest hospital to Bourget is the Monfort Hospital, and it is some 40 kilometres away.

Je suis du même avis que mon collègue George Smitherman, le ministre de la Santé et des Soins de longue durée, que les centres de santé communautaires sont les meilleurs moyens pour promouvoir un mode de vie sain et la santé de la collectivité.

AUTISM TREATMENT

Mr. Ted Arnott (Waterloo–Wellington): In his very first question of this fall sitting of the Legislature, the Leader of the Opposition asked the Premier about his broken promise to families with autistic children. Calling the Premier on the carpet for his broken promise to extend IBI treatment for autistic children beyond the age of six, our leader demanded action.

I first raised this issue in the House almost two and a half years ago as yet another example of the McGuinty Liberals' serial promise-breaking. This past summer, I was invited to speak at the No More Excuses rally for autistic children, held in Kitchener. I met many parents who were imploring the Premier to keep his word, even though to date in many cases he has ignored their pleas for help. We have to find a way to help those kids.

A few days ago at estimates committee, I had a chance to ask the Minister of Children and Youth Services questions about this issue. When I asked an innocuous question, whether the government had made a public announcement of new policies impacting autistic kids on waiting lists, she said this to me: "You know, Mr. Arnott, I'm going to get really angry very soon."

I think that autistic children and their parents deserve much more than a public display of anger by the

McGuinty Liberal government. It was Dalton McGuinty who made this promise. It's up to Dalton McGuinty to keep it, or without a doubt this broken promise will form part of the verdict that the Ontario voters will render unto this government on October 4, 2007.

AIR QUALITY

Ms. Andrea Horwath (Hamilton East): This summer it rained soot in Hamilton East and my constituents want answers from the McGuinty government. On August 10 and 11, for at least the third time this summer, residents of Hamilton East saw their properties deluged with filthy, smearing, black carbon emissions. All this time later, the soot saga remains unsolved. The company responsible is still unknown because Ontario's Minister of the Environment is asleep at the switch. A month ago I wrote her an urgent letter and still have received no response. Today I call on her again to hold an open public meeting right away, send ministry staff and start being accountable for this ongoing environmental problem.

Early tests show the soot contains noxious elements like coal dust, black rubber and traces of paint. It's almost impossible to remove it. Imagine having to breathe it.

Residents expect their Ministry of the Environment to be seen and heard taking action. Tim Lockhart, who says his newly painted house is covered in soot, expected your ministry to take action. Linda Pickvance, Lorna Moreau, Mary Lee and still hundreds more wait for action from your ministry. They want to know that this is not going to happen to them year after year. They want the minister to do her job and determine who is responsible, what caused the problem and what enforcement and monitoring measures will be put in place to prevent soot pollution.

Hamilton East, with its concentration of industry, already has about the worst air in Ontario. Ironically, the Ministry of the Environment no longer monitors Hamilton East's air quality directly, instead monitoring—

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

CRYSTAL BEACH HERITAGE

Mr. Kim Craiton (Niagara Falls): Over the summer I was invited to Crystal Beach, a place that has many great memories from my youth. I remember the crowds, the amusement park, the huge roller coaster and the sounds of the big-band era. What I realize now is that many of the crowds came by boat from Buffalo, a short 20 miles away, and contributed immensely to a vibrant economy.

On the last Sunday evening in August, with the sun setting and the sounds of the Glenn Miller band in the background, 12,000 pounds of cast steel that propelled the famed steamship SS *Canadiana* between Buffalo and this Ontario resort for more than 40 years found a final resting place as a monument to these past times.

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Efforts to restore the giant cruise ship, which ceased operating decades ago, failed when the ship was chopped up and sold off as scrap materials. But thanks to three Crystal Beach residents, Harvey Holzworth, Paul Kassay and Rick Doan, the *Canadiana's* propeller, or three quarters of it, anyway, has resurfaced along the shorelines at Crystal Beach's Front Park, just a few hundred yards from where the 200-foot-long vessel used to dock. These men spearheaded the effort to save the pieces from a bygone age from the scrap heap and purchased half of the rusty, zebra-mussel-encrusted, four-blade propeller. The prop now rests, along with the capstan and bollard from the ship, on a concrete pad, with a memorial plaque identifying these items as a silent testimony to Crystal Beach's marine heritage. These are among a few of the ship's remains.

This House owes a great vote of gratitude to citizens like Holzworth, Kassay and Doan for keeping the history and heritage of this province and Crystal Beach alive.

WASTE MANAGEMENT

Ms. Laurie Scott (Haliburton–Victoria–Brock): It's time the McGuinty Liberals come clean with Ontario on their mismanagement of waste. The environment minister recently admitted the broken promise of 60% waste diversion. We've all heard about the city of Toronto's goal of purchasing the Green Lane landfill site. The concern we have on this side of the House is the lack of representation which the Liberal MPPs in the area surrounding Green Lane have shown to their constituents. There are two ministers and the party president of the Liberal caucus representing ridings around the Green Lane landfill site, and they claim to have been surprised by the city of Toronto's intent to bring their garbage there. The whole situation reeks of Liberal mismanagement and fumbling.

The member for Elgin–Middlesex–London is on record suggesting that Toronto learn to look after its trash in its own backyard, yet he has known of the expansion in Green Lane since at least June 28 of this year. It's time you start looking after your own backyard. I would hope that the member would stand up and take responsibility to ensure that the parameters of any deal to bring waste from—

Interjections.

The Speaker (Hon. Michael A. Brown): The minister of Labour will come to order. The House will come to order.

Mr. Peter Kormos (Niagara Centre): Come clean.

The Speaker: The member from Niagara Centre needs to come to order also. I need to be able to hear.

The member for Haliburton–Victoria–Brock.

Interjections.

The Speaker: Order. This isn't helpful. The member is waiting patiently. The government House leader will come to order.

Ms. Scott: I hope that the member from Elgin–Middlesex–London would stand up and take responsibility to ensure that the parameters of any deal to bring waste from Toronto to Green Lane would not put the people of his riding in a position where they've been left with nowhere to bring their trash. Minister Peters, if you are as driven as you claim to be on protecting your constituents, put the rhetoric aside, step away from the comforts of cabinet, stop toeing the McGuinty Liberal Party line and represent your constituents.

L'ÉCHO D'UN PEUPLE

M. Phil McNeely (Ottawa–Orléans): Cette année fut la troisième année consécutive que l'Écho d'un peuple se représenta au Théâtre Desjardins de la Ferme Centenaire Drouin, à Casselman.

Pour la première fois cette année j'ai assisté à ce spectacle, qui m'a fait revivre plus de 400 ans de l'histoire francophone en Amérique du Nord.

L'Écho d'un peuple a rassemblé, depuis l'été 2004, plus de 55 000 personnes qui ont assisté à diverses représentations. Ce spectacle rassemble plus de 200 comédiens et des centaines de bénévoles qui, pendant les trois dernières années, ont su épanouir leur public.

Ce spectacle éblouissant m'a ouvert les yeux à l'histoire de la francophonie ontarienne et canadienne. En une soirée, j'ai pu voyager dans le temps et j'ai eu l'expérience de l'histoire francophone: du temps de la découverte de Cartier; de la colonisation de la Nouvelle-France; du périple des « raftsmen » qui faisaient la drave; du rapport Durham et la revanche des berceaux; de la ruée vers le nord de l'Ontario; et de la bataille pour la survie de l'Hôpital Montfort.

Le témoignage collectif et la qualité exprimée par tous les tableaux présentés à l'Écho d'un peuple ont su démontrer la fierté franco-ontarienne. La qualité du spectacle est incroyable.

En tant que député d'Ottawa–Orléans, je veux dire un grand merci aux artistes et volontaires qui ont su faire de l'édition 2006 de l'Écho d'un peuple un spectacle à ne pas manquer.

EDUCATION

Mr. Jim Brownell (Stormont–Dundas–Charlottenburgh): First, I would like to congratulate Minister Wynne on her appointment as Minister of Education. As a former teacher and someone who has a daughter as a teacher and nieces and nephews in the school system, I feel confident that they and the future of Ontario's education system are in good hands.

Indeed, since the McGuinty government was formed, class sizes have gone down, test scores have gone up, more students are graduating, and finally we have the labour peace we need in order to stay on track. What was neglected under past governments is beginning to blossom once again.

In my riding of Stormont–Dundas–Charlottenburgh, there could be no greater symbol of this fresh start for students and teachers than the opening of the new Central Public School this September in downtown Cornwall. This summer, the Minister of Labour had an opportunity of coming to my riding to see that school. This facility is ideally situated and suited to meet the needs of local students, connecting them to the modern world through their state-of-the-art systems while preserving the past in the façade of the old building that's been preserved as the back wall of the school's library. This is an incredible school, Central Public, and its teachers, students and parents—a great tribute to the determination of my constituents and the commitment of this government towards quality education in Ontario. We see a great future at Central. We see a great future for education in SD and C.

LONG-TERM CARE

Mr. Wayne Arthurs (Pickering–Ajax–Uxbridge): I rise in the House today to speak to the matter of long-term care and the McGuinty government's commitment to ensuring higher standards and a greater quality of care for those relying on this essential service. The McGuinty government has made record investments in long-term care because we believe that it's essential for our seniors to receive the best care possible.

We have increased funding by \$740 million since taking office, 155 million of those dollars in this year alone, and have hired some 3,140 new staff to date. We've also brought in new regulations and brought tougher inspections to ensure the quality of care is properly administered.

In the past, we saw the Conservative government removing nursing and bathing standards for long-term-care residents. We brought them back. They also allowed nursing homes to operate without proper licences, which is unacceptable. We're committed to making our long-term-care homes better for our family members and friends seeking this assistance, which translates into better standards of care for our loved ones.

Our focus is on hope and dignity, which we believe should be number one in creating a positive and nurturing environment for those in long-term care. We know there is more to do, but the McGuinty Liberal government is committed to improving long-term care and providing hope and dignity for all those who need it.

VISITORS

Ms. Judy Marsales (Hamilton West): On a point of order, Mr. Speaker: I take pleasure today in introducing two guests in the gallery. Ian and Josephine Taylor combine artistic skill and great innovation coming out of Hamilton. Ian is one of the great bass players in Hamilton, and Josephine is a wonderful artist, writer and singer. Ian has a company, Reflex Advanced Marine Corp., that is designing and engineering high-speed boats and ferries. Please give them a welcome.

LEGISLATIVE INTERNS

The Speaker (Hon. Michael A. Brown): With us today in the Speaker's gallery are the 2006-07 Ontario legislative interns. We have with us Ian Burns, Laura Dougan, Neil Foley, Jason Lagerquist, Tom McDowell, Rachel Stack, Lauren Starr and Eleni Tsoutsias, and their academic director, Dr. Henry Jacek. Welcome.

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REPORTS BY COMMITTEES

STANDING COMMITTEE ON GOVERNMENT AGENCIES

The Speaker (Hon. Michael A. Brown): I beg to inform the House that today the Clerk received the report on intended appointments dated September 27, 2006, of the standing committee on government agencies. Pursuant to standing order 106(e)9, the report is deemed to be adopted by the House.

STATEMENTS BY THE MINISTRY AND RESPONSES

GOVERNMENT SERVICES

Hon. Gerry Phillips (Minister of Government Services): I would like to outline to the House the status of a broad range of government services that are provided online.

More families are benefiting from better access to government services now that they can go online. Today we announced an all-in-one application that will allow you to register your child's birth, apply for a birth certificate and get a social insurance number all with one step. We also announced that you can now go online to get a marriage or a death certificate.

You will remember that a year ago, we wanted to make it more convenient to get your birth certificate delivered securely to you. We wanted to demonstrate to the public that we could do that in 15 business days. We wanted to show the public that our public service can and does deliver good service. As you know, our government introduced a money-back service guarantee so that anyone who applies for their birth certificate online will get their certificate delivered to them within 15 business days or it's free. This was the first guarantee of its kind certainly in North America.

This has been a tremendous success story for the government. Until we began this initiative, no certificates could be applied for online. Now, as of mid-September, we've had 240,000 birth certificate applications processed online and, so far, have had to issue only 80 refunds out of those 240,000 for not being delivered within 15 days. In other words, all the rest were delivered within 15 business days.

This has been a tremendous achievement accomplished, I must say, by our hard-working and dedicated public service. We're making it easier for the people of Ontario, and we're providing services the way our citizens want them to be delivered. We intend to further expand our online services to include, as I said earlier, online marriage and online death certificates.

Our tremendous success with online birth certificates paves the way for these new initiatives. When we began, as the House will remember, we had a backlog for birth registration and birth certificate services. At its worst, the turnaround time was over 20 weeks. We have made substantial progress. As I have mentioned, we now have a success rate of more than 99.5% getting their birth certificates on time for those who have filled out correctly their online application.

We know that the people of Ontario have busy schedules. This quick and easy application helps eliminate unnecessary delays for birth certificates.

I am also pleased to say that we are making further improvements in our newborn birth registration with a Service Ontario initiative that is reducing paperwork and simplifying a complicated process for new parents. The newborn registration service is a new joint service with our federal counterpart, Service Canada. It offers parents an easy and convenient way to register the birth of their newborn and apply for the baby's birth certificate and social insurance number all at the same time.

New parents have enough to do without worrying about paperwork. This service is making it easier for families to spend time doing the things they need and want instead of filling out paperwork. By combining three steps in one, we are saving parents the hassle of filling out separate paper forms and entering the same information over and over again.

Importantly, we are planning to further expand the newborn registration service next spring. At that time, the government will be piloting the next phase of the service to allow parents and hospitals to register directly with the province, making the system even faster and simpler to use. With this, we are also planning to eliminate the need for registration fees that apply to birth registrations. Those are paid to municipalities to register. When they go directly with us, the fee will no longer be charged.

And there is more good news, as people can go online for marriage and death certificates on the Internet. This will further cut down on the time people have to wait to get these important documents. Following the model we used to deliver great results on birth certificates, marriage and death certificates will also come with a money-back guarantee. That will begin in the new year.

Ontarians want and deserve better service, and through Service Ontario and with the hard work of our dedicated public services, we are making that happen.

Just for the public, if you want to go online for it, it is www.serviceontario.ca.

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

Ms. Lisa MacLeod (Nepean-Carleton): As the mother of an 18-month-old, I have recent first-hand ex-

perience getting a birth certificate. As I'm sure the honourable minister will know, it was not an easy process, and I'm someone who is quite familiar with this government's red tape.

While I think that on the surface this announcement is great news for parents, immigrants to Ontario, families of those recently deceased, and any Ontarian who needs these documents or their replacements, when you dig a little deeper past the usual Liberal huff and fluff, you will find this is just another example of these Liberals saying anything and doing anything to get elected.

The Premier and the Minister of Government Services were at Women's College Hospital this morning to announce a rejig of the government's website, yet in the rush to recover from a month-long public relations nightmare, not a single dollar of new funding was announced for any of our overcrowded hospital emergency rooms, for our overbooked pediatric operating rooms or to help ease the process to certify foreign-trained doctors—no, not a single new dollar to improve our gutted health care system. Going to Women's College Hospital was, pure and simple, another phony photo op from this Premier Personality. In fact, this Liberal government under this Premier will say anything, take any picture, and show up at any location just to get elected.

What's next? Will the Premier and one of his band of merry ministers show up at a pet store, stand among the puppies and announce the redesign of the logo of yet another provincial corporation?

The fact of the matter is that this lazy Liberal government fails to act over and over again. Just ask the chief of surgery at CHEO in my great city of Ottawa, Dr. Baxter Willis, who was quoted in last Saturday's Ottawa Citizen regarding the utter lack of focus this government has for improving wait times for pediatric surgery: "There are some services where the waits do appear to be particularly long and the psychological trauma of having to wait six, 10 or 12 months wears on both the child and family, especially a child who is going to have a major spine operation."

Interjections.

Ms. MacLeod: Mr. Speaker, we've touched a nerve.

One of the last things any parent wants to hear is that their young child needs surgery. It is shameful that parents and children in eastern Ontario, and in fact all of Ontario, have to wait up to 12 months for ear, nose and throat, spine, and dental surgery.

This Premier seems to think that streamlining the process to get your child's birth certificate somehow trumps getting these suffering children into the operating rooms and on the road to recovery. As a parent, I can speak with authority when I say that if I had a choice between getting my daughter's birth certificate 30 days sooner or getting my daughter's spine, nose, ears or throat operated on, I would choose the health of my daughter over the Premier's bureaucracy in a heartbeat.

In closing, I would just like to say this: I, and people all over the great province of Ontario, hope that in the design of this new website the government services

minister and the Premier were thoughtful enough to include a check box so they can get the retroactive death certificate for this sorry Liberal government.

Ms. Shelley Martel (Nickel Belt): I am pleased to respond on behalf of New Democrats to the statement that was made by the Minister of Government Services. I was at the press conference this morning when the minister announced the online newborn birth registration service, and I've got to tell you that the government missed the boat entirely this morning.

The problem isn't not having enough time to register your child; the problem is that too many parents in Ontario can't afford the fee that they have to pay to register the birth of their child with the municipalities. If a child goes unregistered, then the parent can't get a birth certificate, and they have to pay \$25 for the birth certificate. If they can't get a birth certificate, then they can't get a social insurance number. And the problems go on and on and on.

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If you can't pay the fee to the municipality to register your child because you can't afford to, then you can't do all of these other things. So completing your baby's birth certificate registration form online, which then goes to the municipality to process, will not help you at all if you can't afford to go to the municipality to actually pay the fee attached to the registration.

Does the government know that there's a problem with this fee? Yes, they do. On July 24, 2006, the Globe and Mail quoted Mr. Paul de Zara, who works for the minister. Here's what he said: "Studies have shown that the fees now charged by municipalities to register births result in some parents failing to record their children—an oversight that creates a crippling set of problems later on, since it's impossible to get a birth certificate unless a child's birth has been registered."

Let me tell you, it's not just some parents. Since 1996, when the former Conservative government permitted municipalities to charge a fee for registering a birth, a situation that remains in place under the Liberal government today, some 30,000 babies have gone unregistered and unreported in Ontario. That makes it impossible for the province to keep an accurate count of the population, because those births being unregistered mean that the deaths are unregistered too.

Dr. Arne Ohlsson, who works at Mount Sinai and who is also a member of Public Health Agency of Canada's Canadian Perinatal Surveillance System, says that it's difficult for policy-makers to decide what prenatal programs are needed to prevent early deaths or sick babies if you don't have an accurate count of births. He also said—and this is in the Sudbury Star in July—"It's a huge problem; it's appalling. If you don't have the baseline data, you cannot really compare and see what happened after we introduced a new intervention." He also said that babies who are not registered are usually the most vulnerable. They are born to moms who can be illiterate, who are homeless, who are poor, etc. That is why he said that the birth registration fee is uncon-

stitutional, violates the United Nations Convention on the Rights of the Child, and needs to be cancelled.

Let me give you an idea of some of those fees: \$28.50 in Hamilton to register your child; \$33 in Ottawa; \$35 in Toronto. Don't forget, that's just the fee to get registered. Then you have to pay another fee to get the birth certificate, and it goes on and on.

So today was really the day that the government, since it knows that there's a problem, should have come forward and said that the government of Ontario is going to assume responsibility for the registration of births of newborns in the province and the government is not going to charge a fee to do that. But do you know what the problem was? It seemed that today, frankly, the government was far more interested in a photo op than they were in ensuring that families who can't afford to register their child because of the cost to do so will actually have their needs met.

So now we hear from the minister that the government is going to do something about this matter in 2007. How convenient. Probably just before the next election. The problem is, too many families can't afford to register their child now. The government should assume responsibility for this service, and the government should say now no more fees to any parent to register the birth of their newborn in Ontario.

Interjections.

The Speaker: Again today, we're having a few more private conversations than are good for any kind of decorum in this place. I'd ask members, if you wish to have private conversations, it would be good to do that in the lounge.

ORAL QUESTIONS

HEALTH CARE

Mr. John Tory (Leader of the Opposition): My question is to the Premier: Given your comment this morning that "As an Ontarian, if I had to choose between a privately funded doctor and no doctor, then I'd take the privately funded doctor, obviously," we're intrigued to hear that this is now government policy. Can you confirm that the government will accompany this new policy with a commitment to the 1.2 million Ontarians who don't have a family doctor, that you will fund their trips to Massena, to Buffalo and to Port Huron when they go looking for the health care they need because they don't have a doctor? Will you confirm that?

Hon. Dalton McGuinty (Premier, Minister of Research and Innovation): I'm pleased to report that there are 420,000 fewer orphan patients in Ontario. It is interesting to hear from the leader of the official opposition in his unaccustomed role now, apparently, as the champion of medicare. This is a party that wouldn't support our commitment-to-medicare act. This is a party that is devoting itself to taking at least \$2.5 billion out of our

health care system. We're bringing a different approach. We are making substantial investments in health care, whether we're talking about increasing the number of doctors, number of nurses, medical school spaces, community health centres, investments in long-term care and the like. We are making significant investments in and providing additional protections to public health care in the province of Ontario.

Mr. Tory: Another day and another non-answer. Let's just talk about the progress you're making, such that we have today 136 underserved communities in Ontario, up from 126 when you took office. That's real progress: 10 more communities where they don't have doctors.

Now, it's difficult to reconcile your comments. On the one hand you said today, this morning—your words—that you would choose private health care if no doctor was available, but now you say it's not government policy. Well, for the 1.2 million Ontarians who don't have a doctor, this is a very real choice that you mused about today—1.2 million Ontarians who are paying up to \$900 in your health tax that you said you wouldn't bring in. This is an astonishing admission of failure, an astonishing admission that you broke your promise, and I quote, to "ensure that services are available where you need them, when you need them."

Here is my question. I'll ask you again to clarify: Are Ontarians who don't have a family doctor being told by you that they should cross the border to get their medical care? Are you saying they should be able to pay privately here to get that care? Which is it?

Hon. Mr. McGuinty: I'm saying, "No," to both those questions.

Mr. Tory: You'll excuse us for being confused and excuse the people of Ontario for being confused. They know—

Interjections.

The Speaker (Hon. Michael A. Brown): Stop the clock. Attorney General. Order. I need to be able to hear the Leader of the Opposition put his question. The Leader of the Opposition?

Mr. Tory: The people are confused. Now, they do know that you would say absolutely anything to try and win an election.

Interjections.

The Speaker: The Minister of Health will come to order. Try again, Leader of the Opposition.

Mr. Tory: You are the one who said this morning that you would choose private health care. Your Minister of Health said he doesn't approve of private health care. Indeed, he said he would lie down at the border to stop people from coming across. Now you're saying that you would step over him on the way to Buffalo to see one of the people that he described as a snake oil salesman.

So what the people of Ontario are entitled to know from you, Premier, is this: Which is it? Is it private health care, or do you believe, as I do, that Ontarians should pay for their health care only with their own OHIP cards? Which is it? Are you going to step over the Minister of

Health or do you believe, as I do, only with the OHIP card?

Hon. Mr. McGuinty: It's always good to hear from the defender of the people, but I think it is important to compare and contrast their record with ours. In case Mr. Tory has forgotten this, they fired nurses by the thousands in Ontario. They closed hospitals. They compared those nurses, in fact, to hula-hoop workers. They closed hospitals and they closed emergency rooms.

We've introduced a Commitment to the Future of Medicare Act, which was not supported by that party. We are investing in public hospitals in the province of Ontario. We are expanding medical school spaces. We are hiring the nurses they fired by the thousands; we're now hiring them by the thousands. We are investing heavily in our community health centres. We are building a new medical school in the province of Ontario; in fact, it is up and running now. We've got three new satellites when it comes to our medical schools, as well.

I will gladly compare our record and our commitment to medicare in the province of Ontario any day against theirs.

1410

HOSPITAL FUNDING

Mr. John Tory (Leader of the Opposition): My question is to the Premier, and I'll say there is only one person in here who has talked today about sending people off to get private care in Ontario and that's the Premier of Ontario, Dalton McGuinty—the only guy in here.

The reason that you were asked about this is because of the crisis happening in emergency rooms in communities across this province. That includes Cambridge, Sault Ste. Marie, Hamilton and all kinds of other places. I've travelled across the province and visited many emergency rooms and I've heard the stories of people who are waiting hours and hours to see someone in those emergency rooms. Can you tell us what concrete actions your government is taking to deal with this crisis? What are you doing?

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

Hon. George Smitherman (Deputy Premier, Minister of Health and Long-Term Care): Firstly, the member, in his desire to manufacture a crisis, which is his style, indicated hospitals that aren't even in such a circumstance. It will come as a surprise to the people of Hamilton, as an example, where their emergency rooms are appropriately staffed, that this member has put them on a crisis list.

The circumstances with respect to emergency rooms are, of course, something that have been a challenge for the health care system for decades and no one has struggled with it more vigorously than the honourable member who sits beside the one asking the question. "Vigorously" is one word for it.

The point here is that in various circumstances two things are at play: That party cut hospital beds by 22%

during their time in office, and they also failed to produce a sufficiency of doctors. The strategies that we're involved in include creating a bigger group of doctors who will work in emergency rooms and providing care in appropriate places for people. That's why we've been able to capture 420,000 people who now have a doctor in Ontario and didn't under your—

Mr. Tory: Well, 126 communities underserved when they took office; 136 communities underserved today.

Premier, we know that the announcements that you've made to date aren't working. We know that, and you admitted as much when you said you would seek private care just this morning.

We have a document that you put out called Improving Access to Emergency Services: A System Commitment. It was commissioned in February 2005, but not released until January 2006. That report recommends a benchmark of six hours from the time an ER doctor decides to admit a patient until that patient is admitted to the hospital, and it recommends that current wait times in hospitals be reduced by 10% every six months until the benchmark is achieved.

Can you tell us specifically, hospital by hospital—or if you prefer, LHIN by LHIN—what progress we have made, and will you table a written report indicating whatever progress has or has not been made within 24 hours?

Hon. Mr. Smitherman: Firstly, with respect to the question or the assertion that the honourable member makes with respect to underserved communities, if he spent just a little bit of time talking to the longest serving health minister in the Harris-Eves government, that is, the member who sits beside him and enjoys the privilege of being his party's deputy leader, he would know that on her watch the number of underserved communities in Ontario went from 40 to 142, and under our watch, it's begun to be reduced. This is news that travels very slowly to those who are very poor listeners.

With respect to the challenges in emergency rooms, as we spoke a moment ago, the opportunities to address this relate to providing care for people in the most appropriate setting, building the capacity to be able to flow individuals through the hospital environment and creating a sufficiency of doctors in the hospital environment to meet those tests.

In Britain and other places where they've put arbitrary times in place, it has created circumstances that have not enjoyed improvements in patient care.

We'll continue to work with all of our hospitals that enjoy independent board governance in our province and Ontario's doctors to create better circumstances in emergency rooms, seeking to rebuild from a party—

The Speaker: Thank you, Minister.

Final supplementary.

Mr. Tory: The reason the news travels slowly is because, in fact, the news is that the number of underserved communities has gone up on your watch from 126 to 136, and whatever you can talk about, about

letting the good times roll and sitting back and saying it's all resolved, there are 1.2 million Ontarians today who don't have a doctor. That's the fact.

My question, again, is to the Premier. The reason that you can't tell us any of this is because your government has not made this a priority. Your health minister was asked to make this a priority a year ago and refused. Your government is sitting on another report, entitled *Improving Access to Emergency Care: Addressing System Issues*. You've had it since August and you won't let it see the light of day.

Premier, will you commit to releasing this report today, to letting us all see what the recommendations are and whether you've done anything about them since August while people sit and wait for care in these emergency rooms? Will you agree to table this report in the next 24 hours and let us all see what it says?

Hon. Mr. Smitherman: We're very happy to work with the honourable member towards the release of the report because the report is a damning condemnation of the work of that government while in office. The circumstances are clear. At the heart of the report it says that the circumstances we are experiencing in Ontario's emergency rooms relate to the fact that while that party was in office, under the Tory torment of Mike Harris and Ernie Eves and these two health ministers who sit proudly in your caucus, they reduced hospital capacity in the form of acute care beds in our province by 22%. At the very same time, they sat idly by on their hands, as you might say, as community after community experienced a shortcoming in terms of the number of doctors because they were unwilling to increase the size of our medical schools and they were unwilling to address the opportunity presented by our foreign-trained doctors.

You can spin it any way you want and you can pretend you were running things from the backroom, but the reality is clear to everyone: The circumstances in emergency rooms today were manufactured by your party.

VISITOR

The Speaker (Hon. Michael A. Brown): Please stop the clock. I would ask members to help me welcome in the Speaker's gallery Sir Michael Lord, MP, Deputy Speaker of the House of Commons in London, in the UK. Good afternoon, Mr. Lord.

HOSPITAL FUNDING

Mr. Howard Hampton (Kenora–Rainy River): My question is for the Premier. You promised to stop the creeping privatization and Americanization of our medicare system. However, today, Cambridge Memorial Hospital is expected to announce that a profit-driven private corporation is taking over emergency room services. That's the creeping privatization and Americanization of medicare you used to denounce from the rooftops, yet when you were asked earlier, you said you

will do nothing to stop this privatization of hospital services.

Premier, why won't you now stand up for medicare, as you promised, and stop the privatization of Cambridge Memorial Hospital's emergency room?

Hon. Dalton McGuinty (Premier, Minister of Research and Innovation): Again, if the leader of the NDP is such a strong champion of medicare, I ask him, on behalf of Ontarians, why did he not support our Commitment to the Future of Medicare Act?

I know the leader of the NDP would perhaps be aware that Med-Emerg has been operating in Ontario since 1983. What he may not be aware of is that when he and his party formed the government, there were at least 17 occasions in 17 different Ontario hospitals where Med-Emerg was offering and in fact was contracted to offer services. You may want to take that into consideration.

Mr. Hampton: This is the measure of the Premier's support for medicare. Yes, we've always had temporary doctors. This is the takeover of a hospital emergency room. This is quite a bit bigger, quite a bit more than that.

You also admitted this morning that your toothless tiger, your so-called Commitment to the Future of Medicare Act, would not stop the privatization of the Cambridge hospital emergency room, that your much-boasted-about Commitment to the Future of Medicare Act would do nothing.

We believe we must support medicare. We believe it is urgent. In fact, we have drafted an emergency bill to close the loopholes in your Commitment to the Future of Medicare Act and stop the privatization. Will you support our bill, Premier?

Hon. Mr. McGuinty: Again, I just wonder where the leader of the NDP is when it really comes to medicare, because he wouldn't stand up for the Commitment to the Future of Medicare Act. He proclaims this to be a fundamental breach of medicare, but when they were in government, the exact same situation occurred in 17 separate hospitals, and he closed his eyes at that particular time. Apparently that was acceptable then, but it's unacceptable now.

1420

The circumstances are less than outstanding, obviously. We're working very hard to expand medical school spaces to graduate more doctors. We've entered into a very competitive agreement—one which was decried, by the way, by the NDP—to ensure that Ontario doctors are paid handsomely for the wonderful services they provide here to the people of Ontario. That's the approach we're bringing. At the same time, of course, the Minister of Health is working very diligently to address this very specific emergency room issue.

Mr. Hampton: The approach you're bringing is to allow the privatization of a hospital emergency room, and you've had to admit that your toothless tiger, your Commitment to the Future of Medicare Act, would do nothing to prevent that—nothing.

New Democrats want to resolve this issue. That's why this summer our health critic put forward a plan modelled

on the plan that is being used today in Manitoba by the NDP government there. It would create a public agency of emergency room doctors who would be available to make sure emergency rooms can operate. We think you should adopt that plan. Instead, you said, "I would rather have a private doctor than no doctor at all."

Premier, is this the choice the McGuinty government now offers the people of Ontario: a private doctor working for a profit-driven corporation taking over the emergency room or no doctor at all?

Hon. Mr. McGuinty: I'm doing everything I can to restrain my own Minister of Health here.

One of the things the leader of the NDP is not telling us in terms of details connected with his particular bill is that his health critic is calling for our emergency room physicians to be paid more.

We are very proud of the agreement that we entered into with the Ontario Medical Association. I want to remind the leader of the NDP of what he said when we put out that OMA agreement. He said, "The agreement is wrestling doctors' salaries to the ceiling. Doctors got the key to the bank vault." He called the agreement a bribe. Now, he's calling upon us to top up emergency room doctors in Ontario. Again, it's very difficult, from one day to the next, to know where the leader of the NDP stands when it comes to supporting medicare and our emergency room doctors.

HYDRO RATES

Mr. Howard Hampton (Kenora–Rainy River): To the Premier: [*Failure of sound system*] for the money that you put into the OMA agreement and not tell people they have to pay privately to get a doctor in the emergency room.

Northern Ontario's mayors, all of its large forest company employers and major forest company unions are united in sending you one simple message: Reduce the northern Ontario industrial hydro rate to \$45 a megawatt hour, all inclusive, immediately. One and all, they are saying that their communities are being devastated by your disastrous policy of driving hydro rates through the roof, where you've killed 25,000 direct and indirect jobs already.

Yesterday, you didn't want to answer the question, so I will ask it again: Are you prepared to do what you said you were looking at doing eight months ago? Are you prepared to announce a reduction in the industrial hydro rate in northern Ontario to \$45 a megawatt hour all—

The Speaker (Hon. Michael A. Brown): The question's been asked. Premier?

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

Hon. Dwight Duncan (Minister of Energy): First of all, we acknowledge the enormous difficulty faced by our northern industries and northern individuals with respect to the price of electricity. The Premier indicated some several months ago that we are looking at the whole regional-based pricing issue very closely. There are many

incarnations of that policy that we're looking at, many challenges with it. We want to make sure we get it right.

I should also remind the member that this government has spent close to a billion dollars to assist the forestry industry, everything through cogeneration initiatives undertaken by the Ontario Power Authority, uploading the cost of roads. The regional pricing issue could be a component that we will bring forward when we believe we have the right policy for the north and for those industries that are affected.

It's important that we be sensitive to that industry, to the north and to individual residents—

The Speaker: Thank you. Supplementary.

Mr. Hampton: The McGuinty government has held some photo ops in northern Ontario and you've put out some phony press releases in northern Ontario, but as far as paper mills, pulp mills, sawmills receiving the money that you promised, very few have seen anything at all. What they've seen is the loss of 25,000 direct and indirect jobs, almost all of them killed directly as a result of the McGuinty government's charging mills seven cents a kilowatt hour for electricity that only costs one or two cents a kilowatt hour to produce in northern Ontario.

Mayor Anne Krassilowsky of Dryden and Mayor Lynn Peterson of Thunder Bay addressed the government agencies committee, and this is what they said: "Our communities cannot wait. Government has got to take action now.... We have got to have competitively priced electricity and that means \$45 or less per megawatt hour all-in electricity pricing, and we've got to have the solution now."

I repeat, people in northern Ontario want an answer from the McGuinty government.

The Speaker: The question has been asked. Minister.

Hon. Mr. Duncan: The member opposite [*Failure of sound system*] some of the initiatives we have taken that are a lot more than "nothing" announcements. First of all, the power authority will be releasing the results of 1,000 megawatts of new cogeneration projects and has developed that program for that; \$220 million into Ontario's forest sector over these three years, in addition to the first announcement of \$330 million. Both announcements are on top of \$350 million in loan guarantees to ensure the ongoing competitiveness of Ontario's forest sector.

All of these announcements, taken together, represent a very solid commitment on the part of this government. And let me reconfirm our commitment to continue to work with that industry. We recognize it's a challenge. We will address the challenge in a responsible, prudent way to help ensure a vibrant future for the forest sector in Ontario's north.

Mr. Hampton: I think I understand why the Premier doesn't want to answer this question. The Premier was in Thunder Bay, where he said that the McGuinty government was going to look seriously at reducing industrial hydro rates. Now, eight months later, after thousands more jobs have been lost, what do we see from the McGuinty government? More dithering.

I just want to read the comments of some other mayors. This is what Mayor Peterson of Thunder Bay said, with her voice trembling: "We need to put a human face on this. These are real families with real jobs with real mortgages.... We've had enough. 'Soon, soon, soon' doesn't work." We need action "now." She said the McGuinty government must reduce industrial hydro rates in the north to \$45 a megawatt hour, all charges included.

Michael Power, the mayor of Greenstone, said, "This is where you have lost your house." This is where families are losing everything.

Premier, when are you going to act, or are you going to destroy more jobs through your misguided hydro rate hikes?

Hon. Mr. Duncan: Let me just assure the people of northern Ontario that this government is working to find those solutions, as we have up until now. But let me remind the people of northern Ontario what the member opposite has said about regional pricing in the past. It is often interesting to dig into quotes, and these aren't that old. Speaking about regionally based pricing, this is what the member said on June 27, 2002. He said, "This essentially means that the one-price system we've always had, the system that says we're all equal citizens of Ontario, would be gone. It means some consumers should be prepared to get whacked over the head." So who do you want to whack over the head, Mr. Hampton? Who? Tell the people of Ontario who. We're not going to whack people over the head. We're going to come up with a policy that serves all Ontarians.

Here's what he said on June 26, 2002: "It means that not only will the cost of electricity itself rapidly move up, but the cost of transmitting that electricity would increase as well." The member opposite—

The Speaker: Thank you, Minister. Stop the clock.

Interjections.

The Speaker: Order.

1430

HOSPITAL FUNDING

Mrs. Elizabeth Witmer (Kitchener–Waterloo): My question is for the Minister of Health. Despite your denial that there is an emergency room crisis in this province or in my community, the Kitchener–Waterloo Record would beg to differ with you with this headline: "ER Crisis." I would say to you, Friday of this week is the last full day of coverage for our two emergency rooms in Kitchener–Waterloo. I am asking you today, Minister, what are you personally prepared to do and what personal responsibility are you prepared to assume in order that patients' lives are not put at risk? What plan do you have?

Hon. George Smitherman (Deputy Premier, Minister of Health and Long-Term Care): I would remind the honourable member of her time in office. From Chatham: "Chatham ER in Critical Condition"—

Interjections.

The Speaker (Hon. Michael A. Brown): Order. I need to be able to hear the Minister of Health in his response.

Minister of Health.

Hon. Mr. Smitherman: It seems like the member from Kitchener–Waterloo is interested in the Kitchener Record but not in her record. The sad reality is that emergency rooms knew no greater crisis than when she was in office. The circumstances are very, very clear. Our government has been working double time to make up for the lost time created by these two parties. When they were in office, they sat on their hands and they squandered the opportunity to produce a sufficient number of doctors. You can't make a doctor as fast as you can make a pizza. You can pretend all you want, but you just can't.

The honourable member knows that the Health Services Restructuring Commission brought to her recommendations about alterations to health delivery in her community. Every other community went forward. The Wellesley Hospital closed; 28 other hospitals closed; 20 emergency rooms closed. And this member—

The Speaker: Thank you, Minister. Supplementary.

Mrs. Witmer: For three years, this government has mismanaged our health system. This government has attempted to deflect any problems to local hospitals, doctors, anybody except themselves.

You know that there is a report sitting on your desk with recommendations that deal with working conditions in emergency rooms, that deal with human resource issues. We know we need more nurses, we know we need more staff, and yet you refuse to take action. I ask you today, when will you release that report, when will you act on the recommendations, and when will you ensure that patients' lives will no longer be put at risk?

Hon. Mr. Smitherman: The honourable member, demonstrating a new-found passion to the issue of patients in the province of Ontario, should have asked herself some similarly hard questions when she had the chance to produce a sufficient number of doctors for the province. She talks about processes and working conditions. These are locally occurring circumstances. Why is it that you deflect the responsibility created between local hospitals and their physicians? That is their relationship. It's theirs to manage. And you deflect all of that to Queen's Park.

The report that you wish to have released will soon be released. But you should not wish for its release, because the one thing that is fundamentally clear in that report is that it lays the responsibility for today's problems at your feet, because you reduced by 22% the number of acute care beds in Ontario.

WATER EXTRACTION

The Speaker (Hon. Michael A. Brown): New question. The member for Toronto–Danforth.

Mr. Peter Tabuns (Toronto–Danforth): There will be a test at the end of this session.

Mr. Speaker, my question is for the Premier. Premier, the following quote, I'm sure, will sound familiar to you: "We will stop allowing companies to raid our precious water supplies.... When companies want to bottle our water or export it as part of other products, the Harris-Eves government gives it to them free.... We will end this reckless giveaway."

It's from your 2003 election platform. So when can Ontarians expect you to stop the reckless giveaway and introduce water-taking fees that you promised over three years ago? You made the promise, Mr. Premier, so it would be best to have you answer that question.

Hon. Dalton McGuinty (Premier, Minister of Research and Innovation): I refer this to the Minister of the Environment.

Hon. Laurel C. Broten (Minister of the Environment): I am the one who has the privilege in this government to be delivering day after day on work in this province to ensure that we have a future of clean, safe, abundant drinking water. The work that this government has done to ensure that Ontarians right across the province have clean, safe, abundant drinking water started early in the days of this mandate under my predecessor, Minister Dombrowsky, who immediately put a moratorium on permits to take water so that we could assess how much water we had in this province.

Then we followed up with a tougher system of permits to take water, the development of a Clean Water Act, over three years of consultation, \$120 million of scientific research being done right across the province to let us know, how much water do we have? How good is that water? What are threats to that water? The work is not done, and we continue to do that work each and every day.

Mr. Tabuns: Premier, since the Minister of the Environment won't answer the question, I'll come back to you. You could have introduced water-taking fees under the Clean Water Act, but your government refused. Countless environmental groups, community groups, your own expert panel, recommended that you implement water-taking fees so you'd have the revenue to implement, to monitor, to enforce source protection plans. Without adequate resources, these plans will fail.

In committee, we in the NDP put forward the amendments to allow you to keep your promise and implement water-taking fees. So, Mr. Premier, will your government commit today to introducing water-taking fees by the end of this year? Will you do that?

Hon. Ms. Broten: I would suggest to the member opposite that he has asked this question before, and I have answered it: at estimates, in the scrums, across the halls of this building. We are working on a plan to ensure that we are delivering on water-taking charges.

Your record with respect to determining what our government will or will not do is not that good. Bill 133: Member Churley forecast that we could take no action. And what did we do? We moved forward with Bill 133. Recently, you yourself indicated that we did not have the appetite or wherewithal to move with respect to a bottle

return, and soon after that, the Premier and I made that announcement.

I would suggest that you stay tuned. We've got three years down, one year to go. We are working on that plan. We want to deliver a plan that makes sense across the province, and you may have to eat your hat.

HYDRO RATES

Mr. David Oraziotti (Sault Ste. Marie): My question is for the Minister of Energy. Minister, everyone here knows that jobs and industry in the north are going through a very difficult transition period. I think even the member of the third party can recognize that. Our government listened and took action. We responded in the forestry industry: an economic package at \$900 million, larger than that of the auto sector. I want to commend the Premier, the Minister of Energy and the Minister of Natural Resources for that.

It's unfortunate that the leader of the NDP has once again done a disservice to the people of northern Ontario by twisting the facts to suit his own political agenda. Today in the Sault Star, a headline reads "McGuinty Rejects Call for" regional hydro pricing. It's extremely important that we correct the record: The headline was misleading, and I want my constituents to know that this government is still giving serious consideration—

The Speaker (Hon. Michael A. Brown): I need you to withdraw the offending word.

Mr. Oraziotti: Withdrawn.

I want my constituents to know that this government is still giving serious consideration to the report on regionally based pricing. Minister, please share with me and my constituents what our government's position on this is.

Hon. Dwight Duncan (Minister of Energy): I want to thank the member for Sault Ste. Marie for being a tireless advocate on behalf —

Interjections.

The Speaker: Order. Minister of Northern Development, member for Timmins-James Bay. I need to be able to hear the Minister of Energy in his response. Minister?

1440

Hon. Mr. Duncan: It's understandable why they're reacting. They never did this in their term, and this government is continuing to look at that issue. The headline in the Star was simply wrong.

Let's remind the NDP what their leader says about regional-based pricing. I didn't get a chance to finish it in the last one. This is Howard Hampton in Hansard, June 26, 2002: "It means that not only will the cost of electricity itself rapidly move up, but the cost of transmitting the electricity would increase as well."

He also said, in his opposition to regionally based pricing, that three out of four people are saying, "Don't do it." That's in the Ontario NDP News Digest, June 27, 2002.

The NDP are trying to have it both ways. They can't. This government, under the Premier's leadership, is looking at the regional pricing issue. It's moving like no

government has before, with a consistent position that's aimed at protecting jobs in the north and helping our northern—

The Speaker: Thank you, Minister. The member for Sault Ste. Marie.

Mr. Oraziotti: You've set the record straight and clarified that this government is still committed to reviewing regional-based pricing. I find it a bit rich that the NDP rails against our government, given their disastrous record in my community of Sault Ste. Marie for more than a decade.

Apart from the regional-based pricing, companies across the north are telling me that they're prepared to make investments—

Interjections.

The Speaker: Order. The member for Sault Ste. Marie.

Mr. Oraziotti: Minister, what additional strategies are in place to help companies improve their efficiencies so they can see a positive impact on their energy bills?

Hon. Mr. Duncan: I want to assure the member that a big part of our strategy to help these industries cope with energy costs is helping them become more efficient. Our strategy includes a request for proposals that the Ontario Power Authority has released for up to 1,000 megawatts of new cogeneration projects, and I expect we'll be announcing the results of that very shortly.

We've also announced a program to provide incentives for up to 250 megawatts of demand response. I remind the third party that they opposed demand response programs in this House not too long ago for companies. The OPA's cogen RFP is intended to encourage the development of a significant amount of combined heat and power projects, while at the same time ensuring that they're economical for the province. In addition, OPG's unregulated asset, the revenue limit, has been extended for yet another year.

This government has moved the way no other government anywhere has moved to protect those industries. The job is not done. Thanks to members like the member for Sault Ste. Marie—

The Speaker: Thank you, Minister. New question.

HOSPITAL FUNDING

Mr. John Tory (Leader of the Opposition): My question is for the Premier. We hear reference over and over again to a shortage of emergency room physicians and, in fact, when I tour the emergency rooms, as recently as this morning, and in talking to people who are in that part of the profession, they indicate that a big part of the problem is people who are leaving emergency rooms, who are working there, who are family practitioners, who choose not to spend any time there anymore. When I asked these very same people, on my tours and this morning, what the number one recommendation is in order to stop these people from leaving and maybe get some of them back, they say, "Get the

people who have been admitted to the hospital out of the emergency room and into a hospital bed."

The minister has a lot to say about old history on acute care beds. You could resolve that problem with the stroke of a pen tomorrow morning if you chose to do so. Why won't you do it? You've been in government for three years. Start accepting some responsibility for this.

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

Hon. George Smitherman (Deputy Premier, Minister of Health and Long-Term Care): Firstly, to the honourable member, the circumstances are clear that we need more doctors to work in our emergency rooms, and one of the programs that we've instituted with the College of Physicians and Surgeons, where they've operated more recently—

Mr. Frank Klees (Oak Ridges): More beds.

Hon. Mr. Smitherman: Yes, I know you know a lot about beds, because you closed 22% of the beds that we had. And you know very well, sir, because of the construction crane that's on site at your local hospital, that more beds are on the way for York Central Hospital in Richmond Hill.

The point is that we have to grow the pie, that is, of the number of doctors who can work there, and one of those things that we're doing is working with the colleges to train more doctors to do so. The reality is that acute care beds have been reduced by 22%. We work to rebuild those through the investment stream that we're making with our partners at the Ministry of Public Infrastructure Renewal. We've offered more than 5,000 additional long-term-care beds since we came to office.

The answer to these challenges cannot be found alone in growing the size of our hospitals, but rather in aligning the appropriate services at the community level. The honourable member's suggestion that this can be dealt with simply by writing a letter demonstrates his complete naïveté.

Mr. Tory: The fact of the matter is that there are hospitals that have the physical space today and in fact have beds that aren't open that could be open. The Minister of Finance reports that you're awash in cash all of a sudden, by the way, gone from a \$1-billion deficit to a \$300-million surplus. The fact is that these emergency room people tell me they will not examine people sitting in a chair, that they'd rather phone the insurance company first before they practise medicine in those kinds of conditions because they find it an unacceptable way to practise emergency room medicine. Why don't you stop blaming everybody else, and start taking some responsibility? Open some of the beds that you could open that exist that aren't funded today, and relieve some of the pressure that they say is caused by your failure to act. That's what they say, not me.

Hon. Mr. Smitherman: I will not stand and take responsibility for the inaction of that party, but we will take the steps to address these long-standing problems in Ontario's health care system. They were, sir, manufactured under your watch. You continue to offer these simple bromides that fall apart on the most simple cir-

cumstance. You say that all you've got to do is write a little letter and all these beds will magically open, when the reality is that through their inaction, as they sat on their hands and watched the train wreck occurring before their eyes, they did not make the efforts to produce a sufficiency of the health human resources who, at the heart of things, provide the loving care that we're all talking about here. The honourable member, who likes big buildings, has decided that opening more hospital beds is the answer. But he has no answer for the circumstances created by his party, while he was a prominent player in the backroom, to deprive Ontario of a sufficiency of doctors.

EDUCATION FUNDING

Mr. Rosario Marchese (Trinity–Spadina): Last night you met with trustees and parents of the Dufferin–Peel Catholic District School Board in an attempt to intimidate them into making cuts in the classroom.

Interjections.

The Speaker (Hon. Michael A. Brown): Order. I need to be able to hear the member for Trinity–Spadina place his question, and when he has started to place his question, I still need to be able to hear it. As soon as I sit down, I hear the noise again. That should not happen. It's not fair to the member. It doesn't provide any respect for the member and for his question. The member for Trinity–Spadina.

Mr. Marchese: I would remind MPPs that I was there until 10 o'clock, and oh, you tried to word it in nice, feel-good language, but the message was clear: Make the cuts or lose your jobs. Your government supervisor has proposed a budget that would cut reading recovery programs, close outdoor education centres, cut special education, defer desperately needed maintenance, cancel busing, close schools, and more. Would the minister stand here today and tell students and their parents which of these cuts the McGuinty government is going to make?

Hon. Kathleen O. Wynne (Minister of Education): It's been said about me that it would be good if I could be more intimidating, because what I actually did last night was that I went to build a relationship with this board. I think that 90% of politics is having a good working relationship with the people you need to work with. So that's why I went to the board. In fact, we had a very reasonable conversation. The trustees acknowledged that they were very happy that I had come there. I was following on the good work that had been done by the previous Minister of Education and the Minister of Education before that. The fact is that we have put \$128 million into the Dufferin–Peel Catholic District School Board. We've been working with that board for over a year. The staff have done a very good job in terms of looking at their budget and trying to come up with the efficiencies that they need. They know that the time is running out. The longer we go on without a balanced budget in place, the larger the deficit is, and—

The Speaker: Thank you. Supplementary.

1450

Mr. Marchese: In 2002, you launched a court challenge claiming that forcing trustees to make budget cuts violated the Charter of Rights. In 2006, you're trying to intimidate boards into doing exactly what you opposed. I guess this is the re-education of Kathleen Wynne. Look, why can't you simply admit that Dalton McGuinty has failed to keep his promise, admit that it is wrong to deprive students of remedial reading and clean schools, and announce that you will not be forcing any board to make cuts until the Conservative education funding formula has been fixed?

Hon. Ms. Wynne: Let's get this straight: When I was a trustee on the Toronto District School Board, I dealt with neither Gerard Kennedy nor Sandra Pupatello nor me. I was dealing with people who didn't believe in publicly funded education, I was dealing with people who believed in private education, and that is why—

Interjections.

The Speaker: Order. The member for Oak Ridges and the member for Trinity–Spadina will come to order.

Interjections.

The Speaker: I can wait. Order. I need to be able to hear the Minister of Education respond. Minister.

Hon. Ms. Wynne: What we've been doing since we were elected is changing the funding formula. We've invested more to increase the benchmarks. We have fundamentally changed the funding formula. We've put in a school foundation grant that was not there before. It is a work in progress. That is what we talked about at Dufferin–Peel last night. And I make no apology for trying to establish and continue a collaborative working relationship with trustees. I believe that school trustees should be in control of their boards. I believe that's in the best interests of children. We will continue to work on the funding formula and continue to make investments to keep those school boards in charge of their boards.

FREEDOM OF INFORMATION

Ms. Monique M. Smith (Nipissing): My question is for the Minister of Government Services. Since taking office, I know that our government has shown a real commitment to building a more open and transparent government for all Ontarians. The Information and Privacy Commissioner reported that the former government had a dismal record when it came to access to information. I know that's what motivated the Premier to immediately respond to privacy commissioner Ann Cavoukian's 2004 annual report with a letter to ministries urging everyone to work to build a more open and transparent government.

Minister, as you know, this week is the first Right to Know Week in Canada. It is meant to help focus attention on an individual's right of access to government-held information and open and transparent government. What is our government doing to make it more open and transparent for all Ontarians?

Hon. Gerry Phillips (Minister of Government Services): I thank the member. I'm pleased to say we've

got a strong record of achievement in public sector transparency and accountability, and really led by our Premier. It was very early on in our mandate when the Premier sent a letter to all ministers and deputies, to use his words, “highlighting the vital importance of the Freedom of Information and Protection of Privacy Act.”

It was just three weeks ago that he sent another letter to all ministers and deputies saying, “Although we’ve made great strides in improving turnaround times for FOI requests, there’s still room for improvement. I’d like to emphasize again the importance of answering every request in a timely manner.”

We are making progress. This is the Information and Privacy Commissioner’s press release on her annual report. What she said there was, “Provincial ministries”—and this was just a few months ago—“were praised by the commissioner for a dramatic improvement in their 30-day-response compliance rate. Overall, ministries achieved an 80.1% compliance rate—a significant increase”—significant improvement—“and the highest compliance rate in 17 years.” We are making good progress.

Ms. Smith: Minister, there has been some recent media attention regarding access to information and some criticism on the ability of the public to access government documents through the freedom of information process. This is a very serious matter. There is no doubt that we must continually work to improve openness and transparency in government, and the people of Ontario deserve our very best efforts. I recognize, as you’ve noted, that in the Information and Privacy Commissioner’s report, we’ve seen rates go from 39% in 1996 to more than 80% in the annual report of 2005.

Minister, how has this government improved access, and what are some of the other ways that we are working to improve access?

Hon. Mr. Phillips: Again, I would just re-emphasize what the member just said and the importance that we do place on information. The Premier himself has put a high priority on this with a clear direction to all of us.

But we continue to look for more ways to improve. You may recall we brought in, just in the past few months, freedom of information legislation governing our publicly funded universities. The Fiscal Transparency and Accountability Act is really groundbreaking in terms of information, making sure that the province’s books, before an election, are scrutinized by our Auditor General. Hydro One and Ontario Power Generation brought back in, under the Freedom of Information and Protection of Privacy Act; local public utilities, brought back in. The audit statute amendments give our Auditor General important access to some of our other public sector organizations, like the school boards and hospitals.

So the Premier has been encouraging us, or ordering the ministries, to make sure that we are complying to the best of our ability. But we also may take other significant steps, to make sure all of the organization is as open as possible.

NATIVE LAND DISPUTE

Mr. Robert W. Runciman (Leeds–Grenville): I have a question for the Premier. Yesterday, our leader, John Tory, asked you about the ongoing costs associated with the illegal occupation of land in Caledonia. As you typically do, you refused to answer.

Today, I’d like to ask you about one specific cost and see if you’ll give us the honour of an answer. Premier, are taxpayers picking up the cost of supplying hydro and water to the occupied site and, if yes, why?

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

Hon. David Ramsay (Minister of Natural Resources, minister responsible for aboriginal affairs): I do know that when the occupation had happened originally back in February, the local power provider had kept the power on in the houses that were there. It is my understanding that that power is still on. Once the transfer would have occurred to the province, at this time it would be the responsibility of the province.

Mr. Runciman: I think that was a yes. The minister yesterday, as well, when asked about the \$55 million and counting already spent at Caledonia, very cavalierly said it will “cost what it costs.” I think you should have added, “It’s only tax dollars and I’m a Liberal. What do you expect?”

Minister, a few weeks ago your Premier said occupation of the site over the winter was unacceptable. Now you’re paying the hydro and supplying the water. You’ve collapsed on conditions before, and you’re collapsing again. How can the good people of Caledonia ever hope to see a resolution of this matter when you continue to display weakness and lack of fortitude? How can they ever expect a resolution?

Hon. Mr. Ramsay: I think the member knows—he’s been in government previously—that sometimes the responsibilities come to we who are in government. He’s had that challenge also, that you have to step up to the plate and you have to face it. I’m very proud of the McGuinty government’s approach to this particular situation.

In June, when we’re in the midst of this and we’re all working, and I’m asking for your assistance to help us solve this and to do this in a very cost-effective manner, your leader says, “Let’s have a public inquiry and spend \$20 million to \$50 million to study this and ask questions.” We’re investing money for solutions, not just for asking questions.

1500

AIR QUALITY

Ms. Andrea Horwath (Hamilton East): My question is for the Minister of the Environment. On August 30, I sent you a letter marked “Urgent” concerning greasy, black soot that rained down on Hamilton East several times this past summer. Homes and property were covered with sticky carbon emissions that we now know were contaminated with mineral dust, coal dust, coke,

soot, black rubber, iron ore particles, magnetic iron particles and traces of paint. You have been stone silent about the damage, the cleanup costs and the impact on human health. In my letter, I requested that you hold a public meeting immediately.

Minister, why do you not bother to respond to my urgent letter and why have you been invisible on this file?

Hon. Laurel C. Broten (Minister of the Environment): I would suggest that the member opposite pay attention to the work that's been done in her community by the Ministry of the Environment.

On September 6, ministry staff met with several residents to discuss their issues and concerns. Ministry staff explained that they had conducted site visits on July 30 at both the initial properties and visited several other properties in the following days to assess the fallout. They contacted parks and recreation to report the fallout on play structures, and the city cleaned that up to ensure the safety and security of the community. The residents were notified of the results of studies that are being undertaken. On August 9 to 11, samples were taken. A letter was provided on August 24, and a copy of those results was provided to you on August 25.

So perhaps the member opposite might want to pay attention to the work that's being done in her community and the actions that are being taken by the Ministry of the Environment.

Ms. Horwath: Minister, you need to pay attention to the voices of the people in my community who still don't know what the source of that contamination was. That's the very issue that you refuse to respond to to the people of Hamilton East, and you know darned well that's the case.

When the Harris government dismantled the ministry's east-end monitoring station in Hamilton and shifted the job of air-quality monitoring to the private sector, McGuinty Liberals howled in this House, but now this government, for three years, has done nothing at all to rectify that problem and restart an east-end monitoring system in the east end of Hamilton.

Will you agree here today, Minister—so that you can figure out where the soot came from—to hold public meetings and tell the people of Hamilton directly where that soot came from, as well as reinstate the monitoring system in the east end of Hamilton under public watch?

Hon. Ms. Broten: As the member should also be well aware, McMaster University's chemistry department is currently analyzing the samples in an attempt to locate, isolate and identify the source of soot. The environmental monitoring and reporting branch is also undertaking an analysis of where to place the mobile monitoring survey unit so that we can best detect where this material is coming from.

Again, if the member was aware of the reality in her community, she would know that the unit that has been relocated was not providing information to the community.

A summary report of all this extensive scientific analysis that needs to be undertaken is going to be

completed in very short order. We are working very closely with the community to respond to their concerns in a co-operative and consultative approach by working with all of the experts in the Hamilton community, including those who best know the air quality, including the Hamilton Air Monitoring Network and the Hamilton Industrial Environmental Association. Stakeholders—

Interjection.

The Speaker (Hon. Michael A. Brown): Thank you. The Minister of Health Promotion will come to order.

CLEANUP OF BROWNFIELDS

Mr. Dave Levac (Brant): My question is for the Minister of Municipal Affairs and Housing. As you know, brownfields are a major concern in my riding and many ridings in Ontario. Locally, many investors, developers, all the stakeholders, including the lead of the city of Brantford, have come together to clean up and then redevelop abandoned brownfield properties. This is a good thing to do.

Citizens in my riding are concerned because brownfield properties attract vandalism and illegal activities and are an unattractive element to neighbourhoods in which people have lived all their lives. My constituents are also concerned about property values in the neighbouring areas, negative health impacts and environmental effects.

Brownfields can be found in all Ontario communities, big and small, urban and rural. Brownfield redevelopment is a critical path to building a stronger, healthier community. Minister, I believe that redeveloping unused former industrial or commercial sites will help revitalize neighbourhoods and create jobs and housing in my community and many others. What can I tell my constituents about our government and what they're doing about these concerned pieces of—

The Speaker (Hon. Michael A. Brown): The question's been asked. Minister?

Hon. John Gerretsen (Minister of Municipal Affairs and Housing): Let me first of all say that this member has been a champion of getting the brownfields in his community totally cleaned up over the last three to four years that we've been in government. It's certainly the policy of this government to see as many brownfield areas in communities large and small throughout this province cleaned up as quickly as possible. It's a win-win situation: It's a win for the municipality, it's a win for the community, the contaminated site gets redeveloped, and taxation dollars can come from that.

What we've done is we've appointed a brownfields coordinator to basically provide a one-window-access approach to government to those interested in brownfield redevelopment. You may recall that last year our government introduced a brownfields financial tax incentive program which basically provides tax assistance to landowners in order to encourage the environmental rehabilitation. The rules for cleaning up the sites have also been clarified, and property owners have been given protection from the imposition—

The Speaker: Thank you. There may be a supplementary.

Mr. Levac: Speaker, you can count on it. I deeply appreciate the opportunity in what our government is doing. I know we are planning to do even more, and I look forward to that day when we can tell all of our communities that we've got a handle on brownfields. So I appreciate that.

I'm glad to hear that the government understands. In the need for brownfield redevelopment, it's a win for absolutely everyone. We know that redeveloping brownfields revitalizes inner-city cores and discourages urban sprawl. It fits into our program of urban development and rural development, it fits into Places to Grow, it stops us from using agricultural land and it also stops us from developing sensitive environmental areas. However, I have heard concerns from my constituents about the safety of brownfield lands that may be used for residential or commercial growth. Minister, what are you doing to ensure that the safety of our citizens is moving forward in the spaces for this infill rather than allowing urban sprawl, and making sure our environment is safe for the people who will be using those facilities once we start cleaning them up?

Hon. Mr. Gerretsen: I'll refer that part of the question to the Minister of the Environment.

Hon. Laurel C. Broten (Minister of the Environment): I certainly agree wholeheartedly that the redevelopment of brownfield sites can help revitalize communities like the member's and like my own in Etobicoke-Lakeshore. But at the same time, we have to be absolutely sure that we ensure these sites are cleaned up in a way that protects human health and the environment now and to the future. We have some very strict cleanup standards for redeveloping brownfield sites and even stricter standards if a site is going to be used for a house, a school, a park or a playground.

We are also concerned about the water that might flow beneath these sites, and we require cleanup to the province's very high water quality standards. We have legal tools to require that actions be taken for effects off-site, and we need to be absolutely clear that the protection of human health and the environment is the absolute primary concern of the Ministry of the Environment, as we at the same time encourage the redevelopment of brownfield sites, because that too is good for the environment.

PETITIONS

TENANT PROTECTION

Mr. John O'Toole (Durham): It's a pleasure to get an opportunity to present with respect this petition to the Legislature.

"To the Legislative Assembly of Ontario:

"We, the undersigned citizens of Ontario, draw the attention of the Legislative Assembly of Ontario to the following:

"That, in the landlord-tenant tribunal hearing, mail service in a rental agreement is not considered a vital service;

"Therefore, your petitioners respectfully request that the Legislative Assembly of Ontario revise the Landlord and Tenant Act to include mail as a vital service in a rental agreement, when so many receive government-issued cheques, benefit cards and notices vital to their ability to cover the cost of living."

I'm pleased to sign and endorse this and present it to Breanna on behalf of my constituents in the riding of Durham.

1510

ACCESS TO HEALTH CARE

Mr. Tony Ruprecht (Davenport): I have a petition to the Legislative Assembly of Ontario which reads as follows:

"Whereas the people of Ontario deserve a universal, high-quality public health care system; and

"Whereas numerous studies have shown that the best health care is that which is delivered close to home; and

"Whereas the McGuinty government is working to increase Ontarians' access to family doctors through the introduction of family health teams that allow doctors to serve their communities more effectively; and

"Whereas the McGuinty government has fulfilled its promise to create new family health teams to bring more doctors to more Ontario families;

"We, the undersigned, petition the Legislative Assembly of Ontario to support the McGuinty government's efforts to improve access to family doctors through innovative programs like family health teams."

Since I agree, I am delighted to sign this petition.

WATER QUALITY

Ms. Laurie Scott (Haliburton-Victoria-Brock): "Amend the Clean Water Act

"To the Legislative Assembly of Ontario:

"Whereas every Ontarian wants the best water quality possible; and

"Whereas the goal of clean water can be achieved effectively through amendments to existing legislation; and

"Whereas the McGuinty Liberals are determined to hammer through the flawed legislation known as the Clean Water Act; and

"Whereas the McGuinty Liberals have failed to put in place adequate, stable, long-term funding into the bill; and

"Whereas the McGuinty Liberals have failed to effectively address the numerous problems in the bill; and

"Whereas rural Ontario stands to suffer significantly under this poorly-thought-out policy;

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

"To not pass Bill 43 (the Clean Water Act) until proper funding and amendments are in place."

It was signed by many people at the International Plowing Match in Peterborough county last week.

CHILD CUSTODY

Mr. Kim Craitor (Niagara Falls): I'm pleased to introduce this petition on behalf of a number of residents from Welland, like Sheila Volchert and Josh Snider. The petition reads as follows:

"To the Legislative Assembly of Ontario:

"Whereas the people of the province of Ontario deserve and have the right to request an amendment to the Children's Law Reform Act to emphasize the importance of children's relationships with their parents and their grandparents; and

"Whereas subsection 20(2.1) requires parents and others with custody of children to refrain from unreasonably placing obstacles to personal relations between the children and their grandparents; and

"Whereas subsection 24(2) contains a list of matters that a court must consider when determining the best interests of a child. The bill amends that subsection to include a specific reference to the importance of maintaining emotional ties between children and grandparents; and

"Whereas subsection 24(2.1) requires a court that is considering custody of or access to a child to give effect to the principle that a child should have as much contact with each parent and grandparent as is consistent with the best interests of the child.

"Subsection 24(2.2) requires a court that is considering custody of a child to take into consideration each applicant's willingness to facilitate as much contact between the child and each parent and grandparent as is consistent with the best interests of the child."

And whereas we support Bill 8, as introduced by the member from Niagara Falls;

"We, the undersigned, hereby petition the Legislative Assembly of Ontario to amend the Children's Law Reform Act to emphasize the importance of children's relationships with their parents and grandparents."

I'm pleased to sign my signature in support of this bill.

SCHOOL NUTRITION PROGRAMS

Mr. John O'Toole (Durham): I believe this process of petitions is very important to give voice to the people of Ontario. As follows, the petition reads:

"Whereas recent scientific research has proven there is a link between children's nutrition and academic performance; and

"Whereas less than 25% of Canadian children eat in accordance with Canada's food guidelines; and

"Whereas Breakfast for Learning, the Canadian Living Foundation, is the only national non-profit organization solely dedicated to supporting children's nutrition programs in Canada; and

"Whereas the need for nutrition programs in schools has more than doubled, resulting in grant requests that far exceed the level of funding received from the Ontario provincial government;

"I/we, the undersigned, petition the Legislative Assembly of Ontario to commit" the Liberal "government to support children's nutrition programs by increasing funding to Breakfast for Learning, the Canadian Living Foundation, from \$4.5 million to \$9 million, as requested in their submission to the minister."

I'm pleased to endorse this and present this to Julia on behalf of the constituents in the riding of Durham.

IDENTITY THEFT

Mr. Tony Ruprecht (Davenport): I do keep receiving petitions from the Consumer Federation of Canada, which takes this issue very seriously. The petition is addressed to the Parliament of Ontario and the Minister of Government Services. It reads as follows:

"Whereas identity theft is the fastest-growing crime in North America;

"Whereas confidential and private information is being stolen on a regular basis, affecting literally thousands of people;

"Whereas the cost of this crime exceeds billions of dollars;

"Whereas countless hours are wasted to restore one's good credit rating;

"Therefore we, the undersigned, demand that Bill 38, which passed the second reading unanimously in the Ontario Legislature on December 8, 2005, be brought before committee and that the following issues be included for consideration and debate:

"(1) All consumer reports should be provided in a truncated (masked-out) form, protecting our vital private information, such as SIN and loan account numbers.

"(2) Should a consumer reporting agency discover that there has been an unlawful disclosure of consumer information, the agency should immediately inform the affected consumer.

"(3) The consumer reporting agency shall only report credit-inquiry records resulting from actual applications for credit or increase of credit, except in a report given to the consumer.

"(4) The consumer reporting agency shall investigate disputed information within 30 days and correct, supplement or automatically delete any information found unconfirmed, incomplete or inaccurate."

Since I agree, I'm delighted to sign this petition as well.

PROPERTY RIGHTS

Mr. Norm Miller (Parry Sound-Muskoka): I have a petition regarding property rights.

"To the Legislative Assembly of Ontario:

"Whereas the Canadian Charter of Rights and Freedoms is silent on property rights; and

“Whereas the Alberta Bill of Rights specifically protects the right to the enjoyment of property; and

“Whereas the Quebec Charter of Human Rights and Freedoms provides that ‘Every person has a right to the peaceful enjoyment and free disposition of his property, except to the extent provided by law’; and

“Whereas ownership rights should not be abridged or usurped without due process of law; and

“Whereas owners of all lands affected by expropriation should have the right to be included as parties to a required inquiry to consider the merits of the objectives of the expropriating authority; and

“Whereas the decision of an expropriating authority should be subject to judicial review; and

“Whereas, subject to specific limitations of law, the right to peaceful enjoyment of one’s land must be recognized by Ontario law;

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

“To pass Bill 57, the Land Rights and Responsibilities Act, 2006.”

I support this petition.

MACULAR DEGENERATION

Mr. Kim Craitor (Niagara Falls): I’m pleased to introduce the following petition to the Legislative Assembly of Ontario:

“Whereas the government of Ontario’s health insurance plan covers treatments for one form of macular degeneration (wet), and 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” individuals “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 am pleased to sign my signature in support of this petition.

CHILD CUSTODY

Mrs. Christine Elliott (Whitby–Ajax): I have a petition on behalf of Cangrand.

“To the Legislative Assembly of Ontario:

“Whereas the people of the province of Ontario deserve and have the right to request an amendment to the Children’s Law Reform Act to emphasize the importance of children’s relationships with their parents and their grandparents; and

“Whereas subsection 20(2.1) requires parents and others with custody of children to refrain from unreason-

ably placing obstacles to personal relations between the children and their grandparents; and

“Whereas subsection 24(2) contains a list of matters that a court must consider when determining the best interests of a child. The bill amends that subsection to include a specific reference to the importance of maintaining emotional ties between children and grandparents; and

“Whereas subsection 24(2.1) requires a court that is considering custody of or access to a child to give effect to the principle that a child should have as much contact with each parent and their grandparent as is consistent with the best interests of the child.

“Subsection 24(2.2) requires a court that is considering custody of a child to take into consideration each applicant’s willingness to facilitate as much contact between the child and each parent and grandparent as is consistent with the best interests of the child.

“We, the undersigned, hereby petition the Legislative Assembly of Ontario to amend the Children’s Law Reform Act to emphasize the importance of children’s relationships with their parents and grandparents.”

I’m pleased to affix my signature in support of this petition and to provide it to Dominic.

1520

PROPERTY RIGHTS

Mr. Gerry Martiniuk (Cambridge): I have a petition on protection of property rights.

“To the Legislative Assembly of Ontario:

“Whereas the Canadian Charter of Rights and Freedoms is silent on property rights; and

“Whereas the Alberta Bill of Rights specifically protects the right to the enjoyment of property; and

“Whereas the Quebec Charter of Human Rights and Freedoms provides that ‘Every person has a right to the peaceful enjoyment and free disposition of his property, except to the extent provided by law’; and

“Whereas ownership rights should not be abridged or usurped without due process of law; and

“Whereas owners of all lands affected by expropriation should have the right to be included as parties to a required inquiry to consider the merits of the objectives of the expropriating authority; and

“Whereas the decision of an expropriating authority should be subject to judicial review; and

“Whereas subject to specific limitations of law, the right to peaceful enjoyment of one’s land must be recognized by Ontario law;

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

“To pass Bill 57, the Land Rights and Responsibilities Act, 2006.”

As I agree with the petition, I affix my signature thereto.

LONG-TERM CARE

Mr. John Milloy (Kitchener Centre): I have a petition here from the Forest Heights Long Term Care facility about care within long-term care. It says:

“We, the undersigned, who are members of family councils, residents’ councils and/or supporters of long-term care in Ontario, petition the Legislative Assembly of Ontario to increase operating funding to long-term-care homes by \$306.6 million, which will allow the hiring of more staff to provide an additional 20 minutes of care per resident per day over the next two years (2006 and 2007).”

PROPERTY RIGHTS

Mr. Frank Klees (Oak Ridges): This petition is presented to the Legislative Assembly of Ontario:

“Whereas the Canadian Charter of Rights and Freedoms is silent on property rights; and

“Whereas the Alberta Bill of Rights specifically protects the right to the enjoyment of property; and

“Whereas the Quebec Charter of Human Rights and Freedoms provides that ‘Every person has a right to the peaceful enjoyment and free disposition of his property, except to the extent provided by law’; and

“Whereas ownership rights should not be abridged or usurped without due process of law; and

“Whereas owners of all lands affected by expropriation should have the right to be included as parties to a required inquiry to consider the merits of the objectives of the expropriating authority; and

“Whereas the decision of an expropriating authority should be subject to judicial review; and

“Whereas subject to specific limitations of law, the right to peaceful enjoyment of one’s land must be recognized by Ontario law;

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

“To pass Bill 57, the Land Rights and Responsibilities Act, 2006.”

I’m pleased to affix my signature to this petition, and I present it to page Sarah to present to the table.

ORDERS OF THE DAY

TRADITIONAL CHINESE MEDICINE ACT, 2006

LOI DE 2006 SUR LES PRATICIENNES ET PRATICIENS EN MÉDECINE TRADITIONNELLE CHINOISE

Mr. Smitherman moved second reading of the following bill:

Bill 50, An Act respecting the regulation of the profession of traditional Chinese medicine, and making complementary amendments to certain Acts / Projet de

loi 50, Loi concernant la réglementation de la profession de praticienne ou de praticien en médecine traditionnelle chinoise et apportant des modifications complémentaires à certaines lois.

Hon. George Smitherman (Deputy Premier, Minister of Health and Long-Term Care): I’d just like to indicate at the beginning that I have the privilege today of sharing my leadoff time with three members of the Legislature who participated in the development of a report that has led to this piece of legislation: my colleague the Minister of Citizenship and Immigration, my colleague the member for Ottawa Centre and my colleague the member for Mississauga East. I want to thank them for their work.

I really want to thank the honourable member from Niagara Centre, who’s heckling from outside his seat, and I want to welcome to the gallery Professor Cedric Cheung and others from the traditional Chinese medicine community who have been such passionate supporters of the work we’re doing.

I just want to very candidly acknowledge from the get-go something that the people who are following the issue of traditional Chinese medicine would be aware of, here at the Legislature of Ontario today. We know, of course, that across the province of Ontario, hundreds of thousands of individuals—some on a consistent basis and others perhaps only from time to time—are taking advantage of the services of acupuncture and traditional Chinese medicine. We know as well, from the work that these members did, and in the response to the legislation we presented and, indeed, from the historic circumstances of the debate in British Columbia, that it is very, very difficult to brook the divide that does exist between those practitioners I might describe as more traditionalist and those who have added acupuncture as a service in addition to the work they do as regulated health professionals.

You will hear more through the course of this debate and perhaps from the opposition party—if, after one year, they can actually find the time to take a position, that is. You will find some who say it’s necessary to bring these two positions together. We’ve worked hard to be able to do so, but at the end of the day a fundamental impasse has occurred, and I think it’s crucial I speak to that very specifically today.

It was said, as I understand it, in a press conference organized here earlier today, sponsored by the honourable member from Kitchener, that individuals would not support the legislation—did not recommend the legislation—because it was placing patients of the province of Ontario at risk.

We believe fundamentally that the work that was done here in the early 1990s to create regulated health professions in a variety of areas, and to establish alongside those colleges with the principles of self-governance intact, and appropriate measures respecting training and compliance with educational standards—and indeed, all of those opportunities for patients to raise queries, questions and concerns to colleges—are part of the

foundation that should give appropriate confidence that if a physiotherapist or a chiropractor is appropriately trained, they, too, should enjoy the privilege of being able to deliver services, including acupuncture. I have received acupuncture on a number of occasions from a physiotherapist. I do so with considerable confidence.

I understand, of course, that inherent in this debate is the desire on the part of those who have been long-standing practitioners of traditional Chinese medicine that we not look past the vast experience that they have; that we not misunderstand the cultural training and education that they have, which does equip them very, very well to be able to deliver those services as well. We believe fundamentally that we should move forward with the regulation of traditional Chinese medicine, because we know that hundreds of thousands of people in the province have decided that these services are good for them and, accordingly, we are obligated as a government to ensure that the protections that are there for them are strong.

But I offer this assurance. I understand the distinction that exists on the issue of whether other regulated health practitioners should be allowed to deliver acupuncture services, and I respectfully do not agree with those who say, "No, they should not," that is it is not possible to offer the assurance of safety to our patients. I don't agree with that position. At the same time, I do feel strenuously compelled to work hard to try and make the point to those more traditional providers that we understand fundamentally that their long history and education must be appropriately respected. We have worked hard to give assurances that that will be the case.

We took the consultation report that involved my colleagues working very hard, being open, meeting with people and taking their depositions, and that informed a report which subsequently was presented to me as minister, and that has informed the piece of legislation that stands in my name and that I am very, very proud to be speaking about today. It's designed to ensure that TCM and acupuncture, as with every other facet of our health care system, is delivered in a safe way. The highly skilled and trained women and men who work in this field have the right to regulate their profession—and that is incorporated here—and to demonstrate their qualifications to the public by being able to use the title "doctor."

1530

We all know the discussion of doctors is one that is very relevant in our everyday lives and here on the floor of the Legislature today. We know that in our communities it is a title that is reserved for those who have accomplished a very particular, impressive feat. These are learned people and they appropriately enjoy a degree of respect in our communities that, as a politician, I sometimes leave myself only hoping for. That privilege is a demonstration of the degree to which we feel fundamentally that practitioners of traditional Chinese medicine deserve the right to call themselves doctors.

In the circumstances where a person is a physiotherapist or a chiropractor who is also delivering services

related to acupuncture, they would not have the privilege of being able to use that title unless they had worked through the College of Traditional Chinese Medicine in the same way as those long-standing traditional practitioners. We think that this is a very crucial bit of evidence about the degree to which we believe fundamentally in the quality of the health care that can be provided by these individuals.

I mentioned at the outset, or perhaps it was in my media scrum just a few minutes ago, that we are the second province to undertake this initiative. You know, one might have predicted at the outset of a discussion about traditional Chinese medicine that the debate that did ensue, and the division which has occurred around the best way to go forward, I believe, does mirror quite closely the same divisions and debate that occurred in British Columbia as they sought to move forward on this basis. It's not to say that we blindly follow where others have gone, but on the issue of traditional Chinese medicine, the British Columbia model has offered us good information about some of the best ways that we can look at being able to move forward. In order to be an acupuncturist, an individual would have to register with the college and, in the case where other health professionals are offering these services, like chiropractors and physiotherapists, this could only be done in keeping with the scope of practice identified for those individuals. The bill is consistent with the Regulated Health Professions Act, and we must keep in mind, again, on this point of safety, that those other practitioners do have very intense certification and qualification associated with their regulated health profession and the college.

As well, as we sought and looked at the literature—as they say, as we looked to the worldwide landscape for some guidance in terms of how we might move forward—we did very closely look at the World Health Organization. I believe that people who are learned on this subject would confirm that the model for the bill that we brought forward is consistent with the information, consistent with the World Health Organization's position on these various matters.

I want, just in the last minute or so, to conclude with a few more words of thanks. We had the privilege as a political party of campaigning on this initiative in the election campaign of 2003. I remember decidedly a number of constituents of mine who saw that initiative and had excitement associated with it. As I said at the outset, we're very, very proud of the privilege of being able to move forward on this initiative. We believe that this bill strikes a very good balance between the perspectives that are there, and I fully acknowledge those perspectives. I've sought and worked as hard as I could to understand them and I believe that the resolutions that we found are the very best resolutions that we can offer to the people of the province of Ontario, although I am candid and admit that they do not, at present, enjoy the unanimous support of all. It has been the suggestion of the official opposition, in a press release or quotation today, that a bill that was presented to this Legislature on December 7

of last year does still not yet enjoy from them an opinion. There was a suggestion as well by quotation that they thought that until such time as consensus had formed, it was not appropriate to move forward. I don't believe that the consensus, which is obviously desired, is achievable in this circumstance necessarily, but I do want to say that, as every other bill that I've had the privilege of moving into this legislative chamber has enjoyed public hearings, I rather suspect that through the good offices of the government House leader and the co-operation of opposition House leaders, we will provide even further opportunity in another format for MPPs, members of a committee of the Legislature, to hear from the people of the province of Ontario and to offer whatever view they might towards improvement of the bill.

To all of those that have participated in bringing us to this point, I just want to thank them one more time and acknowledge the pride that I have in bringing this forward and to encourage everyone to take part in this debate and to look forward to a day very soon when we can offer a very high standard to the people of the province of Ontario, offer doctors of traditional Chinese medicine and offer to the people of the province a very firm indication of our desire to see other forms of health care available and offered to people in a fashion which, at the very heart of it, offers them appropriate protections.

The Acting Speaker (Mr. Michael Prue): I have to ask, are you sharing your time? I see several people standing.

Hon. Mr. Smitherman: I did say at the beginning that I'd be sharing my time with three members.

The Acting Speaker: Three members. The member from Mississauga East.

Mr. Peter Fonseca (Mississauga East): It gives me great pleasure to speak after my colleague the Minister of Health, George Smitherman, and with the other colleagues who travelled around the province: Minister Mike Colle, MPP Richard Patten and MPP Tony Wong. We got a chance to meet with hundreds of stakeholders across the province, in many different communities, to be able to make this piece of legislation the best possible, learning from other jurisdictions like British Columbia, the only other province that has regulated traditional Chinese medicine.

I'm going to give you just a short anecdotal story here about my own experience with traditional Chinese medicine and how it cured me and really helped me make my way to the Olympic starting line in the marathon. This should have been around 20 years ago when I was competing as a long-distance runner on Canada's national team, because I hurt my Achilles tendon; for anybody here, your Achilles tendon is just above your ankle. I went to my regular doctors and specialists trying to get this fixed, and I needed it fixed as soon as possible so I could get back to training. But it stayed inflamed, and the inflammation would not go down. There's very little blood that gets to that area in your body, so I took many anti-inflammatories—for those who haven't taken them, they affect your stomach a lot—and they just weren't working.

Then I read a magazine, and I saw that some European distance runners were accessing traditional Chinese medicine where it had been regulated. Well, I searched and searched and really couldn't find somebody whom I would have assurance in who would be able to perform something that I was not used to, which was acupuncture. I did go down to Chinatown and spoke to different people but still did not have those assurances. Finally, I did contact somebody in the United States, and they put me in contact with somebody here whom they knew had performed acupuncture and had gotten the type of results that I was looking for. I did go meet this individual in downtown Toronto, actually at Bathurst and Bloor. After many months of not being able to train, I started an acupuncture treatment with this person and, within a couple of weeks, I was out again on the road training and being able to race within a couple of months.

Mr. Jeff Leal (Peterborough): Back on track.

Mr. Fonseca: Back on track. So this has been needed for a long time. It is great.

What I'm saying is that Western medicine works in many instances, but this Minister of Health, George Smitherman, and our government see that innovative, non-Western, non-traditional—as we see traditional—medicines have to come into play so that people can access those for their betterment. It worked in my case, as I'm sure this will work in thousands of cases. Now others won't have to jump through the hoops, because once this profession is regulated, they will have the assurances that those who run through this college will have the expertise, the hours, the training that will be needed to assess and diagnose somebody who has an ailment, and how they can best use the profession of traditional Chinese medicine to better that individual. So this will go a long way.

Also on the running front, I'd like to congratulate the Minister of Health, who actually completed the Toronto marathon this past weekend, which was pretty amazing. I think this whole House should know that, if you don't know that. But I think it was terrific. Also, he raised over \$100,000 in that event for charity.

As we listened to the different deputants as we travelled through the province, we kept hearing over and over the type of standards they wanted, and they were those of an excellent level: the many hundreds of hours of not just theory but also practice, and being able to diagnose and to treat people so they can best cure them.

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When we went out there, what came about from the different deputations was that they wanted set standards of practice so there would be set standards that everybody would know about. They wanted to establish requirements for entry into the profession. This would come about through the college. Number three, they wanted to ensure that members are up to date on recent developments in their field, and four, develop a complaints and discipline process for members. All this was hashed out through the many people who presented to us.

We did look at what they had done very well in British Columbia, to adopt many of those practices over here to

Ontario, as well as taking a broader perspective and seeing where things had not worked out in British Columbia, to be able to bring better practices here to Ontario.

We are very supportive as a government of alternative medicines, alternative health care. Not everybody finds the best way to better health through traditional methods, and this will bring about that alternative. It's one step in the direction we should have taken, as I said, many years ago. There are many individuals out there who are frustrated. They can't find help and they don't know where to access these services. They are worried that anybody and everybody out there can just hang a shingle today and call themselves a traditional Chinese medicine practitioner or be able to say that they do needling or acupuncture, and they may not be doing it in a way that has efficacy. We want to make sure that the public is safe, but also that the public can, as myself, scout out somebody who is able to perform traditional Chinese medicine and bring about the benefits they are looking for.

We had not only many stakeholders, as far as those who would be practising, but patients, those who had accessed traditional Chinese medicine and how it had cured them and helped them after their long struggle with other types of medicine that had not worked.

I cannot be prouder of our government for moving forward in this respect. It leads me into a ministry that our government formed a little over a year ago, which is the Ministry of Health Promotion and prevention. This type of medicine is one that looks holistically at the individual and at what really is the root cause of the problem, not just the symptoms. Oftentimes we get left behind because, yes, we address the symptoms—and that's okay for a month or a week or half a year or a year or even two years—but then the ailment crops up again. What's great about traditional Chinese medicine is that they look at the holistic approach and at the root cause of this. Sometimes it's not just around where you're feeling the ailment, be it a headache, or for myself an Achilles injury, or some other type of injury or effect that you are feeling; it may be coming from somewhere outside of that area. It was so interesting to listen to our presenters explain that and the thousands of hours of training they have gone through to be able to diagnose and present the patient with this holistic approach towards curing them.

I want to thank those who are here, the stakeholders, many of whom participated in our round tables and made deputations to our committee, and all those who couldn't be here, for their great, open approach to helping Ontario be a much healthier place. I thank you very much.

The Acting Speaker: Before I recognize the minister, there's a great deal of talking going on. It's very difficult to hear. If you're going to talk, please keep it down. Thank you.

Hon. Mike Colle (Minister of Citizenship and Immigration): I want to thank my former student, the member from Mississauga, who represented this country as an Olympic athlete. Few of us have had that privilege. He was a great representative of Canada at the Olympic

Games in Atlanta, and I want to congratulate him again on doing that, and also the Minister of Health for having the courage and the strength of purpose to introduce and support this very timely bill.

As some of you know, I introduced a private member's bill when I was in opposition to recognize traditional Chinese medicine. I was very proud to do so because I think the bill I introduced was a reflection of the fact that there are so many talented people and very skilled doctors who have come to Ontario from all over the world, especially China, who have done so many beneficial things for the health of Ontarians for the last number of decades, and they've really done this great work without recognition. Some of these men and women, who have 10 or 15 years of training in China, are of great value to our health system here and to the health of Ontarians. This bill is a testament to their skills, their talent, their dedication, which they've offered at very low cost to people of all walks of life for decades here in Ontario. I really want to thank them for making me aware of how important traditional Chinese medicine is.

Like my colleague who just spoke, I've also had acupuncture treatments, tuina massage and Chinese herbal medicine remedies. Any of us who have had that experience know that it is not invasive. It is very remedial and it is, again, a very non-intrusive way and a less costly way also of improving our health, without all this dependence on surgery and pharmaceuticals. Pharmaceuticals are costing us an extra \$300 million a year. If we keep going this way, the chemical pharmacies in this province will bankrupt us.

We need to have respect for alternative complementary medicine. TCM, by being recognized, will not only provide better health to many more Ontarians, but will also help us to have a better health care system, a more effective, more affordable and even a more forward-looking health care system that doesn't just depend on surgery all the time, hospital beds and intrusive—again, the use of drugs.

I have to thank two of the guests who are here today who have made me aware of the complexity of traditional Chinese medicine but who helped me to understand it. Dr. Dong is here, who's a neighbour, and Dr. Mary Wu. I can name so many others who have worked so tirelessly to try to talk to groups about the value of this medicine, to explain to them and to me why it is so critically important that the government of Ontario recognize the value of these practitioners.

At this point in Ontario, anyone in this room could claim to be a practitioner of traditional Chinese medicine. Any one of us could start to stick needles in people. There are no restrictions. It's a free-for-all in Ontario. You could prescribe traditional Chinese herbs or undertake acupuncture treatments if you're a shoemaker, a hairdresser, a construction worker. Right now in Ontario, there are no protections for anybody. Anyone can claim to be a practitioner of TCM. So the public is again exposed to these people who don't have training. They're exposed to people who make claims that they have

training when they don't. That is why we need to ensure, for the protection of our public, that the qualified, trained, excellent doctors we have get the recognition and regulation they need, so that the public can rest assured that the people they're getting treatment from are qualified and trained, so we can separate the charlatans who are doing hairdressing on the side from people who have 10 or 15 years of training in medicine. That's the core of it. When we do that, we will recognize the great talent and make sure that this medical practice that goes back 5,000 years is given the respect it deserves in Canada.

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Hundreds of thousands of Canadians and Ontarians take the full benefit of traditional Chinese medicine right now. They can vouch, and they have vouched over and over again at our meetings and our conferences, for how valuable it is. But we have to ensure that this medicine, which is deep-rooted in the great natural remedies of Chinese history and culture, is brought to our province so that we can give it a great partnership with western medicine and give it the respect it deserves. This bill does that. It recognizes it. It regulates it. It even establishes a college of traditional Chinese medicine. This college will be able to set standards, designate titles of practitioners of acupuncture and even to designate the highly respected doctor title on practitioners of traditional Chinese medicine. Those doctors whom the college deems to have the highest qualifications will also get the doctor title.

This is an amazingly positive, spectacular opportunity for Ontario because it recognizes, again, the incredible, untapped talent of so many well-trained individuals we have in all our communities. And it's not just the Chinese-speaking community. As I said, most of my friend Dr. Dong's clients are Italian. He speaks better Italian than I do or most of us do in this Legislature. So it's not just restricted to one community.

Mr. Mario Sergio (York West): I know, I know. He does.

Hon. Mr. Colle: My good friend Mario Sergio from York West agrees. Dr. Dong is a famous doctor in the Italian community.

This is a bill that goes beyond just the Chinese community. It goes into our appreciation of the fact that we cannot rely on static old, as I said, traps that we're in trying to treat illnesses.

My good friend from Ottawa Centre knows about his trials and tribulations of dealing with static western medicine and why we need to look laterally and internationally.

So we've got these best practices that have come from trial and error and research in some of the finest hospitals in China, from some of the finest professors. We have the luxury, the benefit, here in Ontario because these talented people have come to Ontario with these skills, want to practise here and want to improve the health of Ontarians.

We would be remiss, we would not be doing our job, if we didn't give the opportunity to these talented individuals to come and be a full part of our health care

system here in Ontario. That is why this bill is about more than just the regulation of TCM. It's about making a strong statement that in Ontario we don't have tunnel vision when it comes to providing health care for our citizens, because TCM is also very much reliant on changing people's lifestyles: proper diet; proper exercise. It's about prevention. It's about eating the right foods. It's about taking natural teas, natural herbal remedies, using massage instead of taking all these heavy-duty drugs that people take when they are stressed out. What's that drug everybody takes?

Mr. Richard Patten (Ottawa Centre): Valium.

Hon. Mr. Colle: Valium, Valium, Valium.

You know, good tuina massage will do 10 times the good of this Valium that we consume by the tonne here in Canada.

I urge everyone here to support this bold initiative that recognizes the talents of many wonderful people who are here in our communities in Ontario. This bill finally gives them the recognition they deserve. It gives them the college. It gives them a doctor title. I really congratulate the minister for taking this on and pushing forward with Bill 50. It's about time.

Mr. Patten: First I want to say how delighted I am to be here today to join my colleagues, two of whom are here right now, who were on a special committee that travelled part of Ontario and heard from many, many groups—and I'll identify those in a minute.

The minister was quite clear in looking at the challenges faced by the legislation, but also the commitment of the government in terms of proceeding. I want to mention Tony Wong, who, as we all know, chaired this particular group and worked through the negotiations of a lot of the legislation. Let me tell you, he worked extremely, extremely hard. My colleagues will know that this is true. Tony, if you're watching, congratulations and thank you very much on behalf of others.

I'm going to be a little bit more conservative than my colleagues in trying to identify some of the specific aspects of the bill and what introducing this legislation means. The first thing that has already been mentioned today is that we will increase the number of health care alternatives available to Ontarians and formalize the relationship between traditional Chinese medicine practitioners and patients, thereby increasing access to traditional Chinese medicine safely and reliably.

Chinese medicine is a proven alternative that's been with us, as has been said, for over 5,000 years. It is a holistic approach to health care, and thereby takes into account the overwhelming being of the whole person—not just whether you have a sore foot or whether you are suffering from one aspect. It takes into consideration the physical, the mental and the spiritual. Having worked in the YMCA, body, mind and spirit, of course, are crucial to the whole person. They are all integrated. They are not separated into mind and body—the Cartesian theory.

So we have a new opportunity here. In traditional Chinese medicine, diseases are thought to be caused by one of several organs being out of balance, which means

they are either working too hard or not hard enough. Such imbalances may be caused, in part, by climate, by weather, by poor diet, by circumstances faced by the individual. This approach tries to bring the organs back into balance using herbal therapies, acupuncture, diet, exercise, massage and other modalities.

While western medicine is widely accepted in effectively solving certain acute medical problems by employing techniques such as surgery, increasing numbers of people are more comfortable with complementary or alternative medicine methods of easing chronic problems and as preventative therapies. Traditional Chinese medicine is an established practice. It may sound new to some of us, but it is an established practice in many areas of the world. The growing acceptance and success of this practice demonstrates that Canada—as has China—is becoming a key player in bridging conventional western medicine and building a relationship with traditional eastern medicine, and will reap the subsequent benefits, which will not only be to help people have a better quality of health, but also direct social and economic benefits.

I have some statistics from Stats Canada that will show the increasing interest of individuals in looking at complementary therapies. My personal view is that having more therapies available to us overall is one of the ways that we can contain the ever-increasing costs that we face at the moment. Western medicine is very good at many things but, acknowledging that it is only one approach, it's not the answer to everything. There are other traditions that have grown up in other cultures that can offer us a great deal. This is what this particular proposal is.

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For example, according to Mary Wu, who's with us today—and many of her friends who have an interest, and practitioners and heads of organizations who have an interest in this particular bill—and who's the president of the Toronto School of Traditional Chinese Medicine and a certified Chinese medical doctor, by the way—I haven't got time today, but one of the beautiful stories that most westerners don't know is how western medicine and traditional Chinese medicine work together in China. The overlapping and the complementarity of that approach provide them with a far more effective system than I believe we have. This is providing an additional basis for us to move ahead.

One of the areas that Dr. Wu had talked about was some research she had done on stroke victims who received acupuncture that shortened their hospital stays from 161 days to 88 days, which is approximately half the time. The study also estimated that treatment with traditional Chinese medicine has the potential to reduce the costs of health care for stroke victims in particular by several million dollars alone. So there are a variety of reasons why we have to take this seriously.

Unlike other medical professions which are regulated by a governing body—my colleague Mr. Colle talked about this—such as the College of Physicians and Sur-

geons, the practice of traditional Chinese medicine and acupuncture is, as he said, currently unregulated. So we want to change that. We want to provide some standards for that. That's why setting up a particular college that will work on these kinds of standards, take the best practices, take the experience of what's around the world is part of this particular bill.

Let me talk about a few things that are included in this legislation. First of all, the profession would be regulated under the Regulated Health Professions Act, which will be a new profession-specific act, and a new regulatory college for TCM would be created. In both recommendations that we had made as a group, the minister followed through, and it's in the legislation.

Further standards of practice regulation for treatment modalities used by TCM practitioners should be developed by the college and will be approved by the government of Ontario. Given that TCM practitioners have a diverse range of education experience, different classes of practitioners should be developed by the college, based on the practitioner's level of education acquired, competency and experience.

Under the advice of people we have spoken to, the college will decide what education requirements are needed to define the title "doctor," as the minister talked about before, to members of the college. The classes of TCM practitioners include practitioners who have general education, have acquired competencies and experiences, and who focus on one or more treatment modalities. A doctor of TCM will have advanced TCM education at least equivalent to what a western medical doctor would have. So this is extremely advanced study, experience and knowledge.

The new college will consider, among other things, the experience of British Columbia, as the minister had talked about before, which is a little ahead of us in the operation of their college and their experience in BC. Surely we can learn from them. The new college will develop and implement an appropriate, fair and transparent grandparenting process to facilitate the registration of qualified individuals currently practising by virtue of having practised in the field—very knowledgeable, who have been accepted.

Many traditions have a way in which they can acknowledge that. Our aboriginal people here, for example, have elders where they acknowledge the wisdom of certain people and the contribution that healers make to their communities. There are other ways to verify things, but this particular area begins to acknowledge that some people may not have had the university experience but, indeed, have a spiritual sense, have a way of healing that for us to discard would not be productive in the least.

I could talk for another hour about this. I am very, very enthusiastic about this. I've had personal experience with traditional Chinese medicine—my family has, my wife has just recently—and it has all been extremely positive.

I will stop there and simply say that our consultations and experiences have led us to the conclusion that tradi-

tional Chinese medicine is not separate and distinct from traditional Western medicine; rather, it is complementary and compatible and in fact is a necessary adjunct. Traditional Chinese medicine has the potential to elevate the standard of health care in Ontario and thereby enhance the quality of life for all of us. It has already successfully treated hundreds of thousands of traditional Chinese medicine patients. It is for these reasons, and many others, that I am very happy to support this particular bill and support the government in moving ahead to regulate traditional Chinese medicine and acupuncture in Ontario.

The Acting Chair: Questions and comments?

Ms. Shelley Martel (Nickel Belt): I am pleased to respond to the comments that were made by various members of the government this afternoon. I want to begin by saying that I was part of a government that in 1991 regulated some 23 health care professionals, work that was done under the previous Liberal government and continued under us. They were regulated under the Regulated Health Professions Act. We were interested in regulating health care professionals at the time for two reasons.

Number one, regulation really recognizes both the competencies and the skills of those professionals who are being regulated and, frankly, recognizes the importance of their skills and the benefit those skills can bring to the health care system.

Secondly, regulation is important because it gives some assurance to the public that that individual, that health care provider, health care professional who is delivering that service, has a certain educational background—be it grandfathered or not—has a certain level of practical experience, historical experience, and is competent and qualified to provide that service.

So I came from a government that was enthusiastic about regulation and agree in principle with the regulation that is being undertaken here. But I do want to say that I have some concerns about this bill. In the time that I have—and I hope I'm going to be able to start this afternoon—there are some specific concerns that I want to raise with respect to what I see in the legislation and some things that I think are missing from the legislation.

Having said that, I think it is very important that the government signal—and perhaps the minister did this while I was outside—that there will be public hearings on this bill. We saw very clearly in the morning, in two different press conferences, that we have a divergence of views, we have different concerns that have been expressed, and perhaps different approaches to get to the same end, which I think for all of us is fair and balanced regulation of traditional Chinese medicine practitioners and those who practise acupuncture. I hope the government or the government members will indicate today that there will be public hearings.

Mr. John O'Toole (Durham): In my riding of Durham, I have had contact with those who are advocating for the issue of broader access to the Regulated Health Professions Act by a number of practitioners.

Certainly the Chinese medicine area is a growing, emerging and respected option. I think the real issue here is that people do want choices in health care, as opposed to purely more medication for every single problem.

I would say that I am anxious to hear our critic, Elizabeth Witmer, speak on this topic because, having been the Minister of Health, she knows the competing issues of persons and the regulations that affect the scope of practice for the individuals, whether it's the nurse practitioner issue or the optometrist/ophthalmologist/optician issue in just the care of eyes. So there are a lot of choices that people need to make. Who can perform those tasks? Who is legitimized by the college to perform what tasks, referred to by the previous speakers as the scope of practice, which is really set by the colleges?

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It is an important first step to introduce the real issue of patient choice and allowing them to be availed of the type of treatment modality that they want. That empowerment really reflects, I think, the basis and the genesis of much of what the Conservative Party would stand for, which is about independence and choice.

I think the fundamental issue during this—I hope there will certainly be more robust hearings in terms of making sure that we get it right; I would probably be supportive of the issue of choice—is to get it right. I'd like to have more hearings on it, because the fundamental question here is—the current government, with all due respect, has delisted services in health care, in optometry, physiotherapy and chiropractic, which really fall into this scope—if there's no money to go with this, except setting up a college and that it's self-regulatory, what fees are they going to charge these professionals and who has access? So it's a good, wholesome debate, and I'll certainly be listening.

Ms. Deborah Matthews (London North Centre): I am delighted to rise today to speak in support of this bill. I'd like to actually recognize in the gallery a constituent of mine, a highly esteemed Londoner, Professor Cedric Cheung. Professor Cheung is a champion of this work. He tells me that he has been working on it for over 23 years to get to this day, so congratulations. Professor Cheung is the president of the Chinese Medicine and Acupuncture Association of Canada and he is a vice-president of the World Federation of Acupuncture-Moxibustion Societies. We're very proud to call you a Londoner, Professor Cheung, and congratulations today.

What I want to talk about in the little bit of time I have is the notion that this actually should serve as an inspiration to people who do advocate for change. I think this should be a lesson to all of those who have an idea about how to make the province better. Twenty-three years of work probably would tax the patience of most, but I applaud the waiting, the working, the advocating and the educating that you have done so patiently and so thoughtfully over so many years. You have built an important coalition of people, and I just think that so many people give up and think that they can't achieve change. What we're talking about today is a group of

people who have proven that change can happen, and I congratulate you on that.

Mr. Ted Arnott (Waterloo–Wellington): Very briefly, I want to express my interest in this issue today as well. I'm looking forward to the speech that's going to be given shortly by the member for Kitchener–Waterloo, the former Minister of Health, offering the House the perspective of the opposition. But I also want to express words of welcome to those who are in the gallery today to witness this debate and to hear the views of the members of the Legislature on this very important issue.

The Acting Speaker: The Minister of Citizenship and Immigration has two minutes in which to respond.

Hon. Mr. Colle: I want to thank the members of the official opposition and the New Democratic Party for their comments and the member from London for her comments.

I just want to say that this bill has, as my colleague from London said, been talked about for over 23 years. If you talk to Dr. Cheung and you talk to all the good researchers and doctors who have been advocating this, they say that this bill comes very close to doing exactly what they've been advocating for years. Like in every initiative, there will always be people who may not want to proceed, and that's their right. But with the overwhelming number of doctors and associations and patients that I have talked to in my last six years involved with this very important field, there has been an overwhelming cry to say, "We need recognition, we need regulation, we need a college and we need a doctor's title." This bill does that. Again, it is a very strong statement of the Minister of Health, who has said that recognizing TCM will mean that we will have this wonderful complementary partnership with western medicine. It will be of great benefit to Ontarians, not only for improved health but, as I've said, for their own safety because, at this present time, no government has ever regulated or protected the public from the unscrupulous practitioners out there who know nothing about what they do. We have to do it for public safety; we have to do it to enhance our health care system.

We've got a wonderful roster of talented people who want to proceed, who want to practise and who want to share their wisdom with Ontarians. This bill gives them that opportunity after being denied this opportunity for many, many years.

The Acting Speaker: Further debate?

Mrs. Elizabeth Witmer (Kitchener–Waterloo): Let me extend a very warm welcome to those people who are in the gallery today. Many of them, spearheaded by Dr. Cheung, have worked long and hard in order to ensure regulation and also to work towards the goal of ensuring patient safety in the province of Ontario.

We also recognize that there are many in this province who want choice in medicine, and certainly this does offer a choice to the citizens of this province. A bill like this, where we have regulation of the profession, would allow us to ensure that when services are provided, the safety of patients would be protected.

Having said that, we know that people have worked very hard.

I wanted to, by way of introduction, refer to the bill: Bill 50, An Act respecting the regulation of the profession of traditional Chinese medicine, and making complementary amendments to certain Acts, and again, indicate that this bill was introduced in this House on December 7, 2005. That's what I'm going to speak about today.

I want to begin by going into the past because I do know that many people over many years have worked long and hard in order to get to where we are today. They have been looking for the regulation of traditional Chinese medicine and acupuncture in the province of Ontario. Certainly, we've heard the government make referrals to the fact that the process has been a long one. I went back and took a look because I know that when I was Minister of Health and Long-Term Care it was an issue that I dealt with.

We first had referrals made to the HPRAC—the Health Professions Regulatory Advisory Council—in 1994 and 1995, so I think it's obvious that it is an issue that has been more than 10 years in the making as far as HPRAC making recommendations.

In February 1999, additional advice was presented to myself on the regulation of acupuncture, and it was considered in conjunction with the review of traditional Chinese medicine. Moving forward from there, I know that my successor, Tony Clement, certainly did facilitate, and our government did facilitate, the movement that was started towards the regulation of the practice of traditional Chinese medicine. It was in 2001 that the Health Professions Regulatory Advisory Council provided advice to the then Minister of Health and Long-Term Care, Tony Clement.

HPRAC recommended to the minister that the profession of traditional Chinese medicine be regulated with a distinctive scope of practice and four controlled acts authorized to the profession, including communicating a TCM diagnosis, performing a procedure on tissue below the epidermis for the purposes of acupuncture, prescribing and dispensing natural health products, prescribing, dispensing and compounding Chinese herbal remedies.

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We were somewhat surprised that when the bill was introduced last December, it actually didn't deal with any of those recommendations that had been made by HPRAC, that traditional Chinese medicine should be regulated with a distinctive scope of practice, or that any attempt was made to authorize controlled acts to the profession. I guess we've now discovered that there are differing views and opinions on the legislation as it is currently drafted. That's obviously what the Legislature is for. That's why we have second reading of bills, that's why we send bills out to committee, in order to address concerns that any groups or individuals might have in order that the bill, at the end of the day, addresses those concerns and that this bill obviously can be the best it possibly can be for the people of Ontario.

So this bill, rather than dealing with a distinct scope of practice, actually has a scope of practice in it that is very, very broad. It reads as follows: "The practice of traditional Chinese medicine is the assessment of body system disorders through traditional Chinese medicine techniques and treatment using traditional Chinese medicine therapies to promote, maintain or restore health." That broad scope of practice in Bill 50, I will tell you, does stand in very stark contrast to British Columbia, where Chinese medicine, TCM and acupuncture are also regulated. However, their scope of practice is much more specific than the overly broad one that we see in Bill 50. I just want to speak briefly about the BC experience, because BC is the only province to regulate both acupuncture and TCM.

I was interested to hear the member of Mississauga East speak about what they had learned from the BC experience. I'm not sure what was learned, but I can tell you it is very, very different from certainly the current bill that has been introduced in this province. For example, the British Columbia bill provides that, "An acupuncturist may practise acupuncture, including

"(a) the use of traditional Chinese medicine diagnostic techniques, and

"(b) the recommendation of dietary guidelines or therapeutic exercise."

It goes on to say that both acupuncture and traditional Chinese medicine are defined in the regulation. The regulation also sets out the reserved acts that members of the college may perform:

"(a) ... a traditional Chinese medicine practitioner, acupuncturist or herbalist may make a traditional Chinese medicine diagnosis identifying a disease, disorder or condition as the cause of signs or symptoms,

"(b) ... a traditional Chinese medicine practitioner or a herbalist may prescribe those Chinese herbal formulae listed in a schedule to the bylaws of the college, and

"(c) ... a traditional Chinese medicine practitioner or an acupuncturist may insert acupuncture needles under the skin for the purposes of practising acupuncture."

The regulation also sets out limits on practice. Physicians in BC are expressly authorized to also do acupuncture.

Of course, I did take a look at what's happening in the United States. I won't go into that. I looked at Australia.

We have a bill before us which the current government, I think, believes is the best that can be produced at the present time. They have certainly worked with individuals and groups from across the province, people who have been listening and wanting to have their voices heard for a long time, but I think we've also learned since the introduction of the bill that there are many other people who have other concerns which they feel the government has not heard or listened to.

In fact, there are many people who believe there was inadequate consultation on the bill and that the length of time that they had to prepare their presentations was inadequate. So I think at this point in time, in order to ensure in the democracy in which we live that all people

have an opportunity to express their concerns, to express their support for the bill, which I also know is very strong, I would strongly recommend, as I've already said now on several occasions, that the government would commit to send this bill to committee and that we could have public hearings. I think it's very important that we get this bill right and that, this fall, we have public hearings. Certainly that would mean that this bill can still be passed, but obviously there are those who do say that the bill does require substantive amendments.

Some of the people who have come forward were at a press conference this morning. We know what the government's position is on the bill, but this morning there was a group of people here, and we had the Canadian Society of Chinese Medicine and Acupuncture, whose president is Dr. Mak; the Canadian Association of Acupuncture and Traditional Chinese Medicine, their president Dr. James Yuan; the Committee for Certified Acupuncturists of Ontario, Chairman Dr. Han; the Ontario Acupuncture Association, President Dr. Yan; the Ontario Association of Acupuncture and Traditional Chinese Medicine, President Marylou Lombardi; the Ontario Guild of Traditional Chinese Medicine, President Dr. Leung; the Ontario Examination Committee, President Dr. Li. So they have expressed concerns, and we need to, as an opposition, ensure that the viewpoints of all of the people in the province of Ontario are put on the record.

In their press release, their presentation this morning, they talk about their fear that this is going to compromise health care standards and endanger the public. They believe Bill 50 will promote multiple standards of practice for acupuncture, which will put public safety at risk and may serve to marginalize practitioners who have the most education and training. They believe that this bill does require some amendments, and if there are no amendments, if the bill proceeds as unchanged, they express their concern that it will have a serious impact on the public and the profession.

I think what's important about us having the debate is the fact that we're finally here, that we have a bill. We are moving towards regulation, which everybody obviously is anxious to see happen. So it has brought people together, and people are uniting and expressing their support. They're expressing some of their concerns. Finally, we are at a point where this actually may happen.

They did have a summit this summer. Again, they speak to the fact that acupuncture is regulated and recognized as a health profession the world over, and they express their concern that under Bill 50, acupuncture will be relegated to a position of a mere modality. They say it is the goal of the traditional Chinese medicine and acupuncture community to protect and preserve the integrity of acupuncture, which is a unique system of medicine in its own right and an integral part of TCM. They say acupuncture is a health care profession which cannot be separated from or practised without the fundamental basis of TCM. They believe that acupuncture deserves the same professional status in the province of Ontario as

it enjoys the world over. They are concerned that Bill 50 was intended to ensure a single minimum standard, just as Ontario law demands a minimum standard for medical doctors, chiropractors and other health care professionals. Again, they're looking in order to ensure that this happens.

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Dr. James Yuan, the president of the Canadian Association of Acupuncture and Traditional Chinese Medicine, states that acupuncture needs to be regulated in order to protect the public from harm, but he does not agree that this multiple standard approach will effectively achieve this goal or ensure quality care and efficacy in terms of treatment with acupuncture. Therefore, he believes it is essential that the government consult with the stakeholders. As I have said, I would ask the government to hold public hearings before Bill 50 is passed so we can get all of this out on the table.

The proposed legislation is unique to the world. This is according to Dr. Li, the chairman of the Ontario Acupuncture Examination Committee. He believes it will perpetuate a system that allows individuals with little training to practise acupuncture and insists that acupuncture is an invasive procedure which can be harmful if performed by underqualified individuals with minimal education and training. Certainly, the concern of those who came forward today is the fact that Bill 50 will permit every one of Ontario's 23 regulated health professions, from massage therapists to pharmacists, plus naturopaths plus those who work in addiction facilities, to set their own standards of acupuncture. They indicate that some of these people who would practise may only be involved in weekend courses. They say that this would be comparable to all of the health professions being allowed to perform a little bit of surgery at the discretion of their own professional colleges. They find this unacceptable and contrary to the longstanding tradition of self-regulation in health professionals where a single, minimum standard is the main objective. They've expressed their concern about patient safety if there are people who can practise acupuncture and simply haven't had the training required.

They go on to say that the proposed excessive mainstreaming of acupuncture into the health care system under Bill 50 without a minimum standard will degrade the practice of acupuncture and only serve to confuse the public. They believe that the people of Ontario deserve access to the most highly trained professionals and they believe that acupuncture, when performed by individuals with adequate education and training, is safe and effective. I think we've all heard of people who practise acupuncture who are obviously not properly trained. That is possible, to date, without regulation.

They hope and would request that the government ensure that there is adequate consultation, that we would have public hearings and that the government would be amenable to making certainly some very significant revisions to the bill. I think it's important that this group of people—I understand they represent something like

1,800 members—has the opportunity to get its views on the record.

When they had the summit of Ontario traditional Chinese medicine and acupuncture associations in September, they were also requesting “that the following controlled acts be authorized to doctors of TCM, TCM practitioners, acupuncturists”; for example, “communicating a diagnosis” relating to “procedure below the dermis ... moving the joints of the spine ... administering a substance ... putting an instrument, hand or finger into the openings of the body ... forms of energy”—again, those are some of the things they're asking—that “the TCM college ... be authorized to use ‘grandfather clause’ in the beginning of the registration” and that the TCM college be authorized to use the Chinese language in the licensing exam.

Obviously, there are people who are making some recommendations for change. I think it's extremely important that we allow the opportunity for discussion and debate.

I've also heard from the Ontario Physiotherapy Association. They say that acupuncture should be treated as a controlled act and included in the scope of physiotherapy, as well as other providers, such as physicians and chiropractors. They do not support limiting the practice of acupuncture to TCM practitioners, physicians, nurses and dentists.

We've heard from Dr. Elorriaga, director of the McMaster contemporary medical acupuncture program. He says, “Regulation of TCM or any other form of non-conventional medicine should be regulated separately and not based in providing a monopoly on any one single technique, more so when there is no evidence that a separate knowledge from biomedicine is required to use the technique.” Again, from the Ontario Physiotherapy Association: “The recommendations of the Liberal task force should not be allowed to circumvent the process of HPRAC in making changes to the Regulated Health Professions Act.” I think I did mention earlier on in my remarks that this piece of legislation is quite different from the regulations that were made by HPRAC. They go on to say, and these are their words: “The task force was an entirely Liberal initiative, without input or consultation from other parties.” That's the physiotherapy association.

Dr. William Wine, a licensed acupuncturist and the Canadian regional director of the American Naturopathic Medical Association and American Naturopathic Medical Certification and Accreditation Board, says, “The bill does not include a clear provision on the issue of grandfathering of the current cohort of practitioners who have been practising for more than five years, have had more than 2,000 hours of practice with an adequate safety record and have been regulated by a current regulatory body.”

Then I have this from the Committee for Certified Acupuncturists of Ontario and the Ontario Acupuncture Association. They strongly “oppose Bill 50 because it allows all 23 regulated health professions to have access

to practise acupuncture under the term of 'adjunct therapy.' Bill 50 permits the practice of acupuncture by persons other than members of the new TCM college if they are members of a college for a health profession who performs acupuncture in accordance with the standards of the practice of the profession—the profession being their own—"and within the scope of practice of the profession"—again referring to their own—"or if they are performing acupuncture as part of an addiction treatment program within a health facility."

Then they go on to say that at the same time, TCM and acupuncture practitioners will not be permitted to have any involvement in other professions' practices. As a result, the OAA and the CCAO view the bill as discriminatory and claim that Bill 50 could pose a threat to public safety if others are allowed to practise acupuncture without objective competency measures.

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We have the Acupuncture Council of Ontario countering this argument and supporting the right of other regulated health care professionals to practise acupuncture, in particular chiropractors and physiotherapists, who have been practising this treatment for over 30 years. They insist that "acupuncture should be a controlled act that is shared between regulated health professionals who are adequately trained and whose governing bodies are willing to regulate their members in this practice. No one organization should have a monopoly on this valuable therapy." So I think you can see that there are wide, divergent views and opinions on this legislation.

We have the Canadian Society of Chinese Medicine and Acupuncture, which I think represents about 1,600 members, disapproving of the emphasis on TCM, requesting to rename Bill 50 as the TCM and acupuncture act, to create a college of TCM and acupuncture of Ontario, and to include title protection for a doctor of acupuncture. These people wrote to us and said that they had not been notified in advance of the tabling of Bill 50. We've heard the Canadian Society of Chinese Medicine and Acupuncture say that the absence of a grandfathering clause, which could prevent qualified practitioners who have undergone lengthy training and have decades of work experience as acupuncturists, is of concern to them. Then we've heard that the Canadian Society of Chinese Medicine and Acupuncture is apprehensive about the process by which members of the transitional council would be appointed, requesting a commitment to a transparent selection process based on merit and representing the diversity of the acupuncture and TCM professionals.

We've also heard from others who object to the fact that under Bill 50, acupuncture will not be recognized as a health profession in Ontario, as it is in Alberta and British Columbia and 48 states in the United States. It's merely going to be recognized here as a modality or technique. They believe that as a result, practitioners in Ontario will not have equal status with those people who practise acupuncture in other parts of the world.

I would also go on to say that, besides what I've tried to put on the table today in order that we can have a good

debate and a good discussion on this bill, I have received probably more than 120 letters from people in the province, and obviously there are those who support the legislation and those who have some very serious concerns. I don't think I'm going to put more views on the record. I would say that the majority of the letters, by the way, would come from people who have very serious concerns. So, obviously those people who support it are very happy with the bill and don't see the need to communicate further.

I would just conclude by saying that we support regulation, that we recognize the importance of regulation in this area. Our government did work with Dr. Cheung and other members. When Mr. Clement was our health minister, we were moving through the process, and we were in a position where we were going to be responding to the HPRAC recommendations. This bill does not reflect those HPRAC recommendations; there's certainly a difference. It does not contain a distinctive scope of practice and it also fails to refer to any controlled acts authorized by the profession.

I thank again those people who have devoted so much energy and so much time to helping the government bring this bill forward. We look forward to working with all those who have differing opinions, differing views. We want to work with the government in order to ensure that people in this province have access to traditional Chinese medicine, and we certainly are prepared to sit as long as is necessary to hear those views and to make the amendments that obviously are going to ensure the safety of patients in this province and also that people do have access in the future to traditional Chinese medicine.

The Acting Speaker: Questions and comments?

Ms. Martel: I'll be brief. I will be referencing, actually, the member from Kitchener-Waterloo in my remarks because she was one who made a referral to HPRAC with respect to acupuncture. I'll read that into the record a little bit later on. She did identify a number of the concerns that I am going to be raising this afternoon, concerns around grandfathering and ensuring that that is undertaken through the course of the regulation by the college, concerns about acupuncture as a modality and the different points of view that have been expressed about that. I know that much of that debate was heard by the MPP consultation group when they were hearing from people.

Frankly, I would like to know a bit more about the BC model. I've taken a good look at it. I've heard members from the government side say they took a look at it and learned from it. I'm not sure how what was learned was incorporated into this particular bill, because I see some really clear distinctions and differences between Bill 50 and what has gone into effect in British Columbia.

I'll have a chance to speak here very shortly, and I will be expressing on the record a number of the concerns that I have heard. But I do want to say again that I think all members who are speaking very clearly are of the view that regulation is important, that we support the use of alternative therapies in Ontario, particularly acupuncture

and traditional Chinese medicine, that we believe fully that there will be a benefit for Ontarians to access those services. The differences in opinion that have been expressed, both before the MPP working group and, frankly, since the bill has been introduced, are differences in the approach that we use to get there. It is certainly my hope that we will have some public hearings, we will canvass the views and we will be in a position to have a bill that is supported by members of the TCM community because after all, part of what we are trying to do in terms of this regulation is to make sure that their professional skills, their experiences, their competencies are recognized in the province.

Mr. Shafiq Qaadri (Etobicoke North): It's a privilege for me to speak on this particular bill on traditional Chinese medicine. I'd like to offer some insights in a number of capacities: as a family physician, as an MD and as someone who has actually travelled to China to see some of the various practitioners really helping the general population.

We had an opportunity in 1996 to travel to Shanghai, to Beijing and to Xian, as well as Hong Kong. It was, by the way, a medical tour of western physicians. We were quite amazed at the range, the depth and the capacity of the local practitioners.

So from very early on, on a personal level, I have seen the value of complementary and alternative care modalities. I have to confess that as an MD physician, given the range of problems that we have to deal with, frankly speaking, we are not meeting the full needs of Ontarians and Canadians. There is a whole range of illnesses, a whole range of presentations that physicians who have been traditionally trained, for example, in medical schools in Ontario are either unaware of or ill-equipped to actually deal with. For example, there are a number of conditions which, from a medical point of view, from an MD point of view, either warrant very invasive procedures or surgical procedures or drugs, pharmaceutical agents which have a number of side effects, whereas the traditional Chinese approach, specifically with acupuncture, deals, as was mentioned earlier in this House, with a much more holistic and comprehensive approach. So I have to conclude, as a parliamentarian, as a physician and as the parliamentary assistant to the Minister of Health Promotion, that we wholeheartedly support this bill.

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Mr. O'Toole: First, I want to compliment the member from Kitchener–Waterloo for her diligence and the openness and balance of her comments, not just here today, but with respect to the work and commitment she dealt with under the whole umbrella of primary care reform. The role of nurses in this province is extremely important, yet she often gets very little credit for working with the college of nurses and the nurses' strategy, which I think is important.

I look more recently here, and it comes down to this: the fundamental question of trust. This government would say anything. In fact, to warn those in the audience

listening tonight, I'm concerned about the timing of this particular bill. Watch it very carefully. If it goes to hearings, I would say to you now that they'll put it out there but this will never pass.

Interjections.

Mr. O'Toole: I'm not part of the House leaders. They'll have the discussion. It will sit on the order paper and you'll see what happens, because then it will proclaim when the regulations come into effect. I'll tell you right now, there's one year left and they won't have it done. But they're going to put it out there and jar your hopes. When I look at this, it potentially has that dynamic to it, so there's a lot of work ahead.

I can assure you, the hearings that are required to build legitimacy around this particular bill are absolutely critical.

It is a very small bill. In fact, if you look at it, it's only about four or five pages. It more or less sets up a structure by which to govern called the college and reports under the Regulated Health Professions Act. There's a transition set of rules as well for the college and the registrar of that college, who will be appointed by the minister.

In listening to the comments—the balanced and honest comments—made by our former minister and a person I have the greatest respect for, there's a lot of work to be done. We're all for patient choice. In fact, I would be supportive, in the broadest sense at the beginning, that we've got to have hearings and we've got to get this right.

Ms. Cheri DiNovo (Parkdale–High Park): I don't think anybody here argues with the need for regulation. I don't think anybody here argues with the efficacy of traditional Chinese medicine or acupuncture. Our concerns are with the drafting of this bill. I must admit, as a new member, I'm a little confused. This morning at 10:30 we had one group saying one thing, and they were asking for drastic amendments to the bill, and another group, at noon, saying something else. In the group at 10:30 this morning, included among which were the Canadian Society of Traditional Chinese Medicine and Acupuncture, at 1,600 members, the Ontario Guild of Traditional Chinese Medicine, the Canadian Association of Acupuncture and Traditional Chinese Medicine, the Ontario Acupuncture Association, the Ontario Association of Acupuncture and Traditional Chinese Medicine, the Committee for Certified Acupuncturists of Ontario and the Ontario Examination Committee, a total of about 3,000 members or so feel they haven't been heard. Their voices have not been heard by the drafters of this bill. So I would just ask our Minister of Health why he isn't listening to all of his constituents—just some of his constituents.

I would mirror what my colleagues are saying and ask for public hearings and that this go to committee.

The Acting Speaker: The member for Kitchener–Waterloo has two minutes in which to respond.

Mrs. Witmer: I'd like to thank the member for Durham, for member for Etobicoke North, and also the

newest member, whom I'd like to congratulate, the member for Parkdale–High Park. We're really pleased to have you here.

There was another press conference this morning that I know Dr. Cheung participated in. In all fairness, I need to acknowledge the fact that this group has actually expressed some need for changes to the bill. I would like to put them on the record. This is certainly an indication that there are many improvements that can be made to the bill. Some of the points that were made this morning were for improvements or clarification. This is what can be addressed in the hearings, and that's why it's so important to have hearings. They would like to be allowed to diagnose, not just provide assessment, as currently in the bill. They believe that allowing other registered professions to practise acupuncture does require some further discussion. They believe that the doctor title needs to be clarified. They're looking at an interim phase for grandfathering, and they want to see a process for this. They believe strongly that acupuncture and TCM should be regulated together. Those are a few of the things that they talked about this morning as well.

So I think it's obvious that this bill is a very good start. People have been involved, but we now have an opportunity to make sure that the bill that is eventually passed in this Legislature, which I believe will be, does reflect, certainly, the viewpoints and the concerns of all of the people in the province of Ontario. At this point in time, it appears that there's much further need for more discussion and debate.

The Acting Speaker: Further debate? The member for Nickel Belt.

Applause.

Ms. Martel: Thank you to my friends in the back row. I want to indicate that I am pleased to participate in the debate on behalf of the New Democratic Party, and I want to begin by recognizing a number of people who are in the gallery. Thank you for your participation at the 12 o'clock press conference, which I saw, and thank you for being here this afternoon.

I do want to say at the outset that I suspect, in the course of my remarks, which I suspect will go for the next hour, that I'm going to say some things that you don't agree with. That's okay, because the bottom line for me is that I am supportive of regulation. I'm supportive of ensuring that TCM and acupuncture are an essential part of Ontario's health care system, but I disagree with some of the mechanisms that the government is using through the bill to get us there. It is my hope that during the course of the public hearings, after we've canvassed the views, the government will be prepared to accept changes, accept some modifications and move forward with a bill that everybody in the traditional Chinese medicine community, and those who practise acupuncture as well, can be fully supportive of and fully behind.

So let me begin by saying, as I did earlier, that I was part of a government that regulated a substantial number of health care providers—23, in fact—through 21

different acts, through the Regulated Health Professions Act in 1991. I want to acknowledge that a good deal of work on that particular act had been done by the previous Liberal government. A fair bit had been done by the former minister, Elinor Caplan, before the election of 1990 and before the change of government. So there was a change in government, but that work on regulation of those health care professionals was not lost, and the Regulated Health Professions Act was passed unanimously by this Legislature. I think that's important to note. Having been part of that process, although I was not the Minister of Health at the time and I give credit to the minister who was responsible, but having been part of a cabinet that dealt with that and determined to move forward, I can say that I have some knowledge of, and I think I have some experience with, the regulation of health care professionals. Indeed it is a process New Democrats have been supportive of, and we are supportive in principle of the regulation that is being undertaken with Bill 50 today.

Secondly, we recognize that one of the values of regulation is the protection of the public with respect to the delivery of health care services. The public, from my perspective, needs to be assured that the services they are receiving are being delivered by qualified and competent health care providers—knowledgeable professionals. They need to know that those professionals are licensed to practise and that their right to practise as professionals has come after successfully completing, for example, educational requirements, clinical practices, examinations to test that knowledge, etc. I recognize that in this piece of legislation there is a provision for grandfathering, and that is very important. I want to make sure that that provision, as it comes through regulation, is not watered down in any way, shape or form. So that is an important part of this bill. It may not have been a feature of some of the other regulated health professionals that were dealt with, but it certainly is going to be an important piece to this legislation and the regulations that follow.

The public also needs to know that the health care that is being delivered is part of a regulated health professional's scope of practice. They don't need to know at what point they're going to be referred to another practitioner. I don't think that's very clear with this legislation, and I heard some expressions of concern around that this morning. They need to know what the matters are going to be at which point they are moved to another professional, away from their original provider and on to someone else who can do something more for them. I think the public also needs to know that if they have concerns about the quality of care they received or the lack of care they have received, then their complaint can be made to a college, their complaint is going to be investigated and it's going to be dealt with by an oversight board or a college overseeing that particular profession.

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I think the public also needs to know that there is ongoing support in that college for professional develop-

ment, that there are quality assurance programs that are in place to monitor the delivery of care and the professional conduct, and that there is going to be consumer involvement in that college as well. The consumer involvement, of course, is important to represent the public's point of view with respect to the profession. Regulation, from our perspective, gives those to the public, and that will happen through the establishment of this college, which I am supportive of. It also, most importantly, limits the ability of just anybody to hang out their shingle and offer any kind of service that may be extremely detrimental to the public.

Secondly, regulation, from my perspective, also recognizes the value, competency and skills of the providers in our health care system and it is a support for their professional work, in my opinion. It acknowledges the important role that particular providers play in delivering health care. So again, it recognizes the educational experience, the clinical experience, the practical experience, the historical experience that has been obtained to deliver specific care. Regulation ensures that the public acknowledges and recognizes that competency too.

Generally speaking, those are the principles that we support with respect to regulation of health care professionals, and we would want those principles to be at the heart of any regulation of professional health care, including at the heart of Bill 50.

With respect to the regulation surrounding Bill 50, I think it's important to note that Ontarians have had a growing interest in alternative therapies to health care, and the use of these approaches certainly does include traditional Chinese medicine and acupuncture. There are several countries that have regulated providers of traditional Chinese medicine and formally recognized this model of care. In Canada, British Columbia has moved in this direction as well. So the inclusion of traditional Chinese medicine and acupuncture into Ontario's health care system, from our perspective, would be very beneficial to Ontarians. It would be very beneficial to the health and well-being of our citizens. We want to ensure that that regulation is fair, is safe, is effective and is professional.

There is a history that is attached to where we are today, and I wanted to go through a little bit of that history. The first referral to HPRAC, the Health Professions Regulatory Advisory Council, on the matter of traditional Chinese medicine and acupuncture actually came via a letter that was written by Dr. Cheung to my former colleague Minister Grier in 1994, when he asked for the support of the government to regulate both traditional Chinese medicine and acupuncture. In 1995, there was a second letter that came to my colleague Ruth Grier, this time with respect to regulation of acupuncture. There are some others in the gallery who were part of that letter. What Ruth did was to write Christie Jefferson, who was the chair of HPRAC at the time, two letters. With respect, I'm only going to read one, and it was the one of March 5, 1995, that said the following. She was asking the college for advice about how to proceed in this

regard. She said, "I look forward to receiving the advisory council's advice on the following three aspects of the referral: (1) whether this new referral should be considered independently or in concert with the referral earlier on traditional Chinese medicine and acupuncture; (2) whether the profession of acupuncture should be regulated; and (3) whether acupuncture should be a controlled act. If so, which health profession should be authorized to perform it and what are the conditions under which it should be performed?"

That recommendation came back from HPRAC in 1996. We were no longer the government at that time. One of the conclusions that was reached by HPRAC at that time was that acupuncture should be incorporated into the Regulated Health Professions Act as a new and controlled act.

After that, for three years there wasn't anything. On February 19, 1999, another health minister—this is my reference to Ms. Witmer—wrote to the new chair of a new HPRAC, asking for additional advice with respect to the regulation of acupuncture that, in her words, would more adequately reflect the health care environment that was in place at that time in 1999. She requested that this be done in conjunction with a review of traditional Chinese medicine which had already at that time been scheduled into the work plan of HPRAC. She asked for the following advice on February 19, 1999:

"Does acupuncture need to be regulated under the Regulated Health Professions Act, 1991 in order to protect the public, and are there other regulatory or non-regulatory alternatives to consider?"

"If your advice is to regulate acupuncture under the RHPA, please advise me on the following options: acupuncture as a distinct profession regulated by a separate college; acupuncture as a profession regulated by a joint acupuncture and traditional Chinese medicine college; acupuncture as a treatment modality involving a controlled act to be authorized to specific regulated health professions; or, any combination of these options.

"If your advice is to regulate acupuncture as a profession, please provide advice on whether the scope of practice of acupuncture and its various applications lends itself to the creation of classes of acupuncturists with different educational and competency requirements associated with them. (Please note that I'm asking HPRAC about the general feasibility and advisability of different classes of acupuncturists and not to identify specific classes and their educational and competency requirements.)"

In April 2001, a little over two years later, HPRAC submitted its support to the minister. In this respect, the new council disagreed with the earlier council's recommendation that acupuncture be regulated as a new controlled act for traditional Chinese-medicine-based acupuncture only and instead recommended that acupuncture be part of the existing controlled act of performing a procedure on tissue below the dermis, and HPRAC recommended a continued exemption for providers who were performing acupuncture using ear

acupuncture points for the purpose of addiction treatment in health facilities.

A list of regulated professions that should maintain or be given the authority to practice acupuncture was provided by HPRAC. The council further recommended that, in the case of traditional Chinese medicine and acupuncture, the profession be regulated under the Regulated Health Professions Act and that a college of Chinese medicine and acupuncture practitioners of Ontario be created to govern the profession.

Two years later, Mr. Colle, who was here, introduced Bill 93, but that didn't get past first reading. Then, in 2005, the government appointed an MPP consultation group made up of government members, and in July that group released its report, which recommended, among other things, a new regulatory college for traditional Chinese medicine; secondly, that the performance of acupuncture be limited to qualified regulated practitioners; and thirdly, that a class of traditional Chinese medicine practitioners in the future regulatory college who use Chinese herbal medicines within a TCM context be designated as "herbalist." The government introduced Bill 50 for first reading in December 2005, and we are here today dealing with second reading of this particular bill.

From my perspective, it's very clear that the matter of how to incorporate both traditional Chinese medicine and acupuncture into Ontario's health care system has been the subject of debate and consultation for some long time now. It is also very clear that this issue is very important to the traditional Chinese medicine community, and they want the regulation done right.

However, there have been concerns expressed to me by organizations that are part of that community, and I want to focus on some of those today. Again, I recognize that there is not unanimity in the community with respect to how to proceed. It is my hope, however, that after public hearings and a broad canvassing of views, we are going to be a position to have unanimity and agreement among all of the parties, that what is put into place really does recognize the needs and meet the expectations that people have.

I wanted to say that as I focus on the particular concerns with the bill that have been expressed to me. I'm assuming that other MPPs have been made aware of these concerns too because there has been great deal of information and letters that have been generated.

I have concerns in writing now from the Canadian Society of Chinese Medicine and Acupuncture, the Committee for Certified Acupuncturists of Ontario, the Ontario Acupuncture Association, the Ontario Association of Acupuncture and Traditional Chinese Medicine, the Canadian Association of Acupuncture and Traditional Chinese Medicine, the Ontario Examination Committee. On March 3, 2006, I met with representatives from the Ontario Association of Acupuncture and Traditional Chinese Medicine, the Ontario Acupuncture Association and the Committee for Certified Acupuncturists of Ontario. During that time I also heard from

Professor Cheung, who contacted me to express his support for the bill and why he was supportive. So I want to put that on the public record.

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On March 28, 2006, a number of representatives of the organizations mentioned above held a press conference that I sponsored here at Queen's Park so that they could outline their concerns with the bill, and on April 19 there was also a demonstration or a lobby that was held at Queen's Park by individuals and groups who have concerns about Bill 50. Those concerns have been shared with members. Those concerns, I know, have been shared with the minister in at least five or six different letters, although the minister has not responded to those concerns and those letters to date.

I think, to best summarize the concerns that I have heard, I'm going to refer to an article that was written in *Vitality Magazine*, which is described as, "Toronto's Monthly Wellness Journal." It appeared in May 2006 and it was written by Marylou Lombardi, who is president of the Ontario Association of Acupuncture and Traditional Chinese Medicine. I'm going to use a number of her concerns during the course of this debate. I think her concerns express the concerns of those who have concerns about the bill and remain very opposed, at this point, to the direction that Bill 50 is moving in.

Again, this is not to say that they're not supporters. They are here and we have heard from them. I'm going to focus on the concerns that I'm hoping the government is going to be able to address during the course of public hearings. Let me deal with the article.

"We all agree that the inclusion of traditional Chinese medicine ... and acupuncture into the health care system in Ontario would benefit the health and well-being of all citizens. This comprehensive and time-tested medicine is both preventive and curative for many conditions. It is very effective in maintaining and promoting health. It is our wish that the government recognizes the potential value in establishing a safe and fair regulation for the practice of this medicine in the province of Ontario...."

"The traditional Chinese medicine ... community believes that regulation is a very important step for our profession. It will increase credibility in the eyes of the public and force us to create high standards for the practice of our profession. We also believe that regulation is necessary for the future growth and development of the profession.

"From the outset of the regulation process, all we have wanted is fairness, equality and professional respect and that the profession be regulated in such a way that public safety, quality care and effectiveness be of the utmost importance.

"Many might think that we should accept regulation at any cost, but we believe that the cost of Bill 50 is too great because it disregards and undervalues the profession of traditional Chinese medicine and at the same time puts the public safety at risk.

"Acupuncture is an invasive procedure below the dermis and there are several documented cases of personal injury due to the improper practice of acupuncture.

"In 1991, when the Regulated Health Professions Act came into effect, acupuncture became exempt from the controlled act of 'a procedure below the dermis,' making it a public domain activity—meaning that anyone could practise acupuncture without any set standard...."

"Bill 50 removes the exemption on acupuncture, making it a part of the controlled act of 'a procedure below the dermis.' However, in the same sentence, it exempts all 23 regulated health professions, all health professions regulated under the Drugless Practitioners Act (naturopathic doctors) and all those individuals practising acudetox for addictions, allowing them to continue to practice acupuncture with their own standards. This means, effectively, that presently no regulation for the practice of acupuncture exists. There are still going to be 26 different standards of education and training for the practice of acupuncture; these multiple standards put the public at risk."

I want to deal with that concern in some detail.

I go to page 9 of the briefing document that the government gave stakeholders when the bill was introduced, and it says, "The performance of acupuncture will be regulated to ensure that this service is provided by qualified and competent individuals. Persons who perform acupuncture as part of an addiction treatment program within a health facility will also be permitted to perform the procedure." So the bill amends Ontario regulation 107/96, which refers to the controlled acts under the Regulated Health Professions Act. The Regulated Health Professions Act identifies 13 activities that may substantially put the public at risk. Those are listed very clearly—I'll just read some of them: "communicating ... a disease," "procedure on tissue below the dermis," setting a fracture or dislocation, "moving the joints of the spine beyond ... usual ... range," injection, inhalation, etc. I won't go through all of them. If you look at the regulation, there is certainly a substantial listing of both the controlled acts and the professionals who can perform them and under what circumstances those professionals can perform those controlled acts, because not all regulated health professionals have controlled acts.

Currently, acupuncture is not a controlled act. In fact, anybody can perform acupuncture in the province of Ontario. That is because, under section 8 of the regulation itself, acupuncture is exempt from being a controlled act. The bill proposes to revoke that exemption, meaning stopping just anybody from hanging out a shingle and performing acupuncture, by revoking paragraph 1 of section 8 of the regulation. But if you look at section 18 of the bill, in the very next paragraph, the government proposes the following: "A person who is a member of a college is exempt from subsection 27(1) of the act for the purpose of performing acupuncture in accordance with the standard of practice of the profession and within the scope of practice of the profession." Further, if you look at subsection (3), the government proposes that, "A person who is registered to practise under the Drugless Practitioners Act by the board of directors of drugless therapy is exempt from subsection

27(1) of the Regulated Health Professions Act ... for the purpose of performing acupuncture in accordance with the practice of the profession."

Finally, under subsection (4), the bill also says, "A person is exempt from subsection 27(1) of the act for the purpose of performing acupuncture if the acupuncture is performed as part of an addiction treatment program and the person performs the acupuncture within a health facility."

The point I want to make is this: The government says it wants to stop having just anyone perform acupuncture. I agree with that. The government also says that the performance of acupuncture will be regulated to ensure that this service is provided by qualified and competent individuals. I agree with that too. The government also says that those who work in a health facility and provide acupuncture as part of an addiction treatment program should be able to do that, and I agree with that as well. But the bill, as drafted, in my opinion, as I read it, allows every health professional in every regulated health profession to perform acupuncture. Further, because each of those health care professionals can perform acupuncture in accordance with the standard of their profession and within the scope of practice, there really doesn't seem to be any minimum standard regarding what I should expect from someone who is delivering acupuncture to me. There doesn't seem to be any minimum level of training or educational experience or practical experience or historical experience that is applied and will be applied in common to everybody who wants to practise acupuncture in Ontario.

If the government, from my view, is amending the regulations that talk about the controlled acts by removing the current exemption that would allow just anyone to perform acupuncture, why would the government put in place language which does not make it perfectly clear who can provide acupuncture, under what conditions, with what minimal level of education, with what minimal level of clinical practice to ensure that we have some standard in place which is going to be uniform and apply to everyone who is going to practise acupuncture?

I think that the public is entitled to know what the bottom line is with respect to what the government believes is the minimum standard in place in Ontario for someone to practise acupuncture. I think that's how you protect the public: having a minimum standard in place that will apply to everyone who is providing acupuncture. You can have higher standards, and I encourage that, but from my perspective you've got to have some kind of bottom line, and I don't see it in this legislation. That's what's missing, and that's what the government has to deal with.

Let me give it to you from a personal perspective. I myself have never experienced an acupuncture treatment—not from someone who's experienced in traditional Chinese medicine, not from a physiotherapist, not from a chiropractor, not from a massage therapist. I'd like to think that, if and when I did receive an acupuncture treatment, I can be assured that the person who

is providing that to me, be that a physiotherapist, a massage therapist or a traditional Chinese medicine practitioner, has obtained some minimum standard of competency, of training and of clinical experience. Right now, as it stands, before we pass Bill 50, I can't be assured of that. It's true, I can't, because everybody or anybody could practise acupuncture.

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I don't see what's in the bill that's going to make anything different. I don't see where the bottom line is in the bill that says to all of us that someone who is providing acupuncture, be it a physiotherapist or a chiropractor or a massage therapist, has to have met some kind of minimum standard with respect to education and practice, and then, as a member of the public, I can be assured that I am receiving a high-quality, safe service. I think that is a critical piece missing from this bill.

With respect to providing acupuncture, the government has gone about this matter in this way. The government has opted to allow members of regulated health professions to perform acupuncture in accordance with two things: (1) the standard of practice of that profession and (2) the scope of practice of that profession. I want to make some observations about what it appears the government is using to set the rules, if I may use that term generally, about who can practise.

Let me deal first with the scope of practice. I pulled from the legislation—the scope of practice—a number of regulated health professionals, those who it seems most commonly right now are the ones providing acupuncture. I have to tell you, as I look at the scope of practice, I note a couple of things. I looked at those who are commonly providing acupuncture now and I looked at others who might not be so likely to provide acupuncture. The fact of the matter is, in every act, with respect to every scope of practice, nowhere does it set out in anybody's scope of practice that they can provide acupuncture—nowhere. So you can look at nurses, you can look at dentists, you can look at optometrists, you can look physiotherapists—nowhere in the scope of practice of those professions is the word “acupuncture” mentioned.

I just want to give you some examples of that. I look at the Chiropractic Act:

“Scope of practice

“3. The practice of chiropractic is the assessment of conditions related to the spine, nervous system and joints and the diagnosis, prevention and treatment, primarily by adjustment, of,

“(a) dysfunctions or disorders arising from the structures or functions of the spine and the effects of those dysfunctions or disorders on the nervous system; and

“(b) dysfunctions or disorders arising from the structures or functions of the joints.”

I look at the Physiotherapy Act and the scope of practice. It says the following: “The practice of physiotherapy is the assessment of physical function and the treatment, rehabilitation and prevention of physical dysfunction, injury or pain, to develop, maintain, rehabilitate or augment function or to relieve pain.”

I look at the Massage Therapy Act and I see the following with respect to the scope of practice: “The practice of massage therapy is the assessment of the soft tissue and joints of the body and the treatment and prevention of physical dysfunction and pain of the soft tissues and joints by manipulation to develop, maintain, rehabilitate or augment physical function, or relieve pain.”

If I look at that, I as a consumer couldn't tell you whether or not those health care professions have, within their scopes of practice, the ability to provide acupuncture. I don't know what the key word is that I should be looking for that would clearly say to me as a consumer, “This is a health care professional who should provide acupuncture.”

Then I thought, “Well, I heard from some of my colleagues that they know dentists who practise acupuncture.” I had never heard that myself, but indeed some of my colleagues tell me that is the case, so I look at the scope of practice there: “The practice of dentistry is the assessment of the physical condition of the oral-facial complex and the diagnosis, treatment and prevention of any disease, disorder or dysfunction of the oral-facial complex.” Again, I am looking at that scope of practice. I don't know what I should be looking for in terms of how that defines who can provide acupuncture. I do know, because my colleagues tell me, that they know dentists who provide acupuncture. This was news to me, because I would never have expected that, and I certainly wouldn't have expected it looking at the scope of practice.

Let me deal with two more. Physicians—and I'm glad to see Dr. Qaadri is here today.

“Scope of practice

“3. The practice of medicine is the assessment of the physical or mental condition of an individual and the diagnosis, treatment and prevention of any disease, disorder or dysfunction.”

That's important, but I'm still not clear about how that relates to acupuncture. Let me do one more. Nursing: The scope of practice says this: “The practice of nursing is the promotion of health and the assessment of the provision of care for and the treatment of health conditions by supportive, preventive, therapeutic, palliative and rehabilitative means in order to attain or maintain optimal function.”

The point I want to make in this section is that the government says we should look to the scope of practice of regulated health professions to see who's in a position to provide acupuncture. I did that, and I am not any further ahead to understand the link between scopes of practice of some of these groups, many of whom are providing acupuncture now, and acupuncture itself.

Perhaps the key word is “treatment,” and maybe if the word “treatment” appears in your scope of practice, that entitles you, as per your college, to provide acupuncture. That seems to be the one word that was in common through the different scopes of practice that I read into the record, and that was a little bit different, for example,

than what I read under the Pharmacy Act. But, in truth, I can't see that link. I can't see the connection, and I'm hard-pressed to understand which colleges and which professions have in their scope of practice the ability to provide acupuncture. The government is relying on this as part of how it's going to regulate acupuncture and determine who can provide acupuncture.

So then I went to the second standard or means that the government says we should use. The government says very clearly—and I want to read the section, “A person who is a member of a college is exempt from subsection 27(1) of the act for the purpose of performing acupuncture in accordance with the standard of practice of the profession and within the scope of practice....”

So I've dealt with the scope of practice. Let me deal with the standard of practice of the profession to see if there's any more information there that might make the link and give us all some idea of what the standard of practice is that would allow people in regulated professions to actually provide acupuncture. I want to deal with a couple of these.

Let me deal with chiropractic first. I want to say that the president of the college was very good to send to me some time ago a draft copy of their proposed standards for chiropractors who also want to perform acupuncture. It may now be a formal policy. I don't know, and I apologize that I don't know that. But in the draft copy of the standards of practice for chiropractors who want to provide acupuncture it says some the following:

“Members are required to obtain patient consent prior to treatment by acupuncture that is:

“—fully informed;

“—voluntarily given;

“—related to the patient's condition and circumstances;

“—not obtained through fraud or misrepresentation; and

“—evidenced in a written form signed by the patient or otherwise documented in the patient's health record.

“Members are reminded that this standard should be read in conjunction with standard of practice S-013: Consent. Members should refer to the World Health Organization's ... ‘Guidelines on basic training and safety in acupuncture,’ 1999..., for a more in-depth discussion of prevention of infection, contraindications, accidents and untoward reactions, and injury to important organs.”

Then they deal with the educational requirements:

“Educational requirements in establishing degree of skill

“To practise acupuncture as an adjunctive therapy in the context of the chiropractic practice, members must have completed specific acupuncture training as taught in the core curriculum, post graduate curriculum or continuing education division of one or more colleges accredited by the Council on Chiropractic Education Inc. or in an accredited Canadian or American university, or in an accredited school of acupuncture.

“CCO”—that is the college—“adopts the WHO guidelines that a combined (clinical and academic) minimum

of 200 hours' training is recommended for those members wishing to use acupuncture as an adjunctive procedure in their primary practice.”

That was pretty clear to me in terms of where the College of Chiropractors is going to develop a standard that their members would have to live by if they wanted to practise acupuncture. Of course, if their members violated that, that would be grounds for misconduct, and a number of consequences would flow from that.

I went to some of the other health care professionals because I wanted to see what their standard of practice was with respect to their members delivering acupuncture.

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We talked to the College of Physiotherapists of Ontario. Now, it is true that the college is in the process of developing standards right now, so the most recent information that we have really relates to what they put out in 1998. The college said the following with respect to the practice of acupuncture by physiotherapists:

“—recognize that under the RHPA, the practice of acupuncture is not included under the controlled act of performing a procedure on tissue below the dermis. Physiotherapists therefore may perform acupuncture in accordance with standards and policies of the college.

“—limit his or her use of the modality to the treatment of generally accepted physical disorders within the scope of practice for physiotherapists, and refrain from using acupuncture to assist with smoking cessation or to promote weight loss within their physiotherapy practice.

“—have received appropriate training at an educational organization which trains and certifies individuals to practise acupuncture.... he or she must be trained in the technical application modality. For example, in Canada, appropriate acupuncture training is available through the Acupuncture Foundation of Canada, the University of Alberta, the International College of Oriental Medicine and the Upledger Institute.

“—perform acupuncture only at the member's level of training and competence.

“—adhere to the college's standards of practice.”

Again, these are some guidelines with respect to what the college feels is appropriate with respect to standards of practice for those physiotherapists who want to undertake acupuncture as well. I suspect we'll see more, because they were in the process of development of those.

There was certainly some distinction between the standards that were in place at various colleges. I went next to the massage therapists of Ontario and saw that the college said the following, under limitations: “As the scope of practice of massage therapy authorizes treatment of soft tissues and joints of the body, the college perceives that limitations need to be imposed on the practice of acupuncture by massage therapists. This stems from the expectation that acupuncture, when practised to treat the whole range of possible acupuncture treatment-related effects, can be anticipated to treat tissues, structures and conditions outside the scope of massage

therapists. Therefore, massage therapists will limit their use of this modality to the treatment of generally accepted physical disorders within the scope of practice of massage therapy.”

Then they set out their educational requirements, and they listed institutions where one would have to go in order to have minimum training requirements. They say, “Any of the above-listed 11 organizations offering acupuncture training to health professionals have been approved by the college as meeting the minimum education requirement in acupuncture for massage therapists.”

I don't have any sense of how many hours that includes in any of these institutions. I'm sure that's available; I just didn't have it for the purpose of this debate today. But that's what that particular college says.

Going to the College of Physicians and Surgeons of Ontario, we really couldn't find much of a standard of practice at all with respect to what doctors who want to provide acupuncture should adhere to in terms of practice, educational requirements etc. On the website, the College of Physicians and Surgeons did say, “Physicians are currently entitled to ‘perform a procedure on tissue below the dermis’ and as such, acupuncture is clearly within the practice of medicine.” I didn't see that in the scope of practice, but maybe we're also supposed to refer to the controlled acts. I don't know; the government didn't say that. “The college recommends that the government regulate persons who perform acupuncture by having the regulatory colleges whose members are legally able to perform acupuncture within their scope of practice co-operate to set standards of practice for their respective members. The CPSO, as the self-regulatory college for physicians, is the appropriate entity to set standards of practice for physicians who provide acupuncture treatments.”

Well and good, and we appreciate that, but we did have some difficulty, and maybe we just weren't looking in the right place, in actually finding what those standards are, what the minimum expectations are by the college with respect to what kind of training in acupuncture a physician should have, how many hours etc.

Let me deal with two others. We looked at the College of Nurses of Ontario as well as the Royal College of Dental Surgeons of Ontario. Again, I have to say that there were not set out for us some really specific standards with respect to what the minimum requirements are around education that might be expected, where you should obtain that, how many hours of clinical practice etc. What was interesting, when we talked to the Royal College of Dental Surgeons, for example, was that we were told the college does not have standards in place at this time and does not list what those training requirements are, but we know that there are dentists who are practising acupuncture.

The point of having gone through all the standards of practice of some of these colleges was, it seemed to me, that there really wasn't a minimum that was common through all of the regulated health professions. So as a consumer, what assurance do I have about the service

that's being provided to me with respect to whether or not that regulated health professional has met some kind of bottom line with respect to their training, with respect to their training in acupuncture, with respect to their clinical hours in performing this particular health service etc?

I say again that if the point of the exercise is to try to regulate acupuncture to protect the public, then surely what we should have in place is some minimum standard that's going to be common across all professions, so that consumers like me know what to expect when they see a regulated health professional to try to obtain acupuncture service. Right now, I don't see that in the bill. I looked very carefully at the scope of practice to try to see what the links are between scopes of practice and who could provide acupuncture. I really couldn't clearly see one over the other and who could and who couldn't, unless the word “treatment” is the key, that if it says “treatment,” then that's within your scope of practice. I certainly noticed a broad range of standards from various colleges with respect to what their expectations are for their members who also want to practise acupuncture over and above their traditional practice, be it nurse, physician, physiotherapist etc.

Because the College of Chiropractors of Ontario referenced the WHO, I took a look at the WHO guidelines in this regard. I'm not going to go all the way through the package, but the WHO put out Guidelines on Basic Training and Safety in Acupuncture. This was established in 1999. It seems to me that this would be at least a good starting point for all regulated health professionals and all colleges, if they are considering developing standards by which their members can provide acupuncture as well. This is the minimum starting point, from my perspective.

There are probably going to be colleges that disagree with me, but you've got to start somewhere, and it seems to me this is not a bad place to start. It certainly seems that the College of Chiropractors, for example, has adopted this as a standard. I hope that others will. It outlines from the perspective of the WHO what the requirements would be if you are, for example, practising acupuncture full-time—and that's going to be dealt with by the college, and it should be—and if you are another health care professional and also practising acupuncture, what the minimum requirements are around the hours that you do that. They say, for example:

“The course should comprise at least 200 hours of formal training, and should include the following components:

“(1) Introduction to traditional Chinese acupuncture.

“(2) Acupuncture points

“Location of the 361 classical points on the 14 meridians and the 48 extraordinary points;

“Alphanumeric codes and names, classifications of points, direction and depth of insertion of needles, actions and indications of the commonly used points selected for basic training.

“(3) Applications of acupuncture in modern Western medicine

“Principal clinical conditions in which acupuncture has been shown to be beneficial;

“Selection of patients and evaluation of progress/benefit;

“Planning of treatment, selection of points and methods of needle manipulation, and use of medication or other forms of therapy concurrently with acupuncture.”

Then they talk about:

“(4) Guidelines on safety in acupuncture.

“(5) Treatment techniques,” etc.

So those are some of the basic requirements with respect to educational training and the number of hours, but they also had a really important section, section 2, with respect to safety in acupuncture and what you should be looking for or dealing with if you’re trying to prevent infection; if you’re dealing with contraindications; if there are accidents or untoward reactions, what you should do—let me just give you a few more ideas here—if there are injuries to important organs, what you should be doing to deal with that; if someone faints; what you should be doing with respect to patient records etc.

I raise with the government here today, as I see it, that the standards of practice between the professions are different. It seems to me that as a government you want to make sure that there are some minimum standards in place. We want people to go higher than that—absolutely—but we certainly want some minimum standards in place with respect to educational requirements, with respect to clinical practice etc. Perhaps the WHO guidelines are the place to start—maybe there will be some disagreement with that—but I certainly think there has to be something. Right now, as I look in the bill, it seems to me that any regulated health professional can provide acupuncture, and the conditions around which they do that or the standards that are in place by their college to do that are very, very different. If you’re serious about protection of the public, surely you want some minimum standards across all colleges to make sure that all regulated professionals who are providing acupuncture have achieved some minimum competency with respect to their education, with respect to, perhaps, exams, with respect to their clinical training. I don’t see that in this bill, and I think that really has to be addressed by this government during the committee proceedings.

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Let me just return to some of the concerns that were also addressed by Ms. Lombardi. I want to just go through those before my time runs out. The second concern had to do with the title of “doctor.” It is true that the bill and the amendments to the Regulated Health Professions Act are going to allow certain members of the College of Traditional Chinese Medicine Practitioners of Ontario to use the title “doctor.” We know that the requirements of the college in this regard as to who could use that title are going to be set out in regulation. We also know that the minister made a referral to the HPRAC

some time ago, asking for advice in this regard, and we expect that that advice is coming back this Friday, September 29. The HPRAC was asked to deal with what should be the educational requirements related to the title of “doctor” and to put forward recommendations to the minister on how those educational requirements could be set and measured. I look forward to seeing those recommendations.

But I want to raise another issue and concern with respect to “doctor,” and it is this: There are a number of people who are traditional Chinese medicine practitioners who are wondering what they get for qualifying to use the title “doctor.” I’m not going to deal with the requirements—that’s going to be set—but if you are allowed to use the title “doctor,” what do you get from that?

She says the following: “Bill 50 has also granted the title of ‘doctor’ to those individuals who meet the criteria to be set by the new college of TCM and approved by the Lieutenant Governor. However, in Bill 50, doctors of TCM are not given any of the rights and privileges of any of the other regulated health professions also granted use of the title ‘doctor.’

“For example, TCM doctors will not have the right to communicate a diagnosis,” will not have the right to “be able to order tests or X-rays or move the joints of the spine beyond their normal physiological range.... TCM doctors will not have access to any of the controlled acts, meaning that the title of doctor holds no authority in the eyes of law. It is simply an ‘honorary title’ offered to please the Chinese community. This seems unfair to those individuals with many years of medical training in addition to extensive training in traditional Chinese medicine and acupuncture.”

I think there’s a point there. I think if you qualify to have the “doctor” title because of the extensiveness of your training and your clinical experience, then some of those controlled acts that are given to other regulated health professions who also hold the title of “doctor” should be ones that the minister considers giving to TCM practitioners who also can obtain the title of “doctor.” As the legislation now stands, they will not have access to any of the controlled acts. I’m not clear, then, what the title provides them, what authority, what responsibility the title provides. I’m hoping that the government will take a second look at that particular issue. Frankly, to be sure, just having the title is not empty all in itself, but having the title because you have attained a certain level of achievement because of your medical background and your experience and your competency is going to count for something. I’m not sure right now, as I read the legislation, what it counts for. I don’t want to have people undermined by getting the title of “doctor” and then having no responsibility or authority to follow actually getting that title.

I want to deal also with the grandfathering. I think I mentioned this earlier. This needs to happen. It was mentioned by some of the members of the Liberal Party earlier that there will be regulations regarding this, to be sure. It is critically important that we find some ways and

means to allow traditional Chinese medicine practitioners, who have been providing services to communities for a very long time, to be grandfathered into this legislation. I don't know what the college will come up with in this regard, but I want to be absolutely certain that it is going to be part of the agenda of the new college, that it is clearly spelled out in the legislation and that it is going to be their role and mandate as one of the things they have to look at.

A concern that was also raised has to do with language used in licensing exams. I think there's going to be a difference of opinion from those in the community about that. I am aware, or have been advised, that in the United States, exams are provided in Japanese, Chinese and Korean. Right now, it appears that the consideration for the exams would be in English and French. The government may want to have some consideration with respect to having the exams also in Chinese.

Of course it is important for practitioners to have proficiency in English and French. I'm not undermining that in any way, shape or form, but I also don't want to see people who have so much to contribute, so much skill, so much competency and so much expertise not be able to provide that to the community because of barriers around the writing of the exam and their ability to respond to that exam. That's an important consideration that the government needs to take into account.

I wanted to raise another concern that would clearly be a source of debate at public hearings, and I again urge the government to move to public hearings. I know that there is a significant difference of opinion between a number of organizations representing traditional Chinese medicine practitioners and members of regulated health professions around who practices acupuncture, and whether or not a distinction needs to be made between the profession of acupuncture and those who would describe it as an adjunct modality practised by other health care professionals.

I want to read into the record, if I might, the concern in this regard: "The TCM community"—and I'm not saying that all of them are. I want to be clear in the record, but those who have expressed concern to me are. I'm reading this from Marylou Lombardi and the organization she represents.

"The TCM community would also like to see a clear legal distinction made between the 'profession' of acupuncture and the adjunct modality practised by other regulated health professions. This modality should only be performed by those professions whose scope of practice necessitates the practice of this invasive procedure. The TCM community has asked that the name be changed to 'intramuscular stimulation' or 'anatomical needling' so that the public is clear on the differences between the two and can make an informed choice regarding their health care needs....

"If other regulated health professions wish to practise the adjunct modality, amendments should be made to their own regulatory acts; the term adjunct acupuncture or intramuscular stimulation should be clearly defined in

their legislation and the scope of practice should be clearly defined; adjunct acupuncture is for the treatment of musculoskeletal pain. If these regulated health professions encounter clients with more complex health issues they should have to refer them to a TCM-acupuncture practitioner."

There is a difference of opinion on this particular matter, and I think that difference of opinion was clearly expressed to the MPP consultation group when they travelled around. I'm not making a recommendation on one side of this or the other. I do think that having those concerns makes it all the more reasonable to request that the government have public hearings. It makes it all the more necessary that the government have public hearings because this is an issue where there is still a great deal of concern. Whether or not it can be sorted out remains to be seen, but it's a concerns that has legitimately been put on the table today.

I have tried to outline the concerns that have been expressed to me about the bill in its current form. I said at the outset and I'm going to say it again: I was part of a government that regulated a number of health care professionals, so this not new to me, and I am very supportive of regulation. I am supportive from the perspective of protecting the public, which should be the paramount reason for regulating health care professionals in the first place, but I am also very supportive from the perspective of recognizing those professionals who are going to be regulated, essentially elevating their role in the health care system and ensuring they have an appropriate role in the health care system because their services will be beneficial to the health and well-being of Ontarians.

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I support those principles, and I certainly support those principles with respect to the regulation of traditional Chinese medicine and acupuncture. It is an alternative therapy that has been used for 2,000 years—certainly not here in this country, but 2,000 years—and it is a treatment model that has been adopted in a number of other jurisdictions, most notably the province of British Columbia.

What I do want to be sure of, as we incorporate traditional Chinese medicine and acupuncture into the health care system, is that we are doing so in a way that protects the public and respects the competencies and the skills of the traditional Chinese medicine community and those who provide acupuncture.

I want to say again that the most important concern for me is that I do not see in the bill at this time what the minimum standard is that is acceptable for those who are practising acupuncture. As a member of the public, as someone who is concerned about public safety, what is the minimum standard that is going to be in place so that, regardless of whom I obtain acupuncture from, I can be assured, as a member of the public, that they will have succeeded in achieving certain educational standards, certain clinical standards in terms of practice etc.? I do not see that in this bill, and because I don't see that, I

really don't see how what Bill 50 proposes is much different from what's currently in place, where anybody can practise acupuncture.

There are other provisions in the bill that certainly do change things, but frankly, that particular provision says to me that what is in place, where anybody can do whatever they want, is what might end up being in place after the bill is passed unless and until the government says very clearly, "We are going to have minimum standards. These are how the minimum standards are going to be regulated. We expect anybody who's going to practise acupuncture to follow those minimum standards, and if you don't, then you can expect that your college will deal with you in due course as a result."

I want to say that I put forward the WHO guidelines as a potential for the government to start with, listed some of the reasons why I thought that was appropriate, and I certainly hope the government will take that into account as we continue to deal with the debate but, more importantly, as we deal with this in public hearings.

In conclusion, I hope the government will signal at some point today that there will be public hearings on this bill. I think it is absolutely necessary. We want to work toward finding a bill that will be acceptable to the traditional Chinese medicine community, that will ensure public safety with respect to the provision of acupuncture and traditional Chinese medicine, and one that will, at the end of the day, certainly recognize the importance of traditional Chinese medicine and acupuncture as part of ensuring the health and well-being of the citizens of the province of Ontario.

The Acting Speaker: Questions and comments?

Mr. O'Toole: Again, it's always a pleasure to listen to the member for Nickel Belt. She is one of the most respected members here in terms of health, and being the critic, she has a great deal of experience and insight to offer. I can say that on committee and other places she always brings balance to her observations. That's really what's needed here on Bill 50.

A range of choices from the patient's perspective is extremely important. At the risk of aggravating some of the members on the government side, just recently we had a bill here—and I'm saying it to the visitors in the gallery—Bill 102, which was the revision to the Ontario drug benefit plan and drugs in Ontario. To get an agreement at the end of it, to get that bill passed—because they were outraged; the people here in this building, during the hearings, were outraged. They were going to dismantle the profession of pharmacy, quite frankly, and there was a lot of anger in those hearings. To get the bill to pass under some comfort zone, they said things in public and made amendments that would lead one to believe they had backed off. But now what we're finding is—they're gazetting the regulations under that—that the pharmacists are right back, saying, "Oh, no. They giveth and they taketh away."

I think this change, which is something I would support, needs to have that full endorsement of public hearings, and to be watchful. You've navigated this

particular issue of Chinese medicine and acupuncture to the point where it's being debated here in the Legislature. What we need is a continued diligence through the process, working with the opposition and holding them accountable—I include Ms. Martel and the NDP in that process as well—making sure that your proposed amendments are heard by all members. That's the advice I offer. The discussion has been beneficial.

Ms. DiNovo: I simply want to applaud the careful analysis and thorough research of my colleague, our health critic from Nickel Belt. It is the sort of careful analysis and thorough research that is clearly missing from Bill 50.

I also want to applaud the patience and attention of our esteemed guests, and to reiterate, as the representative of Parkdale-High Park and many alternative practitioners, my support for traditional Chinese medicine, both in Parkdale-High Park and everywhere in Ontario, and the practice of acupuncture. We simply ask, as you have heard from the NDP, that this flawed bill be looked at again, that it be looked at both in public hearings and at committee, so that we can produce a piece of legislation that actually meets your needs.

The Acting Speaker: Further questions and comments?

Mr. O'Toole: They've been silenced.

Mr. Sergio: Absolutely; especially at this hour. Right, John?

I have to rise and welcome to the House some very distinguished guests here, including Dr. Ho, whom I met on a regular basis at a program on CHIN Radio, where he not only gives his advice in Italian—and I have to really take exception to the fact that he teaches me a lot of Italian that I have forgotten—but where he gave me on occasion some real twisting and pulling of my neck and arms. He said, "How do you feel now?" I had to say, "Much, much better." The only problem is that after 15 minutes, he said, "From now on I want to be paid." I said, "Well, that's where I'm terminating my time here."

I have to commend the government and the minister for bringing this forth. I think it's a good time to be coming. I can appreciate the comments from the opposition side; I think they are good comments. It will be very interesting indeed when this bill goes through the various stages of public hearings to hear not only members of the House but members of the public. I would say that we'll see a very positive response from individuals and various organizations in support of the bill.

We have heard that it's flawed. Well, there's no such thing as a flawed bill. I think the bill has got good content. It deserves support. It deserves to go for second reading and to face the public, and then we can see. I hope that we have contributions so that indeed this bill can be much, much better and deserve the support of every member of the House.

The Acting Speaker: Any additional questions and comments? Seeing none, the member from Nickel Belt.

Ms. Martel: I want to thank the members from Durham, Parkdale-High Park and York West for their contributions.

I want to say to the member from York West, after being here for 19 years, that I can tell you there are such things as flawed bills. The issue is going to be whether or not this is one of them, but there certainly have been in my experience here.

I just want to reiterate that I've tried to put on the record the concerns that have been relayed to me. I recognize that there's a difference of opinion in the traditional Chinese medicine community about this particular bill. I do hope, therefore, that the government is going to agree to public hearings so that we can

canvass these issues again and come up with a piece of legislation that will do what we all hope is going to be done: to regulate the profession, recognize the importance of the profession, recognize how it will benefit Ontarians, and ensure that there will be public safety with respect to Ontarians who receive both traditional Chinese medicine and acupuncture services.

The Acting Speaker: The time now being 6 of the clock, this House stands adjourned until tomorrow morning at 10 o'clock.

The House adjourned at 1800.

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