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**Official Report
of Debates
(Hansard)**

**Journal
des débats
(Hansard)**

Tuesday 20 March 2007

Mardi 20 mars 2007

Speaker
Honourable Michael A. Brown

Président
L'honorable Michael A. Brown

Acting Clerk
Deborah Deller

Greffière par intérim
Deborah Deller

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LEGISLATIVE ASSEMBLY OF ONTARIO

Tuesday 20 March 2007

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

Mardi 20 mars 2007

*The House met at 1330.
Prayers.*

SUPPLEMENTARY ESTIMATES

Hon. David Caplan (Minister of Public Infrastructure Renewal, Deputy Government House Leader): I have a message from His Honour the Lieutenant Governor signed by his own hand.

The Speaker (Hon. Michael A. Brown): The Lieutenant Governor transmits supplementary estimates of certain sums required for the services of the province for the year ending 31 March 2007 and recommends them to the Legislative Assembly.

MEMBERS' STATEMENTS

WOMEN'S REPRESENTATION IN PROVINCIAL PARLIAMENT

Ms. Lisa MacLeod (Nepean–Carleton): Yesterday was an historic day in this Legislature. For the first time in our history, this Legislature was composed of 25% women, thanks to my colleague from Burlington, Joyce Savoline, as well as the other female members of this Legislature. That is something we can all be proud of on all sides of this Legislature. In particular, as a Progressive Conservative MPP I'm pleased that this is yet another first for Ontario women.

The PC Party of Ontario had the first female Deputy Premier in Bette Stephenson, and we had the first female finance minister in Janet Ecker. There is still a long way to go until we really, truly reach a reflective gender balance in this Legislature, but we are making progress. As a young mom, I was proud to be able to run for John Tory, and I am pleased to now be in a position to help other young women in this province run for office, particularly for this Legislature. It is time that we all in this Legislature become proactive. We need to make the necessary changes to this institution to make it more family friendly and more appealing to women. We should strive to ensure that Joyce Savoline's historic feat in becoming the first female to break the 25% glass ceiling in Ontario politics is just the start in balancing the gender gap.

The time for rhetoric has passed, and the time for action is now to make sure this Legislature is more attractive to members of all kinds. Male, female, young

and old, I implore my colleagues on all sides to take Joyce's experiences and the experiences of all members to heart in order to make this institution truly reflective of the Ontarians we represent.

MINIMUM WAGE

Ms. Cheri DiNovo (Parkdale–High Park): Last fall my bill, the living wage bill, passed second reading demanding a \$10 minimum wage for the poorest of our working families. This government refused to allow me committee time or to bring the bill back for third reading. Unlike their own pay raise, which passed in eight days, Ontario's poorest families are told to wait yet again.

Since then, fuelled by the 74% of Canadians who demand action, we have held forums and travelled the province and won a by-election, all fuelled by the huge movement to alleviate the plight of the working poor. Thousands of e-mails pour into Queen's Park, the Toronto Star has come out twice in favour of my bill and the theme of the International Women's Day march was the \$10 minimum wage.

Over 90 economists, as well as TABIA, the Toronto Association of Business Improvement Areas, across Canada have denounced the fear tactics of this government, claiming a \$10 minimum wage would help small business, help the economy and not lead to a loss of jobs. Toronto and York Region Labour Council as well as the CLC all have supported this.

We don't want this in four years, we don't want this in three years, we don't want this in two years, we need this now. The chant was this: "What do we want?" "Ten dollars." "When do we want it?" "An hour."

CANADIAN ECO-RUBBER

Mr. Kuldip Kular (Bramalea–Gore–Malton–Springdale): It's an honour to rise today at the start of a new session of government to acknowledge yet another outstanding group in my riding of Bramalea–Gore–Malton–Springdale.

During the break, I had the privilege to visit and tour the Canadian Eco-Rubber facility in my riding, along with fellow Oakville member Kevin Flynn. The team at Canadian Eco-Rubber works hard to provide an environmentally friendly service by recycling tires by converting them into crumb rubber. This is a great example of one of many companies within my riding of Bramalea–Gore–Malton–Springdale that stand out and contribute to the community.

Crumb rubber can be used for many purposes, such as artificial grass, asphalt and industrial applications. This facility has the capacity to convert about 1.5 million waste tires per year into usable crumb rubber and potentially bring this material back to the community as consumer products.

The Canadian Eco-Rubber plant exemplifies innovation in Ontario. Facilities such as this one that work hard to do a good service for Ontario's environment need to be recognized for their efforts and contributions. I'm proud of the service that they're providing Ontarians right here in my own riding.

Having had the opportunity to personally visit their plant, I can honestly say their contributions and efforts help our environment, not only by recycling tires into crumb rubber but also by turning them into usable consumer products. Both my riding and Ontario are better because of them. I'd like to thank them again for their hard work.

ACCESS TO HEALTH CARE

Mrs. Christine Elliott (Whitby–Ajax): Yesterday, in response to a question from my colleague regarding recent directives issued to cut vital services at Lakeridge Health, I was shocked to hear that the minister's response included a self-congratulatory endorsement of his government's record with respect to health care funding in Durham region. I can assure the minister that on this file the last thing his government deserves is congratulations.

During my by-election less than one year ago, the primary concern I heard from community residents was that they felt ignored by this government with respect to health care. That's why I introduced a private member's resolution that would have seen funding for Durham region immediately increased to the provincial average. Because your government defeated my resolution, however, the funding gap that exists between Durham region and the rest of Ontario has grown and stands at a whopping \$339 million for the 2007-08 fiscal year.

On top of that, you've decided to make these devastating cuts.

1340

Tonight, I will be attending a town hall meeting along with other Durham MPPs to discuss your government's recent decision to cut children's mental health, addiction and crisis intervention services at Lakeridge Health. The minister sees no problem with transferring current services to local community agencies; however, these agencies are already working hard each and every day to treat the line-up of patients already at their doorsteps.

Moreover, the fact of the matter is that certain services exist at Lakeridge that are not available elsewhere. Vital services such as treatment up to the age of 19, acute care facilities and immediate access to a psychiatrist make Lakeridge unique among partners. I would strongly urge the minister to reconsider this disastrous decision.

BRAMPTON HOSPITAL

Mrs. Linda Jeffrey (Brampton Centre): I rise today in the House to applaud the generosity of Doug Munro, his wife, Barbara, and his mother, Carole, for their generous donation of \$1 million towards the new Brampton Civic Hospital. This donation was made through the Graham Munro Charitable Foundation. It is the single largest donation by the foundation and is another example of how the Munro family and Maritime-Ontario Freight Lines Ltd. answer the call of my community time and time again.

As a leader in the trucking and transportation industry, the corporation donates a remarkable 20% of its annual profits to the foundation in support of local charities such as Brampton Safe City and other charitable causes across this province. The Munro family's level of commitment and generosity to Brampton epitomizes the finest qualities of philanthropy.

Hospitals are the cornerstones of our community, and Brampton is in the middle of a transformation. I'd take this opportunity to recognize Anne Randall and the William Osler Health Centre Foundation for their unwavering commitment to the "Here for you ... caring for you" campaign, which is the largest fundraising initiative of any community hospital currently being undertaken. Staff and volunteers have assisted in organizing countless dinners, car washes, radiothons, charity concerts and even a 24-hour soccer game.

When the new Brampton Civic Hospital opens its doors later this year, revealing a world-class hospital, it will be in no small measure due to the generosity of the Munros. I'd like to thank the Munro family for their generosity and leadership.

NOWRUZ

Mr. Mario G. Racco (Thornhill): I rise in the House today to wish a very happy new year to all Persians in Ontario, as well as in the rest of Canada, on this special day of Nowruz. Nowruz, meaning "new day," is a festival celebrated with friends and family who together pray for good luck in the new year. It is celebrated worldwide by countries that were at one time either territories of or influenced by the Persian empire, such as Iran, Iraq, Afghanistan and many others.

Preparations for Nowruz begin in the last month of winter in the Persian solar calendar with a large spring cleaning of homes, the purchase of new clothes to wear for the new year and the purchase of flowers. Persians, irrespective of religion or ethnic affiliation, have been celebrating Nowruz for at least 2,500 years. Nowruz is not only the celebration of a new year but it's also a celebration of rebirth, renewal and hope.

Nearly 150,000 Persians have come to live in our province and enjoy new beginnings. I encourage the members of this Legislature to join me in wishing a happy new year to all of those who are celebrating Nowruz, the celebration of new beginnings.

I also want to let you know that there are many members of the Persian community here today in the House, as you can see, who have come to celebrate because Minister Colle has organized a formal event. I want to say thank you to them for coming here to see us today and celebrate. Again, happy new year. Happy Nowruz.

EDUCATION FUNDING

Mr. Frank Klees (Oak Ridges): I rise to recognize the Minister of Education as she takes her rightful place in the renowned Dalton McGuinty Liberal promise-breakers club. The club is open to those who are unable to keep their stated promises to the people of Ontario.

During the last election campaign, Dalton McGuinty said that the hard cap on class sizes was “the single most important plank” in his policy platform. Yesterday, in the face of growing class sizes across the province, with many classrooms with up to three grades per room, the education minister simply abandoned the plank altogether.

Other examples of how the Dalton McGuinty Liberals keep their education promises McGuinty-style include: fixing the funding formula by slashing school budgets and raiding special education funding to balance their books; failing to keep their own deadline on standardized tests and then moving it into the next decade; honouring their moratorium on school closures by closing 150 schools; keeping children safe at schools with increasingly dangerous levels of lack of supervision, as the Ontario Principals’ Council itself recently noted.

I could go on, but rest assured the education minister has already more than earned her rightful place at the head of the class in the Dalton McGuinty Liberal promise-breakers club. On behalf of the Ontario PC caucus, I convey to the minister her well-earned designation as the newest member of the Dalton McGuinty promise-breakers club—

Interjections.

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

ACCESS TO HEALTH CARE

Mr. John Wilkinson (Perth–Middlesex): In the business world that both I and the Leader of the Opposition come from, the rules are very simple: If you disclose only some of the facts of a business transaction, you get sued; and if, heaven forbid, you get sued and end up in court, the law says you must swear to tell the truth, the whole truth and nothing but the truth.

I want to share with the transitory member for Dufferin–Peel–Wellington–Grey the whole truth. Yesterday, I contacted Andrew Williams, the CEO of the Huron-Perth Healthcare Alliance. I raised with him John Tory’s statement that the wait time for knee replacement surgery at Stratford General Hospital was 525 days.

I cannot adequately share with you how deeply disappointed the wonderful and caring health care professionals in my hometown were to hear that once again the Leader of the Opposition did not take the time to state all of the facts in this matter.

Andrew Williams has advised me that, based on the latest available numbers for the period August 2005 to January 2007, median wait times are down 135 days—37%; average wait times are down 163 days—41%; and finally, the 90th percentile wait times, which he cherry-picked yesterday, are down 250 days—32%.

I say to the member, this is the truth, the whole truth and nothing but the truth. If you come to Stratford and you repeat the allegations, the doctors, nurses and health care workers you insulted yesterday will run you out of town. If you would just be square with the people of Ontario and tell us how you plan to gut \$2.5 billion a year from health care—

Interjections.

The Speaker (Hon. Michael A. Brown): Order. Member for Nepean–Carleton.

FOREST INDUSTRY

Mr. Michael Gravelle (Thunder Bay–Superior North): Since the Legislature last met this past December, the forestry sector has continued to face enormous challenges in northwestern Ontario. Most notably, the people of Nipigon lost 120 jobs overnight when their newly revitalized Multiply Forest Products mill burned down in a devastating fire on February 6.

Despite this tragedy, the community and the local mill ownership are determined to rebuild the mill and, while the costs have not yet been determined, I’m extremely grateful to Premier McGuinty and Minister Ramsay, the natural resources minister, for both speaking and meeting with Nipigon Mayor Richard Harvey and confirming that our government will provide whatever assistance it can to see this operation truly rise from the ashes.

If any good can come from such a dire circumstance, it will likely centre around the need for Multiply to maintain its production line, which, as a result, could help bring about the reopening of Longlac Wood Industries in Greenstone. Much work and some financial assistance will be required to make this happen, so I will use this opportunity today to publicly call on our government to continue to work closely with LWI to see that happen.

On a more sombre note, the Norampac mill in Red Rock remains indefinitely shut down. While the community is moving aggressively forward with new and diversified economic plans, which will be discussed at a public meeting tomorrow, I still believe we must do everything we can to help get the operation reopened. Government incentives must be part of any revival, but it will also take a commitment from the ownership, the community and other forestry operations in the northwest to see this happen.

I will do everything I can to bring this about as a member of the government as we continue to aggressively tackle the forestry crisis in northwestern Ontario.

1350

VISITORS

Hon. Kathleen O. Wynne (Minister of Education):

On a point of order, Mr. Speaker: I beg the indulgence of the House to introduce three generations of my family, who join me here today: my niece, Elizabeth Hodgson; my sister, Marie Hodgson; my daughter, Maggie Cowperthwaite; and my father, who practised medicine in Richmond Hill for 40 years, John Wynne, who turns 81 today.

Mr. Bob Delaney (Mississauga West): On a point of order, Mr. Speaker: I'd like members to join me in welcoming my special guest, Ellen Anderson, the mayor of the beautiful town of Blue Mountain in gorgeous Grey county.

Hon. Steve Peters (Minister of Labour): On a point of order, Mr. Speaker: I'd like the House to welcome Dianne Vanhie and her daughter Karlee, as they're here to observe their daughter and sister, Jenalle Vanhie, who is a page in this session. Also, Dianne is the proud mother of another page who served previously with us, Danielle Vanhie. Let's welcome them here today.

Mr. Michael Prue (Beaches–East York): On a point of order, Mr. Speaker: I rise today to introduce Tracy Nesbitt, who is a constituent in Beaches–East York, and Susan Preston. Both of these women are social workers from the Ontario Association of Social Workers, and they are here to watch the debate on Bill 171, the Health System Improvements Act.

Hon. Jim Watson (Minister of Health Promotion): On a point of order, Mr. Speaker: In the gallery across the way, I'm delighted to recognize a good friend, the former deputy mayor and former mayor of the city of Ottawa, who served with me on council for six years: Allan Higdon from the great riding of Ottawa South. Welcome.

Hon. Monte Kwinter (Minister of Community Safety and Correctional Services): On a point of order, Mr. Speaker: I would like to welcome to the Legislature the students of St. Jerome School, their vice-principal and their teachers. They're all sitting up here. I just want to welcome them to the Legislature.

LEGISLATIVE PAGES

The Speaker (Hon. Michael A. Brown): I beg the indulgence of the House to permit the pages to assemble for introduction. We have with us to this session:

Emma Ash from Perth–Middlesex; Alex Don from Oakville; Cody Fisher from Mississauga South; Craig Gilchrist from Eglinton–Lawrence; Ryan Goralczyk from Leeds–Grenville; Sarah Hampton from Nickel Belt; Ashley Heath from Peterborough; Thomas Hitchens from

London–Fanshawe; Jordan Lee from St. Paul's; Hayley Levine from Ancaster–Dundas–Flamborough–Aldershot; Katrina Malinski from Sudbury; Alistair Murray from Markham; Alanna Newman from Scarborough Southwest; David Patterson from Brampton West–Mississauga; Carolyn Peralta from Pickering–Ajax–Uxbridge; Calla Pfrimmer from Parry Sound–Muskoka; Jacob Pitre from Windsor–St. Clair; Alex Simakov from Thornhill; Alyssa Surani from Oak Ridges; and Jenalle Vanhie from Elgin–Middlesex–London.

Applause.

INTRODUCTION OF BILLS

ENDANGERED SPECIES ACT, 2007 LOI DE 2007 SUR LES ESPÈCES EN VOIE DE DISPARITION

Mr. Ramsay moved first reading of the following bill:
Bill 184, An Act to protect species at risk and to make related changes to other Acts / Projet de loi 184, Loi visant à protéger les espèces en péril et à apporter des modifications connexes à d'autres lois.

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

The minister may wish to make a brief statement?

Hon. David Ramsay (Minister of Natural Resources, minister responsible for aboriginal affairs): I will reserve my remarks for ministers' statements.

MOTIONS

HOUSE SITTINGS

Hon. James J. Bradley (Minister of Tourism, minister responsible for seniors, Government House Leader): I know members of the House have been waiting for this with anticipation, especially the member for Niagara Centre.

I move that, pursuant to standing order 9(c)(i), the House shall meet from 6:45 p.m. to 9:30 p.m. on Tuesday, March 20, 2007, for the purpose of considering government business, despite the fact that the New Jersey Devils are playing the Leafs tonight.

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

All those in favour will say "aye."

All those opposed will say "nay."

In my opinion, the ayes have it.

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

The division bells rang from 1356 to 1401.

The Speaker: All those in favour will please rise one at a time and be recognized by the Clerk.

Ayes

| | | |
|------------------------|---------------------|--------------------|
| Balkissoon, Bas | Dombrowsky, Leona | Oraziotti, David |
| Bentley, Christopher | Duguid, Brad | Patten, Richard |
| Bountrogianni, Marie | Duncan, Dwight | Peters, Steve |
| Bradley, James J. | Flynn, Kevin Daniel | Peterson, Tim |
| Broten, Laurel C. | Fonseca, Peter | Pupatello, Sandra |
| Brownell, Jim | Gravelle, Michael | Racco, Mario G. |
| Bryant, Michael | Jeffrey, Linda | Ramsay, David |
| Cansfield, Donna H. | Kular, Kuldeep | Ruprecht, Tony |
| Caplan, David | Kwinter, Monte | Sergio, Mario |
| Chambers, Mary Anne V. | Leal, Jeff | Smith, Monique |
| Chan, Michael | Levac, Dave | Smitherman, George |
| Colle, Mike | Marsales, Judy | Van Bommel, Maria |
| Crozier, Bruce | McNeely, Phil | Watson, Jim |
| Delaney, Bob | Meilleur, Madeleine | Wilkinson, John |
| Dhillon, Vic | Milloy, John | Wynne, Kathleen O. |
| Di Cocco, Caroline | Mitchell, Carol | Zimmer, David |

The Speaker: All those opposed will please rise one at a time and be recognized by the Clerk.

Nays

| | | |
|--------------------|---------------------|---------------------|
| Arnott, Ted | Kormos, Peter | Prue, Michael |
| Bisson, Gilles | MacLeod, Lisa | Runciman, Robert W. |
| DiNovo, Cheri | Marchese, Rosario | Savoline, Joyce |
| Elliott, Christine | Martel, Shelley | Sterling, Norman W. |
| Ferreira, Paul | Martiniuk, Gerry | Tabuns, Peter |
| Hardeman, Ernie | Miller, Norm | Tascona, Joseph N. |
| Horwath, Andrea | Munro, Julia | Tory, John |
| Hudak, Tim | O'Toole, John | Wilson, Jim |
| Klees, Frank | Ouellette, Jerry J. | Yakabuski, John |

The Acting Clerk of the Assembly (Ms. Deborah Deller): The ayes are 48; the nays are 27.

The Speaker: I declare the motion carried.

STATEMENTS BY THE MINISTRY AND RESPONSES

ENDANGERED SPECIES ESPÈCES MENACÉES

Hon. David Ramsay (Minister of Natural Resources, minister responsible for aboriginal affairs): In May 2006, this government launched an extensive public review of the province's Endangered Species Act with the goal of updating and strengthening the legislation that protects Ontario's native species at risk and their habitats.

I'm pleased to rise in the House today to introduce new legislation that would, if passed, not only achieve that goal, but would make Ontario a North American leader in species protection and recovery.

Compared to an existing act, the new Endangered Species Act, 2007, that I'm introducing today would provide significantly broader and more effective provisions for protecting species at risk and their habitats. The proposed legislation also includes a stronger commitment to species recovery, more support for groups and individuals who voluntarily participate in stewardship activities to protect essential habitat and green space and stronger enforcement provisions.

From the boreal to the Carolinian forests, from tundra to wetland to tall grass prairie, Ontario is blessed with a

tremendous variety of natural habitats. These habitats, in turn, support more than 30,000 species of equal variety.

The people of Ontario deserve the benefits that come from conserving this unique natural heritage and rich biodiversity. Les habitants de l'Ontario méritent que l'on conserve ce patrimoine naturel unique qui renferme une biodiversité si grande.

Right now, there are more than 175 species identified on the Species at Risk in Ontario list. We estimate that this may grow, on average, by six new species per year.

If passed, the Endangered Species Act, 2007, would provide an important tool to help reverse the rate of species decline and ensure that future Ontarians enjoy the benefits of a healthy, diverse natural environment.

It is important to note that the legislation I'm introducing today is the result of extensive public consultation. Il est important de noter que ce projet de loi est le fruit d'une vaste consultation publique.

This was the first time since the Endangered Species Act was passed in 1971 that our laws protecting species at risk have undergone a thought review. I'm pleased to report that the individuals, organizations, partners, stakeholders and aboriginal communities we heard from during the consultation strongly supported improved species at risk legislation. I'd like to take this opportunity to publicly thank everyone who participated.

We considered all comments in drafting the new legislation and will provide a further opportunity for review and comment upon introduction. A wide range of stakeholders, including land developers, environmentalists, rural communities, fish and wildlife enthusiasts, municipalities and resource industry sectors also met with ministry staff to discuss ideas to propose legislative changes. A separate process involving consultation with aboriginal communities and organizations is ongoing at this time. Une procédure de consultation séparée auprès des collectivités et des organisations autochtones est en cours en ce moment.

I also want to publicly acknowledge and thank the members of the Endangered Species Act Review Advisory Panel. This panel was made up of individuals from a wide variety of backgrounds with experience and expertise related to species at risk and recovery planning. Their input and assistance was most valuable. I believe we have succeeded in developing legislation that will offer optimum protection for Ontario species at risk while at the same time supporting the overall social and economic well-being of the province. Je crois que nous avons réussi à élaborer une loi qui protégera les espèces en péril, tout en appuyant le bien-être économique et social de la province.

We know that broader legislation on its own is not enough to achieve our goals. The proposed legislation is just one component of the ministry's comprehensive three-part approach to species protection and recovery. The other two components are programs and policies to fully implement the legislation and enhance stewardship programs. We propose to back up our commitment to enhance stewardship with the funding of \$18 million

over four years to support public stewardship efforts protecting essential habitat and green space.

Many of the species that need protection are found on private land, making voluntary stewardship activities essential to achieving any kind of success in reversing the rate of species in decline that is now happening in Ontario.

Much has changed in our province since the Endangered Species Act was introduced 36 years ago. As in the rest of the world, climate change, population growth and urbanization have taken a toll on our natural environment. In response to these ongoing challenges, we all share a commitment to future generations to work harder to improve our air and water quality, to protect important natural features and habitats and to sustain Ontario's amazing wealth of biodiversity.

The proposed legislation we are introducing today is one more way this government is working with the people of Ontario to meet that commitment.

1410

FEDERAL-PROVINCIAL
FISCAL POLICIES
POLITIQUES FISCALES
FÉDÉRALES-PROVINCIALES

Hon. Marie Bountrogianni (Minister of Intergovernmental Affairs, minister responsible for democratic renewal): I'm honoured to rise in this House today and speak about an important issue: fairness—fairness for all Canadians, including those in Ontario.

I remind my colleagues that in June 2006, members of this House voted unanimously in support of a resolution calling on the federal government to treat all Canadians fairly. And for more than two years, the Premier, my colleagues and I have been leading Ontario's campaign for fairness, highlighting unfair federal funding practices in key areas such as post-secondary education, health care, infrastructure and job training.

Under the leadership of Premier McGuinty, we have called on the federal government to provide Ontario's fair share of funding for the services Ontarians value most. People from across the province have supported our campaign and spoken out in support of fairness. The Premier and I appreciate the efforts of business, labour, non-profit, public sector and municipal leaders who have supported our efforts with the federal government. We appreciate the resolutions of support from organizations and municipalities across the province. And most of all, we appreciate the support of individual Ontarians from across the province who spoke out, learned about the issue and sent letters of support to their federal MPs.

Nous avons vu hier que la campagne de l'Ontario en matière d'équité a entraîné des résultats concrets pour la population de l'Ontario. Le budget fédéral d'hier est un grand pas en avant pour la campagne de l'équité que mène le premier ministre McGuinty pour la population de l'Ontario.

We welcome the proposed federal working income tax benefit, which will support people with low incomes, and we are pleased to see Ottawa's proposal on the capital cost allowance as a way of helping hard-hit manufacturers. I'm also pleased to say that we can put the Canada-Ontario agreement behind us and move forward in a positive manner.

Il est particulièrement encourageant de constater que le gouvernement fédéral s'engage à verser les transferts selon un montant égal par habitant dans l'avenir. Le gouvernement fédéral a également adopté des mesures immédiates pour rétablir l'équité dans les paiements du transfert canadien en matière de programmes sociaux ainsi que d'autres transferts fédéraux. Il s'agit de la principale revendication de la campagne du premier ministre McGuinty pour l'équité.

Ces étapes importantes vers l'équité sont de véritables victoires pour la population de l'Ontario. Elles se sont concrétisées parce que le premier ministre McGuinty n'a pas craint de défendre les intérêts de l'Ontario et parce que notre campagne a bénéficié d'un grand appui de la part des Ontariennes et Ontariens.

However, I feel it is my duty to highlight the fact that some of Ontario's key fairness concerns remain outstanding. Although the federal government has committed to treating Ontario fairly in the Canada health transfer, that fairness will not be introduced immediately. The federal government expects Ontarians to wait seven more years for our fair share of health care funding while the federal government shortchanges Ontarians by about \$700 million each year in this important transfer. This means less federal money for hospitals and the important health services that keep Ontarians healthy.

We were also hoping for a clear commitment on federal funding for infrastructure. Although the commitment to funding for the Windsor border crossing is a good step forward, we will need to see more details on how infrastructure spending will be distributed before we can know for certain what this will mean for Ontario.

This is why the Premier, my colleagues and I will continue to speak out for fairness when necessary. Yesterday's federal budget represents an important step toward fairness, but more needs to be done. We have made real progress. We will continue to defend Ontario's interests in the federation. That is the only way to secure a strong and prosperous Ontario and a strong and prosperous Canada.

LA FRANCOPHONIE

L'hon. Madeleine Meilleur (ministre des Services sociaux et communautaires, ministre déléguée aux Affaires francophones): Je voudrais souhaiter à tous les Ontariens et les Ontariennes une excellente Journée internationale de la francophonie. Cette année, le thème de cette journée hautement symbolique pour les francophones est Vivre ensemble, différents. Ce thème reflète avec justesse la réalité canadienne, cette mosaïque où de nombreuses cultures et deux langues officielles cohabitent en harmonie.

If we can rise in this House and proclaim our commitment to the francophonie in Ontario, it is because our government has taken concrete measures to support it. Since taking office, the McGuinty government has shown strong support for the growth and development of the French language, not only as a language through which government services can be accessed, but also as a source of social, economic and cultural vitality.

The year 2006 marked the 20th anniversary of the French Language Services Act. To mark this occasion, we put in place a government-wide celebration program. The highlight of this program was the presentation of the first-ever Ontario Francophone Awards on November 20, by Premier McGuinty himself.

Lors de cette journée, le premier ministre a d'ailleurs annoncé l'intention du gouvernement de présenter un projet de loi, lequel, s'il est adopté, créerait le commissariat aux services en français.

Nous investissons 317 \$ millions en éducation de langue française aux niveaux élémentaire et secondaire, et plusieurs dizaines de millions de dollars en éducation postsecondaire.

Dans le domaine de la santé, le gouvernement McGuinty consacre 185 \$ millions à l'agrandissement de l'Hôpital Montfort à Ottawa.

Nous avons aussi investi plusieurs millions de dollars en prévention de et en lutte contre la violence familiale et la violence faite aux femmes.

De plus, nous venons tout juste de célébrer l'entrée en vigueur de la désignation de Brampton et de Callander en vertu de la Loi sur les services en français.

Et que dire de TFO, ce joyau de l'univers télévisuel franco-ontarien auquel le gouvernement McGuinty a décidé d'accorder la pleine gouvernance ?

Je suis convaincue que les Ontariens et les Ontariennes savent que l'engagement de notre gouvernement à l'égard de la francophonie ontarienne est fondamental.

En Ontario, la francophonie met l'accent sur l'avenir grâce aux Ontariens et aux Ontariennes francophones d'ici et d'ailleurs qui lui donnent vie.

And every day, the francophonie reinvents itself in the context of diversity. It forges its own unique identity, reflective of both Ontario and Canada, a blending of French Canada and the francophone world.

Elle se construit sur une histoire quatre fois centenaire et une culture bien vivante qui s'enrichit de l'apport de nouveaux arrivants francophones des cinq continents. Nos passés différents se rejoignent pour forger notre avenir commun ici en Ontario.

Je vous souhaite une Journée internationale de la francophonie à la hauteur de vos aspirations personnelles et collectives. Bonne Journée de la francophonie.

AMATEUR SPORT

SPORT AMATEUR

Hon. Jim Watson (Minister of Health Promotion): I want to take a moment to commend the efforts of the Team Ontario athletes who represented us so proudly at

the just-completed Canada Winter Games in Whitehorse. They are excellent role models and an inspiration to us all.

I'm proud to report that for the eighth time in history and the first time in eight years, Team Ontario brought home the Canada Winter Games flag after amassing 310 points to win the top spot in the games. In total, Ontario won 112 medals, including gold in men's and women's hockey and ringette.

These games provided the opportunity to witness first-hand Ontario athleticism at its finest. The calibre of Ontario's athletes is second to none, and they are among the best in the world. Every Team Ontario athlete at the games represented the province with pride, and they were an inspiration to us all. I was very proud to represent Ontario at the opening ceremonies and see the hundreds of young athletes from our province walk in with their Ontario flags.

Speaking about inspiration, I'd like to draw the attention of this Legislative Assembly to the Sinclair family from Manotick. There are five members in the Sinclair family, and each one played a vital role in representing Ontario at the games. Jamie, 14, played lead on the women's curling team and won a gold medal. Neil, 16, was the skip of the boy's curling team and took home silver. Alex, 18, was selected to be part of the national arts program. Dad, Graham, was a coach for Neil's curling team; and mom, Suzanne, was one of the invaluable volunteers at the games.

Graham said it all for Ontario when, prior to leaving for Whitehorse, he expressed that he was "the proudest father in the world" and that "there's no greater satisfaction than to see your children achieve their dreams."

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We in the McGuinty government, like all Ontarians, experience the same sense of pride for our athletes, who are valuable role models for healthy, active living.

Voilà pourquoi l'appui accordé à nos athlètes demeurera une priorité pour le gouvernement de l'Ontario. Nos athlètes ont besoin de soutien à tous les niveaux—des entraîneurs, des bénévoles et des commanditaires—en bref, de tous ceux qui les aident à atteindre leurs buts. Le soutien de l'équipe de mission et des bénévoles a contribué pour beaucoup aux brillantes prestations couronnées de succès de l'équipe de l'Ontario aux Jeux d'hiver du Canada.

I'd like to congratulate Team Ontario's chef de mission, Blair McIntosh, and deputy chef de mission, Anita Comella, who are here today along with several others from the Sport Alliance of Ontario. These are the men and women who are representing us so well to make sure that the team performs at its peak. Let's give them and all of the chef's staff a round of applause. Congratulations to you, and we will be having a ceremony for all of the athletes in the near future.

Also in the Legislature, I should point out, we have the very proud father of a medallist in alpine skiing. Tim Peterson's daughter Krystyn won a gold, a silver and a bronze in alpine skiing. Congratulations.

I'd also like to highlight the performance of another young athlete, Josh Cameron, a 17-year-old boxer from Windsor who overcame serious injuries from a car crash to win gold. And we have brother and sister squash champions Brian and Carly Hong of Toronto. Each won a gold medal and said that the games had the feel of a mini Olympics.

J'aimerais également mentionner le skieur nordique Jesse Winter, de North Bay, qui a éclipsé ses rivaux lors de la dernière tranche de la course à relais 4 x 5 km hommes des épreuves de ski de fond pour aller rafler l'or pour son équipe.

One of the priorities of the Ministry of Health Promotion is to increase support for our high-performance athletes. In fact, this is one component of the McGuinty government's Active 2010 strategy for sport and physical activity. We want to build a healthier, stronger Ontario to give all Ontarians a chance to become more active and to achieve excellence, whether recreationally or competitively.

The Ontario government, through our ministry, is committed to amateur athletes. One example is our \$10-million Quest for Gold program that this year provides direct financial assistance to athletes from revenue generated from the Quest for Gold lottery.

Ontario's athletes have demonstrated their potential, their determination and their ability to perform under the pressure of intense competition. It is our responsibility to ensure that all athletes have the resources and the support they need to reach their full potential. We must work together, within our communities and at the provincial level, to develop our athletes starting in the playground and all the way up to the podium.

We are committed to supporting all of our athletes in their quest for excellence, and I want to congratulate all of them. I was extremely proud, as the minister responsible for sport and recreation, to be in Whitehorse to see the pride and the commitment of these young athletes, and I wish them the very best as they excel at the national and international level.

While I have the floor, on a personal note, I just want to also pass along my sincere thanks and congratulations to my alma mater's basketball team, the Carleton University Ravens, who for the fifth year in a row won the CIAU championship in Halifax. We welcome all the country's best basketball teams coming to Ottawa for the next three years. Congratulations to the Ravens and congratulations to our young athletes who did us so proud in Whitehorse, Yukon.

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

ENDANGERED SPECIES

Mr. Norm Miller (Parry Sound–Muskoka): It's my pleasure to respond to the Minister of Natural Resources in his statement on the Endangered Species Act, 2007. I'd like to remind the House that it was in 1971 that a Progressive Conservative government, under the leader-

ship of Bill Davis, introduced the first Endangered Species Act in Ontario and led the country with that state-of-the-art act. The minister at the time was René Brunelle, the lands and forests minister. That was actually the first year my father, Frank Miller, was elected to the Ontario Legislature.

The PC Party under the leadership of John Tory wants to see the act updated. But we do have some concerns. Recently I was in northwestern Ontario—that was just within the last month—and I met with municipal representatives and representatives of the Northwestern Ontario Municipal Association. I know the minister has talked a lot about consultation. Well, I can tell you that group were very concerned about the fact that they didn't know what was going on with the Endangered Species Act, and their message to us was that they want to see lots of consultation, not only in Toronto but right across northwestern and northeastern Ontario. So, to the minister, I think it's very important that there be lots of consultation on this bill.

The other point I'd like to make in the brief two minutes I have is that there needs to be adequate funding to implement this bill. Last week, I attended the Ontario Federation of Anglers and Hunters conference and there I sat through a presentation from the past director of the Ministry of Natural Resources fish and wildlife program. He went through in detail how the fish and wildlife program needs some \$35 million extra to fulfill the Liberals' promise they made in the last election to properly fund the fish and wildlife program, just to do the sort of background work and inventory work that's necessary to know what's going on out there. I know the minister has talked about \$4.5 million a year as part of this program. Well, I would say that is not enough. So the two points I want to raise are: You need to consult—I know Dalton McGuinty wants to see something in a glossy election brochure that makes it look like he's doing something. I would say, take the time and get this right. Consult, and properly fund this new bill.

FEDERAL-PROVINCIAL FISCAL POLICIES

Mr. Tim Hudak (Erie–Lincoln): I'm pleased to respond to the statement by the Minister of Intergovernmental Affairs. Certainly I think all parties in this Legislature are pleased to see in this federal budget progress towards restoring fiscal fairness to Ontario and to Confederation. I do want to say too that it's absolutely amazing what can happen when a government keeps its campaign promises. Commendations to Prime Minister Stephen Harper, Finance Minister Jim Flaherty and others for following through on their commitment to address the fiscal imbalance.

I do say that I suspect that a significant part of this has to do with the federal Conservative government keeping its campaign promises—and an election in Quebec—but I am very pleased that all three parties, including our own

led by John Tory, came together as part of a resolution here in the Legislature, joining together to push Ontario's strong case in Ottawa with success.

I want to note that more work does need to be done. A number of the transfers remain on a per jurisdiction as opposed to per capita basis, including the CHT and other transfers like infrastructure. But, nonetheless, we do recognize that the federal Conservative government has made significant steps forward. As I said, I am cautious. Giving more money to Dalton McGuinty is like giving keys to the liquor cabinet to teenagers and going away for the weekend. But, nonetheless, we'll keep an eye to make sure these funds are prudently invested.

LA FRANCOPHONIE

M. John Tory (Chef de l'opposition): C'est avec plaisir que je parle à cette Assemblée durant cette occasion très spéciale. Le 20 mars, c'est la journée mondiale de la francophonie. Cette journée commémore la signature du traité de Niamey en 1970. Ce traité a créé l'Organisation internationale de la Francophonie.

Le Canada, comme membre de la francophonie, honore le rôle unique de la langue française et de la culture française dans ce pays. Partout au Canada, il y a des célébrations culturelles dans les communautés. Le Canada et notre province aussi sont enrichis par nos deux langues historiques et nous savons que les francophones ont joué un rôle très important dans la fondation et le développement de l'Ontario et du Canada.

L'Ontario est enrichi aussi par notre population francophone. L'Ontario compte plus de 550 000 Franco-Ontariens et Franco-Ontariennes qui sont en fête aujourd'hui.

Je soutiens la francophonie. Je soutiens une langue et une communauté francophone forte et durable ici, et j'invite tous mes collègues à me joindre pour les féliciter.

M. Gilles Bisson (Timmins–Baie James): Moi aussi, comme membre du Nouveau Parti démocratique, et notre parti voulons célébrer cette Journée internationale de la francophonie. On sait que la francophonie est une communauté qui est forte, vive, et qui est toujours là pour être capable de travailler autour des drapeaux canadiens et ontariens, mais en le faisant comme francophones et en reconnaissant que l'on est un peuple dans ce pays qui reconnaît que les atouts et les dossiers sont importants.

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Des fois, cela devient de plus en plus difficile de s'épanouir en français, parce qu'on a besoin de plus de supports et de soutien de la part des gouvernements fédéral et provincial, et des fois cela n'est pas en place pour permettre à la communauté de s'épanouir au degré nécessaire. Mais je peux vous dire que la communauté est forte, la communauté sait ce qu'elle a besoin de faire, et on travaille dans cette direction de toujours nous assurer que, aujourd'hui, comme demain, la francophonie va être forte et vive ici en Ontario.

FEDERAL-PROVINCIAL FISCAL POLICIES

Mr. Howard Hampton (Kenora–Rainy River): I want to respond to the Minister of Intergovernmental Affairs. I note from the minister's speech that she says that the federal budget yesterday delivers "real results for the people of Ontario." The Toronto Star says that the federal budget delivered \$1.1 billion of new money for Ontario. The minister also says that yesterday's federal budget, with \$1.1 billion of new federal money for Ontario, represents an important step forward.

Now what are Ontarians to make of this? Because it was just two years ago that the Premier rose in the Legislature, on May 9, 2005, and said, "I rise to inform this House and the people of Ontario ... a \$23-billion gap." What was \$23 billion two years ago under the McGuinty government has suddenly become something in the nature of \$1 billion. What are people across Ontario to think?

It wasn't just on May 9, but in October 2005 the Premier in this House said that the gap was \$23 billion. Suddenly, two years later, it's only in the nature of \$1.1 billion. My, what are people across Ontario to think?

But it's more interesting that that. The Premier is the MPP for Ottawa South. He says this is an important step forward. Someone named David McGuinty is the MP for Ottawa South. He says Ontario is getting hosed and every Liberal MP in Ontario is going to vote against this. Is this doublespeak? No, no, this is Newspeak. This is Liberal Newspeak.

I don't know what the people of Ontario are to do with this: \$23 billion one year, \$1 billion the next. The Premier says it's wonderful. The Premier's brother, who happens to share the same constituency, says Ontario is getting hosed. I think what it says is this: Liberals will say one thing one day, something else another day, depending on what you have to say to get some votes.

But I will take the McGuinty government at their word. I will take them at their word that they've gotten \$1.1 billion of new federal money. I guess this means that the McGuinty government has run out of excuses for continuing to claw back from the lowest-income children in this province \$250 million a year. I guess this means, or it should mean, that the McGuinty government has run out of excuses for taking federal money intended to build housing for low-income people and using that money for something else. I guess this means, or it should mean, that the McGuinty government has run out of excuses for promising to be a friend of autistic children and then spending millions of dollars of taxpayers' money fighting autistic children and their parents. I hope that this means—and it should mean—that the McGuinty government has run out of excuses for not shutting down the largest polluter, the largest generator of greenhouse gas in Ontario, the Nanticoke coal plant. After all, the McGuinty government has received \$573 million of new federal money to do just that.

So I congratulate the McGuinty government on this latest episode of doublespeak and Newspeak. Now let's see some action.

ORAL QUESTIONS

NATIVE LAND DISPUTE

Mr. John Tory (Leader of the Opposition): My question is for the Premier. Yesterday the Dalton McGuinty government offered the grand total of \$430,000 in compensation to Caledonia residents. In trying to deflect attention away from that completely inadequate offer, the Premier says the residents should call or write to the federal government for more help. He is suggesting that now because his own government didn't bother to discuss it with Ottawa before they put out this meagre offer to the residents.

Do you think this offer is adequate? And if you think that the federal government should be part of making an offer to the Caledonia residents, why didn't you bother to ask them before you made this inadequate offer yesterday?

Hon. Dalton McGuinty (Premier, Minister of Research and Innovation): When it comes to interaction with the federal government on the subject of the community of Caledonia, I can advise this House that I have met with the Prime Minister on at least two occasions. I've also spoken with him over the telephone on at least another two separate occasions and we discussed at length some of the challenges that the community members there are having to grapple with.

What I think the members of the community of Caledonia would be interested in learning is, how many times has Mr. Tory picked up the phone and spoken with Prime Minister Harper, or how many times have members in his caucus picked up the phone or written letters? We'd be delighted to have copies of any correspondence that he might have sent to the Prime Minister or to the appropriate minister or to the member of the government who represents that particular riding. How many times have they acted in any way to intervene on behalf of the people of Caledonia with the federal government?

Mr. Tory: The fact is that it is a man by the name of Dalton McGuinty who is the Premier of Ontario, who has the responsibility to act on behalf of people who live in this province. The fact is, in every one of those meetings and every one of those phone calls, you, who now say the federal government should be part of your pathetic compensation offer, didn't even bother to ask them to take part in this compensation.

The reaction to the compensation has been swift and it has been negative, and rightly so. In the e-mails we get, people say, "I don't even believe this will come close to compensating the families most impacted." "The compensation ... is nowhere near what we all deserve." It's \$5.22 a day for the time these people have been affected while you've been doing nothing, and it's down to \$5.21 today. By two weeks from now it will be down to \$5 a day and by Canada Day, under the Dalton McGuinty style of leadership, it will still be going on and it will be \$4.11 a day. Do you think that kind of an offer of com-

penetration for what these people have been through is adequate? Yes or no? Is it adequate, \$4.11 a day by Canada Day?

Hon. Mr. McGuinty: I know the leader of the official opposition would not want to do an injustice to the issue itself, and he would want to account for all of the other various areas of support which we have provided to the community, whether it's in taking over the property in question, acquiring title to that land, whether it's providing supports to the business community, whether it's paying for signage or anything of that effect.

Again, the member opposite knows very well that this is the subject of a long-standing dispute between the Six Nations community and the government of Canada—the crown in the right of Canada. We stand in the middle. We are doing our very best to uphold public safety, to maintain law and order. Until the federal government comes to the table in a way that demonstrates their commitment to resolve this outstanding issue, this matter will continue. Again, I urge my friend opposite to get involved—

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

Mr. Tory: Dalton McGuinty is the one who was just telling us he's had meetings with the Prime Minister. When it comes to one other thing you could have done, if you really feel they should participate in the compensation, you could have asked them, and you didn't do a thing.

When it comes to compensation, let's look at some of the other arrangements you have been prepared to enter into. We've got Tom Parkinson, the former CEO of Hydro One, who quit under a cloud. He quit his job and you paid him \$5 million to quit—\$5 million. We've got Jane Stewart, who maybe very ably represented the province of Ontario, but you managed to pay her \$330,000, almost as much as you're paying all of the residents of Caledonia who have been through all kinds of anguish on this.

I ask you again: If you've got the money to spend on that and to pay lawyers to go and fight the parents of autistic children, why can't you do better than five bucks a day for the people in Caledonia who, on your watch, have suffered?

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Hon. Mr. McGuinty: It's interesting to observe the vigour and the vitality put on display here when it comes to addressing me on these issues. But if you were to speak to the Six Nations community, if you were to speak to the people of Caledonia, they would tell you that this is an outstanding dispute between the Six Nations community and the federal government.

I also want to advise the House that on December 21, the Minister of Municipal Affairs and Housing did in fact write to Ministers Prentice and Finley: "I strongly urge you to work with Ontario on a financial assistance package to local residents. I'm therefore asking that the federal government commit to matching Ontario's financial offer for residential assistance and provide a representative to help support the Caledonia community committee."

Again, I say to the leader of the official opposition, and I say this now on behalf of the people of Caledonia, when is he going to stand up for the people of Caledonia and make his case to the government of Canada?

The Speaker: New question? The Leader of the Opposition.

Mr. Tory: My question is for the Premier. The real question is, when are you as the Premier of Ontario going to stand up for the people of Ontario, for the rule of law in Ontario, for the fact that there is one set of laws that applies to everybody in this province, and for the fact that these people here deserve better than what your government has done?

The Minister of Municipal Affairs and Housing, in the letter sent to these people yesterday in Caledonia, says that the compensation is to cover “only distress and the anxiety and pain and suffering that these families have gone through.” That’s a quote from the minister yesterday.

I would submit to you, and I know that the residents of Caledonia would agree, that \$2,000 doesn’t come close to be adequate for pain and suffering. I don’t know how you would know, because you haven’t been there. When I spent a night there a few weeks ago, I listened to the parents telling me about taking their children to school past the barricades and the barbed wire. I had them telling me personally about not being able to use their backyards in the summer. I had a man tell me on the phone this morning about having to move his young son out of their family home because of fears for his safety because of your inaction.

What concerns me is that there’s nothing here at all for lost property values. Why won’t you—

The Speaker: Thank you. Premier?

Hon. Mr. McGuinty: The leader of the official opposition, as part of a comfortable rant of his, accuses us on a regular basis of spending too much money. And yet yesterday he asked us to spend more money on health care, he asked us to spend more money on education, he asked us to spend more money on children affected by autism, and they’re now asking us to spend more money on Caledonia. He’s going to do all of this, and yet he’s going to take \$2.5 billion out of health care and he’s going to fund private schools in Ontario.

I think what Ontarians want is a reasonable, realistic and responsible approach to dealing with these kinds of issues. In particular, I am comfortable with the understanding that Ontarians expect that at some point in time, Prime Minister Harper and the federal government are going to come to the table, assume their appropriate responsibility and address this issue in a responsible way. And that—

The Speaker: Thank you. Supplementary?

Mr. Tory: Let’s just have a look at how the Dalton McGuinty style of spending and compensation applies: \$5.22 a day for people who have been hurt in Caledonia who have suffered unbelievable emotional turmoil in their lives and those of their children; \$5 million for a

guy who quit his job, supposedly, at Hydro. That sums up your approach right there.

We’ve got Mr. Dancey, a 91-year-old World War II veteran, who’s been trying to sell his house for the last several months with no luck. He wants to move to North Bay to be close to his family. He believes he’s going to be lucky to get \$150,000 for a quarter-of-a-million-dollar home. So he’s going to lose \$100,000 on that.

I’ll ask you again, do you have any plans? Would you give any thought beyond your \$5.22 a day to compensating these people for the loss in value of their homes that has happened on your watch and by your inaction?

Hon. Mr. McGuinty: I would remind the member opposite, the honourable leader of the official opposition, of the matter of Ipperwash. That happened some 12 years ago. That land remains occupied. There are no negotiations of any kind ongoing with respect to the reclamation of that land. That is the approach brought by that government to deal with these kinds of issues.

What have we done? We’ve acquired title to this land. We’ve set up a negotiating table. We’ve invited the federal government to be there on an ongoing basis. We’ve provided support where that was necessary. We’ve offered just recently more support for homeowners who are directly affected.

Again, I say on behalf of the people of Caledonia, when is the Conservative Party of Ontario going to stand up for that community and make their responsible claim to the government of Canada and ask for support to bring an end to this matter?

Mr. Tory: This business of standing up for the people of Caledonia: The people of Caledonia are going to find that very amusing coming from this Premier who has done nothing whatsoever to stand up for them—nothing. Of course today, on top of that, he offers \$5.22 a day to these people, \$5 million for the hydro CEO, \$330,000 for his negotiator and millions for his lawyers to fight the parents of autistic children. We have an e-mail from an individual who had his house appraised at \$394,000 days before this occupation began. Now he’s being forced to accept a price tens of thousands of dollars less than that because of this occupation that you’ve allowed to go on.

This compensation package from your government does nothing for this person and your whole compensation package does nothing for the toll this has taken on people, on their lives and on their families. Why won’t you compensate these people for lost property values, and why won’t you step up and do something proper and adequate for these people who have suffered so much in Caledonia? Why won’t you stand up for them for a change and stand up at the same time for the rule of law?

Hon. Mr. McGuinty: Again, Mr. Tory would, given the opportunity, specifically direct the police to pursue some kind of police action when it comes to the individuals who are occupying the land in question. If he would not do that, then he should just stand up and say that.

This is about a long-standing issue. It predates Confederation. It’s the matter of a dispute over certain lands

between the Six Nations community and the government of Canada. This has gone on for quite some time now. It is a dispute in which the province of Ontario is caught up. Our responsibility, as I see it, is to uphold the peace and to maintain security in that community. Mr. Tory sees this quite differently. He would intervene specifically and provide specific directions to the police. We would not do that, and we will not do that. If the leader of the official opposition has a real concern and a real interest, then he will, for the first time, pick up the phone and talk to the Prime Minister of Canada and intervene on behalf of the people of Caledonia.

VISITORS

The Speaker (Hon. Michael A. Brown): Stop the clock, please.

We have with us in the Speaker's gallery a delegation from the People's Republic of China. Please join me in warmly welcoming our guests.

MINIMUM WAGE

Mr. Howard Hampton (Kenora–Rainy River): A question for the Premier: Yesterday's federal budget failed to close the prosperity gap for working families. In our view, yesterday's federal budget was written more for those in the boardroom rather than those in the family room. My question is this: Do you share the NDP's view that no worker in this province is worth less than \$10 an hour and that Ontario needs a \$10-an-hour minimum wage today?

Hon. Dalton McGuinty (Premier, Minister of Research and Innovation): My honourable friend raises the issue of yesterday's federal budget. I want to take this opportunity to thank the people of Ontario, to thank them for their ongoing support in our pursuit of fairness on their behalf. I want to thank them for standing resolute, and I want to congratulate them for the progress we have made.

We have made three important steps forward with yesterday's federal budget. First of all, for the first time in a long time, we are actually going to receive, as Ontarians, the same amount of money for our education and social services as Canadians do in the other provinces and territories. Secondly, the agreement that I negotiated with Prime Minister Martin, the Canada-Ontario agreement, will now be well and truly honoured by Prime Minister Harper. Finally, the equalization formula has now been amended to provide that no receiving province can have a fiscal capacity greater than ours. That is only fair.

Again, I congratulate the people of Ontario for their success in our campaign for fairness.

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Mr. Hampton: Unfortunately, all of that will do nothing for the 1.2 million Ontario workers who work for less than \$10 an hour and who struggle every day to

make ends meet for their family, because those people need a \$10-an-hour minimum wage now.

Premier, someone earning your minimum wage of \$8 an hour would have to work 40 hours a week for two and a half years to receive the \$40,000 pay raise you gave yourself just before Christmas. Why are you telling 1.2 million hard-working families in Ontario who work for the minimum wage that you can't afford to give them a raise, that they don't deserve a raise, when you gave yourself a \$40,000 pay raise all in one fell swoop?

Hon. Mr. McGuinty: This approach would be unfamiliar to my friend opposite, but we believe that we should be careful, responsible custodians of the Ontario economy. We brought forward a thoughtful, responsible plan for providing additional investments in areas that are vital to the people of Ontario—their education, their health care, their infrastructure—and supports for a cleaner and safer environment and a stronger economy overall. Part of our successful plan for the economy included gradual but steady increases to the minimum wage. We've raised it four times; we've raised it by 17%. The result of our approach to the economy has been 327,000 net new jobs. Under the NDP, they lost about 1,000 jobs every week. That's their approach, and that's their result.

I say again that we will be moving ahead with increases to the minimum wage. I understand their desire to learn more about that. I ask them to wait just a few more days. But again, we'll reflect a balanced, responsible, thoughtful approach.

Mr. Hampton: The Premier wants the people of Ontario to believe that he was being careful, thoughtful and responsible when he suddenly gave himself a \$40,000 pay increase at Christmastime. Meanwhile, the Premier says to those minimum wage families who are living in poverty that they're not worth \$10 an hour. Premier, you are dragging your feet while kids go hungry. Children in low-income families deserve a chance to succeed, but they can't succeed as long as the McGuinty government says that they're not worth \$10 an hour in terms of the minimum wage.

Premier, it's time for fairness. It's time for some leadership on this issue. It's time to put an end to what is a provincial disgrace. Will you raise the minimum wage in Ontario to \$10 an hour today?

Hon. Mr. McGuinty: The short answer to that is no. Just as it would be irresponsible to hold the minimum wage at \$8 an hour indefinitely, it would also be just as irresponsible to raise it to \$10 an hour overnight. The leader of the NDP and I just happen to see things differently in this regard.

But I would compare our record when it comes to management of the economy against their record. They lost about 1,000 jobs every week on their watch. As a result of putting our plan in place, we have acquired 327,000 net new jobs. Again, we will be moving towards a higher minimum wage, but we will be doing it the way we've already done it: in a thoughtful, balanced and responsible way.

POST-SECONDARY EDUCATION

Mr. Howard Hampton (Kenora–Rainy River): To the Premier: This is interesting. The Premier's logic is that it's okay to raise his own pay by \$40,000 a year overnight, but it's not okay to raise the wages of the lowest-paid workers to \$10 an hour so they can have a living wage.

Premier, you had a lot to say about the federal budget. The federal budget says that next year the Canada social transfer will give \$340 million more to your government for post-secondary education. Now, your government, unfortunately, has a history of taking federal money that was intended for child care, intended for child poverty or intended for housing and using it and spending it somewhere else entirely.

My question is this, Premier: Will you do the right thing and take that \$340 million of new federal money for post-secondary education and use it to freeze tuition fees and increase access for hard-working Ontario families so they can go to university or college?

Hon. Dalton McGuinty (Premier, Minister of Research and Innovation): The short answer is no, we will not do that. We're proud of the progress we've made on the post-secondary education front, proud of the fact that we have some 86,000 more young people enrolled in our colleges and universities today than we had some two and a half years ago and proud of the fact, in particular, that we have brought back grants that had been eliminated by the NDP when they were in government. They just didn't consider the needs of our most needy young people when it came to meeting their tuition costs, so we brought back those grants, and 120,000 young people today in Ontario are the beneficiaries of our grant program.

I'm always open to reasonable and thoughtful advice when it comes to making further improvements to post-secondary education, because we understand it is so vital to ensuring our bright future as an economy and as a society. But, no, we will not be freezing tuition.

Mr. Hampton: I thought the question was reasonably straightforward and clear: Are you going to take this money and use it to freeze tuition fees?

Premier, working families are more concerned than ever about the cost of securing a good education for their kids. Under the McGuinty government, Ontario students are now paying some of the highest university tuition fees in the country. Four out of five Ontarians now say they're worried that young people won't be able to attend university or college because of the high tuition fees.

The McGuinty government has received \$340 million of new federal money to be used for post-secondary education. My question again: Will you use that \$340 million to freeze tuition fees so students can afford to go to college and university, or are you going to continue to drive tuition fees through the roof?

Hon. Mr. McGuinty: I'd recommend to my honourable friend that he take a look at the facts, because students are voting with their feet. He would portray our

\$6.2-billion investment in post-secondary education, an investment that is without precedent in the history of this province, as impeding access to college and university, but 86,000 more young people are now enrolled in Ontario colleges and universities. We're supporting that in part through our generous doubling of student assistance, including bringing into being in the province of Ontario student grants.

Again I say, students are voting with their feet. That's why they're going on to college and university in unprecedented numbers in Ontario.

The Speaker (Hon. Michael A. Brown): New question?

Mr. Hampton: The fact is that students in Ontario are racking up higher and higher debts all the time.

Premier, during the 2003 election you promised you were going to end the clawback of the national child benefit, you promised you were going to increase education spending and you promised you were going to freeze tuition. Well, you failed to end the clawback of the national child benefit, you failed to fix the education funding formula for our schools and your tuition freeze lasted for only two years, and now you're driving tuition fees higher than ever.

We hear your promises, but if you're not prepared to at least freeze tuition fees so people can afford to go to university and college, how do you expect anyone across Ontario to believe anything you say about post-secondary funding?

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Hon. Mr. McGuinty: There's a really good story to be told in Ontario when it comes to education, particularly post-secondary education. The leader of the NDP just doesn't want to hear it and he certainly will never tell it: a \$6.2-billion new investment in our plan. We froze tuition for two years. That was the first tuition freeze in Ontario history. Eighty-six thousand more young people are now enrolled in our colleges and universities. One hundred and twenty thousand young people are now the beneficiaries of student grants, which were eliminated by the NDP government. We're now building 14,000 more graduate school spaces in our universities in the province of Ontario.

We understand much more so than the NDP, for whom this is a favourite political football, that our future hangs in the balance when it comes to ensuring that every capable young person who's got the desire and the marks has a space available in our colleges and universities so they can achieve their potential and help Ontario thereby achieve its potential. That's what we're doing in Ontario: We're standing behind our students and making sure they've got the spaces available.

ACCESS TO HEALTH CARE

Mr. John Tory (Leader of the Opposition): My question is for the Premier. I want to follow up on an issue I raised with the Premier yesterday which the Premier didn't deal with at that time. He and his minister

have made a big point of principle that the Don Mills Surgical Unit will not under any circumstances be allowed to perform 1,500 knee surgeries paid for by OHIP, with the OHIP card of the people involved, in order to reduce wait times for people in the province who are waiting in many cases in pain and in many other cases for upwards of two years for this surgery which the Dalton McGuinty government claims is a priority.

This very same Dalton McGuinty government is providing public funding to the very same hospital to perform cataract removals under the very same wait times program. So my question is this: Why is it okay for this hospital, with public funds, to perform cataract surgery for people on the wait-list, but it's not okay for them to perform knee replacement surgery for people who are waiting months and months in pain to have that surgery? Why is one okay and not the other?

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

Hon. George Smitherman (Deputy Premier, Minister of Health and Long-Term Care): When the House was sitting in the fall, the Conservative leader had but one policy with respect to health care: It was a \$2.5-billion cut. Then, a couple of months later, he's come up with his next policy, and that is to privatize health care. We know one more conversation with Mike Harris and they'll have his whole health care platform put to bed.

With respect, we believe in results. The front-line health care workers in the province of Ontario have been working hard to produce results by reducing wait times for knee surgery by more than 30%. We believe fundamentally that the reforms and the innovation that are possible must occur in the context of the public health care system. This is where the action is, and we want to make sure that the public health care system continues to be under influence of innovation to provide even better results for the people of the province of Ontario. We believe in this case that the not-for-profit model moving forward in the context of our public health care system is the way to produce continuing results for the people of the province of Ontario.

Mr. Tory: I think the people will have a lot of trouble understanding your contradiction on this, where you think it's going to damage the public health system to have knee replacements done at this hospital, which would save time and suffering—and they might even find an innovative way to do it—but you think it's okay to have people have their cataract operation there. What the Ottawa Citizen says today is that Dalton McGuinty and George Smitherman are saying to people waiting in pain that they should “take a shot of whiskey and bite down on a steel bar while they wait” 641 days for knee surgery in Ottawa. You refuse to look at an option that could innovatively and quickly and efficiently, at public expense, paid for with the OHIP card, do exactly the same as you're doing with the cataracts. Why will you not even consider this option that would see this care provided on a timely basis, publicly paid for with the OHIP card? Why won't you even explore this proposal by the Don Mills Surgical Unit?

Hon. Mr. Smitherman: Wait times for knee surgery in the province of Ontario are down by 30% as a result of this Premier's dedication to the issue. The system in our province that we inherited, if you can call it that, from the Harris people that preceded us, who are now the advisers to this Conservative leader, could not even measure what the wait time was. In short time we've not only created the capacity to measure it, but we have demonstrated results in reducing it. Accordingly, the capacity to further reduce wait times for knee surgery in Ontario is there in the context of the public health care system, because the leaders in the public health care system, the nurses and the doctors on the front line, have worked hard to produce it.

We are a government that stands in favour of results for health care. We are a government that has produced lower wait times for procedures in health care, and we are a government that will continue to move forward in the context of our public health care system to produce even more impressive results for—

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

SOCIAL ASSISTANCE

Mr. Michael Prue (Beaches–East York): My question is to the Premier. Last week, members of our caucus brought forward the case of Cheryl Patterson. You will remember that case. Your government was clawing back her disabled children's orphan benefits after their father passed away last June. Your government was clawing back the money from one child with a diagnosed mental illness and from another child with a brain tumour, and you left them with \$17 per month from Ontario Works. You are forcing more tragedy on these young lives.

My question is a simple one: Will you reinstate the benefits that you clawed back from them retroactive to January when you began this heinous practice?

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

Hon. Madeleine Meilleur (Minister of Community and Social Services, minister responsible for franco-phone affairs): As the member opposite knows, I cannot talk about this specific case. He must know that by now.

We realize how hard some people are struggling on low-income work to improve their circumstances, and we're doing our best to support them. Social assistance is a program of last resort paid for by the taxpayers of Ontario. Recipients are assessed based on their financial need, which is updated as circumstances change. We are committed to treating people with fairness and dignity and making sure that support is directed to those who need it most.

I must add also that this is the practice across the country. So this CPP is added to the income. As I said, this is a program of last resort, and it's the same practice all across the country.

Mr. Prue: I cannot believe the answer from the honourable minister here. I cannot believe that you're giving this answer about two orphaned children, one with a brain tumour and the other who suffers from a mental illness. You are saying that because other governments claw back the money, it's okay for you to do the same thing. This is a heinous practice. This is something you should be ashamed of, not standing on your feet to say that it's just like everybody else. You should be showing leadership. You should be stopping the program. You should stop being a "Harris lite," because that's all this government is when it comes to poor and disabled children who have been orphaned.

You should be reinstating the money to Cheryl Patterson and you should be ending this disgraceful claw-back. Will you reconsider your words? Will you do what is right, not what is written on that piece of paper?

Hon. Mrs. Meilleur: Again, I just want to reiterate that this program is a program of last resort. All the provinces across Canada treat this type of benefit as income for the purpose of social assistance.

And let me add something: This practice has been in place since the beginning. This party sat as the government for five years. What did they do? Nothing. The practice continues, and now, because they're not in power, they're saying to us, "Change it." They were there for five years and did nothing about it.

MANUFACTURING JOBS

Mr. Dave Levac (Brant): My question is for the Minister of Training, Colleges and Universities. As you're aware, last week an automotive parts manufacturer in the United States filed their application for bankruptcy protection, affecting the GenFast facility in my riding. They also announced at the time that the company's plans are to close the plant in Brantford by the end of May. As a result of this closure, 235 people will be out of work and are understandably concerned about their futures and the impact on their families.

GenFast is a fixture in the community. It has been in Brantford since the first part of the 20th century, and known by many other names. Many people who will be out of work have spent their entire careers at GenFast. Some of these hard-working individuals may require assistance in navigating the job market and searching for new jobs, or they may need retraining and upgrading their skills to re-enter the workforce.

Minister, what advice, options and assistance can you offer to my constituents during this very difficult and stressful time?

1510

Hon. Christopher Bentley (Minister of Training, Colleges and Universities): We're very sorry to hear about the proposed closing, the intended closing of the plant, and very sorry for the workers and their families. Our obligation as a government is to get in as quickly as possible and provide the support that's necessary. That's why we've instituted, under Employment Ontario, our

employment and training network, a rapid re-employment strategy.

We start with immediately contacting all of those involved—municipal officials, the union, the company—and advise them that we're going to have an action team on the ground immediately. Within 30 days, there's an action plan for the community which will tie the community into the services that are available in the community; for example, through Job Connect. Whether it's counselling, support, job retraining, apprenticeship location or additional training that's required, we identify what we have and connect the workers up. Secondly, we identify any gaps and bring in new and additional support. Third, we'll develop individual action plans for the workers affected within 15 days so they get the specialized support that they need. The goal is to connect every worker up with the next job opportunity.

Mr. Levac: Thank you, Minister. I have to say to you that I appreciate the work that you and your office have done for my riding. Unfortunately, it's happened a couple of other times, and I will indeed confess to the fact that your rapid deployment works very well and that it has worked in my community, and I appreciate that very much. I appreciate the work that you're doing, along with my municipal partners, who have worked with the ministry in the past, who have already passed a resolution to act and asked us to work together so that we can save and help those people who are affected by these layoffs.

For example, I know that Employment Ontario's Job Connect has helped many of the people in the riding—helped them update their resumé's, their job searches, and match skills to job opportunities that are starting to be created in my riding. They also are a reliable source that I can call on when a constituent is faced with job hunting.

GenFast employees must start to feel some reassurance to hear that we're moving quickly, effectively and efficiently. I'm sure that many of the employees will find various types of assistance available through our government and the municipality. But Minister, how does this program fit in with our government's economic plans and start to apply the skills that these workers have to get them into jobs that are now present in my riding?

Hon. Mr. Bentley: I refer that to the Minister of Economic Development and Trade.

Hon. Sandra Pupatello (Minister of Economic Development and Trade, minister responsible for women's issues): I'm very pleased to stand and suggest that there are so many good things happening in the Brantford area. The local MPP is providing tremendous leadership in bringing companies to us when it's appropriate that we can partner with them. A great example, frankly, is a great Italian company, Ferrero, which recently opened a plant in the area, bringing 1,200 jobs by 2009. The next announcement that I was at myself was for Koolatron—another firm that worked with our advanced manufacturing investment strategy, maintaining those jobs—which uses NASA-equipped innovation and bringing it right home to Brantford, Ontario.

We have tremendous opportunities with our ministry. In fact, Koolatron, this company that we just had the

pleasure of visiting, is now entering the Home Depot supply chain, thanks to a supply fair where our ministry brought Home Depot Canada to Ontario suppliers. Koolatron is a beneficiary of that.

There are many good things happening in Brantford, and we are very happy to be a part of that.

ACCESS TO HEALTH CARE

Mr. John Tory (Leader of the Opposition): I have a question for the Premier. Notwithstanding, as we've been discussing, that there are people waiting literally years in pain and suffering to have their knee replacements done and that you refuse to give them any consideration or to consider any innovative option at all for those people, I would ask you this question: Given that any involvement at all by this Don Mills Surgical Unit seems to be, as your minister says and as you've said, a threat to the public health care system—the ministry even suggested that it is a threat to Canadian values—when can we expect your office to be issuing a letter instructing the Minister of Health to stop funding the cataract and arthroscopic knee procedures being done there now, which are funded by OHIP? If this is a threat to Canadian health care as we know it, I want to know when you're going to issue the letter saying that they should no longer be performing cataract operations and arthroscopic knee surgery, if you're being consistent with how you're treating these people who are suffering while waiting for a knee replacement. When will the instruction—

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

Hon. Dalton McGuinty (Premier, Minister of Research and Innovation): The Minister of Health never said that, nor did he imply that the services being provided at present represent a threat. The issue, from our perspective, is, where do we move on a go-forward basis?

I think it represents intellectual laziness to say that we cannot bring about innovation within the public health care system. We think that working with our doctors, our nurses, our technicians and everybody who is committed and devoted to public health care in Ontario, we can bring about real, meaningful and measurable progress when it comes to wait times. And the facts bear that out. We keep reducing wait times.

The leader of the official opposition comes from a party that wouldn't even measure wait times. Not only have we measured them and made those public, thirdly, we've put in place a plan which is actually getting wait times down for the first time in Ontario. What I would ask the leader of the official opposition to do is to stand up and support all those people who dedicate themselves to reducing wait times inside the public health care system.

Mr. Tory: I'm delighted to get up and say I support and commend all of those people. That's not the question. They are trying to do their best, but the fact of the matter is that people are still waiting 600 days, 500 days, 700 days, 641 days in your own home community of

Ottawa, in pain and suffering to get a knee replacement. And you refuse, speaking of innovation—you see, that's part of the problem. You think every bit of innovation has to come from a government employee. We actually disagree. We think there are great innovators out there who may not be on the public payroll directly but who could provide publicly paid-for health procedures with the OHIP card. Why is it okay to have the cataracts done by this clinic, paid for by your government and by the taxpayers, and not okay to have the knee replacements done? And if it's not okay generally, when are you going to stop the cataracts and the arthroscopic knee surgeries from being done? When are you going to stop this threat to public health care as we know it? When are you going to stop this assault on Canadian values which is such complete—

The Speaker: Premier?

Hon. Mr. McGuinty: The leader of the official opposition may be interested to learn that in Don Mills, that private, for-profit operation is doing about 0.2% of our cataracts throughout the province of Ontario.

I think it was Toe Blake who said, "You never break up a winning combination." Working with public health care in Ontario, we have brought angiographies down by 50%—that's down 28 days—angioplasties are down 11 days, cataract surgeries down 128 days, hip replacements down 94 days, knee replacements down 133 days, MRIs down 15 days, CT scans down 19 days, cancer surgeries down 13 days and bypass surgeries down one day.

Are we making progress? Absolutely. Is there more work to be done? Of course there is, but we have found that the way to get this work done is by working with our nurses, our doctors, our technicians, our Ontarians who are devoted to improving the quality of their public health care system.

EDUCATION FUNDING

Mr. Rosario Marchese (Trinity-Spadina): A question to the Minister of Education: Minister, yesterday you made another frozen molasses funding announcement for public education, but 20 school boards could not get frozen molasses to sweeten the bitter news you gave them. They're all receiving less real dollars today than they did two years ago. Some of these boards are Algoma, CSD catholique des Grandes Rivières, DSB Ontario North East, Huron-Superior Catholic DSB, Keewatin-Patricia DSB, Lakehead DSB, Near North DSB, Northeastern Catholic DSB, Northwest Catholic DSB, Rainy River DSB, Superior North Catholic DSB, Superior-Greenstone DSB and others. Other than you starving them for funds, can you tell me what other thing these school boards have in common?

Hon. Kathleen O. Wynne (Minister of Education): I think the remarkable thing about the investments we're making in education is that we're making those investments in spite of the fact that across this province enrolment is declining. Money is going up. There are more teachers in the schools, there are more resources in the schools, more students are graduating from school and at

the same time there are fewer students in our schools. So we are protecting boards. There is no board in this province that is getting less money this year than they got last year, and 63 of the 72 boards are going to have fewer students than they had last year.

We acknowledge that we need to increase funding and to keep those school boards in good shape for the students who are there. That's the good news for Ontario. The 781 million new dollars that are going into education are going to improve the education of students in this province regardless of whether they're in a board where the enrolment is going down.

1510

Mr. Marchese: Minister, you say “declining enrolment” as if you can cash it at the bank. But let me tell you the answer to the question. I will tell you what they all have in common: They are all northern school boards. Northern schools are receiving 11 million real dollars less today than two years ago, less money despite having to pay for the same buses, heat and repair of the same schools. Will you stop ignoring working families in the north and give northern children the education they deserve?

Hon. Ms. Wynne: When I was first appointed to this job, I went to the north and I talked to the directors in the north. What they said to me is, “We need you to acknowledge transportation needs. We need you to look at funding for aboriginal students. We need you to recognize that we're in declining enrolment but we need support for our schools.”

What have we done? We have done exactly what Mr. Rozanski said we should do. We've put in a line for aboriginal students. We are, for the first time in this province, supporting in a structural way funding for aboriginal students, and I can tell you that the boards the member opposite is talking about are very pleased about that. At the same time, we have increased the benchmarks in each area for those boards the same as we have across the province, even though, on average, the decline in the northern boards is around 10% in terms of enrolment. So the funding is up even though the enrolment is down.

DRIVER LICENCES

Mr. Jim Brownell (Stormont–Dundas–Charlottenburgh): My question is to the Minister of Transportation. The Ontario's driver's licence one of the most commonly used pieces of identification among Ontarians. We have all heard recently that the government is now working toward creating a new, more secure driver's licence. Drivers' licences contain a considerable amount of personal information, and because of the frequency with which we use them, that information will be exposed to a number of individuals.

Minister, can you tell members of this House how this new driver's licence will protect the security and privacy of Ontario's drivers?

Hon. Donna H. Cansfield (Minister of Transportation): I thank the member for the question. First and

foremost, the security and the integrity of the card is absolutely paramount to the driver's licence, and that is also paramount to us as a government. What we've done is put in place a new contract—I had the privilege of announcing that contract a couple of weeks ago—for a new card production starting in December 2007, and this is where the integrity of the card cannot be compromised. In fact, what we've done is, we've actually made it more difficult for that card to be tampered with. We've increased the protection of the personal data on the card.

As I indicated, that protection is absolutely paramount. Security features that I can talk to you about include a two debar code, a secondary photo, signature images, ultraviolet features which are really invisible to the naked eye, a fine line background and new colour. That only speaks to those security measures that you can see; there are others you cannot.

Mr. Brownell: The people of my riding of Stormont–Dundas–Charlottenburgh will be pleased to see that a modified licence will protect their identity while also decreasing the possibility for counterfeit licences.

Recently our Premier and his counterparts from other provinces were in Washington to discuss using a driver's licence as an alternative to the passport for cross-border travel with the United States. In border communities like Cornwall and others in my right riding, the significance of cross-border trade, day trips and vacations cannot be understated. Indeed, the livelihood of many Ontarians depends on their ability to cross easily between our two great countries.

Minister, how will this new driver's licence help balance this need with the greater security concerns both our countries are facing?

Hon. Mrs. Cansfield: Primarily, the most important thing that we can do is continue to advocate for an option other than just the passport, to really continue to advocate for an alternative ID. We believe that the security measures that are currently embedded in this new production of the card are sufficient to satisfy the homeland security people. All we'd need to add is the Canadian citizenship portion of it.

We know that if we continue to advocate and have those discussions such as the Premier is continuing to have, we have a viable alternative to allow people to move back and forth across the border as they need to on a daily basis. So we will continue to do that. We have the measures with which to do it. We can protect. When we get to the point of the discussions, we will obviously include the privacy commissioner to ensure that all the information that we put on there is the information that is required, nothing more and nothing less. We know that we have a card, in fact, that can do the service of being an alternative to the passport, and we will continue to be a strong advocate in that direction.

ANTI-BULLYING INITIATIVES

Mr. Gerry Martiniuk (Cambridge): My question is to the Minister of Education. A young girl of 16 in the Waterloo school system was a victim of bullying in the

school. A year later, that same child was a witness to the assault of another child by the same bullies. The vice-principal of the school told the child to write out what she had observed, but not to sign the memorandum, to preserve her secrecy. The child's name was then inserted by the school administration in the memorandum, and the memorandum delivered to the police. A child is now a public police witness in criminal charges laid against the bullies.

My question is, does a person in authority, having care and control of a child in a school, have the right to obtain a written statement for the purpose of a criminal investigation without the permission of her parents and without providing the child with a clear understanding of the consequences?

Hon. Kathleen O. Wynne (Minister of Education): Thank you for the question. I'm not going to comment on a specific case where I do not know the specifics. It would not be appropriate for me to pass judgment on a case when I have no idea exactly what the circumstances were. But I would say to the member opposite that if he has concerns, if he has a specific question, he could get in touch with my office—this is the first I've heard of this case—and I'd be happy to follow up with him.

Mr. Martiniuk: As a result of the fear of retaliation, this child quit school, and though the parents have objected to the school board, no action was taken. My letter to you, Madam Minister, of February 28, 2007, has the facts as I've related them, and your staff has already told me that you're not going to do anything about it.

Minister, who will protect the children in our schools if even a minister of the crown refuses protection? You, by your inaction, have put children in schools across this province in harm's way. They look to you for protection, and as minister responsible, you have let them down. Will you not stop this invasion of our children's privacy in our schools?

Hon. Ms. Wynne: I want to thank the member opposite for bringing this issue to my attention. As I said, I would be happy to follow up with him. If he gets in touch with my office, I'd be happy to do everything I can to get information back to him.

PAPER MILL

Mr. Gilles Bisson (Timmins–James Bay): My question is to the Minister of Natural Resources. Both myself and Charlie Angus, the federal member of Parliament for Timmins–James Bay, were in Iroquois Falls last week at the Ontario Municipal Board hearings that are dealing with the request by Abitibi to sever the power dams from the paper mill in Iroquois Falls. We learned at that hearing that your ministry approved the transfer on the water rights in August 2006. Now, imagine the surprise of Mr. Roger Hardy, who was at that hearing and is the president of the local union that represents the workers, who got a letter from you dated March 5 that says, "It is not yet clear if the restructuring will result in a transfer

requirement at all. Accordingly, there has been no request made for my consent."

Who are we to believe—the Ontario Municipal Board evidence or the Minister of Natural Resources' letter—as to whether those water rights were actually transferred?

Hon. David Ramsay (Minister of Natural Resources, minister responsible for aboriginal affairs): I stand by the letter that I sent to Roger Hardy about 10 days ago.

Mr. Bisson: Well, I'll tell you, people in Iroquois Falls are hopping mad, and it would probably be a good idea if you went there and visited them. They sat there at that hearing and were flabbergasted to hear—they had been told by you on numerous occasions that those water rights have not been transferred, and they heard at the OMB hearings that in fact they have. People are beside themselves. I say again, are you standing by this letter and are you saying here in the Legislature today that in fact the water rights have not been transferred on those power dams?

Hon. Mr. Ramsay: I stand by the letter that I sent to Roger Hardy, the president of the local union there at the Abitibi mill. I met with the union executive about two months ago in Iroquois Falls and have been up to the community since then to also talk to council about the issue. I stand by that letter. We had a meeting within our legal branch the other day to get that clear, and that's the legal interpretation from MNR.

1530

PRODUITS AGRICOLES ONTARIENS ONTARIO PRODUCE

M^{me} Monique M. Smith (Nipissing): Ma question est pour le ministre de la Promotion de la santé. Monsieur le ministre, il a toujours été difficile pour nos communautés du nord d'avoir accès aux fruits et légumes nutritifs du sud de l'Ontario. Pouvez-vous me dire ce que votre ministère met en place afin de mieux approvisionner nos communautés du nord avec les fruits et légumes du sud de l'Ontario?

L'hon. Jim Watson (ministre de la Promotion de la santé): Je remercie la députée de Nipissing pour sa question. J'ai eu le plaisir de lancer un programme pilote pour les fruits et les légumes dans le nord de l'Ontario qui coûte 500 000 \$. J'ai visité la communauté d'Iroquois Falls avec mon collègue, M. le ministre Ramsay, et c'est un projet pilote avec la coopération du ministère de l'Agriculture, de l'Association des fruiticulteurs, du Bureau de santé de Porcupine, et des écoles et conseils scolaires locaux.

This pilot program provides about 25 schools in the Porcupine district with fresh fruit and vegetable snacks three times a week. As the chair of the Ontario Fruit and Vegetable Growers' Association, Brenda Lammens, said, it's a win-win situation. We're providing an opportunity for local farmers to provide the fruit and vegetables, and the kids up north are getting a fresh fruit and vegetable snack three times a week. Je suis très fier de ce programme.

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

Mr. Bruce Crozier (Essex): I have a question as well with regard to Ontario's fruits and vegetables, but I would like the Minister of Agriculture to answer it. My question is, at this year's summit, the Premier hinted that our government will be unveiling a new branding and marketing strategy for Ontario produce. Minister, could you please explain to my constituents, particularly those who produce vegetables and fruit, how this new branding and marketing strategy will benefit farmers in the Essex riding?

Hon. Mr. Watson: I refer the question to the Minister of Agriculture, Food and Rural Affairs.

Hon. Leona Dombrowsky (Minister of Agriculture, Food and Rural Affairs): I'm very, very happy to have the opportunity to talk about a marketing and branding initiative that the Premier talked about at the Premier's summit about a week ago. Actually, I'm delighted to say that a year ago I had asked agriculture stakeholders to bring advice to the government around how we can better support the agriculture industry. They brought back to me recommendations. A very significant part of that document, the Minister's Strategic Advisory Committee report, did identify that it would be important for Ontario to embark on a marketing and branding strategy. That very day, our Premier acted and indicated that indeed our government is going to be moving on a marketing and branding strategy. This strategy will educate the people of Ontario that we have the safest and best-quality food; and, number two, this is going to help the agriculture industry as we promote products that are produced right here in Ontario.

GREENBELT FOUNDATION

Mr. Tim Hudak (Erie-Lincoln): I have a question for the minister responsible for the greenbelt. Minister, I know you're a strong supporter of the Niagara Escarpment Commission, which is headquartered in Georgetown. I know the minister is a strong supporter and holds the Niagara Parks Commission in high regard, which is just next door to him in Niagara Falls, to his St. Catharines. I know further that the minister is a supporter of the Oak Ridges Moraine Foundation, started by the previous Mike Harris PC government, which is headquartered in King City in the Oak Ridges moraine. So if the escarpment commission is near the escarpment, the Niagara Parks Commission is in Niagara Falls and the Oak Ridges Moraine Foundation is in King City, do you think it's appropriate that the Greenbelt Foundation is in the most swanky retail area in the city of Toronto, in Yorkville, instead of being in the greenbelt area?

Hon. James J. Bradley (Minister of Tourism, minister responsible for seniors, Government House Leader): I know that the member says that, and when he was asked about it, I know he just didn't have time to give all the information. That often happens—I understand that very much: You're asked a question, you're

putting out a release, and you don't have the full information to give out to people. It's not that you're trying to hold anything back at all. But I have to tell the member that the Greenbelt Foundation operates an office in Nobleton, Ontario.

Hon. Leona Dombrowsky (Minister of Agriculture, Food and Rural Affairs): Is that in the greenbelt?

Hon. Mr. Bradley: As I understand it, that is in the greenbelt. I know he didn't have time to tell everybody that. But now that everybody knows, it's great to see that there's an office in Nobleton, Ontario.

Interjection.

Hon. Mr. Bradley: I agree with him: Nobleton is a great place to have an office.

PETITIONS

CHRONIC OBSTRUCTIVE PULMONARY DISEASE

Mr. John O'Toole (Durham): I'd like to present a petition on behalf of my constituents. It reads as follows:

"To the Legislative Assembly of Ontario:

"Whereas the lung association's Women and COPD national report 2006 reveals that more than 425,000 Canadian women have been diagnosed with chronic obstructive pulmonary disease (COPD) and more than 4,300 will die of the disease this year; and

"Whereas the Women and COPD national report indicates that since 2000, female mortality due to COPD has risen at double the rate of breast cancer"—double the rate; it's unbelievable;

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

"That the Legislative Assembly of Ontario support a call to action for early diagnosis and optimized management of COPD to reduce illness and suffering;

"That the Legislative Assembly of Ontario support the Ontario Lung Association's COPD advisory panel report to the Ministry of Health and Long-Term Care on the prevention and management of COPD in Ontario; and

"That the Legislative Assembly of Ontario endorse a comprehensive strategy to address COPD in this province."

I am pleased to sign this on behalf of the many families and women in the province of Ontario.

AFFORDABLE HOUSING

Mr. Paul Ferreira (York South-Weston): I'm pleased to present this petition signed by more than 500 residents of the greater Toronto area, including a couple of dozen from my riding of York South-Weston. It's addressed:

"To the Legislative Assembly of Ontario:

"Whereas 122,000 households across Ontario are on waiting lists for affordable housing, enduring wait times of five to 10 years;

“Whereas housing affordability problems are worsening in Ontario, with one tenant household in five paying at least 50% of its income on rent and almost 65,000 facing eviction in 2005 because they couldn’t afford to pay their rent;

“Whereas Ontario’s current social housing stock is increasingly rundown, with tenants forced to endure degrading conditions, including mould, cockroaches and mice; and

“Whereas the cost of ignoring the plight of our poorly housed and homeless neighbours affects all citizens of Ontario through increased health costs, emergency shelter costs and other public expenditures;

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

“To ensure there is a major allocation of funding for affordable and supportive housing in Ontario’s 2007 provincial budget, with a commitment to release this funding quickly; and

“To urge the government of Ontario to reassume financial responsibility for the cost and repair of the current social housing stock which was downloaded onto municipalities who cannot afford repair and upkeep costs.”

I proudly affix my name to the petition.

REGULATION OF ZOOS

Mr. Dave Levac (Brant): This is a petition to the Ontario Legislative Assembly regarding the regulating of zoos to protect animals and communities.

“Whereas Ontario has the weakest zoo laws in the country; and

“Whereas existing zoo regulations are vague, unenforceable and only apply to native wildlife; and

“Whereas there are no mandatory standards to ensure adequate care and housing for zoo animals or the health and safety of animals, zoo staff, the visiting public or neighbouring communities; and

“Whereas several people have been injured by captive wildlife and zoo escapes are frequent in Ontario; and

“Whereas these same regulatory gaps were affirmed recently by the Environmental Commissioner of Ontario in his annual report;

“We, the undersigned, petition the Legislative Assembly of Ontario to support MPP David Zimmer’s bill, the Regulation of Zoos Act.”

I sign this petition and hand it to page Jordan.

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LONG-TERM CARE

Mr. Ted Arnott (Waterloo–Wellington): I have a petition to the Legislative Assembly of Ontario. It reads as follows:

“Whereas Ontario will not meet the needs of its aging population and ensure access to hospital services unless long-term-care homes can provide the care and services that residents need; and

“Whereas staff are now run off their feet trying to keep up and homes are unable to provide the full range of care and programs that residents need or the menu choices that meet their expectations; and

“Whereas dietary, housekeeping and other services that residents and their families value are being put at risk by increasing operating costs; and

“Whereas some 35,000 residents still live in older homes, many with three- and four-bed ward rooms and wheelchair-inaccessible washrooms; and

“Whereas on November 23, 2006, this Legislature unanimously passed a private member’s motion asking the government to introduce a capital renewal program for B and C homes; and

“Whereas such a program is required to support the limited-term licensing provision in the proposed new Long-Term Care Homes Act;

“We, the undersigned, petition the Legislative Assembly of Ontario to: increase long-term-care operating funds by \$390 million in 2007 and \$214 million in 2008 to provide an additional 30 minutes of resident care, enhance programs and meal menus and address other operating cost pressures, and introduce a capital renewal and retrofit program for all B and C homes, beginning with committing to provide \$9.5 million this year to renew the first 2,500 beds.”

It’s signed by hundreds of constituents from Waterloo–Wellington.

Ms. Shelley Martel (Nickel Belt): I have a petition that’s been signed by the residents and families of the Elizabeth Centre in my riding. I want to thank them for delivering this to my office. It reads as follows:

“To the Legislative Assembly of Ontario:

“Whereas Ontario will not meet the needs of its aging population and ensure access to hospital services unless long-term-care homes can provide the care and services that residents need; and

“Whereas staff are now run off their feet trying to keep up and homes are unable to provide the full range of care and programs that residents need or the menu choices that meet their expectations; and

“Whereas dietary, housekeeping and other services that residents and their families value are being put at risk by increasing operating costs; and

“Whereas some 35,000 residents still live in older homes, many with three- and four-bed ward rooms and wheelchair-inaccessible washrooms; and

“Whereas on November 23, 2006, this Legislature unanimously passed a private member’s motion asking the government to introduce a capital renewal program for B and C homes; and

“Whereas such a program is required to support the limited-term licensing provision in the proposed new Long-Term Care Homes Act;

“We, the undersigned, petition the Legislative Assembly of Ontario to: increase long-term-care operating funds by \$390 million in 2007 and \$214 million in 2008 to provide an additional 30 minutes of resident care, enhance programs and meal menus and

address other operating cost pressures, and introduce a capital renewal and retrofit program for all B and C homes, beginning with committing to provide \$9.5 million this year to renew the first 2,500 beds.”

I agree with the petitioners. I've affixed my signature to this.

REGULATION OF ZOOS

Mr. Richard Patten (Ottawa Centre): This is a petition to the Ontario Legislative Assembly.

“Whereas Ontario has the weakest zoo laws in the country; and

“Whereas existing zoo regulations are vague, unenforceable and only apply to native wildlife; and

“Whereas there are no mandatory standards to ensure adequate care and housing for zoo animals or the health and safety of animals, zoo staff, the visiting public or neighbouring communities; and

“Whereas several people have been injured by captive wildlife and zoo escapes are frequent in Ontario; and

“Whereas these same regulatory gaps were affirmed recently by the Environmental Commissioner of Ontario in his annual report;

“We, the undersigned, petition the Legislative Assembly of Ontario to support MPP David Zimmer's bill, the Regulation of Zoos Act.”

This is signed by a couple of hundred high school students.

ONTARIO DISABILITY SUPPORT PROGRAM

Mr. Ernie Hardeman (Oxford): I have a petition here to the Legislative Assembly of Ontario presented to me by Mike Crna. He's a person involved with Community Living Tillsonburg. It's signed by many people from Community Living Tillsonburg and Community Living around the province.

“To the Legislative Assembly of Ontario:

“Whereas the Ontario disability support program is designed to meet the unique needs of people with disabilities who are in financial need, or who want and are able to work and need support; and

“Whereas the ODSP benefit levels had been frozen for almost 10 years under previous governments; and

“Whereas it is appreciated that the McGuinty government increased the maximum monthly rate for ODSP by 3% in 2004 and a further 2% in 2006;

“We, the undersigned, petition the Legislature of Ontario to increase the Ontario disability support program payments on an annual basis to ensure it covers the cost-of-living increase incurred by ODSP recipients.”

I affix my signature to this petition, as I agree with it.

GRAVESITES OF FORMER PREMIERS

Mr. Jim Brownell (Stormont-Dundas-Charlottenburgh): I have a petition from some members of the

Cornwall Township Historical Society, and it reads as follows:

“To the Legislative Assembly of Ontario:

“Whereas the Premiers of Ontario have made enormous contributions over the years in shaping the Ontario of today; and

“Whereas, as a result, the final resting places of the 18 deceased Premiers are among the most historically significant sites in the province, but have yet to be officially recognized; and

“Whereas, were these gravesites to be properly maintained and marked with a historical plaque and a flag of Ontario, these locations would be a source of pride to the communities where these former Premiers lie buried, and provide potential points of interest for visitors;

“Now therefore, we, the undersigned, petition the Legislature Assembly of Ontario as follows:

“Enact Bill 25, An Act that will preserve the gravesites of the former Premiers of Ontario.”

As I agree with this petition, I'll affix my signature and send it with Cody to the Clerk's table.

NATURAL RESOURCES PROGRAM FUNDING

Mr. Jerry J. Ouellette (Oshawa): “To the Legislative Assembly of Ontario:

“Whereas the Ministry of Natural Resources (MNR) plays a vital role in the conservation and management of the natural resources that belong to all Ontarians; and

“Whereas the MNR budget for 2006-07 is 24% less, in real terms, than it was in 1992-93; and

“Whereas vital programs relating to fish and wildlife, provincial parks, enforcement, forestry, and other MNR activities continue to be cut back; and

“Whereas the ... economic, educational, environmental, recreational and social value of our natural resources far exceeds the cost of protecting and managing them;

“Therefore, be it resolved that we, the undersigned, respectfully petition the Legislative Assembly of Ontario as follows:

“That funding of the Ministry of Natural Resources be increased to a level that will enable it to stop cutting existing programs and provide full funding to all existing programs as well as any new programs that may be required to ensure the effective protection and management of Ontario's natural resources.”

As I believe in it, I will affix my name.

ROAD SAFETY

Ms. Andrea Horwath (Hamilton East): I have quite a significant number of petitions, and they were provided to me from all over the province. They were gathered and inspired by a woman named Adrienne Seggie, who you might know had the terrible tragedy of the loss of her son in a downtown street in Hamilton. So the people who are

worried about street racing sent these petitions into the Legislative Assembly of Ontario.

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

“Whereas Matthew Power, 21, a pedestrian crossing a Hamilton roadway on a green light, was struck and killed by a street racing motorist on November 4, 2006;

“Whereas street racing shows reckless disregard for the risk it poses to human life, the safety of Ontario roads and highways and the people who travel them; and

“Whereas Matthew Power and his grieving family are among a growing number of Ontarians victimized by street racing;

“Therefore, be it resolved that the government must change legislation to provide for mandatory prison sentences for convictions of homicide caused by street racing.”

I’m signing this petition and sending it down to the table.

LONG-TERM CARE

Mr. Ted McMeekin (Ancaster–Dundas–Flamborough–Aldershot): I think I got the shortened version of the long-term-care petition from the good folk at Alexander Place in Flamborough.

It reads, “Petition to the Legislative Assembly of Ontario.

“We, the undersigned, petition the Legislative Assembly of Ontario to increase long-term operating funding by \$390 million in 2007 and \$214 million in 2008 to provide an additional 30 minutes of resident care, enhance programs and meal menus and address other operating cost pressures, and introduce a capital renewal and retrofit program for all B and C homes, beginning with committing to provide \$9.5 million this year to renew the first 2,500 beds.”

I did promise that I would present that petition myself in the House.

AFFORDABLE HOUSING

Mr. Frank Klees (Oak Ridges): I’m presenting 831 petitions to the Legislature delivered to me by Mr. Murray MacAdam of the Anglican Diocese of Toronto. It reads as follows:

“To the Legislative Assembly of Ontario:

“Whereas 122,000 households across Ontario are on waiting lists for affordable housing, enduring wait times of five to 10 years;

“Whereas housing affordability problems are worsening in Ontario, with one tenant household in five paying at least 50% of its income on rent, and almost 65,000 facing eviction in 2005 because they couldn’t afford to pay their rent;

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“Whereas Ontario’s current social housing stock is increasingly run down, with tenants forced to endure

degrading conditions, including mould, cockroaches and mice; and

“Whereas the cost of ignoring the plight of our poorly housed and homeless neighbours affects all citizens of Ontario through increased health costs, emergency shelter costs and other public expenditures;

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

“To ensure there is a major allocation of funding for affordable and supportive housing in Ontario’s 2007 provincial budget, with a commitment to release this funding quickly; and

“To urge the government of Ontario to reassume financial responsibility for the cost and repair of the current social housing stock which was downloaded onto municipalities who cannot afford repair and upkeep costs.”

The Acting Speaker (Mr. Ted Arnott): The time for petitions, unfortunately, has expired.

ORDERS OF THE DAY

HEALTH SYSTEM IMPROVEMENTS ACT, 2007

LOI DE 2007 SUR L’AMÉLIORATION DU SYSTÈME DE SANTÉ

Mr. Smitherman moved second reading of the following bill:

Bill 171, An Act to improve health systems by amending or repealing various enactments and enacting certain Acts / Projet de loi 171, Loi visant à améliorer les systèmes de santé en modifiant ou en abrogeant divers textes de loi et en édictant certaines lois.

The Acting Speaker (Mr. Ted Arnott): I assume the minister wishes to lead off debate. I recognize the Minister of Health to lead off the debate on Bill 171.

Hon. George Smitherman (Deputy Premier, Minister of Health and Long-Term Care): At the outset, I will be sharing my time with the member for Mississauga East.

It is indeed a tremendous privilege to have the opportunity today to stand and to speak about Bill 171. It is for me a bit of a—

Interjection

Hon. Mr. Smitherman: I hear the heckling has begun from the member from Durham already.

It is a substantial milestone for me. I’m getting to be, for some people at least, long in the tooth as the Minister of Health, and this is the 10th bill that I have been very privileged to bring to the order paper in this place.

I want to thank all of those—and it’s very many people—who have been dedicated to working on the contents of this bill. There is no doubt whatsoever that anyone who has had an opportunity, even on a cursory basis, to review it will know it is a very substantial piece

of legislation indeed. To those at the body known as HPRAC, to the lawyers and other policy makers and officials in my ministry and most especially to Abid Malik, who deserves special credit in my office for his great efforts, I want to acknowledge that a lot of work has gone into this from very many parties.

The legislation that is before the House has got, as I mentioned, quite a few elements to it. Let me speak at a high level and then get into a bit of detail around those. This bill will help to provide the people of the province of Ontario with greater access to a variety of regulated health professions. The history of regulated health professions dates back to the early 1990s, when the government of the day regulated many. Through this bill, we would be bringing more health care providers into regulation in the province of Ontario. This is an acknowledgment of the important work that they do and an acknowledgment as well of the sheer necessity of offering the public all of the appropriate protection that regulation is designed to provide.

This is a bill that substantively helps to make sure that Ontario applies all of the appropriate lessons that have been learned by our province related to SARS. We have had the tremendous advantage of work by Justice Campbell and others in this regard, and I will have a chance to speak about how Ontario continues to evolve to be a jurisdiction that is world-leading in terms of its public health capacities.

This bill streamlines and enhances the transparency in the complaints procedures that would apply to all of the regulated health professions. It develops a new medical review audit process and review board for doctors that's based on the recommendations that came from the work done by former Supreme Court Justice Peter Cory. This bill establishes the Ontario agency for health protection and promotion, and it increases patient access, as I said, to regulated health professions.

I want to speak first off to the Cory report. One of the items of rare unanimity that occurred in this Legislature was when all parties decided to have what was known as the MRC process stand down. There was considerable concern with respect to the way that physician billings were audited by the ministry. Accordingly, we asked an esteemed gentleman Justice Peter Cory, former justice of the Supreme Court of Canada, to lead a review, and the Cory report was issued. This is a bill that brings his recommendations to life.

We fulfill our commitment to get rid of the previous medical audit system. We had a transitional act. This advice from Justice Cory that is embedded in this bill builds on the very sound principle that our doctors are reliable and honest professionals. We've worked really closely with the Ontario Medical Association in order to ensure that the amendments that came forward really did build on this fundamental understanding I mentioned just a second ago, and that is about our doctors—about their reliability and their honesty, the degree to which they enjoy fine favour amongst pretty well everybody in our communities.

The proposed medical audit review, as I mentioned, substantially implements Mr. Cory's recommendations. What it seeks to do is turn us from being focused on how we might review a physician's billing practices, instead getting that resource focused on trying to ensure that they get all of the necessary training and education to be involved in that billing process. The fee model for doctors in the province of Ontario is a complex one, and it seems upon reflection that we have not historically done a good enough job of arming our doctors with all the information they need about how to work within that system. There is a new review board that has been created that is designed to restore the confidence of Ontario's doctors in the fairness of the audit system.

There is no doubt whatsoever that when an allocation of many billions of dollars is made for physicians it is crucial that appropriate safeguards be there for the public. We seek to do that in a fashion which builds on the principles of confidence, trust and honesty we know are embodied in the doctors of the province of Ontario but at the same time that those important measures of accountability will be enhanced.

I spoke at the outset about public health. I believe that of the many initiatives that are in this piece of legislation—and like I said, it's a substantive one for sure—one of those that we must reflect on the most, that affects all of us in Ontario, is that as a jurisdiction that learned very difficult lessons associated with SARS, we have been the government that came in subsequent to SARS and have been very dedicated, as appropriate, to making sure that the lessons learned were well applied.

I'm really proud that this bill helps to bring to life our own centre for disease control, sometimes referred to as the "centre of disease control for the north," and that is in the form of our very own Ontario Health Protection and Promotion Agency, set up as an independent organization at arm's length from government. What we're seeking to do is create a much greater capacity to be aware and conscious of the ills and risks that are out there in our society, and to have the capacity, in a very timely way, to address those to ensure that Ontarians are benefiting from the very best public health. I'm really proud to be part of the government that in reasonably short order has increased public health spending in the province of Ontario by 116%. This is a reflection on the dedication that we bring to enhancing the quality of public health.

I said before that we benefited from the fantastic work of Justice Campbell. He has been so diligent and so concerned about making sure that he gave us the best advice possible. He's been very accessible to health care workers, just as one example. His reports have really helped to shape the amendments to the Health Protection and Promotion Act which are an important part of this bill. But I would be wise to acknowledge others, including Dr. David Naylor, the esteemed head of the University of Toronto, and Dr. David Walker, the dean of health sciences at Queen's University, examples of two other gentlemen who have dedicated a lot of work to making sure that Ontario's public health capacities are appro-

priately enhanced, again related to the tragic lessons that we learned around to SARS.

In terms of increasing access for patients, this really has been the hallmark of our government—seeking to make sure people have access in a timely way to health professions. But we know as well that many people are accessing a wider variety of health care practitioners. Accordingly, we brought in a stand-alone bill recently that I was privileged to move forward, and that was to regulate the practice of traditional Chinese medicine. This bill brings four other health professions into regulation. If passed, we would see naturopathy, homeopathy, kinesiology and psychotherapy regulated. We think this a really crucial acknowledgment that many people in our communities are taking advantage of the health services provided by these professions, but at the same time, the degree of regulation associated with them did not offer all the protection that we think needs to be there for our patients. Accordingly, we're moving forward, at the same time enhancing the scope of practice for other already regulated health professions in our province. Nurse practitioners, optometrists, dental hygienists and pharmacists are all examples of how, under this bill, their scope of practice and ability to perform important services for patients will be enhanced, and we're really proud of it.

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Now, in drafting the bill, we did make an error that I would like to acknowledge and take responsibility for and address in a clear way for members. It was our view that social workers should be able to continue to practise psychotherapy, and we had intended to do so by way of regulation on another piece of legislation. The point is that that might have been clear to us; it wasn't clear to social workers in the province of Ontario. I very recently sent them a letter—and I'd just like to read a paragraph or two from that—which clarifies that as we move this bill forward, if it is the will of the Legislature that this bill go to committee, and we would hope so, that we would have a chance to make amendments that would capture in this bill the issues related to social workers. So just a paragraph or two that would be helpful:

"I am aware of the valuable contribution made by social workers to the delivery of psychotherapy services in Ontario. Since the profession is not regulated under the Regulated Health Professions Act, "it was my intention to propose a regulation made under that act that would have permitted social workers to continue to practise psychotherapy uninterrupted. However, I understand and appreciate the concerns with this approach.

"Therefore, I am pleased to tell you that if it is the will of the Legislature to proceed to the committee stage of the legislative process for Bill 171, we intend to present a legislative amendment that will recognize the profession and ensure that those social workers who provide psychotherapy services associated with the new controlled act will continue to be able to provide these very important services" to the people in the province of Ontario.

I want to thank members from all parties who have been in touch with my office subsequent to the contact

that they've had from social workers in their ridings. We do very much look forward to the opportunity that we continue the tradition; that is, that all substantive government bills be given the opportunity to go to committee for the opportunities that are there as always, to enhance the quality of the bill.

Amendments to the Regulated Health Professions Act focus on patient safety and transparency. They improve information sharing between regulatory colleges and government. Bill 171, if passed, would require all regulated health professions to post information about their members on the Web. Colleges would be permitted to inform the public that an investigation is taking place when it is in the public interest; current confidentiality legislation prohibits this. What we are really getting at is that many citizens—and there have been recent stories, as an example, in the Toronto Star—have sometimes been frustrated with the lack of transparency or, in other circumstances, with the slowness with which the complaints processes in the various colleges move forward. Through this bill, we're standardizing the response process. We're creating very clear timelines and expectations about appropriate response, and we're creating circumstances that will, in a very deliberate way, enhance the transparency with which these matters are addressed. We really feel that these advances are overdue and will be very beneficial.

On the day that I had the privilege of presenting this bill before the House, one of those groups that were here, which was really heart touching for all of us, was the family of a young man from down in Essex county, if I have that right, named Chase McEachern. I called him a young man, but in fact the actions he took were those of a quality of leadership beyond his years. This is really a young boy who decided to make a cause of trying to enhance the number of defibrillators that are available in a variety of establishments in the province. One of the things that we ran into was the challenge that a good Samaritan using a defibrillator in certain environments might still have legal liability. This was apparently posing a barrier for some people to bring the defibrillator into their environment. We're really proud of Chase McEachern, and we're really proud that his family is allowing amendments to stand in his name, amendments that my colleague the member for Essex first brought forward; that is, to enhance the capacity for Ontarians to be well supported by having more defibrillators in more places. This is an action that is made possible by a very young, courageous man, a boy who has passed on, and yet stands in a very profound way as a source of life for other Ontarians who will follow, and we thank them for that.

One of the things that we're proudest of in our Ontario health care system is a body that has become known as Ornge, Ornge medical transport. That's our air ambulance program. It's a world-leading program, and every year thousands and thousands of Ontarians, most of those in a very compromised state of health, are gaining advantage of the air transport capabilities of Ornge medical

transport. And we're going one step further. We're taking this world-leading capacity and the well-trained health professionals who operate those air ambulances and we will be adding over a period of a year or so 15 land-based critical care ambulances. These will augment the work that our municipal ambulance services are able to do. It will mean that in a seamless way, for those people who are patients of the air ambulance, in many, many cases in centres in Ontario, their care will be continuous as they are transferred to the Ornge-operated land ambulances that are designed specifically for critical care. What we're really talking about here is that in those hospitals in Ontario that have the mission of dealing with our patients who are most ill, we will be adding land ambulance capacity in the form of critical care land ambulances that will be part of the Ornge medical transport system. It will mean that that world-leading critical care capacity will be extended even further, meaning that this seamless service will enhance the quality of care for our patients.

The changes to the Ambulance Act will enable the establishment of a new integrated air and land ambulance system. That's what I was speaking about. This proposed new system would improve patient safety, provide faster transfers, cause less strain on hospital resources, and reduce demands on local ambulance services.

So we have one of these beautiful circumstances where we're going to enhance the quality of care that we're able to provide for our patients while at the same time helping to take back some of that care from our municipal providers. Sometimes it meant that a nurse or a doctor from a hospital might have to step into an ambulance operated by a municipality. We hope that with these critical care land ambulances, the cases where that is required will diminish, at obvious benefit to all.

I said to my colleagues that I'd speak for about 15 minutes. It's a substantive bill and it could warrant much longer talking from me, but no one wants that.

So I just want to wrap up—

Interjection.

Hon. Mr. Smitherman: Now I'm being heckled by my own side.

I want to say, in conclusion, what I worked to say at the beginning, and it's just a word of thanks. A tremendous amount of work went into this bill. For anyone who has been stuck with the challenge of trying to understand it, I think they would acknowledge that there is a lot of content there in each and every one of these places, addressing a very crucial element of what makes our health care system work like a system. Accordingly, I want to recommend this bill to all members of the Legislature for their consideration. I hope that the debate will be a helpful one. And, as always with legislation that I have had the privilege of bringing forward, we'll be looking for an opportunity to take this bill to committee. We will look forward in that environment to working with colleagues on all sides of the House to bring forward whatever enhancements might be possible to make an important bill even better.

I thank all members for their time and attention to this matter.

The Acting Speaker: Further debate?

Mr. Peter Fonseca (Mississauga East): It gives me great pride, and it is an honour, to speak on Bill 171, an act to improve health systems. It's just another piece in the plan, another giant step towards transforming our health care system, our commitment to public health care. I commend Minister Smitherman for his remarks, for his work in his fourth year now as Minister of Health, and also his staff whom he mentioned—Abid Malik, Laurel Ostfield and others—who have worked so hard on this piece of legislation to make it just right.

Through these years, Minister Smitherman and the McGuinty government have always focused with unwavering strength and purpose towards patient-centred health care. Bill 171 brings many components to that, established by Minister Smitherman in his remarks.

1610

In the remaining time, I'm going to be speaking to three very important and exciting parts to this bill: public health agencies, the introduction of four new licence-granting colleges and improvements for the optometrists. These three different components are intended to keep Ontarians safe from any infectious disease and to give people the knowledge that alternative medicine practices are licensed and safe in the province of Ontario.

This bill introduces the creation of the first ever arms-length public health agency. This agency would operate parallel to the world-renowned Centers for Disease Control, the CDC, in the United States of America. This centre, known as the Ontario Agency for Health Protection and Promotion, would be a centre for specialized research and knowledge of public health, specializing in the areas of infectious disease, infection control and prevention.

The Ontario Agency for Health Protection and Promotion was called for in the Naylor and Campbell reports after both SARS and legionnaires' disease outbreaks in 2005. This new health agency would be accountable to both the people and the government by way of reporting directly to the minister and to the board. Furthermore, it will be responsible for constant public reporting via reports on the health of Ontario, public health performance and infection control, and other issues pertinent to public health; also, an annual report and audited financial statement for tabling in this Legislature. An annual business plan, which would include amongst other things a three-year rolling budget, will be presented to the Ministry of Health and Long-Term Care.

This new agency would act in unison with the purpose of strengthening disease control and improving public health administration. It's imperative to have this new agency in our province. It allows our province to continue to be a leader in medical research and innovation. It also allows for the people to have an independent voice when it comes to responding to health pandemics such as Norwalk and SARS.

Let's look at how this came about and how future threats would be addressed in this province. The de-

velopment of the proposed agency came about after two high-profile reports, from 2003-06, the Naylor and Campbell reports, called for the establishment of a public agency. Disease outbreaks all called for the creation of an arms-length public health agency. The chief medical officer of health's first independent report in this Legislature, which we all heard, also referenced the importance of establishing such an agency.

On June 22, 2004, the commitment to create a health protection and promotion agency was made in Operation Health Protection, a three-year action plan "to prevent threats to our health and to promote a healthy Ontario." In that plan, the government committed to establishing a new agency and a formal board structure by 2006-07. The core activities would be to include specialized public health laboratory services, infection control and communicable disease prevention, emergency preparedness assistance and support, as well as risk communication, research and knowledge transfer, and surveillance and epidemiological analyses.

In 2005, the agency's implementation task force was established to make recommendations to the government on the design and implementation of the new agency. In its final report, the task force described how the agency could strengthen health protection and promotion activities in Ontario, modernization of laboratory services and provide greater access to scientific expertise and technical support for local public health units, other health care providers and ministry partners.

For the public to feel assured of what is happening, public reporting is paramount in this legislation and as the task force moves forward with this agency. So in accountability, the board of directors would set the strategic direction for the agency based on government priorities, the agency would report to the minister through its board chair, and the agency's chief executive officer would have overall management responsibility for operations. There would also be public reporting.

Now, there have been questions: the question of the chief medical officer's role in this new agency. These will be answered by how the chief medical officer would be able to work within this agency and with the agency. What would happen is that they would provide technical support and operational response to assist surge capacity in the event of public health emergencies or infectious disease or other outbreaks. The chief medical officer of health, or her or his designate, would also be entitled to attend and participate in board meetings but would not vote.

This strengthening of disease control would allow the government to ensure more efficient and effective distribution of medical health supplies when regular procurement processes are unable to meet demand in a public health emergency, which we have seen. This would include the power to procure, acquire or seize anti-toxins, antivirals, immunization agents, antibiotics and other pharmaceutical agents and/or medical supplies, subject to reasonable compensation.

The improving of this public health administration would create a statutory position of an associate chief medical officer of health.

Just recently, we also regulated—the minister spoke to this—an alternative therapeutic profession here in the province of Ontario, and that was traditional Chinese medicine. This regulation of traditional Chinese medicine gave Ontarians confidence in traditional Chinese medicine, because it doesn't allow anybody now to call themselves a practitioner without meeting proper requirements and standards. This gives us, the people, an informed choice as to what is out there, and people can be more assured of safety. The regulation of these health professions would provide assurances of high standards of care for Ontarians who choose these approaches to health care by requiring practitioners to meet standards and qualifications and to be accountable to a regulatory college, delivering to patients the same protections and assurances that they receive regarding the practice of other regulated health professions.

Let's look at the four that are coming forward in this piece of legislation: naturopathy, homeopathy, kinesiology and psychotherapy.

The practice of naturopathy is to assess disorders and dysfunctions and provide treatment using naturopathic techniques to promote, maintain and restore health. Now, there will be a number of protected titles here. "Naturopath" would be a protected title, as a "drugless therapist." Authorization to use the "doctor" title was also provided to traditional Chinese medicine.

Homeopathy would be a joint college with naturopathy. The practice of homeopathy is the assessment of body system disorders and treatment using homeopathic techniques to promote, maintain or restore health.

Kinesiology has a stand-alone college. The practice of kinesiology is the assessment of human movement and performance and its rehabilitation and management to maintain, rehabilitate and enhance movement and performance.

The fourth college: psychotherapy as a stand-alone college. The practice of psychotherapy is the assessment and treatment of cognitive, emotional or behavioural disturbances by psychotherapeutic means delivered through a therapeutic relationship based primarily on verbal or non-verbal communication.

Also, within the last three colleges that I spoke to, "homeopath" would be a protected title, "kinesiologist" would be a protected title, "psychotherapist" would be a protected title. As well, "registered mental health therapist" would be a protected title.

These four non-medical alternative ways of healing have become popular choices with so many Ontarians. For that reason, it would be wise for these four practices and the people who work within these fields to be licensed, not only to bring legitimacy to their practices and allow the people to make proper choices but to give the people an authority to file grievances and complaints against members who practise with malice.

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This government has always been committed to delivering a better health care system so that the people of this great province will be able to get the treatments they need and the professionals can do more for their patients.

To achieve this goal, Bill 171 proposes to enhance the services of optometrists also. The amendments would allow improved access to vision services and reduce wait times for the treatment of some eye conditions by permitting optometrists to prescribe selected drugs for certain conditions such as eye infections. Granting optometrists this authority to prescribe will, for one thing, increase access and convenience for many patients across this province. Patients in underserved areas will have more timely access to treatment if they require a prescription, making Ontario a more attractive place for optometrists to practise.

In closing, I have to say that Bill 171 will strengthen and enhance our health care system, enforcing a public health care system that we all cherish, but also allowing for greater scope and more alternative medicines that are available in all communities throughout Ontario.

So I would hope that this piece of legislation gets support from all members in this House because it would go a long way to improving our health care system.

The Acting Speaker: Questions and comments?

Mr. Norm Miller (Parry Sound–Muskoka): It's my pleasure to add some comments to the speech by the Minister of Health on Bill 171, the Health System Improvements Act. I look forward to speaking with the minister about the most recent health-related issue in east Parry Sound–Muskoka, and that is the challenge that Muskoka Algonquin Healthcare is facing with its deficit situation and the tough choices it's dealing with. Particularly, right now, Muskoka Algonquin Healthcare is trying to balance its budget and address what I believe is an over \$1-million deficit. They are trying to save \$150,000 in the way they deliver lab services, so that would mean cutting out community lab services, and that would affect Burks Falls, Huntsville and Bracebridge. This is a very important issue in my riding. I attended a radio show last week on it. I attended a public meeting on the issue. I would just question whether it will save the health system any money by making this change. Certainly it will save Muskoka Algonquin Healthcare \$150,000 if they make the switch, which would mean that instead of community lab services being done in Huntsville and Bracebridge hospitals, they'd be couriered to Brampton, where Gamma-Dynacare would perform the lab services.

As I say, it's clear that this will save Muskoka Algonquin Healthcare \$150,000. I doubt whether it would save the actual health system any money at all and it would very much affect health care in my riding of Parry Sound–Muskoka. So I look forward at the first opportunity to have a chance to speak to the minister about this issue.

I have spoken to the board chair, Mr. Ken Black, about it and want to pass on some suggestions and con-

cerns that were expressed to me. So I'll look forward to speaking to the minister at the first opportunity.

Ms. Shelley Martel (Nickel Belt): I'm going to have a chance to speak at greater length this afternoon in my leadoff about the various schedules in the bill, and I hope we get it all done today too.

I want to deal with schedule A right now, though, in case I don't have the chance to do that in the remarks later on. This has to do with the changes to the Ambulance Act which would essentially establish a new air-land ambulance system to transfer critically ill patients with critical care paramedics so that you've got the right mix of health care providers moving critically ill patients so as not to put a strain on doctors and nurses in the system by involving them in having to travel in air ambulances or land ambulances.

I want to bring to the attention of the minister what is happening in Thunder Bay right now, because it's quite contrary to the system that he's trying to establish here under schedule A. In fact, right now in Thunder Bay, guidelines for airlifting non-critical-care patients have recently been changed by Ornge—this goes back to December. It now means that those private airline companies that have been contracted by Ornge who had been using their own advanced-care paramedics to move these patients have now been told that they have to carry nurses from the attending hospitals instead.

Lori Marshal, who is the regional vice-president of patient care services at Thunder Bay Regional Health Sciences Centre was interviewed about this and said very clearly that this is posing a tremendous challenge to Thunder Bay Regional Hospital because they already have a scarcity of nurses in the system, and they can ill afford to now have a nurse travel by air ambulance for a patient who is not critical in order to attend at a hospital somewhere in southern Ontario.

Thunder Bay Regional transports 500 non-critical patients every year. They are travelling to Toronto, they are travelling to Hamilton, they are travelling to Ottawa etc. This is a huge strain on the Thunder Bay Regional Hospital. We checked with the hospital today and the criteria have not changed. So as we move forward with changes to the Ambulance Act that affect critical-care patients, we really need to be doing something to ensure the mix around non-critical-care patients is much better so as to not put a strain on hospitals like this one.

Mr. Bob Delaney (Mississauga West): Bill 171 is a series of measures about openness and transparency. Bill 171 will provide Ontarians with greater access to more health professions. All of us as MPPs on occasion deal with constituents who feel ill-served in the health care system. Those people often find the complaints process within the various health professions 'regulatory colleges to be frustrating, time-consuming and opaque.

Bill 171 sets up a new medical review audit process and review board. Bill 171 implements the recommendations of the Cory report. Bill 171 establishes the Ontario Agency for Health Protection and Promotion, an entity that would perform functions similar to the Centers for

Disease Control in the USA so ably described by my colleague from Mississauga East just a few moments ago.

Finally, we as members are aware of the valuable contribution made by social workers to the delivery of psychotherapy services in Ontario. Since the psychotherapy profession is not regulated under the Regulated Health Professions Act, Ontario has proposed a regulation under that act that would have permitted social workers to continue to practise psychotherapy uninterrupted.

The minister has heard the concerns of Ontario's social workers. Should this bill go to committee, the minister has already written to social workers stating an intention to recognize the profession and to ensure that those social workers who provide psychotherapy services associated with the new controlled act will continue to be able to provide these very important services in Ontario. In short, it will be included in the legislation.

This answers some of the fundamental issues facing Ontario, particularly in the Health Professions Act, and it's one reason that I hope all parties in this House will grant it speedy passage.

Mr. Robert W. Runciman (Leeds–Grenville): I'm not sure how to interpret the previous speaker's comments about whether or not this legislation should go to committee and expressing the wish for speedy passage, because I haven't had the opportunity to read the bill. But I note that it is what we would all describe as an omnibus bill. It is amending 42 separate acts and has, I think, enormous potential to attract a great deal of interest from a large number of stakeholders in the health care sector and beyond. So I think it's fair to say that clearly the opposition parties are going to want this bill to go to public hearings, extensive public hearings, and perhaps well beyond the boundaries of the great city of Toronto.

The problem, of course, is that bringing in a comprehensive piece of legislation like this at such a late stage in the mandate of the government is problematic, to say the least. When we take a look at the fact that we're looking at—what?—five months, probably, before we're effectively into the election campaign, and the writ period itself starting in September, maybe a little over five months. How many weeks do we have in terms of the sitting of this place? Plus there's the fact that we as members do not like to have committees travelling while the Legislature is in session. So I think it's going to present some challenges.

As the House leader for the official opposition, I think our critic and members of our caucus are going to want to see a whole range of people who should have an opportunity to be heard on this before we finalize and pass this significant legislation.

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The Acting Speaker: That concludes the time for questions and comments. I'll return to the member for Mississauga East, who has two minutes to reply.

Mr. Fonseca: I'd like to thank all the members who spoke to Bill 171 right now: the member for Leeds–Grenville, the member for Mississauga West and the member for Nickel Belt, as well as Minister Smitherman.

Bill 171 is about access to health care. It is about looking at protecting Ontarians, making sure that our health care system is as safe as it can be, giving Ontarians assurances but also broadening the scope and availability of health care in all communities across Ontario. It's about addressing some of the outbreaks that we've had, like SARS, and making sure that the people of Ontario know that there is a plan in place and everybody is ready for anything that may affect the province of Ontario, affect Ontarians' health, affect our economy etc. Working with a world-renowned centre like the Centers for Disease Control in Atlanta, Georgia, in the United States of America, making sure that we have all those best practices in place here is vital.

I know that many constituents in my community have often come to my office talking about—let's bring up the optometrists. Many times they will have to wait to get particular drugs to help with their eye condition, having to go and see an ophthalmologist, where we do have shortages. Allowing the optometrist to prescribe drugs will open up access. That is just one little example of how this piece of legislation will take giant steps to helping all Ontarians with access to health care.

The Acting Speaker: Further debate?

Mr. Garfield Dunlop (Simcoe North): Mr. Speaker, I'd like to ask for unanimous consent to stand down the leadoff speech by the member from Waterloo.

The Acting Speaker: The member for Simcoe North is seeking the unanimous consent of the House to allow the opposition to stand down the leadoff speech by their critic. Is there consent? Agreed? Agreed.

I return to the member for Simcoe North.

Mr. Dunlop: I'm very pleased to rise today to make a few comments on Bill 171. I know that our critic, a former Minister of Health and Long-Term Care and the member for Waterloo, will want to spend quite a bit of time on this bill, An Act to improve health systems by amending or repealing various enactments and enacting certain Acts.

I can tell you, first of all, that this is a very thick bill as you look at it and it does an awful lot of work as we try to improve our health care system. It was introduced on December 12, 2006. There are a number of points I would like to put on the record here.

The bill would add four regulated health professions under the Regulated Health Professions Act, creating three new colleges. These professions include naturopathy, homeopathy, kinesiology and psychotherapy. The bill would enhance the services that optometrists, dental hygienists and pharmacy technicians and interns provide. The bill provides a new medical audit system for physician billing to OHIP. The bill establishes protection from civil liability if automated external defibrillators were used in good faith to save a life. The bill proposes the creation of an arm's-length public health agency—the Ontario Agency for Health Protection and Promotion—which would be modelled after the Centers for Disease Control. The bill would facilitate the implementation of a new integrated air ambulance system to manage transfer

of patients between health care facilities. The bill proposes the transfer of legislative responsibility for five categories of non-residential and seasonal-residential drinking water systems from the Ministry of the Environment to the Ministry of Health and Long-Term Care and the bill also amends a number of other miscellaneous acts.

This omnibus bill amends 42 separate acts and has the potential to involve the largest number of stakeholders ever on any health care bill. The PC caucus is concerned because the McGuinty Liberals waited until nine months before an election to introduce a bill that deserves much more adequate public consultation. The PC caucus is concerned that Ontario social workers have been excluded from the regulation of psychotherapy in the proposed act. The PC caucus finds it surprising that the Liberal government did not adopt the recommendations of the Health Professions Regulatory Advisory Council in this regard, since the exclusion would seriously impact access to mental health services. The public can be sure that the PC Party will be putting forth amendments to address these concerns, and of course the minister has brought up some points today on that.

I do want to say on behalf of our caucus—and I know the minister earlier thanked Justice Campbell for his dedicated work in this area. I can tell you that after the SARS incident in 2003, I'm surprised that it's taken this long to get this bill on the legislative calendar.

Now, we talked about the inclusion of social workers. The minister brought this out in his statements, and I notice in one of the responses by the parliamentary assistant that he brought it out as well. Quite frankly, we've received literally dozens—most of the PC caucus members, and I'm assuming most of the members in this House, have received a lot of feedback from different health care professionals concerned about the inclusion of social workers on this particular bill.

I want to read a typical letter into the record, because I know that we've been talking about going to committee. I'm not sure when that will in fact happen, whether we'll see this bill passed before the end of this session, but I do want to include a letter. I think I received probably a total of about 40 of these letters. I want to read this one in particular into the record so that it's in Hansard and we can refer back to this, because we do want to see these amendments made when we go to committee, if in fact we do get there.

This letter is from a young woman in our riding. Her name is Wendy McQuaig, and she's a therapist. I'll read it:

“Dear Mr. Dunlop:

“I am writing to express my concerns regarding Bill 171—The Health Care Improvements Act (including the Psychotherapy Act). As a psychotherapist in private practice in Orillia, I am the first to support the need for regulation and standards in the profession of psychotherapy. I have a B.A. from Queen's University and a master's degree in social work from the University of Toronto. I am a long-standing member of both the On-

tario Association of Social Workers and the College of Registered Social Workers. I have been practising as a psychotherapist in Simcoe county for 17 years and participate in ongoing training and conferences in the mental health field. I also present seminars and write on mental health issues.

“Unfortunately, Bill 171, in its present form, has failed to protect anyone. In order to design legislation that was meaningful, the Health Professions Regulatory Advisory Council was formed in 2006. This council was made up of professionals from various qualified mental health disciplines (including social work) to provide relevant input regarding a psychotherapy act. In April 2006, this council produced a report called Regulation of Health Professions in Ontario: New Directions. This report recognized social workers as one of the key professions qualified to provide psychotherapy as social workers are already regulated through their own college.

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“Despite this initially collaborative process, the Ministry of Health and Long-Term Care has unexpectedly opted to exclude qualified social workers. This occurred in the 11th hour and unbeknownst to both the College of Social Workers and the Ontario Association of Social Workers, who sat with others at the table, carefully putting forth well-researched recommendations. This goes against the recommendations of the well-thought-out New Directions report. Instead the Ministry of Health and Long-Term Care opted to include only doctors, nurse practitioners, psychologists, and occupational therapists (a very small portion of those providing psychotherapy). In other words, although it is proposing that psychotherapy be a controlled act, it has not made an amendment to include qualified social workers, as it has for these other disciplines.

“If this bill were to be passed in its current form, it would cause a mental health crisis and a huge disruption in services. There are approximately 16,000 social workers presently working in the province of Ontario. A very large number of them (approximately 80%) are providing psychotherapy. In fact, social work is the largest single discipline providing this service in North America. For example, services in the area of adult mental health, children's mental health, marital, family and individual counselling, addictions, child welfare, hospitals etc. are largely provided by social workers.

“I have been a psychotherapist in Simcoe county for the past 17 years. In that time, I have worked with approximately 25,000 people on a range of mental health issues (i.e. family issues, separation/divorce, blended families, depression, anxiety, stress, self-esteem, parenting issues, anger management, abuse, grief issues, marital counselling, teenage problems etc.). Most of my referrals are from family doctors or pediatricians. However, I also get numerous referrals from schools, lawyers, employment assistance programs and the general public. My clientele includes doctors, lawyers and other professionals and their families, as well as factory workers, teachers, self-employed business owners etc. In other

words, anyone in the general public who is struggling with an emotional issue may call to set an appointment. I see 30 clients a week times 48 weeks a year. That totals approximately 1,450 sessions a year. There are many qualified social workers doing the same thing.

“Who else will provide these services? For example, in the growing city of Orillia, there are approximately 35,000 people. Doctors are so busy they can barely keep up, in fact much of rural Ontario is a medically underserved area. How will they have time to begin providing psychotherapy and is this what the taxpayer is paying them to provide? In Orillia, there are very few nurse practitioners and isn't their role to provide medical services to offset the already overstretched doctors? In Orillia, there are three psychologists (one is limited only to working with addictions). In addition, an important part of the work of a psychologist is to provide psychological testing. There are two consulting psychiatrists who consult in Orillia, one or two days a week at the most. Psychiatrists are only accessible by a medical referral. As to occupational therapists providing psychotherapy, I have yet to hear of any doing so in the Orillia area.

“Bill 171 is not a well-thought-out bill in its current form. It needlessly screens out a large, qualified discipline which is already providing these services and leaves little in place to fill the gap. In addition to leaving large numbers of the population underserved for mental health services, it also is bound to create significant changes, perhaps even unemployment for thousands of social workers. I am asking that amendments be made to include qualified social workers as the HPRAC originally recommended.

“If these changes are not brought about, I fear there will be a huge crisis in mental health services in Ontario, not to mention 16,000 outraged social workers picketing Queen's Park.”

That is signed by Wendy McQuaig. She has a BA, an MSW and an RSW, and she's a psychotherapist in the city of Orillia. She has been to see me a number of times on this issue, and so have a number of her colleagues.

So when the minister knew the bill was coming up—I guess he found out last week when we found out what was going on in the House this week—suddenly yesterday a letter appeared from the minister. I have a copy of it here. It was sent out to a number of social workers across the province, trying to defuse them. I see they've defused it in a couple of the comments coming from the Qs & As after the minister's speech. The letter was addressed to Dan Andreae, the president of the Ontario Association of Social Workers, and Rachel Birnbaum of the Ontario College of Social Workers and Social Service Workers. I think that was primarily the main concern with this particular piece of legislation that I was hearing back from the folks in my riding. However, I think the minister, at the very last second, tried to take credit for completing the job when in fact the job is not really completed. We're going to have to go back to committee and make sure that people from right across the province

are heard on all aspects of this bill because it does amend a number of pieces of legislation. I know that our members are already looking forward to providing these amendments to that piece of legislation, but my guess is that the government will likely have some amendments to be made as well.

I can say that as well as that, I had a number of other letters from folks right across my riding; in fact some of them from outside of the riding as well. I have one here about the homeopathy act. Where's this one from? I won't get into any more reading of the letters, but I can tell you that from right across the province we've received a number of comments from folks who are very concerned, particularly around the social work inclusion.

I don't have a lot more to say on it at this point. This is a bill that has a lot of other amendments that amend a number of other pieces of legislation. My concern is that there's so much detail, and we may find problems with other pieces of legislation, so that I'd hate to see this bill rush through this House. First of all, if it's time-allocated, it gets to committee and, as the member from Leeds–Grenville mentioned, we probably won't see it travelling very far. I would think at the very least we would like to see it maybe even delayed for some time.

That's all I really had to say on the bill today. I can tell you that we realize there is a need for this type of legislation but we want to make sure we get it right. I think that's what's really important. When the social workers brought out their concerns, that's one part of the legislation that needs to be corrected. Is everyone else happy with it? I'm not sure. Only very detailed committee hearings where people can come forward either here at the Park or throughout the province—only time will tell how important that will be.

One point I want to raise too—we're talking about the health of our communities and the health care of our province in general. I was really very pleased yesterday when the federal budget was brought down in Ottawa and our friend Jim Flaherty, the former member from Whitby–Ajax, brought forward spending on a national water strategy. I can tell you that in that national water strategy, there was an allocation of \$12 million over two years to go towards the cleanup of Lake Simcoe. I can tell you that we debated in this House a resolution I put forward last year following a private member's bill. I want to say, on behalf of the residents of the riding of Simcoe North, I think that's a great first step. Here we've got the federal government coming in on the quality of water in Lake Simcoe.

I think it is great for the health of our communities that we have that vision coming from Ottawa. I can only hope that following the leadership we've seen from the federal government in Ottawa, we see the same kind of leadership on Thursday afternoon at 4 o'clock coming from the provincial government. Our province created the greenbelt legislation, which has made some huge fast-tracking of development and the need for more health care, but at the same time we have to keep our people healthy with clean air and fresh water. I want to thank

Jim Flaherty and Prime Minister Harper for bringing forward that national water strategy. I think it's a great opportunity for Ontario to set an example as well, to get out there and clean up some of our most valuable resources like the clean water we have in lakes like Lake Simcoe.

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The Acting Speaker: Questions and comments?

Ms. Martel: In response to the comments made by the member from Simcoe North, I wanted to say that I got a copy of this letter that he referred to as well in his remarks; I got a copy earlier this morning. I noted that it didn't have a date on it, which made me wonder about the rush that went on to try and get it out the door before we actually dealt with this legislation this afternoon. It reminded me as well of what happened when we dealt with Bill 50, the traditional Chinese medicine bill, when the same type of thing happened and a letter went out to the committee members before we had to deal with it again on third reading as a result of all the concerns that were still being expressed after we had gone to committee for that particular bill.

I am pleased to see that the government finally understands that this is not going to be dealt with by regulation—that is not satisfactory to social workers or to social service workers—and that the time is going to be taken to fix this properly, which of course requires time for amendments in committee. We're going to need to go to committee in order to do that, and we're certainly asking for that and reinforce that position today.

How the government is going to amend the bill remains to be seen. They may want to amend the social work act itself to add to it the controlled act of practising psychotherapy. That's the same kind of formula they're using to amend the Medicine Act, the Nursing Act and the Occupational Therapy Act. I don't know if it can be done with the social work act, but that might be the way that they respond to it.

What I do hope now happens is that the government actually has some conversations about the proposed legislative amendments before we get to committee so that we can get this sorted out and so we don't have to go through what we have just gone through, which is literally getting hundreds and hundreds of letters from very concerned social workers, who very clearly were left out of the original bill. I don't know how that happened. I don't know who's responsible. It certainly was a mistake. I'm pleased to see that the government, even at the 11th hour as we start to debate the bill, has got a letter out now to those same individuals to say that this is going to be fixed.

Mr. Fonseca: I am glad that the member for Simcoe North and the member for Nickel Belt brought up the letter to social workers from Minister Smitherman. I'm just paraphrasing here: "Since the profession is not regulated under the RHPA it was my intention to propose a regulation made under that act that would have permitted social workers to continue to practise psychotherapy uninterrupted." That is from Minister Smitherman.

But I want to focus here on the positives; let's focus on the positives. Ontarians will benefit from the creation of a public health agency that will bring experts in the public health system together; increased infectious disease management/control and emergency preparedness by ensuring public health officials have the necessary powers and authority to intervene in an emergency; modernizing the health professional regulatory system in Ontario; and the creation of new regulatory colleges.

Another positive: more efficient ambulance critical care patient transfers between health care facilities. I know this will help the members' ridings in Simcoe North and Nickel Belt.

Another positive: a revised medical audit system for OHIP payments.

Another positive: clear protection from civil liability for certain persons who use portable heart defibrillators to assist in an emergency.

Bill 171 is here to benefit all Ontarians. Yes, it will go through the legislative process. Yes, it will go to committee. Yes, we will look at amendments to make it better. But let's not forget what we are here for: We are here to make a stronger, better Ontario, to strengthen public health care. This is what Bill 171 will do. If we focus on those positives, we will be able to overcome many of the obstacles that we see in front of us.

Mr. Miller: It's my pleasure to add some comments to the speech from the member from Simcoe North. At the end of his speech, he got a little off topic and started talking about Lake Simcoe, but I know he's been fighting hard for his riding of Simcoe North and I know he's very pleased to see that federal announcement of \$12 million to improve the water quality in Lake Simcoe.

We're talking about Bill 171, the Health System Improvements Act. I want to again highlight some of the health challenges in the riding of Parry Sound–Muskoka, particularly on the east side of the riding, affecting Burk's Falls, Huntsville and Bracebridge, and the challenges Muskoka Algonquin Healthcare is facing. That's the newly amalgamated board between Huntsville and Bracebridge. They're facing a significant deficit challenge that has caused them to look at changing the way they deliver community lab services. I have to say that I think the solution that will save the board \$150,000 won't necessarily save the health system any money at all and will negatively affect health care in the riding of Parry Sound–Muskoka.

I have a stack of petitions in my desk. There was a lot of competition for petitions today; I look forward to delivering those tomorrow, if I'm given the opportunity. I also look forward to having a chance to speak to the minister about this issue.

The new board, under the directorship of former MPP Ken Black, has been looking and doing work to save duplication. They've been working hard on trying to eliminate the deficit, but they're facing some real challenges. They've asked for peer review, and I would hope that the minister would grant that peer review. It had been declined once, but that peer review would help

in terms of looking very much at the specifics of the challenges they're dealing with. I hope the minister will look into this situation.

Mr. Paul Ferreira (York South–Weston): I'm delighted to be able to offer some brief comments on Bill 171. This is in fact my first opportunity to rise in this House in debate.

Applause.

Mr. Ferreira: Thank you. As we've heard from members on both sides of this House, there are indeed some refinements and amendments that can be made to this bill. In fact, we heard that from the minister himself. That shouldn't be much of a surprise, given the very wide scope of this omnibus legislation. It includes 17 different and disparate parts that really have nothing to do with one another, aside from them being under the health care umbrella.

It's really because of that that we need, in addition to full study under committee, public hearings on this bill. In fact, our House leader has communicated that to the government's House leader and has suggested that those public hearings be heard during our constituency week break in the month of May. The hearings would allow the various stakeholders—and there are many—an important opportunity to have their feedback taken into consideration as we refine the legislation.

In particular, I want to point out some of the concerns that the Ontario Association of Naturopathic Doctors has raised. They would see their profession changed in a significant way. I've heard from naturopathic doctors in my own riding who have asked for an opportunity to contribute, in a meaningful way, to the finalizing of this particular piece of legislation.

So I encourage members to consider that, and I want to reiterate the importance of allowing the public across Ontario an opportunity to address this bill, which has significant impact on the course of health care in the province.

The Acting Speaker: That concludes the time for questions and comments. I'll return to the member for Simcoe North. You have two minutes to respond.

Mr. Dunlop: I'd like to thank the members from Nickel Belt, Mississauga East, Parry Sound–Muskoka and York South–Weston for their comments on my earlier comments. I want to in particular congratulate the member from York South–Weston on his election to this House.

The member from Mississauga East said, "Let's just talk about the positives." If he's talking about health care and he wants to talk about positives, maybe what he should do is sit in his constituency office some day and answer the phone, because about half of our calls—maybe even a little more than that—are on health care and how people are upset with health care.

Hon. Steve Peters (Minister of Labour): It used to be 90% of the calls.

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Mr. Dunlop: Now we're hearing whatever he calls himself from St. Thomas babbling away again. He can't

take any of this; he can't wear it. The reality is that there are a lot of negatives in the health care system. They're paying a health premium; the average citizen is paying about \$900 a year more in taxes. Where is it going? Where is this money being wasted—on government ads? We've seen the government ads. On glossy brochures?

There are literally millions of dollars being wasted in this system. That's why there are negatives in the system. That's why we have to concentrate on some of the negative things that are happening, like a letter that came out yesterday. A letter came out yesterday to respond to the social workers. They never had the courtesy to put the bloody date on it. They didn't put the date on the letter. They responded at the last second. The minister has been getting these letters since December 12; that's when the bill was introduced. The social workers have been complaining since December 12 about this. That's why we bought it up today.

Interjection.

Mr. Dunlop: Okay, he can go ahead and take his rabies shots if he wants, but the reality is, there are problems in the health care system and there are negatives in the health care system.

The Acting Speaker: I have to ask the member for Simcoe North to withdraw that.

Mr. Dunlop: I will withdraw that, very reluctantly.

The Acting Speaker: Just withdraw.

Mr. Dunlop: I'll withdraw that.

Interjection.

The Acting Speaker: I'd ask the Minister of Labour to come to order.

Further debate?

Ms. Martel: It's a pleasure for me to participate in the debate today. I will be doing the leadoff for the New Democratic Party and I will take an hour. So there you go. I just wanted to give everybody a bit of a warning.

I want to begin by saying this, on a general level: I remember a time when Liberals hated omnibus bills; it wasn't so long ago, when the Tories were in government. In fact, for the eight years that the Tories were in government and brought forward omnibus bills, there were any number of members, including the government House leader—whom I have lots of time for; I want to put that on the record—who had nothing but negative things to say about that: how undemocratic they were and how unwieldy they were and how there were always surprises hidden in them and how we shouldn't work that way.

But I guess that was then and this is now, because here we are dealing, of course, with a Liberal omnibus bill at the 11th hour, with about six months to go to the next election, with a minister who surely wants this bill to pass, and we have at least 17 different schedules involving probably 42 different acts. The only thing that holds them together is that in each of them the words "health care" appear somewhere. But there certainly isn't some seamless movement between all of them that ties them together. It really is in essence a lot of the promises that the Liberals made during the election that haven't been

kept yet and that they're trying to keep now before the next election is called.

Having said that, I want to deal with some of the specific concerns in a couple of schedules and proposals for amendments that I hope the government will take seriously. Of course, I have asked my House leader to ask the government House leader for public hearings. I hope that will take place during the constituency week, because it is clear that amendments are required to deal with this bill.

I want to deal, actually, with the schedules from near the end to the front for no particular reason except that schedule Q, which deals with the psychotherapy act, has probably been the most controversial. That's probably where I want to start, because I have the most to say in this regard.

It's true that psychotherapy is not regulated now. I am a member of a political party that has generally supported regulation; indeed, under our government in the 1990s we regulated some 21 health care professionals. So we recognize that regulation in and of itself enhances professionals and their role in the health care system and, secondly and most importantly, protects members of the public from someone just hanging out a shingle and practising whatever they want to practise even if they're unqualified and incompetent. So we are supportive, and we're supportive of the regulation of TCM, for example, as well.

So I'm supportive of schedule Q, which will allow a college of psychotherapists of Ontario to be established. The college is going to regulate the establishment of the registration requirements, develop and maintain quality assurance programs, develop the standards of practice for its members, and initiate processes for complaints and discipline. Indeed, the college will be responsible to regulate the conduct of its members to ensure that the highest quality of care is provided and to protect members of the public from those who would be incompetent or unqualified practitioners.

This all flows, I think, from recommendations that were made by HPRAC. Indeed, the minister, in February 2005, made a referral to the Health Professions Regulatory Advisory Council about psychotherapy. I want to read that into the record. He sought advice from HPRAC on the following:

"Whether psychotherapy should be an additional controlled act under the Regulated Health Professions Act, 1991, and if so, which regulated professions should have psychotherapy in their scopes of practice and how standards should be set and measured; and

"Whether psychotherapists should be regulated under the RHPA as a profession, what their scope of practice should be and what controlled acts they should be authorized to perform, as well as any protected titles, and whether it is appropriate that psychotherapists be regulated under an existing profession-specific act."

The response that came back from HPRAC was the following:

"HPRAC's central response is that psychotherapists and psychotherapy should be regulated in Ontario under

the Regulated Health Professions Act with a new profession-specific statute, the Psychotherapy Act, that would include an enforceable scope of practice and title protection; and those existing health regulatory colleges whose members practise psychotherapy should develop comparable standards of practice for their members."

That's somewhat similar to what we saw on the regulation of traditional Chinese medicine in terms of ensuring that other colleges whose members practise TCM—more specifically, acupuncture—should develop comparable standards as well for their members.

Two specific recommendations that I want to focus on: The first was recommendation 3(2): "No person other than a member in good standing of the college, the College of Psychologists of Ontario, the College of Physicians and Surgeons of Ontario, the Ontario College of Social Workers and Social Service Workers, and the College of Nurses of Ontario who has met the qualifications specific to the practice of psychotherapy as established by their college shall engage at any time in any of the activities as set out in (1)." That was to do with what psychotherapy was.

I want to say that with respect to that particular recommendation, I agree and I disagree with it. I agree with it because I think that social workers should have been part of this bill, and they weren't. I disagreed with the recommendation because it left out a whole category of essential mental health workers, mental health counsellors, who provide important services in northern and rural Ontario and who were not going to be able to provide those services to particularly vulnerable clients if the HPRAC recommendation passed in the way it did.

The second recommendation that was made that I agreed with was that "complementary amendments should be made to the Nursing Act, 1991, Medicine Act, 1991, Psychology Act, 1991, and Social Workers and Social Service Workers Act, 1998," and those complementary amendments would, of course, allow members in those colleges to continue to practise psychotherapy. The government has also added occupational therapists, which I agree with as well. So I agree with that particular recommendation.

I want to return, though, to the recommendations, because many of us have received letters from social workers which have said, "We need to return to the original HPRAC recommendation and implement that." If that had happened, I can tell you that any number of practitioners in my own riding would not be able to practise again, and those are specifically practitioners who work with a range of mental health organizations, who do a range of mental health counselling, whose patients rely on them, particularly because access to psychotherapy per se in northern Ontario and rural Ontario is pretty restricted.

The first letter that I got about that occurred even before the legislation was tabled, as kind of a warning for me to say, "If the HPRAC recommendation is implemented in legislation in its current form, all kinds of people in northern Ontario are going to be cut off

access.” So I just want to read part of this letter. It was from Dr. Josie McKechnie, who is a Ph.D. and C.Psych. in Sudbury.

“I am a registered psychologist and provide psychotherapy to adults in the region of greater Sudbury. I am a member of the College of Psychologists of Ontario and am writing to you in regards to recommended changes to the Regulated Health Professions Act....

“Although I am in support of ensuring that the providers of mental health services are both clinically competent and ethically sound, I have serious concerns for how this proposed legislation may restrict access ... for our northern community. Given the reality that a majority of individuals are not eligible for financial assistance for services, either due to lack of third party insurance coverage (which is very limited even when available) or because of lack of coverage for psychologists providing services in non-OHIP centres, the proposed revisions to this act are likely to place an onerous burden upon those who are already in emotional distress....

“I believe that all mental health services, not just psychotherapy, must be regulated in order to protect the public. People receiving mental health care are vulnerable at the time of their lives when they seek assistance or treatment. All mental health professionals, regardless of the titles they use, pose a risk of harm to the public due to the nature of their work. Thousands of mental health workers who are not full-time psychotherapists must continue to provide much-needed services and this broad spectrum of professionals needs to be regulated.

“I also believe that it is in the public interest for Ontarians to have the choice of a wide range of mental health services to ensure that:

“—the pool of qualified providers is not diminished;

“—services are available in remote areas;

“—services are available in languages other than English and French; and

“—culturally competent services are accessible to diverse communities.”

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She said, “Regulating only psychotherapists, rather than a broad range of mental health professionals ... will seriously curtail the choice of ... mental health services for scores of Ontarians across the province. Thousands of professionals, who are qualified and experienced mental health practitioners, but not psychotherapists per se, will be legally barred from continuing to offer services that deal with cognitive, emotional and behavioural disturbances....

“In addition, quality mental health services are desperately needed in communities across Ontario. Any law that curtails the availability of these services and creates barriers to access, especially in remote areas and for diverse communities, is not in the public interest. As well, the government cannot justify the expense of prosecuting mental health counsellors when these scarce

resources are better spent on providing a broad range of quality mental health services to Ontarians....”

Therefore, any “legislation must:

“—adopt a broad definition of psychotherapy that captures all mental health workers, including those who are currently unregulated;

“—regulate all persons providing mental health services; and

“—require currently regulated health professionals who are practising psychotherapy to meet qualifications and accountability measures specific to psychotherapy.”

I’ve got lots of letters like that from professionals in northern Ontario, and I know the government also got recommendations or letters from the Coalition of Mental Health Professionals, which represents about 13 very different groups, all of whose members provide counselling services to very vulnerable people. The message was the same: Don’t go with the HPRAC recommendation in this particular case, because you will really bar a number of people from access and you will put many people who are providing important services now out of business.

I was pleased to see that, in fact, when the legislation came forward in Bill 171, the protected titles included not just “psychotherapist” but also a protected title of “registered mental health therapist.” The bill also says that no person other than a member of the college shall hold himself or herself out as qualified to practise as a psychotherapist or a registered mental health therapist. I am trusting that this will not compromise now the ability of qualified providers like Sister Josie and others to continue the delivery of important services, especially in my communities and many others in northern Ontario.

I want to return to this particular regulation, though—not the particular regulation, but the recommendation, which spoke specifically to social workers—because I agree that social workers as a group of workers who are now practising psychotherapy need to continue to be able to do that, and clearly the ball got dropped by the government in this regard because, as currently drafted, of course, the bill does not reference social workers among those who can practise psychotherapy. It also does not provide for a complementary amendment to the Social Work and Social Service Work Act, 1998, to provide them, for example, with access to the controlled act, as other amendments are doing for other health care professionals who are providing psychotherapy.

This first came to my attention January 2, when my colleague Mr. Prue sent me a letter from one of his constituents, Mr. Polski, who said the following:

“As a social worker who is your constituent, the omission of the recognition of the profession of social work as a provider of psychotherapy is an unjustifiable error that will affect me personally, and my ability to earn a living.... The exclusion of social work from this bill is unfair and unreasonable.”

As a result of that, we sent that letter to the minister’s political staff, saying to them, “Surely you can’t mean what this says,” because from our view it clearly does cut

out social workers, and I can't imagine that that is what you were interested in doing. We sent that because we were receiving letters like that and others; for example, this one, which I also want to read into the record and which said the following:

"I am a member of the Ontario College of Social Workers and Social Service Workers, and an oncology social worker providing psychotherapy services to malignant hematology patients and their families at the Princess Margaret Hospital in Toronto. I am extremely concerned about the impact of the proposed Psychotherapy Act, 2006 on my profession and on the provision of psychotherapy services to cancer patients and their families....

"I am particularly concerned about the exclusion of social workers from the proposed Psychotherapy Act, 2006 because a significant component of my work as an oncology social worker involves the provision of psychotherapeutic services to patients facing illnesses that include leukemia, lymphoma and multiple myeloma. I also provide care for patients who have undergone ... [an] allogenic bone marrow transplant. Treatments can prolong life but the inescapable reality is that many patients I work with, including men and women of the age ranges from 17 through to the late 80s, diagnosed with malignant hematological disease are dealing with the reality that their disease is incurable. Adjusting psychologically and practically to this reality presents significant challenges. Risk factors related to age, life stage, prior history of illness or trauma, more general health-related anxiety, current levels of social support as well as barriers related to language, literacy, socio-economic status, and immigration status can exacerbate patients' vulnerability at these times."

She went on to say very clearly, in regard to all of the work she tries to do with these patients, many of whom are palliative and aren't coming out of the hospital, that recognition "of social workers as key professionals providing psychotherapy services in the proposed Psychotherapy Act, 2006, is necessary to ensuring appropriate patient access to these services throughout the health care system."

Based on that letter and many others, we contacted the minister's political staff and sent them a copy of the letter that we had from Mr. Prue and said, "Please check with the bureaucratic staff, because we can't believe that this is what you mean to do." To his credit, Abid Malik, who works in the minister's office, sent us an e-mail back on February 6, thanking us for sending the letter over and for bringing this to his attention. He said the following: "I want to assure you that the minister is aware of the issue; he highly values psychotherapy services provided by social workers to their clients and intends that social workers who provide psychotherapy will continue to provide the service if Bill 171 is passed."

However, in the same letter, of course, it was made clear that the minister wanted to do that via regulation. He said the following:

"Social workers are regulated in Ontario under the Social Work and Social Service Work Act, 1998, not the

RHPA. In the result, social work is not a regulated health profession and social workers are not authorized to perform a controlled act under the RHPA. However, the minister has the power to make regulations under the RHPA exempting a person or activity from the provisions of section 27(1) of the RHPA." That's the controlled act section. "Section 27(1) of the RHPA restricts the performance of a controlled act to certain persons, including members of a regulated health profession who are authorized to perform them." So it was clear that the minister was going to try and fix this through regulation.

We sent this letter in its entirety out to the many people in the field who were contacting us to say, "Clearly the government has erred in the drafting of this, and the government's proposal to fix this is by way of regulation." That didn't take us very far at all. We heard back from many social workers after that who said, "No, that's not good enough. We want to be included in the act. We don't want to have our provision of service based on a regulation that can be changed every Wednesday at cabinet. We want to be included like the others in an amendment to the bill."

Indeed, on the website for the Ontario Association of Social Workers, the association says just that: "OASW is currently working with a government relations firm as well as lawyers to seek amendments to the Psychotherapy Act with the goal of having social work formally recognized as the fifth regulated profession referenced in the act. We are communicating directly with both Minister Smitherman ... and Minister Meilleur ... and are working with other senior staff in the MOHLTC to find a solution to this problem. We want full recognition of qualified social workers to provide psychotherapy, and authorization of the Ontario College of Social Workers and Social Service Workers to set standards to regulate psychotherapy."

They weren't the only ones who wrote to us and said that regulation isn't good enough. I just want to read from the very end of a letter that was sent to us from Ruth Cummins in Thunder Bay, who said the following:

"In summary, Minister Smitherman, I am asking that you work with Ontarians around two main concerns. Firstly, that you immediately seek an amendment to the Psychotherapy Act that is in line with the HPRAC recommendations and one [that] provide[s] a solution that does not create a further split between our profession and those professions falling under the RHPA. I ask that you and Minister Meilleur work together to ensure that social work is included as the fifth regulated profession listed in the Psychotherapy Act as qualified to provide psychotherapy. Social workers must be fully recognized as providers of psychotherapy and the Ontario College of Social Workers and Social Service Workers as having the authority to set standards...."

The government really did need to take a serious second look at how to fix this by way of amendment versus by way of regulation. So I was very pleased to receive just this morning, on the eve of the start of the

debate of this particular bill, a copy of the letter that the minister sent out yesterday to many social workers to say that he recognized that this was a problem, that he agreed that the way to fix it was not via regulation, and that the government was going to look towards amendments to bring these changes about.

I can say that in talking to the president of the association of social workers two weeks ago, we asked them to work with their lawyers to give us potential amendments to the bill that we could move forward in the event the government didn't. So I hope that people are working with the right people now so that the amendments that come forward are going to do the trick and are going to, by way of amendment in law in this legislation, actually allow social workers the ongoing right to provide psychotherapy services. We look forward to having that debate and discussion and seeing those amendments when the committee sits.

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Next I want to deal with schedule P, which is the schedule involving the regulation of naturopathy and homeopathy. The schedule regulates both of those professions. There will be a new college established called the College of Naturopaths and Homeopaths of Ontario. Previous to this, naturopaths had been regulated under the Drugless Practitioners Act for the past 80 years. I want to read into the record some of the concerns about Bill 171, schedule P, which have been raised with me recently by Michael Heitshu, who is the director of policy for the Ontario Association of Naturopathic Doctors. I want to read these into the record. These are the following concerns from the association.

(1) "Establishing a scope of practice statement that is a reduction of what naturopaths have under the Drugless Practitioners Act, and which does not accurately describe the essential approach of naturopathic medicine, which is to treat the whole person, not just symptoms. It is critical to the profession that the scope statement maintains the integrity of the philosophy of the profession. To be accurate, the scope statement must include the role of naturopaths in providing diagnosis and must include disease as part of the scope, as recommended by HPRAC. An improved scope statement will also help the public with the important objective of clarifying the differences between homeopathy and naturopathic medicine.

(2) "Taking away the ability of naturopaths to prescribe, dispense, sell and compound many natural health products that are currently available to patients, and that naturopaths are highly trained to use safely and effectively. HPRAC recommends that naturopaths be granted this controlled act. Without this controlled act, naturopaths would only be able to use natural health products intended for over-the-counter sale to consumers to treat patients, meaning we could no longer offer the optimal care that results when naturopaths can customize a treatment plan based on the full range of natural medicines that are currently available. Naturopaths have been prescribing, dispensing, selling and compounding

natural medicines as part of their current scope of care in a safe and effective manner.

(3) "Limiting naturopaths to providing a 'naturopathic diagnosis,' which places unreasonable limits on the ability of naturopaths to perform diagnosis as patients have come to expect. It is a significant concern that a naturopathic diagnosis may have no relevance for other practitioners, which could substantially limit opportunities for collaboration if the naturopath's diagnosis cannot be accepted. As with the scope statement, the controlled act does not include diagnosis of a disease, only a disorder or a dysfunction. This is a substantial limitation on what naturopaths can diagnose. We believe diagnosis should happen within standards established by the regulator, as with MDs, dentists, optometrists, ... psychologists and chiropractors.

(4) "Outlining a format for title protection that will result in Ontario's naturopaths being forced to use the title 'doctor of naturopathy' that has never been used before in Ontario. This title is currently only used by poorly trained and unregulated practitioners in other jurisdiction who do not qualify to be naturopaths and would therefore reduce the confidence of the public in Ontario that they are seeing a regulated health provider. Bill 171 should continue to use the titles already established in Ontario: 'naturopathic doctor' and 'doctor of naturopathic medicine.' It is also critical that the premise of Bill 171 to enable" naturopaths "to use the Dr. abbreviation continues to be upheld."

That was an analysis of the concerns from the association of doctors of naturopathic medicine or naturopaths that was sent to me on March 12, so it's quite a recent analysis of the bill. I know that the association sent out a press release when the bill was released indicating its support for the bill, but this has come in after, so I assume they have had a chance to go through it more thoroughly, particularly more thoroughly through schedule P, and these are some of the concerns that they have raised with me and that I trust they will be able to raise during committee hearings. I hope the government is going to be open to some of the amendments that they have listed in their brief.

I next want to deal with schedule M, which involves amendments to the Regulated Health Professions Act. There are significant amendments in this section. Many of them are prompted by the report that HPRAC entitled *New Directions*. I want to put on the record now some of the suggestions that have been made to me both by way of brief and in a meeting held with the College of Physicians and Surgeons. Many of them are technical amendments, but I think that the government would want to take a look at them because they could be easily incorporated into the bill.

First of all, subsection 14(1): Under "Continuing jurisdiction," "The amendment proposes to allow a person whose certificate of registration has been revoked or who has resigned to continue to be subject to the jurisdiction of the college for misconduct or incompetence referable to the time when the person was a member and may be investigated.

“Currently, members who were revoked or who have resigned are subject only to misconduct, not incompetence, proceedings.

“A person whose certificate of registration ‘has expired’ should also be included in this provision as there have been circumstances where the college has sought to take action notwithstanding that a member had allowed his/her certificate to expire.”

The recommendation made by the College of Physicians and Surgeons is, “Add persons whose certificates have expired to s.4(1) to continue to be subject to the jurisdiction of the college for misconduct or incompetence referable to the time when the person was a member.”

Subsection 23(6), with respect to the register: “The amendment would provide the discipline committee with a new ability to order that the registrar not disclose certain information to the public or post it on the college website if more than six years has passed since the information was prepared or last updated.

“The public would be better protected if the information regarding the member that would not be disclosed after six years had passed was a discipline finding in respect of which the penalty ordered was only a fine or a reprimand, as per the CPSO bylaw.

“Recommendation: Add ‘if the information regarding the member was a discipline finding in respect of which the penalty ordered was only a fine or reprimand’ to the end of s.23(6)(a) to allow the registrar to disclose to the public or post on the college’s website serious information if more than six years has passed since the information was prepared or last updated.”

I think that’s an important provision for the government to make. The government talks about making this information more available to the public—not only CPSO information, but information with respect to all other colleges and members who are disciplined. One of the areas we need to make a change in to make sure we are allowing all of the available information to be posted that should be posted would require a change in this regard. I hope the government will take that into consideration.

Subsection 25(6), the complaints section: “Amendment provides for the registrar to give notice to the member within 14 days of receiving the complaint.

“Currently, the legislation does not specify a set time period for the provision of notice” to the member of a complaint.

“Imposing a time limit may be problematic in certain cases where substantial investigation needs to be done prior to notifying the ... member.

“For example, a sexual abuse, fraud, or serious prescribing complaint may require the college to obtain an appointment of investigators by the ICR committee and in some cases perhaps even a search warrant to obtain original medical reports prior to notifying the member. These processes will generally take more than 14 days.

“In these kinds of cases, if the member under investigation is aware that a complaint against him/her has been submitted to the college before the investigation commences, the integrity of evidence may be jeopardized.

“Recommendation: Remove the provision requiring the registrar to give notice to the member within 14 days of receiving the complaint so that necessary investigations can be completed prior to notifying the member or provide for an exception to the general 14-day rule where a longer period of time is required in order to preserve the integrity of the investigation.”

What we’re talking about is making sure that evidence is not destroyed when a member becomes aware of a complaint that has been registered against him or her. If the college has gone through cases before—and they assured me that they have—where gathering that evidence to protect it and protect its integrity has taken longer than 14 days, then we should find a way to have flexibility around that timeline. I understand why there is a timeline, which is to move those processes forward. But if in the process of doing that, you end up compromising evidence that needs to be used, then we haven’t served anybody very well. I trust that the government’s going to be interested in looking at how we can be more flexible around that particular timeline provision.

Subsection 25(1) has to do with the alternative dispute resolution mechanism: “Alternative dispute resolution with respect to a complaint should not run concurrently with an investigation as it will be extremely resource-intensive for the college, the member and the complainant to have two very similar concurrent processes.

“The college, the complainant and the member will all be duplicating efforts and doubling their use of resources if required to undergo two processes about the exact same matter currently.

“Thus, the investigation should not commence until the ADR process is complete.

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“Further, requiring all information obtained during the course of the ADR process to remain confidential places the regulator in an untenable position should it become aware of serious information during the ADR process and be precluded from further investigating or acting upon it.

“The college, as regulator and in order to protect the public, cannot ignore information that it has been given, regardless of where it comes from.”

So the recommendation is to amend “section 28(2) so that a referral to an ADR process does affect the time requirements under section 28; the computation of time shall not start unless and until the ADR process fails. Separate timelines can be introduced for the ADR process,” if necessary. “Add ‘an alternative dispute resolution with respect to a complaint should not run concurrently with an investigation to section 25.1.’”

Under section 26(1)2, the college notes, “After investigating a complaint or considering a report, an ICR panel should refer the member to the fitness to practise

committee for incapacity proceedings, instead of to a panel of the ICR committee as the bill proposes.”

“In general, section 26(1) is a great improvement and will allow us to better protect the public.

“One significant issue with the provision is that it is unclear from section 26(1)2 and section 58(1) whether the legislation contemplates two different panels of the ICR being involved.” If that is the case, “there is no benefit to the change from our current process of having a board of inquiry and a panel of the executive committee.

So the recommendation is to “[r]emove ‘ICR committee’ from section 26(1)2 and replace it with ‘fitness to practise committee,’ thereby allowing an ICR panel to refer a member to the fitness to practise committee for incapacity proceedings after investigating or considering a report.”

Three more that I want to point out are under section 38(1)1: “The proposed amendment would allow the chair of the discipline committee to select a separate panel from among the committee members to consider pre-hearing matters.

“There is a possible problem with specifying that different pre-hearing panel may be appropriate for some motions.

“Due to the shortage of available council members, requiring separate pre-hearing panels would make it more difficult to obtain panels for hearings.

“Currently, common-law principles must be followed in this regard, and these suffice to ensure a fair process.”

So the recommendation is to remove that section from the bill.

Under 58(1)1, the section on incapacity: “The proposed amendment allows for a panel selected by the ICR committee to inquire whether a member is incapacitated.

“The provision does not explicitly state, but seems to suggest, that two separate ICR panels have to be involved.

“Requiring two separate panels would not allow the process to improve, and will in fact would make it more difficult to administer than as occurs with the current BOI process.”

So the recommendation is that section 58(1)(b) should be amended to provide that the ICR committee can inquire into issues of incapacity if these issues are raised by any complaint or report.

The final provision I want to focus on is one that involves search warrants, and I want to focus on this because I think the government is going to have to clarify its wording in this particular section.

CPO, in its brief, said to me that subsections 77(1) and (2) make changes to the current search warrant process and that one of the changes, as they read it, “is that a search warrant will no longer provide access to a dwelling or part of a dwelling that is not the place of practice of the member. The problem is that often members who practise in part of their homes maintain records or other relevant information in their basements

or other portions of their homes that are not in their ‘place of practice.’

“We have recently had two cases in which members were alleged to have been practising in contravention of terms on their certificates, in which they practised out of their homes but kept records and other supplies and information in other portions of their home.

“Search warrants permitted us to access these records, and it is very important such an ability is maintained.”

So they suggest that we remove “other than a dwelling or a part of a dwelling that is not a place of practice of the member” from that section.

I read the section over a couple of times, and on the first couple of readings I thought the college was right and that indeed that is what the section says, that unless we were talking about a member’s place of practice, you couldn’t get a search warrant and you couldn’t go and investigate. And then I read it a few more times, because we had the same kind of discussion on Bill 140, dwelling search warrants etc., and when I reread the provisions, it seemed to me that the provisions perhaps were allowing search warrants to be executed for places of business and for dwellings and for homes. So if CPO is confused about this and I’m confused about this after reading it many times, I think it warrants the government to have another second look at this just to make it clear that you can get a search warrant to look at both the place of business—the place of practice—and a member’s home if you’re trying to collect information. I don’t think, as it currently stands, it’s very clear, and it would be good to have some amendment around that particular section to make it very clear that that is what in fact we are allowing college members to do. I’m sure that is what the government intends, but I have to say that in its current format it is not clear, and I suspect CPO is probably not the only college that has read it in that light and thinks that there is a problem with that particular section now.

I want to deal next with schedule K, which establishes the Ontario Agency for Health Protection and Promotion. This schedule establishes a new agency as a crown agency to provide scientific and technical advice and to support those working to promote and protect the health of Ontarians. An additional set of responsibilities include “to carry out and support activities such as public health research, surveillance, epidemiology, planning and evaluation.” The new agency will be called the Ontario Agency for Health Protection and Promotion.

I want to spend some time on this particular one because OPSEU has raised concerns with the government in a letter that I saw, dated December 12, about the agency. I want to share those concerns and put them on the record, but I think those concerns need to be put into some context. So I want to deal with the context first.

In the final report of the agency implementation task force, which was released on March 26, the task force recommended that the new Ontario Agency for Health Protection and Promotion be established with arm’s-length relationship from the government. I should say that the task force was established at the direction of the

minister. A number of very well-qualified, very significant, very important people in health care who have been a part of that spent many hours responding to the government's question of: Should there be an agency; what should it look like; what should the governance structure be; what work should they do; how should the board be selected etc.?

They reported in their final report that there be an arm's-length agency and that it be established as a scheduled agency of the crown. As I said, many important people, many very qualified, hard-working people were members of the task force. They devoted months in time and a lot of energy to providing the government with information on how to start the new agency. I want to note in particular that one of the members is my own medical officer of health for our public health unit, Dr. Penny Sutcliffe, for whom I have enormous respect.

However, I have to say that the recommendation for the agency to be arm's length is, frankly, at odds with recommendations that were made by the Honourable Mr. Justice Archie Campbell in his volume 3 of the final report of the SARS commission, on page 1161. This was tabled in December 2006. I want to quote from his remarks because he does make it clear that his interest is in an agency that is very much attached to the government, not an arm's-length agency, and he outlines the reasons why. I'm quoting from his report.

"Although there is much wisdom in the proposal for an Ontario Agency for Health Protection and Promotion, the recommended structure fails to take into account the major SARS problem of divided authority and accountability.

"As the commission noted in its second interim report:

"... the SARS response was also hamstrung by an unwieldy emergency leadership structure with no one clearly in charge. A de facto arrangement whereby the chief medical officer of health of the day shared authority with the commissioner of public safety and security resulted in a lack of clarity as to their respective roles which contributed to hindering the SARS response."

"An important lesson from SARS is that the last thing Ontario needs, in planning for the next outbreak and to deal with it when it happens, is another major independent player on the block.

"The first report of the agency implementation task force said:

"A body at arm's length from the government was recommended in the Walker, Campbell and Naylor reports, was a commitment in Operation Health Protection and aligns with the successful experience of the INSPQ (L'Institut national de santé publique du Québec)."

"The commission in fact recommended a much different arrangement in its first interim report, and warned against creating another 'silo,' another autonomous body, when SARS demonstrated the dangers of such uncoordinated entities:

"First, the structure of the new agency or centre, which will combine advisory and operational functions,

must reflect the appropriate balance between independence and accountability whether it is established as a crown corporation or some other form of agency insulated from direct ministerial control.

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"Second, it should be an adjunct to the work of the chief medical officer of health and the local medical officers of health, not a competing body. SARS showed that there are already enough autonomous players on the block who can get in each other's way if not properly coordinated. There is always a danger in introducing a semi-autonomous body into a system like public health that is accountable to the public through the government. The risk is that such a body can take on a life of its own and an ivory tower agenda of its own that does not necessarily serve the public interest it was designed to support."

"Consequently, the commission"—that is, Justice Campbell's commission—"recommended that the chief medical officer of health have a hands-on role at the agency, including a seat on the board."

In the proposed legislation, of course, the chief medical officer of health does not sit as a full member of the board and sits at the meetings when the board and for how long the board says that is appropriate. So that is quite contrary to what Justice Campbell recommended.

"The agency implementation task force took a completely opposite approach, recommending against giving the chief medical officer of health a seat as a voting member of the board, and recommending a very autonomous role for the agency.

"This proposed arrangement ignores important lessons from SARS.

"The commission, far from recommending a completely arm's-length organization, pointed out the need for the chief medical officer of health to be in charge with the assistance of the agency, which should, albeit with a measure of policy independence, be operationally accountable to the chief medical officer of health."

I think it's important for members to have that background, because the government has made a decision, which is up to the government, to move with a recommendation that was made in the final report of the agency implementation task force; that is, to set up an arm's-length agency, a scheduled agency of the crown. The government has also gone with the recommendations of the implementation task force with respect to the role of the chief medical officer of health, which is that he or she will not be a voting member of the board. The government can do that, but it needs to be pointed out that clearly that is a contradiction from what was proposed by Justice Archie Campbell. I think it's important to note that this report came out in December 2006, when Justice Campbell had had time to look at the proposed governance structure that had been put forward to the government by the agency implementation task force. So the government has made a choice, and that is the government's choice. Having said that, serious concerns remain about that choice, especially in light of all the

work that was done by Justice Campbell and especially in light of his concerns about the government's proposal in Bill 171, which he articulated as late as December 2006.

This leads to the concerns that OPSEU has raised with the government. In a letter dated December 12, 2006, OPSEU says the following:

"OPSEU endorses the key recommendations of both the Campbell and Walker reports that the government:

"—strengthen the authority and operational independence of the chief medical officer of health ... while ensuring his/her continued accountability to the Minister of Health and Long-Term Care;

"—substantially increase the funding and resources available to the Ontario public health laboratories to ensure they have the medical and technical expertise and operational capacity to respond to future public health crises; and

"—strengthen the links and improve coordination between the public health labs and both the ministry's public health branch and broader public health and health care systems.

"We therefore support the call by both the Campbell commission and the Walker panel:

"—to create a new Ontario Agency for Health Protection and Promotion as an agency of the Ministry of Health and Long-Term Care, under the operational authority of the CMOH and the direction of a competent board appointed by the Minister of Health; and

"—to transfer the Ontario public health laboratories to the new agency.

"However," says OPSEU, "there is no evidence that the government's proposal to establish the new agency outside the Ontario public service will help address any of the serious issues identified in the Campbell and Walker reports.

"On the contrary, such a move would undercut Justice Campbell's call to balance the need for independence of the CMOH and the new agency against the need to ensure their direct accountability to the minister and the public. It would reduce direct ministerial accountability for the new agency's operations. It would reduce the transparency of the agency's operations while making it much more difficult to improve coordination between the public health labs, the ministry's public health branch and the rest of the health care system. It would do nothing to ensure that the new agency is adequately funded. Finally, it would create additional uncertainty and dislocation for the almost 600 OPSEU members who work in the public health labs—and increase the risk of service disruptions and other problems during this important transition.

"In contrast, establishing the new agency within the OPS would allow the government to ensure the necessary independence and expertise of the new agency's board and senior management while preserving direct accountability to the minister and the public for its operations. We therefore urge the government to create the new agency within the Ontario public service—and to work with OPSEU members to strengthen the province's

system of public health surveillance while ensuring stability for the hundreds of skilled workers whose skills and expertise will be central to the new agency's success.

"In the meantime, whether the new agency is established within the OPS or outside it"—and it looks like it's going to be outside of it—"OPSEU is seeking immediate commitments from the government that

"—Bill 158, which will restore successor rights to crown employees, will be passed and proclaimed as soon as possible, and before the transfer of any OPS employee to the new agency;

"—Successor rights will apply to all OPSEU members affected by the transfer to the new agency;

"—No OPSEU member will be surplus as a result of the transfer, either by the government or the new employer;

"—Affected OPSEU members' entitlements and participation in the OPSEU pension plan will be grandfathered, in accordance with the outstanding amendment 12 to the OPSEU pension plan text."

I raise those particular concerns because I think it is important to note that there were two choices that the government had at its disposal with respect to the establishment of this agency. Everybody agrees with the need to establish it. The issue is really around its governance structure. There certainly is a difference of opinion about how to do that between the implementation task force and Justice Archie Campbell. If the government, as it appears to have done, is going to use the implementation task force recommendation, then I trust that the government will work with OPSEU as seriously as it can and as soon as possible to ensure that all of the commitments that it is looking for are met, because if it's a crown agency outside of the public service—and it looks like that's what it will be—of course there will be a number of people who will be affected, and that may have a direct impact on the good work that they currently do, particularly in the public labs.

So I say to the government, the choice has been made. I certainly hope that you can figure out how to accommodate Justice Campbell's concerns, which were repeated again only as recently as December, and I certainly trust that you are going to accommodate OPSEU's concerns about what will happen with a crown agency that is outside the OPS.

Finally, in respect to this particular section, I do think it's important to talk about funding, because Dr. David Walker, in the final report of the expert panel on SARS, said the following: any new agency would need an operating budget of \$45 million—that was in addition to the existing base budget associated with the current laboratory operations, so an additional \$45 million of new money—a capital budget that would need to be in the order of \$3.5 million in design and development costs, and an additional \$35-million allocation to put it all together.

Although the government announced the new agency, the government has yet to talk about the funding, either operational or capital, that will be associated with the

new agency. It's clear that those costs are going to be substantial, and we wait to hear some kind of announcement from the government of just what those allocations will be, both with respect to capital and operating. But I certainly hope the government is going to pay heed to the work of Dr. Walker in his final report and put in place the kinds of sums of money he says are necessary to make sure this agency will operate as it should.

Finally, with respect to the transfer of the public health laboratories to the new agency, this was also recommended by the implementation task force. I think that makes good sense, but it is also clear that they said a couple of things had to happen before that transfer would ever occur. I just remind the government of what the implementation task force said and hope the government is committed to this: that we need to reshape, retool and refocus the Ontario public health labs so individuals in the system have the tools, the processes and the supports necessary to cope with the challenges and excel; that we need to deepen and strengthen the emphasis on and the opportunity for research and academic partnerships; that the Ontario public health laboratories remain intact and are transferred intact to the new agency; and, finally, that there be immediate establishment of a laboratory transition team to aid in the planning.

So as of this part of the schedule, if the bill is passed, the new agency will be created, and it will be incumbent upon the ministry to work as soon as possible after that to establish a laboratory transition team to aid in the transfer of the public labs to the new agency. I hope that the government will do that. We have incredible expertise in the many skilled workers who work in the public laboratory system now and we do not want to lose any of that skill or expertise. We want to keep it all and maintain it, and we want to, frankly, enhance their roles. The government needs to send a signal to these members very quickly after the bill is passed that the government is intent on having that transition team in place to make sure that those skills remain in place and are transferred to the new agency.

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I want to deal very briefly with schedule F, which is the Health Protection and Promotion Act. There are a number of amendments in this particular section. Subsections 29(1) and 29(2) are amended to allow reporting by medical officers of health to health facilities with respect to communicable diseases that are acquired at facilities and to allow for the issuance of orders against either institutions or public hospitals in order to deal with those communicable diseases. It was interesting that in the *Globe and Mail* earlier this month, on March 10, the headline was "Hospitals Must Report Superbugs by Next Year." It says very clearly, "Starting in January, 2008, the Canadian Council on Health Services Accreditation will compel virtually all acute-care hospitals—in addition to those nursing homes and other institutions seeking a stamp of approval—to provide the rates of" MRSA or *C. difficile*.

It's important to note that this reporting mechanism to the Canadian Council on Health Services Accreditation is

voluntary; there's nothing mandatory about it. Given, frankly, how deadly these two superbugs have become, I think it's becoming incumbent on provincial governments to ensure that there is reporting of this in hospitals and long-term-care homes as well. In fact, right now in both Manitoba and Quebec, the provincial bodies, hospitals etc., are compelled to report that to public health agencies. So under this particular section, where we're going to expand the roles of the public health officials with respect to communicable diseases, I suggest to the government that it would be well worth your while in a regulation under the Health Protection and Promotion Act to make it mandatory for both hospitals and long-term-care homes, for example, to report incidences of both *C. difficile* and MRSA to the relevant local public health agencies so that people are aware of what's happening and that public agencies can work with the institutions or the homes in question to try and deal with these very serious outbreaks. It can't be put forward as an amendment to the bill, it would have to be done as a regulation, but given the increased responsibilities in this section for both medical officers of health and public health staff, I think the government would be well advised to take a look at what Manitoba and Quebec have done in this regard and move similar regulations under this act with respect to these particular two new superbugs.

I want to deal now with two more schedules. Schedule D includes the Health Protection and Promotion Act. Under this particular schedule, the responsibility for small drinking water systems is going to move from the Ministry of the Environment to the Ministry of Health. That includes small drinking water systems in bed and breakfasts, churches, community centres, private cottages, municipal airports, motels, resorts and gas stations. Under the changes proposed, the assessment of these systems is going to be added to the list of mandatory health programs that have to be carried out by boards of health.

Safe drinking water is a serious issue. We only have to think about Walkerton to understand that. Of course, public health units will have a very serious responsibility in this regard as the assessment of these systems and the ensuring that they are safe will be a mandated program. The problem is that public health units right now in the province are under great pressure to deliver on the current list of mandated programs. It's not clear to me that public health units are either going to get the staff or the financial resources necessary to actually ensure that this very serious new mandatory program is going to be undertaken.

On the contrary, it's very clear to me that the government's cap of 5% to health units in 2006 has caused a serious problem in the ability of health units to meet the mandated programs now; many of them are not. I just want to read from a letter that was sent from the Association of Local Public Health Agencies to the then chief medical officer of health, Dr. Sheela Basrur, on May 23, 2006, with respect to the cap and the ability or

inability of public health units to then undertake their legislative responsibility to carry out mandatory programs. She says:

“On behalf of member medical officers of health, boards of health and affiliate organizations of the Association of Local Public Health Agencies ... I am writing to urge you to reconsider the current policy direction of reviewing board of health grant requests that provide for up to 5% growth in 2006.

“Board of health chairs and MOHs received the letters informing them of this policy direction on March 3 and 4, respectively. Given the January to December fiscal year for boards of health, most had already completed their budget cycle by the time this policy direction was received. We are asking that the 65% MOHLTC grant for all board of health approved budgets be fully funded. A cap on public health funding growth at this time is not acceptable as it will jeopardize the ability of boards of health to fulfill their obligations under the Health Protection and Promotion Act and mandatory health programs and services guidelines.

“For the past five years health units have been on a path to achieve 100% compliance with the minimum standards outlined in the mandatory health programs and services guidelines. Boards of health remain committed to this goal and are working towards levels of health unit funding that will achieve 100% program compliance. Limiting board of health grants at this time will have a negative impact on the ability of health units to reach the 100% compliance they have been working to achieve.”

So it's very clear that the government's decision last year, in 2006, to limit the growth in public health spending, particularly on mandatory programs, to 5% had a serious impact on many of the 36 public health units in the province. Many were already not meeting the mandatory programs they're supposed to deliver by law. Many more were put in a position where the good work they were trying to do was totally undermined by the government's cap.

My serious concern with respect to this particular schedule is that transferring the responsibility for small drinking water systems to public health units without a significant financial commitment or a significant commitment of new inspectors—which in itself is another financial commitment around human resources. If the government doesn't do that, then public health units across the province will fail to be able to deliver this new responsibility. They will fail completely. I have looked and listened and tried to see what kind of commitment the government is going to make in this regard to public health units, and I fail to see what that is. In the most recent conversation that we had with ALPHA, with the executive director, she also pointed out that there is still not enough core funding to provide mandated programs, never mind trying to find the funds necessary to undertake this new added mandated responsibility.

So I await hearing from the government about the levels of funding that it intends to allocate to public health units to allow them to undertake this new addi-

tional responsibility. I haven't heard that yet, and it is imperative that the government make an announcement and that that funding be adequate enough to allow public health units to take on this very important responsibility.

I want to end with schedule B, which affects the existing health professions. There are a number of professions in this particular schedule whose legislation is being amended, and I just want to focus on the Nursing Act, 1991. To put it into context, on October 23, I wrote to the Minister of Health and I asked him to make a number of legislative and regulatory changes that, if put in place, would impact positively upon acute-care nurse practitioners under the extended class of registered nurses. The legislative changes included, for example, title protection for nurse practitioners, additional new controlled acts, including prescribing a drug, the setting or casting of a fracture of a bone or a dislocation of a joint and the expansion of existing controlled acts, for example, allowing nurse practitioners to have an enhancement around the ordering of application of energy.

The regulatory changes that I asked for included regulation 965, the Public Hospitals Act; regulation 552, the Health Insurance Act; regulation 107, the Regulated Health Professions Act; and regulation 682 of the Laboratory and Specimen Collection Centre Licensing Act. All of these changes, if implemented, both legislative and regulatory, would allow registered nurses in the extended class, particularly those providing acute care, to really care for in-patients in hospitals, to allow them to order and apply a broader range of form of energies and to expand their authority to order tests.

Since my letter of October 23, 2006, my follow-up letter of November 27, 2006, and my follow-up letter of February 19, 2007, I still have not had any response from the government about the government's intentions in this regard. I look to Bill 171 and see that the only thing that the government has essentially moved on in all of these matters is the title protection of “nurse practitioner.”

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The government had a golden opportunity in this legislation to move forward the other legislative changes that nurses have been asking them to move forward on. In particular, on the matter of prescribing a drug, nurse practitioners want to be able to prescribe a drug that is needed for the patient, not what appears on a list right now in regulations, which is the only list they're allowed to work with. They don't get it in this bill. They don't get enhanced controlled acts or new controlled acts and certainly none of the regulations that I've talked about have been put into effect.

If all of these had been done, it would really enhance the role of nurse practitioners, especially those who are working in acute care. I regret that the government didn't use Bill 171 as the opportunity to bring forward the legislative changes that had been required to see this done in order to give nurse practitioners the ability they need to truly perform within their scope of practice.

In conclusion, let me say that of course we will want public hearings on this bill. I have asked my House

leader to communicate that to the government House leader. I understood he did that today. I hope we can do that during the constituency break. There are a number of amendments I've put forward today. I hope that the government will be open to listening to them and making sure that they pass.

The Acting Speaker: Pursuant to standing order 37, the question that this House do now adjourn is deemed to have been made.

ADJOURNMENT DEBATE

FISH AND WILDLIFE MANAGEMENT

The Acting Speaker (Mr. Ted Arnott): The member for Parry Sound–Muskoka has given notice of his dissatisfaction with the answer to a question given by the Minister of Natural Resources. The member has up to five minutes to debate the matter and the minister or the minister's parliamentary assistant may reply for up to five minutes.

Mr. Norm Miller (Parry Sound–Muskoka): Mr. Speaker, I don't see the minister, and I don't believe his parliamentary assistant is here.

Interjection.

Mr. Miller: The parliamentary assistant? Okay. Thank you very much, Mr. Speaker.

I filed for a late show on December 14, 2006, after Minister Ramsay's response to my question about funding for the Ministry of Natural Resources fish and wildlife programs or, rather, his lack of a response.

In December, I asked about funds for conservation officers, specifically operational funds for things like gas. As you know, conservation officers have been holding bake sales and bottle drives to raise money. I also asked the minister about funds raised through licensing fees going into the special purposes account. Originally, he told me that licence sales were down, when in actual fact they're up. Frankly, the minister didn't have any answer for where the special purpose account funds are being spent. The ministry is responsible for conservation and enhancement of our valuable natural resources—all of our resources, including fish and wildlife.

There is no denying that the fish and wildlife programs under the Ministry of Natural Resources haven't been flatlined; they've been cut by 6%, and special program funding has been cut by 49% in 2006-07. These aren't my figures; these come directly from someone uniquely situated to know, and that is the former director of the fish and wildlife program at the MNR, Andy Houser. He spoke last week to the Ontario Federation of Anglers and Hunters, and in that speech he said that the MNR is bankrupt.

Resource management is essential to the wellness of all people in our society and to the economic prosperity of communities right across our great province, but your staff don't have the resources to conduct critical in-

ventories or assessments or to do on-the-ground management activities. Base program funding decreased by almost 6% in 2006-07. Base operating dollars were decreased by 7%. Special funding decreased by 49%, from \$15.33 million last year to \$7.86 million this year. Between 2003 and 2007, the contribution from the consolidated revenue fund to base operation programs funding decreased by more than 30%. Specifically, in the northeast region, North Bay to Sault and northward, base operating funding decreased by 23.6%. Real decreases in program funding between 2005-06 and 2006-07 for the Great Lakes and hatchery programs are just over 40%.

What does this mean on the ground? It means you no longer have the resources to support small local hatcheries like the Almaguin Fish Improvement Association because you can't spare the biologist, the boat or the nets to help them with their fish stocking activities.

Let's look at another example: Crowe Lake Association where the resource—walleye—clearly needs a helping hand and the people on the ground are keen to help. In the case of Crowe Lake, the municipality has passed a resolution supporting walleye stocking in Crowe Lake. The association wants permission from the district to stock Crowe Lake using their own resources. Volunteers are being turned down and away in droves, couched behind claims that there is no net benefit for their activities.

Cuts were planned in the community fisheries and wildlife involvement program, which has historically been a great partnership between the MNR and 35,000 volunteers, taking on some 600 conservation projects. Only after intense public stakeholder pressure did you reconsider chopping funding to this program. MNR needs to embrace these opportunities to enhance our resources through partnerships, rather than to continue to discourage groups that could actually make a difference. MNR has everything to gain and nothing to lose by embracing these volunteer groups.

Ringwood hatchery is another example of a world class hatchery that was on the MNR chopping block—saved by the Ontario Federation of Anglers and Hunters.

The Credit River Anglers Association, among the largest non-government agencies on Lake Ontario, injected over \$3 million for forest buffer, stream remediation, fish stocking and habitat restoration. They have more than 1,000 members and 1,500 volunteers. Their association has pleaded for you to increase funding. They point out that the Peel region has but one conservation officer—an area with a population of over a million people.

Archipelago and Carling townships are asking for MNR to be a partner on Georgian Bay. Here too, only one conservation officer patrols some 100 kilometres of shoreline.

Blue Mountain's council has resorted to allocating funds to train OPP officers under the Fish and Wildlife Conservation Act because there aren't enough COs.

There is a new obstacle, and that is that fish hatcheries are now having to pay fees to the Ministry of the Environment, up to \$11,000.

I don't have time to talk about parks, but all I can say is that parks are for people and should be added to your endangered species list.

Minister, will you commit today to reversing your government's deep cuts in these very important programs, and will you fulfill Dalton McGuinty's promise in the election to adequately fund the Ministry of Natural Resources?

Mr. David Oraziotti (Sault Ste. Marie): It's a pleasure to be here this evening to have an opportunity to respond to the concerns raised by the member from Parry Sound–Muskoka. Let me start off by saying that he has expressed concerns for both the Ministry of Natural Resources' support for the fish and wildlife program as well as our enforcement efforts. I'm going to address both of those.

Before I do that, I do want to point out that the record is very clear. From 1990 to 1994 there were 23 MNR offices closed, and from 1995 to 2003, there were 71 offices closed. So we're certainly not going to take any lessons, on this side of the House, on how to support the Ministry of Natural Resources in moving forward. I'm very proud of the record of the McGuinty government in supporting the Ministry of Natural Resources, and the very good work that they do and the ministry staff do across the province of Ontario.

Let me preface my remarks by pointing out that, like other ministries, MNR is modernizing, integrating and consolidating programs and services to achieve long-term, cost-effective results in areas that are important to the public. That means we are strengthening our resources in high-priority areas. The ministry is moving to a broader landscape and regional approach to resource management. We are encouraging greater public community involvement, and we're promoting local stewardship.

For its part, the fish and wildlife program continues to focus on high-priority items and on improving efficiencies in services. Since 2003, the program has made some significant achievements in the management of our fish and wildlife resources. Let me give you just a few examples.

Our new ecological framework for fisheries management will make angling regulations easier to understand, and advisory councils throughout the province will give anglers more input into the management of the resources. I think that's one of the concerns that the member has also raised.

We would work with partners to develop Ontario's biodiversity strategy and have started implementing the strategy's recommendations. It means we're helping to ensure that we protect the biodiversity of our native plants and animals. I'm particularly pleased that Jon Grant, a highly respected and qualified individual, has agreed to serve as the chair of the biodiversity council.

Today, we introduced legislation that, if passed would make Ontario a North American leader in species-at-risk protection and recovery. I think the minister has shown tremendous leadership on that issue, and we're going to

hear more from the minister on species at risk in the coming days.

Ontario now has a provincial conservation strategy for wolves, and we've launched the bear wise program, which is obviously having an impact.

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We've created new Sunday gun hunting opportunities in southern Ontario and developed a multi-agency chronic wasting disease surveillance and response strategy to protect Ontario's wildlife from the threat of diseases. By making changes to Ontario's moose- and deer-hunting seasons, we've enhanced opportunities and helped ensure sustainability and healthy populations. We've signed agreements with three provincial treaty organizations on the collaborative management of fur-bearing mammals. Working with the Ontario Federation of Anglers and Hunters, the Liquor Control Board of Ontario and Banrock Station Wine, we are taking steps to re-establish the Atlantic salmon in Lake Ontario.

We're also investing \$13.2 million over three years to upgrade the Dorian Fish Culture Station. The upgrade and reconstruction will double the yearling production capacity of the station, providing specialized isolation capability to reduce fish health risks and ensure that the facility can continue to meet local and regional fish-stocking needs.

These are just a few examples of the accomplishments that we on this side of the House are proud of in fish and wildlife management and have been able to deliver under the McGuinty government.

Let me take a few minutes here to turn to the second item that the member has raised: enforcement. Compliance and enforcement are now, and will continue to be, a core function of the ministry. Given that fact, this year's budget allocation for our enforcement branch is very similar to last year's. Our enforcement program is working. Each year, special blitzes are carried out in the spring and fall. These efforts generally find that the vast majority of our hunters and anglers are law-abiding citizens. However, these blitzes are effective in finding the small minority of people who do not respect the law. For example, in October 2006, conservation officers completed an enforcement blitz in northeastern Ontario that uncovered nearly 500 violations and resulted in the seizure of dozens of illegally killed animals, including 57 moose.

In April 2006, MNR implemented a risk-based enforcement framework. Under the framework, our officers and resources are focused on areas of higher risk. Essentially, enforcement staff focus their effort on those activities that pose the greatest risk to the public, safety and the sustainability of our natural resources. The new framework focuses on the importance of outreach and education to compliance and enforcement.

It was also our government that established the MNR TIPS line—

The Acting Speaker: Thank you. We have time now for our second late show.

CLASS SIZE

The Acting Speaker (Mr. Ted Arnott): The member for Oak Ridges has given notice of his dissatisfaction with the answer to a question given by the Minister of Education. That member has up to five minutes to debate the matter, and the minister or parliamentary assistant will have five minutes to reply.

I recognize the member for Oak Ridges.

Mr. Frank Klees (Oak Ridges): I did express my dissatisfaction with the minister's response, and I want to restate the issue that I was putting to the Minister of Education during question period. It is a fact that after three and a half years of the McGuinty government being in office in Ontario, and after 3.5 billion additional dollars being poured into the Ministry of Education, in this province we have serious problems in our education system.

A basic, fundamental promise of the Premier in the 2003 election campaign was that this government would impose a hard cap of 20 students in the primary grades. When challenged during that election campaign that that was impractical, that that may be laudable in terms of wanting to bring class size down—and, by the way, we strongly support the intent of having smaller class sizes. But what we stated very clearly was that it would be impossible, particularly given the growth in many of the regions in this province, to have in place a hard cap on class size. As one teacher put it, "Students don't come in groups of 20." The reality is that, particularly in growing communities, school boards must have the flexibility of dealing with class size. Yet that was a cornerstone pledge of the Premier's.

What we found is that it is impossible, and this government has learned that. They're being told by school board administrators, by trustees and by teachers, "Don't go down this way of a hard cap. It's impossible. Give us the flexibility to deal with what the objective is, but help us to manage our classrooms."

Finally, after constantly asserting that the hard cap would in fact be implemented, that they would achieve it by the end of their mandate, which now is only six months away, as recently as yesterday the Minister of Education admitted that that solid plank in their election platform is broken, their promise is broken, and in fact they will not be able to achieve that. And now, against the backdrop of yet one more broken promise, I was simply asking the Minister of Education to admit that their promise of a hard cap was wrong, that they would change that policy to allow the flexibility to school boards to manage the student population in a reasonable way. The minister refused to admit that. She has admitted, finally, that their pledge will not be met—yet one more broken promise by the McGuinty government.

As we move forward, we realize that after three and a half years and \$3.5 billion more into the education budget, we have school boards across the province facing deficits; the funding formula, which was the other major plank of this government, still has not been fixed; we have ESL programs that are still being abused by school

boards because they're being forced to shift designated funding for ESL to cover off salaries and maintenance in schools. We find a government that still has not kept its promise to autistic children. We find a government that has closed 150 schools, against the backdrop of a promise that they would not do so, and the individual who would represent himself as the education Premier has an education system in disarray. The house of cards is falling, and it's falling quickly.

The Acting Speaker: The member for Guelph-Wellington has five minutes to respond.

Mrs. Liz Sandals (Guelph-Wellington): I'm pleased to have the opportunity to speak to our record on primary class size this evening. Research shows that when classes are smaller, teachers are able to spend more time with individual students. This is particularly important when you look at the primary years, junior kindergarten through grade 3, because it's in those years that children are learning to read and acquiring early math skills. So what the research tells us is that it's absolutely critical that our youngest students get really sound foundations in reading skills in those early years, and that the kids who have better reading skills in those early years are much more likely to graduate when they get to the end of high school. The research also shows that having small class sizes at primary contributes to that future success. That is why we did in fact make a commitment to smaller primary class sizes.

Just for the viewers to know, we made a commitment to have 20 or fewer students in 90% of primary classes, with the remaining 10% of primary classes having up to 23 students. In fact, we've made some really great progress here. One of the reasons that we've made good progress on this commitment is that we also, at the same time, set up something called the literacy and numeracy secretariat, which has been doing excellent work in working with teachers around the province to improve instructional methods in reading and math skills, so that those two initiatives have worked hand in hand and we are seeing that our EQAO test scores are improving.

Back to the business specifically of class size, when we started out at the end of the government represented by Mr. Klees, we found when we came into office that only 31% of primary classes had 20 or fewer students. In fact, 36% had 24 or more students, and some of those would be as high as 30. Today, after investing \$278 million to hire 3,600 additional primary teachers, we now have 65% of our classrooms already meeting the target of 20 or less, and almost 93% have 23 or less students. In fact, only 6% are at the high end with 24 or more, and we still have another year to go.

The issue of split grades has been mentioned. The truth of the matter is that no matter what class size you choose, be it 20 or 25 or 30, students do not come in convenient packages of any size. So no matter what size you choose, you will have split grades. This is a red herring. Split grades are a red herring. So let's go back to what's really going on.

We have made a number of improvements here, and I would like to report what Michael Fullan, who is the

professor emeritus of education at OISE/UT and, interestingly, the author of the Early Years report commissioned by Mike Harris, had to say:

“Effective teaching methods involve focusing on the individual needs of each and every student. This is greatly enabled in smaller classes, and is especially necessary for meeting the needs of disadvantaged students.

“The government should move to full implementation of its class size policy. In fact, it should be commended for not just looking at the short-run benefits.

“It is because the government strategy has included improved teaching, meeting the needs of all individual students, and special attention to closing the gap that we are already seeing so many positive gains in three years.

“Thousands of more students are proficient in reading, writing and math than would have been the case; the number of schools doing poorly have been substantially reduced.

“If the government stays the course these benefits will multiply greatly for the coming years. For the first time in a decade we are seeing schools on the move in a steady upward trajectory.”

I am proud of our record.

The Acting Speaker: There being no further matter to debate, I deem the motion to adjourn to be carried. This House stands adjourned until 6:45 p.m.

The House adjourned at 1823.

Evening meeting reported in volume B.

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

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