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**Wednesday 21 March 2007**

**Mercredi 21 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

Wednesday 21 March 2007

ASSEMBLÉE LÉGISLATIVE  
DE L'ONTARIO

Mercredi 21 mars 2007

*The House met at 1845.*

ORDERS OF THE DAY

HEALTH SYSTEM  
IMPROVEMENTS ACT, 2007  
LOI DE 2007 SUR L'AMÉLIORATION  
DU SYSTÈME DE SANTÉ

Resuming the debate adjourned on March 20, 2007, on the motion for second reading of 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 Deputy Speaker (Mr. Bruce Crozier):** Further debate?

**Mr. Ted Arnott (Waterloo–Wellington):** I'm delighted to have this chance this evening to speak to Bill 171, the Health System Improvements Act, 2007, which was initially introduced in this Legislature before Christmas, I believe on December 12, and second reading has commenced in this Legislature.

I was glad to be in the House last night to hear the Minister of Health and Long-Term Care lead off this debate. He was quite proud of himself, as he tends to be, and very proud of the fact that this is his 10th bill as Minister of Health. He has served as Minister of Health for about three and a half years. He is the longest-serving Minister of Health in the McGuinty government, and here he is to hear our comments tonight. I'm pleased that he is here to hear this debate because we have a lot of interesting ideas to put forward in this House with respect to this bill.

I'm certainly looking forward to the speech that will be given by our party's health critic, the member for Kitchener–Waterloo, our party's deputy leader as well, a former Minister of Health, who has served in the health field with some distinction, obviously. She will be giving the comprehensive overview of the position of our party at the appropriate time. But I'm glad to be here tonight to give my perspective as the member for Waterloo–Wellington.

Mr. Speaker, as you're well aware, this bill would add four more regulated health professions under the Regulated Health Professions Act, creating three new profes-

sional colleges: naturopathy, homeopathy, kinesiology and psychotherapy. We're also aware that this bill would enhance the services that optometrists, dental hygienists, pharmacy technicians and interns provide.

This bill is intended to create a new medical audit system for physicians who are billing for their services to OHIP, the Ontario health insurance plan.

The bill establishes protection from civil liability if an automated external defibrillator were used in good faith to save a life. That's obviously something we support, and it's an issue that's been brought forward in private members' time. I know you've supported that in your capacity as the MPP for Essex, Mr. Speaker, something I agree with obviously as well.

The bill proposes the creation of an arm's-length public health agency modelled on the Centers for Disease Control in the United States. I believe it's located and headquartered in Atlanta, Georgia, if I'm not mistaken. Our agency, as proposed, if the bill were to pass into law, would be called the Ontario Agency for Health Protection and Promotion.

This bill would also facilitate the implementation of a new integrated air and land ambulance system to manage transfers 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. The bill, of course, as we know, amends or enacts a number of other miscellaneous acts.

This bill is an omnibus bill. We know, those of us who have served in government—I'm glad to see my colleague the member for Bruce–Grey–Owen Sound here. We recall the position of the Liberal Party when they sat on this side in opposition for eight years, and I know the Minister of Health was here from 1999 on. They were quite critical of any omnibus legislation that was brought forward by the government of the day and suggested it should all be broken up and dealt with issue by issue and piecemeal. It's quite interesting to see their change of heart on that legislative procedure. I suppose the reality of governing has sunk in and they realize that omnibus bills are bills that are brought forward by whoever is in power from time to time. But it creates a lot of concern for people who are interested in the bill and want to make sure that their concerns are heard.

**1850**

I wish I'd had more chance and opportunity to review the details of this legislation, but I only found out today

that I was going to be speaking to this bill—actually late this morning—and I'm delighted to have this chance. I just wish I'd had more chance to review the information prior to making my presentation.

I know when the minister introduced this bill back in December, he informed the House that it was his objective to ensure that the bill would provide "greater access to more health care professions, usher in a new era in public health, better protect public safety, and bring more accountability and transparency to the system." All of these goals are laudable. It remains to be seen whether or not this bill achieves those goals. With this bill, the minister went on to say, he intended to proceed with the government's agenda for what he called positive change and ensuring that the stakeholders who were interested in this bill would have a chance to ensure that their position and their views were reflected in the legislation.

This bill goes back to a day in 2004 when the Legislature unanimously decided to suspend the medical audit system in place at that time that had clearly been seen to be inadequate. The doctors were very concerned about the way it was being managed and the Legislature agreed. Supreme Court Justice Mr. Peter Cory was assigned the task of looking at the system, along with the Ontario Medical Association, and there were recommendations brought forward that allowed for the creation of a new medical review process that was intended to restore the doctors' confidence in the fairness of the audit system and provide the public with accountability for the doctors' payments. As you know, the health care budget consumes an ever greater amount of resources as a percentage of the total provincial budget. Naturally taxpayers are quite interested in how that money is being spent and they have a right to have their questions answered. Obviously we want to make sure that the system for paying doctors is fair to doctors as well as taxpayers.

Mr. Speaker, you will recall, because you served in this Legislature in 2003, the tragedy of the SARS crisis that affected our province that year. We know that we've got to learn the lessons that we developed through the SARS crisis and ensure that our system is ready if indeed we face another public health emergency. Hopefully, we will not, but certainly having gone through that experience, it is prudent that the government prepares its processes and systems in case we are faced with another crisis of that sort.

If you listen to the experts in public health, we're often told that a pandemic of flu is a certainty at some point in the future, similar to something we've experienced in recent years from time to time—hopefully not as serious and severe as the Spanish flu outbreak that occurred throughout the world around the end of World War I. But really, if we listen to the public health experts, we need to be prepared for the possibility of a public health emergency like a flu pandemic that we have experienced a number of times in the 20th century. This bill is intended, as I understand it, to try to make sure that we are prepared.

The bill would establish the Ontario Agency for Health Protection and Promotion, as I've said. This independent agency, modeled on the Centers for Disease Control, would bring together academic, clinical and government experts to create a centre of public health excellence in Ontario. This is something of a positive reform that I believe we need in the province of Ontario.

The bill is intended to expand the scope of practice for optometrists, for dental hygienists and for pharmacists, and patients would have increased access to services through the safe and appropriate use of these health care providers. This aspect of the legislation is based on recommendations that came to the government from the Health Professions Regulatory Advisory Council, or HPRAC as we call it when we want to abbreviate that long title.

When this bill was first introduced, our party's critic, the member for Kitchener–Waterloo, had the opportunity to very briefly respond. She expressed concerns about the omnibus nature of this bill and whether or not sufficient consultation had taken place. She also observed that the bill was being introduced in the Legislature nine months from the election. So we're questioning why it took the government this long if they are so sincerely interested in proceeding with this piece of legislation, as they say they are, as a high priority. Why would it have taken more than three years before this bill would see the light of day and be introduced in this Legislature if indeed the government thinks it's such a high priority?

She also made reference to the Cory report and suggested that the government was remiss in not responding to it sooner, and she talked about the fact that we don't have enough health professionals in Ontario. I know, listening to her through the years, that she is constantly advocating for the idea of ensuring that there is a health care human resources plan so that in the coming years we ensure that we have sufficient numbers of doctors, nurses and all the other ranges of health professionals. Obviously, if we don't have sufficient numbers of health professionals, we can't provide the care that people need and that people have come to expect, and rightly so.

If you look at the numbers, at the information I've seen in recent months about the average age of the doctors who are currently practising in Ontario, as that group of doctors comes close to retirement or decides to semi-retire perhaps and reduce their patient caseload, and if you think of the number of baby boomers as they get into their 60s, 70s, 80s and 90s, the demand on the health system in the coming years is going to be absolutely phenomenal. We have to ensure that we have the health system in place to meet that demand. That's why I think our party is quite right to be advocating innovative reforms as opposed to taking an ideological approach in terms of planning for the future health care system that we're going to need.

I would like to also mention a few concerns that I've heard in my riding about health care generally, this being an opportunity to debate health issues. Reviewing the minister's speech from when he introduced this bill on

December 12 and listening to his speech last night: He was quite willing to talk about some of the positive things that he feels his government has accomplished. There are obviously a number of concerns that I want to bring forward tonight as a representative on behalf the people of Waterloo–Wellington.

You know, Mr. Speaker, I think as well as I do, that health care consistently in recent years has been the number one concern of Ontario residents. The public opinion pollsters who do this kind of thing find, when they take polls, that in almost every poll that's done, health care rates as the number one concern. I think people rightly expect the health care system to be there for them when they need it; not tomorrow, not a month from now, not weeks from now, not a year from now. They expect it to be there for them and their family and their neighbours and their friends when they need it.

In the last couple of days, we've had interesting questions in the Ontario Legislature about the issue of knee replacements. Of course, it has been highlighted that the Don Mills Surgical Unit has brought forward a proposal to the Minister of Health which would indicate their willingness to provide knee replacement surgery at a cost of about \$1,000 less per knee than is currently expended in the public system. From what we understand, the Minister of Health, having received the submission, the recommendations, and having the Ministry of Health study them, responded a few days ago by saying that there was absolutely no way they were going to work with this hospital to provide these kinds of services—cheaper than what they cost in the public system—just taking an ideological approach and rejecting the proposal out of hand.

I think that people who are waiting for knee replacement surgery would find that information to be disappointing, to say the least. In some cases, it would make them very heartsick to know that the government was unwilling to cut the waiting list significantly for them and allow them to receive the surgery they need through an Ontario hospital, albeit a privately owned one, even though this hospital is given approval to provide cataract surgery as well as other procedures where they are funded out of the OHIP system.

Our position as a party has been to be prepared to look at these kinds of proposals pragmatically, not ideologically. If we can be assured that a resident of Ontario would be able to pay for this service with their OHIP card, not with their credit card, that is something that the government should be prepared to consider.

#### 1900

It's interesting that in other provinces there have been steps taken in this direction: in British Columbia and Alberta, and according to today's *Globe and Mail* in the province of Manitoba. Of course, as we know, Manitoba is governed by an NDP government, Gary Doer, and yet the province of Manitoba has seen fit to take this step and go in this direction. The government has been remiss in being unwilling to at least take a good, hard look at this proposal, and we will hear more about this issue in the coming days, would be my expectation.

In my riding of Waterloo–Wellington, we are well served by a number of community hospitals and very fortunate to have the Groves Memorial Community Hospital in Fergus. As you know, because I've been raising this in the Legislature for a long time, there is a proposal in the Fergus area for a new hospital for the residents in the catchment area of the Groves Memorial Community Hospital.

We have been working on this project for a long time now. The community was encouraged to raise funds toward the new hospital and, over a period of a very short time, actually, \$15 million was raised toward the hospital renewal project as it existed at that time—\$15 million raised in terms of pledges and cash in the bank towards what was then a \$30-million hospital redevelopment proposal. In recent months, the hospital has reconsidered its proposal and is now in the process of making plans for building a brand new hospital on a greenfield site, so it would be a brand new hospital.

But the concern and frustration I have as the MPP for Waterloo–Wellington is the multi-layered approval process within the Ministry of Health before allowing our hospital to move forward. It is extremely frustrating when you know the need exists, you know the community is growing, you know the demand for the service exists and you know how strongly supported the hospital is because of the good work that's done and has been done through the years, and will be in the future.

Why it takes years for approvals to move to the next stage of approval for hospital redevelopment is beyond me. I can't understand it. I can't accept it. I believe that, unfortunately, the Ministry of Health from time to time uses these approval processes as a reason for delay, an excuse for delay, and that's not acceptable to my constituents, nor is it acceptable to me. I'm going to continue to advocate for this. I believe that the government needs to expedite this project and allow us to build the new hospital as soon as possible, obviously. That's what I will continue to push for.

We also are served in Waterloo–Wellington by a community hospital in Palmerston, which is called the Palmerston and District Hospital. About two years ago, working in partnership and co-operation with the Grand River Hospital in Kitchener, the Ministry of Health announced that there would be a satellite dialysis clinic built in north Wellington, and it was decided it would be in Palmerston. That has been announced for more than two years.

Around Christmastime I received information from a patient in my area, a woman named Lisa Mitton, who had written a letter to the editor expressing her concern about the delays in terms of the establishment of this satellite dialysis service that had been promised by the government two years before. She wrote the letter to me, but she also copied the letter to a significant number of our local newspapers, which printed it.

I took that as a signal that I needed to directly raise this issue with the government. I made a number of efforts to communicate the urgency of this project to the

government, and we were pleased a couple of weeks ago when the government finally gave its approval that was needed to allow the hospital in Palmerston to move forward. But it was very disappointing and discouraging because we had been told that it looked good for announcement before the end of the year and that there was no reason why it wouldn't happen before then.

More than two months passed after it should have been done and, again, every month of delay to these patients who need dialysis services but have to drive long, long distances for the service is obviously a wasted period of time. Again, it points to the need for greater efforts on the part of the government to expedite these approval processes so as to allow patients to have the opportunity to have these services closer to home.

In closing, because my time is now limited, I will re-emphasize the key points that our caucus is putting forward with respect to this bill. We are concerned that the omnibus bill, amending 42 separate acts, has the potential to involve the largest number of stakeholders ever on any bill. As such, the government must give a great deal of time for us to debate this bill and to allow the bill to be sent to committee and ensure that there is sufficient time for groups to have their opportunity to have their say. Hopefully, the government will listen and the bill will be made stronger as a result of the committee hearings.

Our caucus is quite concerned that the McGuinty Liberals waited until nine months before their planned election, which of course is on October 10 of this year, to introduce a bill that needs and requires adequate public consultations, as I said.

Our caucus is very concerned that Ontario's social workers have been excluded from the regulation of psychotherapy in the initial proposed act as it stands. I know the government has signalled its intention to create an amendment, but obviously that isn't going to happen until we go to committee, and then we'll have to see if in fact the government intention as stated is honoured through that amendment. We do find it surprising that the Liberal government did not adopt the recommendations of HPRAC, the Health Professions Regulatory Advisory Council, in this regard in the initial drafting of the bill, since this exclusion could seriously impact access to mental health services.

Thank you very much for listening to me. I look forward to the debate on this tonight, and I'm hoping that the minister will take close, careful note of the comments from the opposition.

**The Deputy Speaker:** Questions and comments?

**Mr. Gilles Bisson (Timmins–James Bay):** It was interesting to listen to the member from Wellington—

**Mr. John O'Toole (Durham):** Waterloo.

**Mr. Bisson:** Waterloo–Wellington. I don't have the riding name in front of me. I'm sorry.

I just want to say that it's one of those bills where there are lots and lots of different things being done because in its very nature it's a bit of an omnibus bill—I would say probably more than just a little bit—and it

deals with a whole bunch of different amendments to various acts, everything from the Ambulance Act to the Health Professions Act and others. I'm going to have an opportunity, in about another 10 minutes or so, to get through some of the things I would like to see dealt with in this bill because it gives us an opportunity to get at some of the things that probably need to be changed; for example, and I'll talk about this a little bit later, the whole issue of being able to enhance the scope of practice for various regulated health professions, because we find ourselves increasingly in more difficulty finding physicians to care for people in the province of Ontario. And that's not a problem that's unique to Ontario; it's a problem in a whole bunch of places. But I think one of the solutions is to look at how we're able to use other health care professionals more effectively. For example, a nurse practitioner is able to do a lot of the work that is normally done by doctors. We need to take a look at how we're able to enhance their scope of practice so they're able to do more, and allow doctors to do the more complex work that they're really trained to do. That's one of the things that I want to talk about a little bit later.

I also want to talk about some of the things that I think we need to do to deal with making the job of the person doing the diagnosing a little bit easier, and this is something I've been talking about to a lot of physicians across northern Ontario. I'll talk about that a little later and I'm going to have a couple of suggestions that possibly we can put into the amendments to the Health Insurance Act to try to make their job easier but also probably to help us save a little bit of money in the system.

**Mr. Lou Rinaldi (Northumberland):** It's a great pleasure to enter this debate and take a couple of minutes to talk about some of the comments the member from Waterloo–Wellington brought to the floor. One of the things I want to comment on—it's not so much about the bill but about how we do business. One of the comments was that he'd like to see consultation. It is, I guess, frustrating because I know I wasn't here during the last government, but it certainly was well publicized about the lack of consultation. With any piece of legislation they brought forward, they just ruled the roost and there really was no consultation. I want to reassure the member that I'm sure the Minister of Health has a lot of expectation to have consultation, to have lots of input, because that's the way this side of the House has conducted business over the last three and a half years. So I want to reassure him.

A little bit about the comments about what this piece of legislation does: Yes, it is comprehensive. Yes, there are a lot of loose ends that we need to deal with. One of the things coming from rural Ontario was the fact that the testing of water systems—churches and small community centres—under the legislation we had before was through a heavy regulatory process, very expensive. We listened. We're going to hand that back to the health units, which we're very fortunate to have in our areas, very accessible. Certainly one of the things that I hear from the folks in my riding just on that piece alone is that we are bringing it back to where it should be, to make sure that the folks

in all of Ontario, not just rural Ontario, have access to those services that are affordable and protect their health.

I'm looking forward to further debate. I know we are going in the right direction and I hope we all co-operate and get this piece of legislation passed through.

**1910**

**Mr. O'Toole:** It's always a pleasure to respond to the member from Waterloo–Wellington, who works very closely with our critic for the Ministry of Health, the honourable Elizabeth Witmer.

What troubles me is, first, that it's an omnibus bill. Secondly, it's about health, the most important policy area for the people in the riding that I represent, Durham, as well as Ontario. This being an omnibus bill, I'm just going to bring up—I will be speaking for an hour probably on this bill sometime in the future, but let's just look at one part here. The member from Waterloo–Wellington mentioned schedule A, one little subsection. “Subsection 19(2)”—the people of Ontario need to know—“of the act sets out the persons who are entitled to share personal health information.” Now we are into the substance of the bill, tinkering with my constituents' health information. We're talking under schedule A. This is just one of 17 schedules—a huge omnibus bill. And the very first section is talking about “without the consent of the individual.”

I'd like to talk to Ann Cavoukian, our health information and privacy commissioner, about just this first schedule A—very, very sensitive. Stay tuned because I'll tell you that “the sharing of personal health information permitted under subsection 19(2) may occur for purposes related to the provision of communication services” back to the hospital.

Mr. Speaker, you should know that under the health privacy concerns is informed consent, implied consent. It seems that the minister is taking the instructions from—as they will do—the bully bill kind of thing that's here before us and forcing people to disclose information that's sacred to them—

**The Deputy Speaker:** Thank you. Questions and comments?

**Mrs. Liz Sandals (Guelph–Wellington):** I'm delighted to rise and comment on the comments of my colleague to the north from Waterloo–Wellington. He's certainly been talking about some of the issues that present themselves in our neighbourhood. I too was quite delighted to hear recently that the satellite dialysis clinic in Palmerston will be going ahead, because I know that's very important to the people of north Wellington.

This bill is a very interesting bill in the sense that it covers a lot of territory. In some ways it's a very challenging bill because it does cover a lot of different things, but there are a number of things in here that have been quite interesting issues around this House for the last few years.

One of the issues is the recognition of a college for dental hygienists. That's been something that one of our members in fact had a private member's bill on. You may remember that Minister Cansfield, when she was a pri-

vate member, actually had a private member's bill which had a lot of broad support on that issue. So I'm pleased that that is now going forward as part of a government bill and will in fact, we hope, after this has gone through the appropriate public consultation and second and third reading, become part of the law of the land.

In addition to that, we're establishing an agency for health protection and promotion. In the context of some of the very serious disease outbreaks that we've seen in Ontario over the last decade, it's very important that we increase our capacity to do that, and the Ontario agency for health protection will be doing just that.

**The Deputy Speaker:** The member for Waterloo–Wellington, you have two minutes to respond.

**Mr. Arnott:** I want to express my appreciation to the member for Timmins–James Bay from the NDP, the member from Northumberland from the government caucus, the member from Durham from the Progressive Conservative opposition caucus and the member for Guelph–Wellington, my neighbour to the south, again from the government caucus.

I would offer my view that this bill is exceedingly complex as an omnibus piece of legislation. I do have a copy of the bill in my hand. It's 141 pages—143 pages, I should say.

*Interjection.*

**Mr. Arnott:** And, yes, quite hefty and heavy. No question about it. All the more reason that this underscores the need for extensive public hearings. While many of the aspects of this bill are things that we will probably be supporting in principle, in terms of ensuring that we get the bill right, this is an important bill that has to be given its due process at committee.

Unfortunately, when the House is sitting and committees are sitting concurrently, it's very difficult for committees to travel, as you know. So if indeed the bill is referred to committee while the House is sitting, which is most likely going to be the case, it's going to be very difficult for the committee to travel. So we're not going to receive as many pieces of advice from people in their own communities as committees do when the House is in recess. For example, when we're doing pre-budget consultations in the month of January, the finance committee is able to travel all over the province. This is the concern. I think the committee is going to have an important challenge to ensure that everybody across the province who has an idea or a view with respect to this bill will be given the chance to present. I hope that the committee will be prepared to consider teleconferencing and other innovative ways to ensure that people from all corners of the province will be given the opportunity to make a presentation on this bill, not just the people who live in Toronto.

With that, I'll conclude my remarks. I look forward to this debate, and I hope the government listens to the remarks of the opposition.

**The Deputy Speaker:** Further debate?

**Mr. Bisson:** As I was saying before Christmas, before this House rose—

*Interjection.*

**Mr. Bisson:** I've always wanted to do that. Anyway, I want to take this opportunity—because this is an omnibus bill. It's one of those bills that is like the mother of all bills within the Ministry of Health and it makes amendments to all kinds of pieces of legislation. It gives us an opportunity to talk, in a more broad sense, in regards to health issues from the ridings that we represent and also speaks specifically to some of the sections of the bill.

The first thing I want to really get into, because I've only got 20 minutes and I'm going to try to do this as coherently as possible, is to talk about some of the special challenges that we face in places like northern Ontario, and I would argue in places like southwestern Ontario, in regards to delivering health care services to people in our communities. First of all, Ontario—it has to be said; it's an understatement—is a very big province. Lots of geography. People are spread from one part of the province to the other. When you start driving around Ontario—and I'm not talking about just driving from Toronto to Barrie, but I'm talking about driving from Cornwall to Kenora—you start to get a sense of just how big this place is. When you have such a large province, there are very specific challenges that are facing us as legislators, as the Minister of Health and as the government, to be able to respond to the need for health care services of the people who live in those communities. For me, I want to speak about the special challenges that we have in northern Ontario.

One of the issues that we have—it's the case in many cases—is the whole issue of the lack of physicians. Now, I'm going to say, every government—ours, the previous and this one—has done things to try to address the shortage of physicians. This is not throwing the ball to one side of the House or the other, but everybody has done something to try to assist in dealing with trying to curb the issue—

*Interjection.*

**Mr. Bisson:** Minister, I'm trying to be non-partisan and you're starting to heckle me. Come on, I'm trying to be nice to you tonight. What a guy. Just unbelievable, being heckled by the minister.

**Mr. Michael Prue (Beaches–East York):** Don't be nice. I told you not to be nice.

**1920**

**Mr. Bisson:** I know. Michael, I gave you that advice years ago, didn't I?

I want to say that one of the special challenges we have is the lack of physicians. It's one that's particularly difficult to deal with in smaller, rural and northern parts of Ontario, because it's very hard to attract a physician to come to work in a community of 3,000 or 4,000 people.

I think that one of the things we need to look at is how we can better use health care providers who are currently in the system practising in whatever particular profession they may be in. For example, how do we use nurses better; how do we use nurse practitioners; how do we use physiotherapists? How do we use all of those people more effectively so that we can lessen the burden and the

load on doctors, so that doctors are able to deal with more complex cases and leave the less complex—and I would say they're far more complex than I understand—to other people who are properly trained?

I'll speak to, first of all, nurse practitioners very quickly. I have a bit of an interest in this. My daughter is a nurse practitioner practising up in the city of Timmins, and I know from talking to her and some of her colleagues—there was a health care forum held by CBC Radio in Sudbury about two weeks ago that I attended, and one of the messages that came from a lot of people there is that we need to look at how we can expand the scope of service for people who are currently practising within the field of nurse practitioners. We need to take a look at how we're able to get them to prescribe more medicines and do a lot of the things that doctors are currently doing that they're quite properly trained to be able to do. If there's a question of additional training, there are certainly ways that we're able to address that in our training system. If we were able to do that, it would lessen the load on doctors and allow us to use nurse practitioners more effectively. Conversely, with the question of nurses themselves and others within the health system, we need to do similar things so that the people who are basically the front-line workers are better able to deal with the various situations that they come in contact with in the health care system so that—you'll always need doctors, and God knows we've got to keep on going in that direction—we're able to use those other people in the health care field more effectively. I think that's one of the things that we need to look at.

I've had an opportunity to talk to a number of pharmacists because of another bill that was before the House that pharmacists have not been too happy with, and one of the interesting things that they've pointed out to me is that there's a lot of work that pharmacists are doing now and could do better, being able to divert people away from emergency rooms and doctors' offices—a person walks in to the pharmacist with a condition that a pharmacist is properly able to deal with by providing the proper medication off the shelf to the person who walks in.

I was speaking to one of the pharmacists in Sudbury at this health care forum—and I forget the gentleman's name. He pointed out that he had decided to pay special attention to what he did as one pharmacist in that pharmacy in one day, as far as how many people he feels he was able to divert from having to go to a doctor's office or having to go to an emergency ward. In his particular situation, he was saying, "I know there are at least eight people I have come in contact with today to whom I have been able to say, on the floor, 'Here is something off the shelf that is able to help you. If it gets any worse, then go see your physician,'" and those people properly took that, went away, and by and large didn't have to go to the emergency ward or didn't have to go to the doctor's office.

My point is that we have to properly utilize everybody in the health care system so that we can lessen the load



that is on our emergency services, our health clinics and doctors' offices and emergency wards, so that in the end you go there only if you're really sick and that's the last resort. So I think we need to look at how we can better use pharmacists, nurse practitioners, nurses and others in the system to be able to do that.

The other thing is that we need to do what we can, especially in communities that are underserved as far as doctors, to expand community health centres.

I had the privilege last Friday of opening the Kapuskasing health centre that just opened its doors last Friday. I think they took their first patient, actually, on Monday of this week. I want to commend the Minister of Health, Mr. Smitherman, for having funded that, because that was an application that had been before the Ministry of Health for a long time. I think two or three requests for funding had been turned down. I want to publicly say that Mr. Smitherman certainly heard the call from the organizers in the community who were on the board that put together the application for funding. When I raised it with him a couple of years ago he certainly understood that in a community like Kapuskasing, where you do have a problem of lack of doctors, health clinics can play a very positive role in trying to deal with people who don't have family doctors, but more importantly, as well being able to divert people who would normally end up at the emergency ward because they've got nowhere to go because they don't have a doctor. That's one of the other realities.

I want to again, for the record, say to the minister that the community of Kapuskasing thanks you. We think that was an excellent initiative. We're quite happy that your government and you as minister have seen your way fit to fund it. You know me. I'm not shy coming into this House and throwing barbs at the government. I'm not shy going after you guys when you're doing things that I think come between the better good of the people of northern Ontario. But when you do something right, I think it's also incumbent upon me to say you've done something right. You can't just be throwing stones at a government. I think you have to, when a government does something well, say thank you. In this particular case, on behalf of Mayor Al Spacek, on behalf of the organizing committee and certainly the citizens of Kapuskasing and the area, we want to thank the minister and the government for having funded that community health centre. That's going to make a huge difference in the community of Kapuskasing.

Going back to the issue of being able to deal with the whole situation around how to better serve constituents when it comes to being able to provide services, we need to provide alternative methods for people to access services so that they don't always have to go running into the emergency ward. Again, that's the case certainly in the city of Timmins with the Misiway health centre. I want to thank the minister a second time tonight—there's something wrong here; maybe I fell off the turnip truck or something. But recently we had some issues at the Misiway centre that took some intervention on the part of the minister. In dealing with his able staff person, Scott

Lovell, whom I want to thank as well, because Scott played a very large role in this, when they asked for my advice about what it is, basically I clued him in to what the problem was. The minister's office was very responsive in, first of all, finding out there was a problem and trying to find a solution, and at the end of the day I want to again thank the minister for having intervened on behalf of the community and the James Bay Cree people by being able to respond to the difficulties we're having at Misiway and creating the kind of link that we did between Weeneebayko General Hospital and the Misiway centre. I've got to say that in the conversations I've had with people since, they also send their thanks on that particular file.

The fit there is a good one because James Bay, which is part of my riding of Timmins–James Bay, as everybody knows, is populated by Mushkegowuk Cree, and many of the Cree come into Timmins and decide to live there because it's closer to health services and sometimes jobs, family members or whatever it might be. The Misiway health centre is basically one of the primary means by which the Mushkegowuk Cree who are living in Timmins, which is quite a sizable population, are able to access health care services by way of doctors, nurses and others who work inside that health centre. It is a very good fit, I think. We've tried to make this connection between the James Bay and Timmins by allowing a restructuring to happen at Misiway with the help of Weeneebayko General Hospital and the James Bay General Hospital on the James Bay, which are currently going through a process of integration to be able to re-establish themselves and to connect the links that I think we need to have with the James Bay, because we're servicing the same people.

My point is that those are good examples—the use of health centres, the utilization of other health care professionals to be able to dispense health services—of a sane way of providing services and not having to pay for the most expensive option, which is the option that some people unfortunately have to choose because there is no other option in their community, and that is to go to an emergency ward.

I want to talk about one of the things that has been raised with me by a number of doctors. I've not had an opportunity to put this on the floor of the Legislature, and if you'll permit me I'm going to do it by way of this legislation, and it actually fits in well. A number of doctors I've talked to over the last couple of years talk about one of the difficulties they often have, especially in communities that are underserved where you have orphaned patients, when a person walks in the door of their practice as a doctor in their doctor's office, in the medical clinic or in the emergency ward and they've never seen this patient before. They have no idea who this person is, possibly other than having seen him on the street. The point is, they have no medical records on him. Part of the problem is that at times when they're trying to diagnose, the doctor or the health care professional, whoever that might be, needs to have information in regard to

the person's medical history as far as what medications they're taking, what their current conditions are, what the family histories are etc. so that when they're doing their diagnosis of the person, especially if the person is incapacitated, they are better able to come to a quick diagnosis that is to the core of whatever the medical crisis is at the time. One of the things doctors have said is that in this day of electronic databases, we need to find a way of centralizing all the testing information and medical records so we're able to access it in a way that respects the privacy of the patient but at the same time allows the doctor to see the history of the patient so the doctor or the nurse practitioner or whomever is better able to make a diagnosis and, in the end, probably save money.

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The example I'm given by some is that a person will walk into a family health clinic in the city of Timmins, for example, to see a doctor for a condition and will be prescribed a blood test and whatever other tests need to be done to try to determine the person's situation. The person then goes to the emergency ward a couple of days later and the same tests are done again, at double the cost. And sometimes they end up in their own family doctor's office, because maybe the doctor was away on holiday, and has the tests done a third time. Well, think about it. We're spending a lot of money to do tests that have already been done. Now, I understand that a doctor often may want to double-check something, and we can't make it so bureaucratic that the doctor or the nurse practitioner is unable to do his or her job in terms of testing somebody.

My point, and what doctors have said to me, is that we need to have something that allows us to share medical records and the tests that have been done and their results in some central database so that if a patient walks in, in Kapuskasing, Timmins or Toronto, the doctor or attending physician or whoever the caregiver might be is able to look at the person's medical record and determine that they have high blood pressure or that their blood sugar level is up or whatever so they're better able to care for the patient. At the same time, that would save the system money by not needlessly sending somebody out for the same test because you don't know that test has been done.

The question I've asked a number of physicians who have raised this with me is, "Why don't you ask the patient in the first place?" They say, "We do, but most patients don't understand what we've sent them to be tested for and have no idea, if they've gone for a blood test, whether they were testing for sugar or for whatever else within the blood." So first of all, most patients wouldn't know, and second, some patients just may not want to say, because some want to go to multiple places to get checked by different people because that's just the way they are.

So a number of doctors have said that to be able to save the system some money, but more importantly, to allow them to better diagnose, they need to have a system where there's some sort of central database where all that

information is so we have a good record on the patient so they're better able to care.

One of the simple ideas put forward by a couple of docs I was talking to earlier this fall was that it might be as simple as a health passport, as one doctor called it. You'd have a document that the doctor fills out: Every time you see a doctor or you're in the emergency ward or whatever, you're asked for your passport, and the doctor or the attending physician or the nurse practitioner writes, "In on this date for whatever; came in for the flu. Was diagnosed the following medication." There's a page of medications that have been prescribed and pages where the doctor writes very quickly what the person has been treated for, so at least the doctor has a clue when the person walks in.

It seems to me that makes ultimate sense. I'm not sure how to put it together. I don't pretend to be the person who would design something like this. All I know is that it makes infinite sense to try to find some way of centralizing medical records in such a way that we protect people's privacy but allow physicians and others to do a better job of being able to diagnose.

The other thing I want to talk about very quickly is the whole issue of long-term care. Look around this room. Many of us, if we're lucky, 30 or 40 years from now may need to be in a long-term-care facility. Many of us, the baby boomers in our 50s and 60s, will eventually, if we're lucky, end up living that long and possibly have to go into a long-term-care facility. One of things that I think we're all seeing across Ontario—you laugh, but it's true.

**Mr. Prue:** No. I'm laughing because you're talking about me.

**Mr. Bisson:** See—the camera over there—he's older than me. I'm the young pup. I'm only 49.

Anyway, we're all going to have to do a better job on this particular end. Everybody in government has tried to approach this in different ways. Many governments have tried to do things that have had positive effects, but I fear we're not keeping up with what needs to be done. Simply put—and I think the minister will agree with me—a couple of things are really important.

First of all, we need to make sure we have proper community supports. The first option should always be for somebody to live at home independently, with adequate support so they can live semi-independently within their home by dispatching services from the community care access centre, nursing or personal care or whatever it might be. But one of the things we see is that many of the services we need to assist people to live more independently are very difficult to get in some communities. It might be as simple as having somebody do the groceries because a person is housebound, especially in the winter months. It might be as simple as having somebody come in and do—well, we already do housekeeping in some communities, but in some places we don't do it as well as in others. So we need to provide the types of support a person needs to live at home.

The second step that I believe we have to have is transitional housing. We really need to have apartment-

style complexes that have some services built within the apartment complex. If I'm living at home and I'm no longer able to live with the services of the CCAC, I could move into an apartment building where there are full-time staff there to tend to some of the needs I will have in those later years, or if I'm younger and have a condition where I'm not able to live alone. It might be some personal care, it might be helping me to get out to pay the bills and do the groceries and all those things. It would enable me, especially when I have a crisis—and that happens. Often, when you're a lot older, in your 80s or 90s, you might be okay for two or three months, but all of a sudden you have two or three bad weeks and you cannot live at home independently. You might be able to live at home in an apartment building if you had some sort of transitional housing.

The last part is that we do need to invest in our long-term-care facilities. One of things that I see in all of the long-term-care facilities—the Golden Manor in Timmins certainly, the Extenciores and others—is that they're having a tough time trying to make ends meet. There are not enough beds in the system. In the city of Timmins, we often find ourselves with alternative-level-of-care patients inside the hospital who cannot be discharged into the community because their needs are too great to be supported in the community, and they find themselves having to stay in the hospital because there is no long-term-care bed to put them in. Certainly in the city of Timmins we have that problem. I call on my good friend the Minister of Health to sign a cheque soon to assist us in putting in some beds at the Golden Manor so we're better able to provide for the needs of the people of Timmins.

Those are some of the issues I raise in this debate. I look forward to comments from the members in the House.

**The Deputy Speaker:** Questions and comments?

**Mrs. Maria Van Bommel (Lambton–Kent–Middlesex):** I am pleased to comment on the debate presented by the member for Timmins–James Bay. I agree that this is a very complex bill. I also want to add my thanks to my constituents who have talked to me about this bill, on both sides of the issue.

Essentially, as the member from Timmins–James Bay said, it is about trying to deliver health services to our areas, such as rural Ontario and the north, where it's more complicated to do so. With this bill, we are going to do exactly that. We want to provide to the people of this province greater access to all the health professions.

In rural Ontario, where we have a shortage of doctors and there is difficulty sometimes in recruiting, we lean very much on professions and professionals such as midwives, nurse practitioners and pharmacists, who help us to keep our doctors available for those issues they can best spend their resources on. Having been a chair and a member of a hospital board, I know the value that other professions give to the health care system. I've always been a real proponent of midwifery. As the mother of five, having had five very healthy pregnancies, I have felt

that, as in Europe, we would use the hospital only for those situations where there is difficulty in the pregnancy. Pregnancy is a very natural process and a very healthy process, and midwives are quite capable. In situations such as in rural and northern Ontario, we welcome midwives into the system. We think they're a very important part of the kinds of health care services that we can provide.

We look the same way at nurse practitioners. In my particular area, nurse practitioners have been a real boon to the medical profession. They allow the doctors to concentrate on those critical situations, on those acute files, while they take care of the situations of the healthy baby, the temperatures, the colds, that sort of thing.

One thing that happened in my community, that I think happens in all communities, is that people have to get used to that. They need to get used to the idea that they don't need to see the doctor for everything, that there are professions that will help them achieve the same results. You talked about pharmacists and nurse practitioners, and I agree with you on that.

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**Mr. O'Toole:** Bill 171, as I said earlier, is so important. First, the qualification is that this bill must go to committee. I've heard the minister off the record tonight that it will. I wouldn't want to presume anything, because he is in fact in charge. I respect that. But there are 17 schedules, 145 pages amending 40-some different acts—very complex, technical and important changes to a health care system that we all support. Certainly our leader, John Tory, has made it known that—I spoke earlier on schedule A, the health privacy issues raised there, in terms of who sees what information about whom. But schedule B—the health professions themselves, the stakeholders there, the Regulated Health Professions Act—is extremely important in terms of the nuances of changing scope of practice. These colleges and the regulators will have many voices—competing voices, I might say—on the issue of scope of practice: the nurses, nurse practitioners, RPNs and pharmacists may have something to say on this.

It's interesting to look at schedule D, a very important schedule. This one has to do with water systems. It's part of the Bill 43 problem they have in terms of who regulates what water system. They're kind of decanting it from the Minister of the Environment, Ms. Broten. It may be appropriate to shed some of that liability there, but they're really basically downloading this function to the municipalities.

**Hon. George Smitherman (Deputy Premier, Minister of Health and Long-Term Care):** No.

**Mr. O'Toole:** Well, they are, in fact, because there's no money involved. I sat on the cabinet committee on energy and the environment and we knew the cost to be exorbitant. The amount of money they put into that one small piece is problematic.

But there is more to be said on schedule D and the others, A to Q. This is a complex piece and needs a lot of debate.

**Mr. Prue:** It was a pleasure, as always, to listen to my good colleague from Timmins–James Bay. But he did something tonight which I too rarely see in this House, and perhaps it's a little refreshing to hear him actually do it, and that is to commend a government when it has done something right. I wish we could hear a little bit more of that. Conversely, I wish sometimes we could hear a little bit more of a government admitting when they have done something wrong. That would be a very refreshing change.

But it was very good to hear him talk of the success that has happened in Kapuskasing and the success that is happening around the whole issue of nurse practitioners. To my way of thinking, that is an idea whose time has definitely come. Where we're having a shortage of doctors, a dearth in some communities, it is a good idea to provide alternatives, and it appears that these are alternatives that are working in Kapuskasing and in the north that need to be further explored. I would echo his sentiments. I didn't know about them until he actually spoke, but I have no reason to doubt what he is saying. If what he said is true, then the minister should be commended, and I'll be the second one tonight.

To go on, though, he went on to talk about the north. We need to understand, those of us from southern Ontario—people like myself who get up once or twice a year to that beautiful part of the province, that far too few Ontarians and far too Canadians have a chance to see—that it is a long distance between houses and it's a longer distance between communities. Some of them are so incredibly isolated that I commend him for the many times he stands in this Legislature and talks about the unique problems that so many of us are unaware of.

He closed with long-term-care facilities, and we'll talk about that some more.

**Mr. John Wilkinson (Perth–Middlesex):** I'm also delighted to join in the debate on Bill 171, introduced by our good friend the Minister of Health and Long-Term Care. For all the people watching tonight, the Minister of Health is here for this debate, taking notes about the things being raised in the debate, as a good minister should. We do appreciate the fact that he's participating.

I want to say to my friend from the Beaches, if we're being complimentary, that last night we had a wonderful debate about the child advocate, and there were some amendments suggested by the NDP that I think the government has found very constructive and we're looking forward to taking that bill into committee and working together collegially on that. There are some things that transcend partisan politics: obviously, the child advocate, and a bill like this.

I commend the minister, particularly for his vision around making sure we can have critical care ambulances to support our critical care air ambulances, that very important juncture, that we're putting sufficient provincial resources into making sure we have that kind of care.

I want to talk about my good friend Dr. Susan Tamblyn, the former medical officer of health in the Perth district health unit, who really has world-class

renown on the whole question of public health and infectious diseases. I know she was in the trenches when our province had to fight SARS. I know she is now doing some work for public health. I've had many discussions with her about Justice Campbell's report. I know she would be happy about the establishment of the Ontario Agency for Health Protection and Promotion.

I want to say briefly that I appreciate the work and the message received by the social workers in my riding who came to see me. I commend the minister for taking their advice and offering the amendment, which I think is significant. It is all about building a team. That is our vision, and I want to commend the minister for the bill.

**The Deputy Speaker:** Member for Timmins–James Bay, you have up to two minutes to respond.

**Mr. Bisson:** I want to thank all the members for their kind comments. I'd just say in closing, in the last two minutes, that health care, especially—we all agree—public health care, has become almost sacrosanct in terms of what people expect from the government. If government identifies itself with any particular issue that touches people in an almost unimaginable way, it's our system of public health care.

One of the challenges we have is that if we all want to keep public health care, we have to figure out how we're going to make it run more efficiently and more effectively each and every day that we run the system. I argue that it's better than most systems out there that I've seen. I've traveled around the world; I've been to Asia, Africa, South America, Europe, and not a lot of places come close to providing the health services that we get in Ontario and generally in Canada.

However, that being said, we can't just stand back and say, "Oh, we've got the best system in the world, so therefore we don't have to do anything." We need to constantly try to figure out ways of making the system work better. I think one of the ways we do that is to challenge the people within the system and we here in the Legislature to really think about how we can deliver services in a more effective manner and at the best possible price. I argue that it has to be done in a public system. We have opportunities to think about innovative ways of providing those services, and I spoke about that a little tonight. We need to do a better job of figuring out how to use all the people in the health care system as part of the solution to provide people the services we need—everybody from pharmacists to nurses to nurse practitioners to physiotherapists, all of them. All have a role to play with doctors to provide that service.

I want to thank those members who commented on my speech. I look forward to other comments that will be made in this debate.

**The Deputy Speaker:** Further debate?

**Mrs. Carol Mitchell (Huron–Bruce):** I'm very please to rise and speak today about Bill 171. I just want to let you know, Mr. Speaker, and all the people watching TV tonight that I'm also going to be supporting this bill. But I want to talk about why I'm going to be doing that.

I believe this is an extension of the direction we have gone in the family health team. We recognize that it takes a team approach. To provide an effective health care system, we must go forward with a team approach. What we must do is to ensure that all of our professional health care providers have the ability to provide the service that they are trained for, to maximize the capacity.

#### 1950

We could talk about the optometrists for just one minute, the training that they take through university. It's a very extensive training process. What more can they do to maximize their training for the people of Ontario? How does that then mesh with our other health care professionals?

And before I get into the actual details of the bill, one of the things I wanted to talk about was some of the positive things that are happening in the most beautiful riding in the province of Ontario, that being Huron-Bruce. I want to thank the Minister of Health, the Honourable George Smitherman, for coming in. Less than a month ago, the minister was in my riding to announce \$1.75 million in additional funding for re-development of hospitals in Exeter and Kincardine.

In addition to that, last fall the minister committed to more than \$142 million in new resources to our Ontario health care system through a three-point emergency department action plan. This funding provides a comprehensive response to the challenges that we face in Ontario emergency rooms. I can tell you that in our rural areas, it is especially challenging to provide the level of service that we want all of the people of Ontario to be able to access. Of this funding, I just want everyone to know that I have eight hospitals in my riding, and we received \$1.4 million, which I can tell you went a long way to alleviate the problems we were having in our emergency departments.

I want to just talk for a moment about other important health care initiatives undertaken by the McGuinty government. In the past four years, an overall increase in operating funding for provincial hospitals has gone from \$12.9 billion to \$14 billion in 2008-09. We've also further reduced wait times for five key health care services—hip and knee joint replacement, cataract surgeries, MRI exams, cancer surgeries, and cardiac procedures—with an investment of \$222.5 million. This funding also has helped to increase provincial medical school enrolment by 23% and was responsible for funding long-term-care homes to hire 682 new nurses.

I could go on and on through the great leadership of the Minister of Health and Long-Term Care, the Honourable George Smitherman, the longest-standing Minister of Health in the province of Ontario—

#### *Interjections.*

**Mrs. Mitchell:** Tallest and longest. However, I do need to speak to the important elements of Bill 171.

As I pointed out earlier, Bill 171 is a very far-reaching piece of legislation. It has the ability to correct many of the shortfalls that were previously present in our health care system. In total, the bill will affect 18 different acts

and will provide needed change to legislation such as the Ambulance Act, the Health Insurance Act, the Health Protection and Promotion Act, and the Public Hospitals Act, just to name a few. As the minister has so astutely pointed out, this bill has been brought forward to ensure that we offer the people of Ontario better access to our health care professions and usher in a new era in public health in this province. We also want to better protect the health and safety of the public and bring more accountability and transparency to the system, which we feel was sadly lacking when we took office.

One of the key elements of this bill is that it introduces a new medical review process, one that will help restore the faith of Ontario doctors, a faith that has been lost by the previous method. If this legislation is enacted, the new medical audit system would be comprised of four phases: education, payment review, review by a new board, and an appeal process. This new process will emphasize the education of physicians about proper billing standards and will provide them with additional opportunities to respond to ministry concerns about their billings.

Another fundamental provision of Bill 171 is the establishment of Ontario's first-ever arm's-length public health agency, the Ontario Agency for Health Protection and Promotion. This agency, in part, is in response to the SARS crisis of 2003, where 44 Ontarians were lost to the unanticipated viral outbreak. This new agency would bring top academic, clinical and government experts together to focus their efforts in the areas of infectious disease, infection control and prevention, health promotion, chronic disease and injury prevention, and environmental health.

We can pick up any paper today and this is a topic of discussion. We have to ensure that we have the proper tools in place to meet anything that comes our way. This is something that we must constantly look at, the different processes that we can go through.

This agency would provide specialized scientific and technical advice and support to government, front-line health care workers and public health units in the event of another outbreak or pandemic. There should be no argument in this province about the effect another outbreak would have after the events of the SARS crisis. The creation of this new agency is a very important step in being prepared if crisis should strike this province again. We simply cannot sit back. We must prepare and we must plan. It's something that one cannot just put on the shelf and not think about again.

Yet another positive element of this bill is the creation of four new regulated health professions in the province as per the Regulated Health Professions Act. These new regulated professions are in support of this government's HealthForceOntario human resources strategy and contribute to ensuring that Ontarians have access to safe, quality services provided by the health professions. The amendments to the Regulated Health Professions Act, if passed, will include naturopathy, homeopathy, kinesiology and physiotherapy. Part of this amendment would

also include the enhancement of the services that optometrists and dental hygienists are able to provide and the enabling of pharmacists to provide more comprehensive care by way of regulating pharmacy technicians. All of these changes to the act are intended to provide patients with better access to more comprehensive services in these professions.

As a rural member, I believe that one of the most important facets—or certainly one of the facets of this bill, Bill 171—is the establishment of a small drinking water systems program. Bill 171 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.

Before I go into what the five categories include—because I know you're anxious to hear all that information—one of the things I wanted to share with you, being the member from Huron–Bruce, is that what we know a lot about are seasonal residents. When a lot of the shifting of the regulations happened with the previous government, there was no plan in place, there were no local solutions that had the ability to move forward. The cost of the water systems became so prohibitive that people were contemplating having to move away from homes that they had had in their families for generations and generations. By allowing a very responsible—our health units understand, first of all, our systems, they understand the evolution of many of the systems and how they've grown, and they will be able to apply much more of a hands-on and what I would call a user-friendly system to give people the opportunity to deal with their water systems. People today are very concerned about ensuring that the water they have is clean, safe and must be affordable. By shifting the regulatory framework to our health units, this gives the ability to apply, I would argue, a much more practical solution while ensuring the safety of our water system.

#### 2000

The member from Perth–Middlesex spoke about Dr. Tamblyn and the good work that she did through the Perth health unit. I also wanted to say that Dr. Tamblyn was our medical officer of health in Huron county at one time as well.

I do want to recognize at this time Dr. Hazel Lynn from Bruce–Grey–Owen Sound and Dr. Beth Henning, who is our medical officer of health in Huron. These two women, I can tell you, have always been at the forefront of ensuring that public health is first and foremost in their minds, and they have certainly put their shoulder to the wheel to make our communities a better place.

I know that everyone's anxious to hear about the five categories, and I'm just going to go through those.

The first category is large municipal non-residential, such as municipally owned airports, industrial parks, sports and recreation facilities.

The second category is small municipal non-residential, such as small community centres, libraries, and sports and recreational facilities.

The third category is non-municipal seasonal residential, such as private cottages on communal drinking water systems.

Category four is large non-municipal, non-residential, such as large motels and resorts.

Category five is small non-municipal, non-residential, such as motels, restaurants, gas stations, churches, and bed and breakfasts.

These changes are in response to public consultations that indicated a preference for public health units to oversee small water drinking systems in the province.

That also leads me to the discussion. I know that the member from Waterloo–Wellington made a comment about public consultation. I just want to recognize at this time all the work that has been done by the McGuinty government to ensure that the public has a say.

I know that many of you have heard about my background many times. I was in an elected position when the Mike Harris government was in. I can tell you that public consultation was, in my opinion, a foreign word to that government. They did not consult, and I do feel that it is important.

The other thing is that not only do we consult; we listen, and then we bring it forward in recommendations, so that's why I wanted to talk about that. These changes are in direct response. The water systems, especially in rural areas and especially in seasonal areas, became such a financial hardship. What we can do, as a government, is ensure that there are safe, clean, affordable water systems available throughout all of the province of Ontario. We need to do that. We need to step up to the plate. That speaks to the consultation process. But it's not only consultation; one also has to take things into consideration. We consult, we listen, and we act, and that is what the people of Ontario expect. It has been delivered.

This proposed transfer is part of the government's commitment to ensure, as I said, that all Ontarians have continued access to safe drinking water.

The changes proposed by Bill 171 are very important to both rural and urban citizens of this province. It is my opinion that this bill will help all of Ontario's citizens by expanding the methods by which they can obtain the many health-related services offered by the Ontario government.

One of the other things that I want to talk about—and it's rather a novel approach. One of my towns, Goderich—the prettiest town in Canada—has aligned many different health care providers, such as kinesiologists, pathologists and that type of thing, in one location. I would argue that they are health care providers that you wouldn't see in what we would call a normal medical clinic practice. But they've all come together. They have done a terrific job of bringing all their businesses into one facility.

I believe that it is a formula that can apply throughout all of Ontario. I congratulate them. It's a number of young women who have chosen to go into the health care profession, but in a method that they feel, through naturopathy—that's where they wanted to get all of their know-

ledge, and it has been an extensive process for them. So congratulations to them.

The reason why they're able to do so much of this is by going to a common building. They also share a lot of resources. They have one receptionist. Once again, we're back to where I started at the beginning of my time. It's coming forward in a team approach, and that's what Bill 171 does. It talks about expanding the ability of all of our professions and making sure that we as a government give them the tools that they need for all of their training so that they are able to maximize the training that they receive and so that there are no barriers in place for that. I did want to recognize all the hard work that they have put into a new vehicle for our health care system.

I know that there's lots of work to be done; there always will be. One of the things about our health care system is that we can't take for granted that it's stagnant, because we are not doing the people of Ontario the justice that they deserve. We have to always be keeping up to how things change and what people expect of their health care system. When we talk about the pandemics and the planning and the expanded role of all the professions—this has been a very exhaustive consultation process, but I believe that it was an important part of the process in order to get to the stage where we are today. Many of the professions needed to have a higher level of understanding of what they could bring to the table as well.

If you think about it in the greater context, it's also a very nice fit with the LHINs, and that's working with all of the health sector and moving them forward to remove all the barriers. People want to be able to access our health care system through a portal. They don't have the time or the resources to be able to see a multifaceted—they constantly want things to come through one portal. By moving the health care system towards a truly integrated health care system, it becomes, to the consumer of our health care system, a much friendlier system, which then allows them the ability to maximize their own personal health care.

So this bill, I believe, is well placed and needs to move forward. As I stated at the beginning, I will be supporting this bill. It will offer the people of this province the access to the health care system that is paramount to a safe and healthy Ontario for years to come.

**The Deputy Speaker:** Questions and comments?

**Mr. O'Toole:** Once again, this bill, Bill 171, the omnibus bill before us tonight, is, the more time I have to both listen and read, troublesome. I looked at the 17 different schedules here. I'm looking for one point of both compliment and observation of what it would do to the health system in Ontario.

The member was speaking from the notes prepared by the minister, no doubt, as she should. She will be supporting it because Dave Levac, the whip, told her to.

I think what's important here is critical input. I mentioned schedule A, which has to do with the releasing of private health information to people who may not be entitled to it. I've mentioned, on schedule B, that the im-

portance there is the Regulated Health Professions Act and extending some commitments to other, lesser persons that aren't prescribed under the RHPA today and under D, which is the downloading of the health regulation aspect. But E is quite troublesome. As I go through each one, I'm troubled.

I'm just going to read it: "Schedule E amends the Immunization of School Pupils Act to permit registered nurses ... to sign a statement of medical exemption under the act and to undertake other activities under the act. The amendments also permit other nurses"—RPNs, personal support workers, whatever—"to undertake certain activities under the act." You're to have the administering of a vaccination and the potential side effects, and if you go into the schedule in detail, further on, it tells you in E—it's worrisome. It exposes children to potential administered acts, health acts, that are done by other professions. Not to criticize them—probably they are competent people, but what I'm saying is, this doesn't protect us.

**2010**

**Mr. Bisson:** I listened to a number of the points being made. There's a whole bunch of things I can say because there was a whole bunch of different points made. But I guess where there's some agreement—and I think she's picking up a little bit on where I left off, which is the whole issue that the health care system in Ontario is a fairly complex integrated system, and any changes that are made within it—it doesn't matter at what end of the system—are going to have a repercussion effect somewhere else within it. That's the point that the member makes. So it's fairly difficult sometimes, when making the changes that need to happen within the health care system, to get it right, even when we try with our best efforts. I understand what she's getting at.

In regard to the whole other issue—and I think we again agree on this particular point—we need to look at ways to better utilize various people within the health care system to provide those services to people other than just utilizing doctors. We know that in some communities doctors are very difficult to attract. They get very, very heavy caseloads. One of the things that we need to do, other than training doctors in order to provide the number of physicians we need in the system, is to take a look at how we're able to get other health care professions to provide some of those services within the system.

The other thing is that the real big challenge is that we all agree, I would hope—anyway, I say as a New Democrat that I believe that our public system of health care is the way to go, and whatever we try to do as far as improving services has to be done in the context of a public system. But that being said, we need to also challenge ourselves in trying to figure out the best ways of being able to make the investments necessary and the changes necessary in order to make the system even better than it is today. I think that challenges all of us.

**Mr. Lorenzo Berardinetti (Scarborough Southwest):** I wanted to start off by commending the member from Huron-Bruce for her comments. She spoke for about 20

minutes on Bill 171. It's not a small bill. It covers a lot of aspects regarding the health care system. Some have commented that it's an omnibus bill. When the previous government, the Tory government, was in power, they were passing omnibus bills that involved more than one area. They'd stick health care with some other area like cities or transportation, all into one huge bill and just ram it through. That's omnibus. This is dealing with one particular area, an important area, perhaps the most important area in Ontario, which is our health care system. This bill is providing this province with greater access to more health care professions, plain and simple. Yes, it is quite extensive. The member did speak to many parts of the bill, but if you're going to bring the bill into the 21st century, you've got to make changes in more than one area. There are changes being made and they're being done in various parts of various acts. The member made reference to the 18 different acts that are being looked at here. This is the way to go about modernizing our system, a system that is crucial to the well-being of our people here in Ontario.

In the last few moments that I have, I have the opportunity to introduce, from Canadian Business College, its president, Mazher Jaffery, and Alan Franklin. They are here today. They are pioneers in the education system, bringing about changes in the education system. Education is the other big area here in Ontario that we're looking at bringing about reform in. I think our government is doing a great job in both areas. I support this bill, and I support the changes.

**The Deputy Speaker:** Questions and comments?

The member for Huron–Bruce, you have two minutes to respond.

**Mrs. Mitchell:** I want to thank the speakers from Durham region, Timmins–James Bay and Scarborough Southwest. I'm going to take just a short time to make comments to them.

To the member from Durham region, I know that the health care system that your side of the House shares and the health care system, the vision, that we share over here, maybe are two worlds apart.

*Interjection.*

**Mrs. Mitchell:** Thank you. To the member from Timmins–James Bay, I just want to say thank you for your comments. We do recognize that, in order to ensure that the health care system does meet the needs of the people of Ontario, obviously there has to be investment. I did speak to that at the very beginning. But we also understand that it is a complex system, and if one changes one part of it, it does cause a ripple throughout the others. Moving towards an integrated health care system strengthens the bands that will allow our system more flexibility, in my mind.

To the member for Scarborough Southwest, you spoke about the past government, how it brought forward legislation, and we recognize that, for all of us, what we want from this government is to ensure that the health care system meets the needs, meets the test for the people of Ontario. That's what people want to know: Is it going to

be there for them when they need it? They want to be able to access it in a system that will meet their needs and that they can rely on, and that's a public health care system. That's what people want. That's what we're providing. We spoke to the specific dollars and the significant investment that the McGuinty government has made.

**The Deputy Speaker:** Further debate? The member for Erie–Lincoln.

*Applause.*

**Mr. Tim Hudak (Erie–Lincoln):** Thank you to the chief government whip—very kind.

I'm pleased to rise to address Bill 171 this evening. Obviously, as has been expressed by my colleagues and our hard-working health critic, Elizabeth Witmer, we have a number of concerns about Bill 171: the nature of the bill's construction and some pieces that are missing from the act, which I will get to momentarily. I also have a number of letters and e-mails from constituents, as you will appreciate, that I will take the opportunity tonight to read into the record.

Let me first say that I'm pleased to see the Minister of Health in the House this evening. It's not always that you have a minister whose bill is before the House here for night sittings. It used to be a tradition; not everybody follows it. It's good to see the Minister of Health this evening, listening to debate.

I extend my personal congratulations to him as well. We were just chatting. His wedding is coming up in early August, so I wish him all the best and congratulations. I think I owe him a press release, though, if I remember, from when the sides of the floor were reversed back in October 2002. So I'll have to work that up. I've got a few months to figure out an angle. We'll figure something out.

**Hon. Mr. Smitherman:** There will be no Vera Wang dress. There's no Vera Wang dress in my size.

**Mr. Hudak:** No, Vera Wang probably won't enter into it this time. But maybe there's something else we could do.

*Interjection.*

**Mr. Hudak:** Pinocchio?

*Interjection.*

**Mr. Hudak:** Well, Pinocchio is resting up. He has a busy day planned tomorrow. Poor Pinocchio. So he's trying to get his sleep.

I do want to just say, by way of introduction, before I get into the substance of Bill 171, I'm not sure if this bill will actually have the time for debate before the House recesses. I think all of us are anticipating that the government won't want to sit very long in this current session. Maybe I'll be proved wrong. That may very well be the case. But I suspect that this session will be a very short-lived one. The government will not want scrutiny of its broken promises, for example, its wasteful spending. Any time there is a question period, those things are exposed. It's easier for the government not to be facing the daily question period, and that's why I suspect it will be a short session. If I'm wrong, then we will see Bill 171 in further



debate. But you wonder why a bill of this significance in scope would be introduced with just a few months left in the lifetime of this government in terms of the legislative sitting. It has only been active for a week or two of the legislative sitting.

**2020**

I think one of the reasons we are here currently is because right now over in the Frost building the finance minister is writing cheques just as fast as his arm can carry him until the ink runs out in his quill. The McGuinty government currently is sitting on at least a \$3-billion slush fund. I think one of the reasons we're here right now is that if they can expend those funds before the end of the fiscal year, which is March 31, they won't be put towards balancing the books and going towards debt repayment, as a surplus would.

You may remember last year at this point in time, similarly, the McGuinty government was sitting on a \$3-billion cushion, and they went on what I know my colleague remembers as a mad money spending spree to blow all that money out the door just as quick as they were able. In fact, the Auditor General admonished the government for that spending. Of course, when you do that at the end of the fiscal year and just throw it out the window or out the door, there are no strings attached.

*Interjection.*

**Mr. Hudak:** My colleagues across say, "Oh, it went for transportation." Well, you don't know. They could have spent it on anything that they chose to do.

I expect we'll probably see the same thing happening right now. Are massage therapists covered in Bill 171, I ask the health minister?

**Hon. Mr. Smitherman:** They're already regulated.

**Mr. Hudak:** I ask because the finance minister is going to need a massage therapist on that arm of his from signing all of those end-of-year cheques, some \$3 billion, which if I recall is about \$1.2 billion in two contingency funds—which are really just slush funds, right?—some \$1 billion in reserve and, as a small-c conservative estimate, at least \$400 million in additional tax revenue that has not yet been declared and at least \$400 million in interest savings. It's the old trick: They underestimate the taxes that are coming in, they overestimate interest costs and at the end of the year they say, "Wow, look at all this money," but instead of doing what would be a responsible thing to do, make sure that you balance the books, they blow it out the door to try to artificially create a deficit.

What that has meant, I say to my colleague from Perth-Middlesex, is, I think you know, some \$20 billion in additional spending since Dalton McGuinty became Premier of the province. It's roughly a 34% increase, which is simply breathtaking. This would make Adrienne Clarkson blush, that kind of spending, right? I think he agrees.

I think that's really why we're here: to allow the government to artificially create a deficit and spend money like it's going out of style as we head towards the end of the fiscal year.

*Interjection.*

**Mr. Hudak:** We will find out tomorrow, you're right. We will find out tomorrow what the budget says, but I would think, as it stands today, we're in a surplus position. We'll see how much the minister blows out the door this evening.

I have one letter here provided to me from Joan Worthington, MSA—master of social work, right?—RSW, who has some grave concerns about Bill 171 and the Psychotherapy Act, specifically, as has been addressed in the assembly this evening, the exclusion of social work from the provision of psychotherapy services, which she shared with members from the Niagara area. Let me read part of her letter, dated less than a month ago.

"I am alarmed that the Ministry of Health and Long-Term Care has not followed the recommendations made by the Health Professionals Regulatory Advisory Council"—HPRAC—"in the highly credible Regulation of Health Professions Ontario: New Directions (2006) report. This report recognizes social work as one of the four professions qualified to provide psychotherapy. The Ministry of Health and Long-Term Care, through Bill 171, has now excluded social workers from the regulation of psychotherapy," making it a controlled act and, as Ms. Worthington would argue, giving a dominance in the profession to the hospital sector.

Usually when you hear pronouncements from this government on their health policy, it's to take services out of the hospital sector and towards community care. I would argue that a large part of their policy has been creating middle managers in these so-called local health integration networks, which are anything but local. Lord knows the hundreds of millions of dollars that have been—

**Hon. Mr. Smitherman:** You don't like an office in Grimsby? We'll take it out of Grimsby for you.

**Mr. Hudak:** The minister is saying he's going to take the office out of Grimsby because I criticized his policy. I'll say to the minister—and I think he knows my arguments. He has amalgamated Niagara's health care decision-making with Hamilton, Haldimand, Norfolk, Brampton and Burlington. So I think if you make it larger like that, no, it's certainly not local. Nor do I think it's a wise investment of health dollars to create more middle managers, spending all that money on furniture and staff.

We do have an office in Grimsby. We see cars in the parking lot, but I think a number of tumbleweeds will go through the parking lot, because I don't see much activity other than meetings. Maybe I'll be proven wrong. Maybe there will be some investments of substance through the LHIN process, but to date I think there have been a lot of meetings and hand-holding but no benefit to patient care as a result of this experiment, which is far behind schedule.

I was going to point out a bit of the irony, though, that the ministry will usually say that they're taking services out of the hospital sector into community care, but it appears the move in Bill 171 with respect to the Psychotherapy Act goes in the opposite direction.

Let me go on further, because Ms. Worthington discusses the Niagara Peninsula in particular.

"I would like to elaborate on my concern for the Niagara region and our entire range of health and social services. If unchanged, the Psychotherapy Act will profoundly disrupt or cause the cessation of all of these services:

"(1) The delivery of social work treatment services within the entire mental health delivery system including the services of Niagara health system's mental health services and the large number of community-based mental health services.

"(2) The delivering of children's mental health services in agencies such as Niagara Child and Youth Services, which is staffed almost entirely with social workers who are providing psychotherapeutic services for children and families."

I don't want to read too much, but she makes some excellent points, so I'll go on to her third point.

"(3) The delivery of individual, couple, family and group services at community agencies such as Family Counselling Centre, Canadian Mental Health Association, Niagara Region Sexual Assault Centre, and so many more. Social workers are a large part of the staffing complement in these agencies and the provision of psychotherapeutic services is part, if not all, of the services they provide."

That is why Ms. Worthington, among many others in the social work field, has taken great exception to this government's approach in Bill 171 with respect to the Psychotherapy Act, and I don't know if we've heard an adequate response—maybe we will later in debate—as to why the government has chosen to toss out HPRAC's recommendations in this particular area.

**Hon. Mr. Smitherman:** That has already been resolved, actually.

**Mr. Hudak:** The minister says it has been resolved. Maybe I'll get a letter from Ms. Worthington saying that she's satisfied, but I'll tell the minister this is pretty fresh—February 28.

*Interjection.*

**Mr. Hudak:** All right. We'll see if she sends a follow-up letter, but I think this is a letter of some substance, and I'm pleased to read it into the record.

*Interjection.*

**Mr. Hudak:** Well, if we get a chance to debate further in second reading of this bill, I'll be pleased to read Ms. Worthington's further discourse into the record, because I think she has put a lot of thought into her correspondence and I'm pleased to do so on her behalf tonight.

Another gentleman by the name of David Cockman from Beamsville—of course, Beamsville is in my riding, where the Tim Hudak action centre is located. Mr. Cockman is not too far from my office, as a matter of fact. He makes a similar point. Let me read from his e-mail, which was Friday, February 23.

"Hello Tim. I'm extremely concerned with the proposed amendment under Bill 171, the Psychotherapy Act. The exclusion of social workers from the Psycho-

therapy Act represents an unfair and unjustifiable downgrading of the profession's role in the provision of highly skilled clinical services. Since social workers are the largest regulated profession in Ontario providing counselling and psychotherapy services (compared to the small pool of physicians, psychiatrists, nurses, psychologists and occupational therapists), this exclusion will have a significant impact on the public's ability to access services." Mr. Cockman goes on to say, "In fact, the exclusion of social workers from the Psychotherapy Act undermines both mental health reform and primary health care reform, which are key priorities of the current provincial government. In northern and rural communities, access to psychotherapy will become even more difficult."

Of course, representing a part of Ontario that would describe itself as rural, Mr. Cockman's concerns are mine, as the MPP, and I'm sure widespread in the riding of Erie—Lincoln. As I've said before, I know our health critic has spoken about this issue; we'll take it up further. I know my colleagues here in the assembly tonight will debate further on Bill 171. I don't mean to belabour this point in particular, but I think it's of importance to the extent that my constituents have responded to it quite strongly, asking for the government to change this aspect of the act.

**2030**

I have some further correspondence sent to me from other constituents, basically reiterating some points that have already been made by the Ontario Association of Social Workers. In their document they describe the problem, indicate what they are doing and encourage individuals to similarly act and take up this important cause. They obviously have spurred interest because I've received a number of similar correspondences from individual social workers. They have concerns as well with Bill 14, but I guess I'll reserve those comments for another day.

I've also received recent correspondence, on March 7, from the Homeopathic Medical Council of Canada with respect to Bill 171, the bill before the House this evening, this with respect to schedule P, as in papa, the Naturopathy and Homeopathy Act, 2006. Let me read some parts here from Ranvir Sharda, who's the president of the HMCC: "We the president and board of directors of the Homeopathic Medical Council of Canada believe that Bill 171, if passed in the present format will not be responsive to the needs of the Ontario public, and it will be the greatest disservice to the future of homeopathy, in this province and in Canada." Very strong language from the HMCC. I know the minister doesn't take it lightly and hopefully will respond to their concerns as addressed in this letter of March 7.

"We respectfully approach you to amend this Bill 171 for the following reasons:

"(1) The bill is biased in favour of naturopathy; it allows naturopaths several controlled acts and denies the same to homeopaths;

"(2) It is recommended in the HPRAC report to the Minister Health and Long-Term Care that homeopaths

and naturopaths be co-located in the same place, after proposing preferential treatment to naturopaths. This is the greatest disservice to homeopathy;

“(3) The HPRAC chair, Ms. Barbara Sullivan employed a retired pharmacist, Mr. Jim Dunsdon, with no knowledge of homeopathy, the beneficiaries of this being a couple of business people and the naturopathic college. The motives are unknown to us and we do not wish to speculate,” and they go on on that issue. Again, these words signed by Ranvir Sharda, the president of the HMCC, obviously express some very strong reservations about the McGuinty government’s approach to this act on schedule P.

I think there are 42 different schedules—42 separate acts, sorry—that are impacted by what Speaker McLean would call an ominous bill. Some remember those days. The omnibus bill here has 42.

**Hon. Mr. Smitherman:** Some are trying to forget.

**Mr. Hudak:** Well, it’s still worth a good line once in a while.

**Hon. Rick Bartolucci (Minister of Northern Development and Mines):** We remember those days, don’t we, Tim?

**Mr. Hudak:** Well, they were certainly a lot of fun—some aspects, some not.

The Dental Hygiene Act, 1991, has some improvements in this legislation, Bill 171. This act amends to allow dental hygienists to perform the authorized acts of scaling teeth and root planing, including curetting surrounding tissue, without requiring an order from a dentist under certain circumstances. It’s amended to introduce new regulation-making powers to the college to prescribe requirements for the performance of the new authorized acts listed above. The college will also be required to identify the drugs or categories of drugs that may be used by members.

I think my colleagues, and you as well, Mr. Speaker, will remember that my former colleague and friend and now federal finance minister, God bless him, Jim Flaherty, had brought forward Bill 116 in 2004. Bill 116 was called the Dental Hygiene Amendment Act, 2004. It would have amended, if passed through three readings, the Dental Hygiene Act, 1991, to remove present restrictions preventing scaling teeth and root planing, including curetting surrounding tissue, unless a dentist has ordered those procedures. Penny White, the ODHA president, in response to Bill 171, says, “It has taken ODHA a very long time to get our issue on the government’s agenda. We are pleased the Liberal government is fulfilling its campaign promise and committing to act on HPRAC’s recommendations to increase access to dental hygiene services.” Well, it’s about time.

**Hon. Mr. Smitherman:** Another promise kept.

**Mr. Hudak:** What should I call it? The deathbed conversion, the deathbed promise-keeping. We’ll see if this is actually enacted. It’s been three years since this promise was made, and there was resistance from the government at the time. There was significant resistance. It took a heck of a long time. If there was no resistance, then

why is it now, in the last few weeks of the legislative sitting, of McGuinty’s last year in office, that this has finally come forward? I’m just curious why that’s the case. But I shouldn’t be too cynical. I hope this is all meant in good faith and that finally the government has come around to a position endorsed by my colleague Mr. Flaherty, which I was very pleased to support as well, I think in both incarnations. I’m pleased to see finally that progress has been made in this regard.

There are a number of other acts, as I mentioned, that are impacted by Bill 171. I know my colleagues will discuss some others, but I thought it important to concentrate on those three. I hope there will be plenty of time for a serious review of the details of this legislation in the committee process. I know my friend the whip will be working very hard to ensure that that takes place, and the government House leader as well, who I know has been copied on some of the same correspondence I have.

I think probably we’re ending this particular sitting of the Legislature as we will sit some time tomorrow to hear the budget, and I will wrap up my comments again in the context of the financial state of the province of Ontario. We have great concern about the rapid increase in program spending with little real benefit for Ontario taxpayers. We can’t forget that Dalton McGuinty, in one of his most infamous broken promises, of many, increased taxes substantially on working families and seniors, as my colleague from Durham says, the largest tax hike in the history of the province. It made Bob Rae look like a piker back when he was a New Democrat.

We certainly hope that with the—

*Interjection.*

**Mr. Hudak:** My friend from Beaches says he was always a Liberal. We had that discussion earlier. Fair enough. The point being that he made Bob Rae look like a piker. With all the fiscal room the finance minister has with the recent increase in transfers, courtesy of Stephen Harper and Jim Flaherty keeping their campaign promises, we certainly hope that we will finally see some tax relief for hard-working families in tomorrow’s budget.

**The Deputy Speaker:** Questions and comments?

**Mr. Prue:** It’s always a pleasure to comment on the member for Erie–Lincoln. He brings a different perspective, not one that I always agree with, but he is certainly eloquent in how he says it.

I was listening to him quite intently until he got to the last little bit when he started talking about the unprecedented tax hike of the Liberals. New Democrats think we need that money. We differ on how it’s taken, because we think it should be done in a more progressive way through income tax rather than the regressive way in which it was done. But having said that, I still have some difficulties understanding how a health system which was so badly broken and which remains in some cases in some crisis over many years of neglect could have been fixed without that infusion of money. I would like perhaps for my friend, in his rebuttal, to explain the position of his party in terms of the \$2.5 billion. If you come back to say that it is not being taken properly and that it should

be taken by some other method, but the money is needed, I can understand that. I can empathize, and I would agree with you, because there are better methods of obtaining the \$2.5 billion than the one that this government chose to do.

But if you come back and tell me that the money is not needed, I have to seriously question your commitment or the commitment of your party to the Canada Health Act and how health services are going to be delivered in this country. I think many people are very curious, because I hear in this debate the accusations going back and forth, but I have never clearly understood the Conservative position. I'm hoping that in two minutes you might make it very clear whether you intend to do away with the \$2.5 billion and not substitute anything for it or whether you think there is a better way of collecting it. I think we need to know.

**The Deputy Speaker:** Questions and comments?

2040

**Hon. Mr. Smitherman:** I think my colleague from Beaches–East York did a very effective job of picking up on something we've been on to. The Conservatives talk a lot about health care and they ask for a lot of money for health care, but they're not honest with people about their commitment to cut \$2.5 billion from health care.

*Interjection.*

**Hon. Mr. Smitherman:** I withdraw the word "honest." They could be more candid—

*Interjection.*

**The Deputy Speaker:** He's withdrawn—well, no, maybe the point of order is something else; I may be presumptuous.

**Mr. Arnott:** I'm satisfied that the minister has withdrawn his unparliamentary remark.

**Hon. Mr. Smitherman:** I want to reaffirm a few things that I've said on this bill prior. Firstly, this bill will definitely go to committee. That's a tradition that we've established as a party in government. We're proud of it. The Conservative Party very, very rarely had bills go to committee.

Number two, why has this taken some time? It's difficult work, for sure. HPRAC, the health professions review advisory committee, which gives advice around this, was allowed to become defunct under the previous government. In fact, I had to form a new board and ask them to fulfill the legislative obligation to present annual reports because the previous minister, Tony Clement, had allowed this body to basically die off.

The Ontario Dental Hygienists' Association and the dentists of Ontario are to be applauded, because they did tremendously difficult work together that's helped to inform what's in this bill. I'm enormously proud of the work that those organizations did and I think it bodes very well for our patients.

On the issue of social work, indeed I sent a letter very recently to the leadership in social work to let them know that as this bill goes out to committee—if it has the support of this Legislature to do so; I don't want to presume that—we would most certainly make amend-

ment to include them in this bill. It had been our intention to include social workers for the act of psychotherapy by moving a regulation to another bill that regulates them, but at the heart of the matter we agree with the social workers and we'll be very pleased to bring forward a government amendment that would have them included as they desire.

**Mr. O'Toole:** It is important and refreshing that the minister's here, but the question is, is he listening? I suspect the member from Erie–Lincoln and his arguments that he put forward were extremely important and related to the importance and sensitivity of this bill.

I've mentioned, in the few times I've had to speak on this, that if you look at a bill this big—an omnibus bill with 17 schedules and some 40 acts that they're amending. As I go through each of the A to Q schedules and just read the very thin notes that are available to us from the minister—under schedule H, the Health Information Protection Act and the smart systems for health and the trouble they're in and the consent of who knows what about my personal information.

The minister, in his response, talked about schedule Q, I think, which is the schedule dealing with the psychotherapists. I've had hundreds and hundreds of letters, met with individuals, professionals in my riding, who are terrified. In fact, last night at a public meeting of over 300 people on children's mental health and the cuts he's made to Lakeridge Health—a psychiatrist was there from the Whitby psychiatric hospital, and psychotherapists were there. The risk it puts to persons who are double victimized—victimized by the cuts to health care at Lakeridge: \$3.6 million. These are real people with real concerns. They have serious concerns with this entire bill. It was mentioned not by me, as witnessed by Mr. Prue from Beaches–East York—he can attest—as well as Sid Ryan and other persons who are advocates, and I understand that. This bill needs a very careful—and the minister will get a copy of Hansard to quote him, because I'll send it to the two psychotherapists there last night to make sure that he's held to account. But I said last night, Minister, respectfully, that this bill will never pass.

**Mr. Bisson:** I always appreciate the comments made by the member from Erie–Lincoln. Although we probably don't agree philosophically on some things, I certainly respect his position as far as what he's trying to say. But I want to echo part of what my colleague Mr. Prue was saying, the member from Beaches–East York, which is that we agree with the Conservative Party that the \$2.5-billion tax—the way that it was done by the Liberals, in our view, was not the way to do it. We believe that in fact it should come off your income tax; it shouldn't be done in the way it was done. But you can't have your cake and eat it too. If you're going to take \$2.5 billion out of the system, there's no magic wand out there that says you can save \$2.5 billion somewhere else in the system or somewhere else within the government to make up that shortfall. I think it's incumbent upon us to be clear in our positions. If the Tories are saying that they want to eliminate the \$2.5-billion health premium, then

there needs to be some way of saying where you're going to get that money. You certainly can't find it in the health care system; there's not a \$2.5-billion savings to be had, I think. If you start taking \$2.5 billion out of the health care budget, you're going to have all kinds of people in the health sector across Ontario basically jumping up and down, yelling that they can't get services that are needed within their communities. So where are you going to get it, is my point?

The reality is that if we want a public health care system, we need to pay for it. We need to make sure that (a) the system is adequately funded, and (b) that it's properly run, as efficiently and effectively as possible, dollar for dollar. But then we've got to put the money forward. I believe the best way to do that is by way of income tax. One of the ways we're able to equalize the responsibility across society, I believe the fairest tax, is that of income tax, based on people's ability to pay. The more money you make, obviously, the more you're going to pay, because you have a higher income. The less you make, the less you have to pay, because of a lower income. I think that's only the fair way to do it.

**The Deputy Speaker:** Member for Erie—Lincoln, you have up to two minutes to respond.

**Mr. Hudak:** I'm pleased to respond. I appreciate the comments from members all.

The first thing about this so-called health tax is that it's nothing but an income tax. It doesn't—

**Mr. O'Toole:** It's general revenue.

**Mr. Hudak:** It's a regressive tax, no doubt. In fact, you could argue that it's even more regressive than a flat tax, the way that it has been imposed. I think people who had voted for the Ontario Liberal Party would be shocked that they had brought in the most regressive tax hike probably in the history of Ontario, hitting at seniors and low-income individuals at the heart. They would oppose, no doubt, a flat tax, but this has a greater regressive element in it because of the nature of its design.

I'm sure there were a lot of brains behind closed doors when McGuinty thought this one up in terms of how to break his promise and increase taxes. I'm sure they went through the motherhood and apple pie tax; they probably went through the Canada tax; they probably thought of the "all good things to all people" tax, and ended up calling it a health tax. The reality is, it goes into the consolidated revenue fund. I think we had brought forward suggestions like, "Sure, then earmark it for health care," but they ignored those suggestions. It goes to the same place as tobacco tax; it goes to the same place as gas taxes; it goes to the same place as the money that comes in from Casino Niagara, which is giant pot of money sitting there in the Minister of Finance's office—up some \$20 billion to date, a 34% increase in spending by the revenue that has come into the province of Ontario.

The reality is that program spending has gone up by over an 8% average per year under the Dalton McGuinty government, while the growth rate of the economy, on a nominal basis, has been 4% at best. And when you look at some of the figures for 2005-06, specifically, health

care grew at a certain per cent and education has been higher, and then funding for programs outside of health care and education had the highest growth rate, of some 20%.

Unfortunately, we're out of time.

**The Deputy Speaker:** Further debate?

**Mr. Prue:** It's a pleasure and I consider a privilege to be able to rise and speak to this debate.

I would like to preface my remarks with a meeting that I attended last night. It was not in my riding and it was not particularly in any field of which I am regularly a critic. Being a member of the New Democratic Party, you have to wear many hats, and as most of you know, as well as being a deputy-deputy Speaker, I am called upon to be a critic in some six areas, including finance and municipal affairs and democratic renewal and all these things. But last night I had an opportunity to go out to Oshawa because there was a need for a New Democrat to be there.

**Hon. Mr. Smitherman:** Where was Sid Ryan?

**Mr. Prue:** They wanted a member of the Legislature, and they requested a member from each party.

**Hon. Mr. Smitherman:** But Sid's your acting leader.

**Mr. Prue:** They wanted a member from each party, and we have 10 members, and one of the 10 needed to be there, and I was chosen to go there. I had an opportunity to delve into an area which primarily is the prerogative of my colleague from Nickel Belt. Shelley Martel is the person who is the critic for health care and seniors' services. She is the one who understands that. In a small party like ours, we are forced to compartmentalize. We are forced to look at our own critic areas and to try to specialize as best we can within them.

**2050**

But when I went last night to Lakeridge, went to Oshawa and listened about the problems at Lakeridge, one of the things that came up during that debate—it wasn't only the shutting down of service and the fears of a community and the loss of \$8 million. What came up during that debate was that many people worried about this particular bill. We had health care professionals there who were worried about some of the provisions of the bill. We had some hospital administrators who were worried about what the provisions of the bill would do to Lakeridge and to other hospitals. We had municipal representatives. We had a couple of mayors, some councillors, who were worried about how this bill might affect their community hospital.

I tried as best I could to understand the concerns in an area with which, I must admit, I am not entirely familiar. It is very difficult in this House to stay on top of all the bills that come before us, and we often have to deal with the advice we are given by our staff, our researchers and, most especially in terms of health, the advice I am given by my colleague from Nickel Belt.

In terms of that meeting last night, it became very clear to me that there is angst within the community. There are people who are upset and who fear for their jobs and how those jobs might be impacted by this par-

ticular bill. I promised some of them that I would speak about that here tonight, about what they had to say. But I also want to speak for just a few minutes about the community feeling in Oshawa and the Durham area about what is happening at Lakeridge hospital. It appears that this has not been handled well by the government. I listened intently and in fact took a copy of the question asked yesterday by the members for Oshawa and for Durham—a two-part question—and the response given by the Minister of Health. That did not seem to most of the people to be a satisfactory response.

I said some nice things about the minister in my two-minute response earlier today. I would just try to give some constructive criticism to him that he needs to get out a much better message to the people of Oshawa and Durham than he did in the response in this House yesterday. He needs to tell them the rationale for his decision to cut \$8 million from that hospital budget and to put the lives and the careers and the health and safety of the citizens who either work there or who use the service—he needs to explain it in a much better way. I explained to them that often the answers we get in question period relate very little to the questions asked. I told a little joke that everybody in this House has probably heard a hundred times but which they had not: That's why it's called question period, not answer period. But the people there are expecting some answers, and I hope you will be candid with them about why that needs to be done and why \$8 million is being taken out of the service involving mental health issues, involving social workers who deliver psychotherapy. They need to hear that at the same time this bill is going through.

Having said that, I'd like to go into the actual meat of the bill, if I might. The provisions of the bill, or what was expected to be in the bill, were not known to me until I received a letter from one of my constituents. My constituent Mr. Polski wrote a letter that said in part, "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."

When I received this, first of all I couldn't believe it was true. Not having the resources that some other members may have, because of the size of our party, I sent it to my colleague, who knows a great deal. I sent it to Ms. Martel, the member from Nickel Belt. I sent it and I asked her what she thought about it. She also found it to be a little bit difficult and did, of course, the absolutely correct thing. She sent it off to the minister's office. She did, after some time—I will be complimentary again—get an answer from a member of your staff, who indicated that it was going to be resolved. I take you at your word that it's going to be resolved, and I took you at your word that it was going to be resolved by regulation. But I am much happier today to understand that it is going to be fixed at the time of public hearings when this goes to committee, because it is not satisfactory to me,

nor is it satisfactory to the people who work in social work and who do psychotherapy, that it is merely done by regulation. They need and they have the right—as Mr. Polski said, it should not have been omitted. It needs to be contained within the body of the act so that it cannot be changed at the whim of a future health minister, cannot be changed if the government changes simply by a regulation of the minister in cabinet, but if it is to be changed, it needs to come back before this Legislature. The social workers need that assurance, and I promised at least one person last night that I would seek to make sure that happened, that it is not done by regulation—and I'm glad it won't be—that it is contained within the body of the bill.

Having said that, there is an opportunity after second reading debate—and I don't know how long it's going to go on. I know this is the second day. I also know that the lead speaker for the official opposition will be making her statement on a subsequent afternoon or evening, either this week or next week, whenever the bill is again called. And I'm sure, with the government majority, it is in all likelihood going to go to committee, be ordered for committee. So the government has an opportunity over the next few weeks to sit down and do some detailed study with the unions and the organizations representing social workers across this province. I would not be content if the government merely comes in with an amendment and then asks people what they think of the amendment or to comment on it. It behooves them, given the lateness of the hour and the importance of the issue, to sit down with the groups and hammer out what they need and put the amendments forward in a rational way so that the members of the opposition can see them and can in turn consult with the groups and with the unions, can do what is necessary to make amendments and to understand whether or not the needs have been fully met. They have been left out even though this bill is 147 pages long, even though it contains 42 acts. These omnibus bills are very difficult and often do not contain what is necessary.

I know the minister will do the right thing, I know the minister intends to do the right thing, and I am merely adding my voice to what I think is important: that you consult with them in advance of the amendments actually being tabled in the committee so that everybody has an opportunity to look at them and give input so it can be made as strong as possible.

I know my constituent Mr. Polski would be happy. His last line—"the exclusion of social work from this bill is unfair and unreasonable"—would have been mitigated.

That's the first point I wanted to make. I am happy that the government is moving on this.

The second point—I have not heard much debate about this. I was not here for the first part of the debate yesterday, but I have been here all day today, and I haven't heard anyone talk about schedule A. I am from Toronto. There was a meeting tonight of the board of trade and I was asked to give a few words on behalf of our caucus. I spoke about having lived in Toronto for 58 years of my 58-year life. I've spent my entire life living

in the largest city in Canada. This is where I'm from. I'm not from a rural or northern community. But I try very often to understand the needs of places outside of Toronto. This is not the universe. There are many, many communities, as we all know, in this province. Toronto, although we meet here, is not the centre of that universe. It is merely, and should be seen as, a big part of it, but it is not the whole thing.

**2100**

Schedule A troubles me, and I've not heard anything about this. I'd just like to read in part a news article which brought this to my attention. It comes from the Thunder Bay Chronicle-Journal, dated Sunday, December 17, 2006, City News, by Jonathan Wilson. It's an interview with Lori Marshall, Thunder Bay Regional Health Sciences Centre's senior vice-president of patient care services, who said that the requirement for nurses to come on the flights has been difficult to accommodate because of the hospital's already stretched resources. They're having a heck of a time trying to get nurses to come on because the hospital just doesn't have them, and we all know that. She went on to say:

"I can say that it's challenging us to be able to find a nurse when required to do these transports.... It's certainly adding complexity to the air transport."

"Marshall said the change is a reversal of a move made last April, which allowed charter firms to airlift patients using one advanced care paramedic and a primary care paramedic, rather than nurses.

"Regional currently airlifts about 500 patients a year to London, Hamilton, Toronto or Ottawa using private aircraft.

"The changes affect Thunder Bay companies Air Bravo and Thunder Airlines.

"An official at Thunder Airlines declined to comment Friday, but confirmed that the company has had to lay off five of its seven advanced care paramedics as a result of the move.

"The revised requirements leave Regional, which currently has vacancies in many nursing positions, short another one or two staff members each day to travel with outgoing patients.

"We don't have positions that are sitting around that would be able to do this," Marshall said.

"Nurses who travel with patients also accompany them in land ambulances until they arrive at hospitals in southern Ontario. Marshall said that as a result, the nurses are often forced to find commercial flights to bring them back to Thunder Bay."

I don't see anything in this bill that is going to alleviate the concern brought forward in this newspaper article. I don't see anything that is going to help small and northern and rural communities that are forced to airlift people, because they don't have big hospitals or the necessary care in their communities, to do so properly. Surely, if the person is in stable enough condition that a fully functioning and trained paramedic can look after them, we should allow them to do so. To take nurses who are already strained in the regional hospitals, who are

already too few in number, and put this kind of effort on them does not seem to me to be right, yet schedule A does exactly this.

I would suggest that the minister take a very good look at schedule A. I would suggest that the minister and the Liberal caucus see whether we are meeting the needs of Ontario, in fact whether we are taking away from the people of Ontario and their small regional hospitals by forcing nurses out of them. Surely, if a paramedic can suffice for a one-hour or two-hour flight from somewhere in rural or northern Ontario to one of the big hospitals, be it London or Ottawa or Toronto or Sudbury or anywhere else, then that is what should be done. If the person is too ill, then I assume that from time to time a doctor or a nurse might be needed. but in the majority of cases I would think a fully trained paramedic might be sufficient.

I ask the government to take a very good look at schedule A, because it is not going to meet the needs of those people who choose to or who must live in small or rural places.

Again, I'm a fellow from Toronto who has lived here his whole life and who can go right down the street, down University Avenue, to any number of specialized hospitals. I can walk to them from here. There are so many of them down that street that other communities simply do not have access to. We need to make sure that those northern communities are protected.

Last but not least, I want to talk about one of the other provisions, which is schedule B. I don't really have anything to say against schedule B, but I wonder what has not been included. I know that the nurses of Ontario have asked for a number of changes to the Regulated Health Professions Act that are not contained within the body and that I think should be contained because I don't think they're unreasonable. There are four of them that I would like to talk about that I think should have been in this act, and perhaps can be.

If we're going to be doing some amendments anyway, let's look at putting these in, because the nurses of Ontario think these are important, and I think they are too. The first is the addition of new controlled acts to the Nursing Act, 1991: prescribing a drug and setting or casting a fracture of a bone or a dislocation of a joint. The second one they want to have included is an expansion of existing controlled acts: the ordering of energy diagnostic testing. The third one is the regulatory changes to a number of different acts: the Public Hospitals Act, the Health Insurance Act, the Regulated Health Professions Act, the Laboratory and Specimen Collection Centre Licensing Act. They're looking for changes to those as well. And last but not least, they are looking for changes to allow RNs, registered nurses, in the extended class to care for in-patients in hospitals, order and apply more forms of energy and expand authority to order tests. That's what the nurses have been asking for. Surely, if we are doing a 147-page mega-act here to make some changes, we can do something that will actually benefit the hard-working nurses of this province.

You have committed to change the act, you have committed to take this into committee and you have committed to make the necessary changes for psychotherapy and for social workers. So, in conclusion and quite simply, I'm asking you three things: Number one, if you're going there anyway, consult with the social workers first. Number two, if you're going there anyway, make some changes to the air ambulance in schedule A which will accommodate the people in northern Ontario and allow the nurses and the doctors to stay in the hospitals where they belong if, in fact, a paramedic can do the job for the limited period of time that the flight is taking. And last but not least, please listen to the nurses. What they're asking for appears to me to be eminently reasonable.

If all of those things are done, I'm sure you're going to get tremendous support around the committee table and maybe this can come back very fast. I know that the government is very anxious to have this bill, and indeed it may be one of the last bills before this House is prorogued for the election in October. I don't know how much longer we are going to be here. I've heard estimates that it could be a few weeks or until the end of May. I haven't heard anything much later than that. So if the government is intent on getting this bill passed, surely those changes would help to elicit all-party support, so we can get on with it and do it right. Those would be my comments.

**The Deputy Speaker:** Questions and comments?

**Hon. Mr. Smitherman:** I want to thank the member for Beaches–East York. I want to answer some of the points that he's raised. Firstly, most assuredly I tell the honourable member that we'll be working directly with the social workers—Abid Malik in my office is the primary lead on this—and we fundamentally agree that it's necessary that the amendment that we bring forward is one that has been well circulated and meets with the agreement of all parties. It has always been our intention to ensure that social workers had the capability of practising psychotherapy. The mechanism by which we were intending to do it was not ideal, and accordingly, that's why we've been clear in saying that we will bring forward that amendment, and we'll certainly consult on it.

Any points, obviously, that are brought forward in this debate that warrant consideration for amendment and the like, we'll take full consideration of those, and I want to thank members for that.

I'd like to just take one minute or so and talk a little bit about air ambulance—schedule A has been referenced—to speak about what is brought to life in the bill. People will know that Ontario's air ambulance program is a world-leading program studied by many and considered in competition for quality, really, with only one that operates in Australia, especially recognizing the vastness of the territory that it serves. What we seek to do is bring those capacities of what we all Ornge—Ornge medical transport—and add a greater critical care capacity by having alongside the air ambulance system 15 critical care land-based ambulances which would operate in the vicinity of those hospitals in our province that are

doing the toughest stuff. For example, you have a trauma patient who flies by an air ambulance helicopter and needs transfer from an airport into a hospital in a community like Sudbury. We would have a critical care land ambulance available with the most sophisticated and well-trained advanced paramedics, who would take some of that responsibility off the shoulders of the municipal service and negate some of that circumstance where people are leaving hospitals unsupported. So I thank the honourable member.

**2110**

**Mr. O'Toole:** It's reassuring to see that the minister is here, and I give him full credit for that. He has mentioned some of the responses that were provoking the discussion on the air ambulance and the issues that I brought up. There are critical elements in that on the disclosure piece.

With respect to the member from Beaches–East York, I give him due credit for the hard work he does and the fact that he came out last night and spoke as he always does, sincerely and in a very informed and genuine, passionate mode, about the social work issue on schedule Q. I was happy with his three-point approach to the minister tonight to get his assurance—because what was said last night, for community mental health and for that issue, was quite frankly that the psychotherapists who were there, if I take the liberty to interpret what I heard, under OHIP rules are allowed a maximum of 12 procedural visits—isn't that what you heard?—and that isn't sufficient time in some cases. That's the scope of the practice.

Yes, he's going to permit the practice and have it under the Regulated Health Professions Act in some way, working under psychiatrists, I guess, as a case manager model. But I am still concerned. The levels of qualification and the college regulatory group are so important for the professionalization but, more importantly, for the patients themselves, so that they don't get the cheapest treatment, they get the best treatment.

As I look through the schedule, I'm more and more concerned, because one of the issues that I find filtering through almost every one of the 17 schedules—it's not just the immunization or the drinking water regulations. But under the Regulated Health Professions Act, let me say to the minister, I do agree with certain sections there adding some of the dental hygienists and others—

**The Deputy Speaker:** Thank you.

**Mr. Bisson:** I just want to say that it's always a pleasure to listen to my good friend and colleague, Mr. Prue, the member from Beaches–East York. I think Mr. Prue brings a certain perspective to the Legislature. Without question, he can be the most ferocious of adversaries in debate and in question period, but I think he also tries to be somewhat fair-minded when trying to approach issues, recognizing that there are two sides to the argument but clearly knowing what side he's on and articulating that. I think it's a good testament to—how would you say it?—his survivability in this business, because everybody knows where Michael Prue stands and there are no ifs,



ands or butts about it. When he's onside, he's onside, and you know you've got a good ally.

From my perspective as a northern member, I also want to say that he took the time to raise the issue around air ambulances. Those are some really good ideas that he raised. It's really refreshing to know that all those trips where I've taken him up to the James Bay in my riding are starting to pay off, because I'm building allies who are prepared to work with me on some of these issues. I think it's good. I encourage all members, not just the members who live in northern Ontario—because obviously my good friend Mr. Bartolucci and I go there every weekend; when the House is not in session, we're there normally—but members who are from places outside of northern Ontario to really try to travel and understand what the special challenges are. How do you run a health care system in a part of the province that is vast, where great distances separate one community from the other? In some situations, communities are very small and are not able to offer the full range of service that you want.

So I want to thank my good friend Mr. Prue for having raised those issues on behalf of us northerners. Know that there's always a fish in a river somewhere waiting for Michael, and he'll always feel welcome when that fish jumps on his line.

**Mr. John Milloy (Kitchener Centre):** It's a pleasure to join in this debate on Bill 171. I listened intently to Mr. Prue's comments. I couldn't help but note that he failed in his comments really to recognize that Bill 171 is part of a much larger approach by this government. I think we're a government that has recognized many of the challenges that are facing us when it comes to health care. In fact, what we've done is move forward on a number of fronts: investing in community health care, investing in things like community mental health, home care, home supports. We've tried to reorganize the delivery of our health care through the LHIN system.

It's important to point out, as Mr. O'Toole did, that the minister has been present at this debate and has been participating. It's after 9 o'clock. This minister has brought an imagination and creativity to it. I think Bill 171 builds on that. Bill 171 is going to increase access by patients to new health services and do it in a very safe and secure way.

Finally, realizing I don't have very much time, I did want to pick up on something Mr. Prue, the member from Beaches–East York, spoke about in the course of tonight's debate. He asked about the \$2.5 billion that the Conservatives are talking about taking out of health care and asked where that might come from. If I can quote that great philosopher, Dr. Phil, who always says that past actions are great predictors, I thought I'd share with the member a press release I have here from February 23, 1996:

“Health Minister Jim Wilson announced ... a new funding approach for hospitals....

“Beginning April 1 ... transfer payments to hospitals will be reduced by 5%....

“Transfers to hospitals will be reduced by \$365 million in year one, \$435 million in year two and \$507 million in year three.”

**The Deputy Speaker:** The member for Beaches–East York, you have up to two minutes to respond.

**Mr. Prue:** I listened intently. I thank the Minister of Health, the member from Durham, the member from Timmins–James Bay and the member for Kitchener Centre.

Just a couple of comments. I, too, thank the Minister of Health for staying this evening and for listening to this extended debate. I thank him for his commitments to re-open this legislation and make some meaningful changes when this goes to the committee stage.

The member from Durham—I had the opportunity to listen to him and some of his colleagues last night around the Lakeridge debate. I'm hoping as well that they will continue in their efforts to help the good people of Durham.

Member from Timmins–James Bay: Yes, you can take me to the north, but not in blackfly season. Make sure it's after that.

**Mr. Bisson:** The fishing is better, though.

**Mr. Prue:** Okay.

The member from Kitchener Centre I've left the longest period of time, because one can talk about the whole range of health but it would be very difficult in 20 minutes to do so.

I try, as always, and perhaps I did not satisfy you, to confine my comments to the actual bill itself and what the bill is intending to do. In terms of the larger approach, it is a huge field. Health expenditures are nearly 50% of the budget of this province. We'll probably eclipse that 50% in short order over the next number of years unless something remarkable happens. It is a huge approach. There have been changes—some positive changes, some not-so-positive changes—that have taken place during the mandate of this government.

I don't know what else to tell you. I do, though, rather like the quote from 1996. I remember those days with a great deal of—

**Mr. Bisson:** Anger.

**Mr. Prue:** Anger—I don't think that “anger” is the right word. I was searching for the right word, but you gave me that one; thank you—a great deal of anger about what happened to the institutions that made this province and its people so great, to see them in many ways subjected to unnecessary and unwarranted reductions. Thank you for the history. It was worth reliving.

**The Deputy Speaker:** Further debate?

2120

**Mr. Khalil Ramal (London–Fanshawe):** Thank you for giving me the chance and honour to enter the debate on Bill 171, the Health System Improvements Act.

I've been listening for a while to many of my colleagues speaking to the Minister of Health concerning Bill 171, and also the opposition. I know it's almost time, 20 minutes after 9 o'clock evening time, and hopefully many in my constituency have the parliamentary channel

open and can listen to us and listen to the debate because I believe it's a very important topic concerning not just the people of Ontario but all the people of Canada.

When we were watching the federal budget the other day, everyone was listening and paying attention to how much was going to be the portion going to health care for the provinces, especially the province of Ontario.

I want to tell you something very important. We on this side of the House believe strongly in public health. When we got elected in October 2003, we tried since that time to move the direction from one end to the other end, from the privatization direction to a public direction. We're trying to invest as much as we can in that direction in order to maintain it in the public domain and maintain it open and accessible for all the people who live in Ontario.

I know that it's a tough file. We are privileged and honoured in this province to have a minister who has the courage and the ability to deal with this file with accountability and honesty—and efficiently. I know that the Minister of Health worked day and night, seven days a week, in order to change the direction, in order to serve the people of Ontario and to maintain public health care in the public domain and accessible for all, and efficient and accountable.

We didn't fix health care in Ontario. I'm not going to come here, stand up and say, "Yes, we fixed it." We're not going to say, "Yes, we finished the job." We still have a lot of work ahead of us to do, and hopefully in the future we'll be able to fix that important file which concerns all of us in the province of Ontario.

I had the privilege on different occasions to serve on different bills and different committees which travelled the province of Ontario, different bills concerning health care, from Bill 8, to the LHINs, to the Drug Benefit Act, to Bill 140 on long-term care—and many different files opened across the province of Ontario. We try as much as possible to listen to the people of Ontario. We consult the people of Ontario, whatever we do, on a daily basis in order to get the whole issue and the right path and the right direction.

Not a long time ago, I attended a consultation session hosted by myself and my colleague for London North Centre, Deb Matthews, in conjunction with the LHIN in our region. I know many people think that the LHIN is not local. It is local. When we had a budget for health care of almost \$35 billion, we used to have a centralized office run from Queen's Park from the Ministry of Health, but now we have divided it into 14 units across the province of Ontario. Every jurisdiction has their own CEO and own chair. They can deal with it in conjunction with support from local hospitals, local health care agencies across the province of Ontario. During that consultation, we listened to a lot of people. Everyone came with a different proposal. We had nurses, we had doctors, we had the stakeholders. We had people, constituents, who came to listen, came to say what they thought about health care. Some people were happy and some people not.

I just received an e-mail from one of the constituents who was in that consultation. She belongs to a certain union. I know she wasn't pleased because it didn't go in the direction she wants. But in the end, we listened. We listened. I'm honoured and privileged to be a part of a government that listens to the people of Ontario, and especially the Minister of Health. We came to him on different occasions. We asked him for support for London, for the London Health Sciences Centre, for St. Joseph's Hospital. We explained to him, many different times—myself and the London team: Minister Chris Bentley, Minister Steve Peters and Deb Matthews—how much we need to balance the books of the London Health Sciences Centre and St. Joseph's. After a while, after he sent many different people to London, he understood the importance of balancing the books and gave us the support. Not a long time ago he came personally to announce great support financially to the London hospitals: the London Health Sciences Centre and St. Joseph's Hospital. That support means a lot to the patients of London. It means a lot to the people of our community and also to support community care access centres to clean up all the backlog from 2006 to start fresh in 2007. It also means a lot to the constituents of London, all of them, not just London—Fanshawe, my riding; for the whole city of London and the region. Also, not many people know that we serve almost 1.5 million people in our region. So it's important to strengthen our health care. It's very important to maintain it in the public domain, because the people of Ontario asked us to do so when they went and cast their votes in 2003.

When I hear the opposition talking about cutting the budget by \$2.5 billion, it's a great indication of what actions they want to take. They want to shift that action again from public to private health care. I think the people of the great province of Ontario are going to say no. They want to maintain a public domain, because the people work hard on a daily basis. We attract many factories, many companies to come and open in Ontario because we have public health care, because we invest in public health care.

I know that Bill 171 gives us a lot of tools to fix many different parts of health care, to make it accountable, to address many different needs. Some people don't want to go through regular, traditional health care; they want to go to homeopathy or kinesiology or physiotherapy or naturopathy treatment. This bill will address their needs.

Also, about water treatment, it belongs in the Ministry of Health because the Ministry of Health looks after the health of people. It's very important to include all the elements which we face in Ontario and contain them and control them in one direction: the health of the people of Ontario.

Also, not a long time ago—maybe a few weeks ago—I hosted four social workers who came to my office. They were asking me if I could send a message to the Minister of Health about being included in Bill 171. So, as a part of our consultations, we have a great minister who listens to the people. We explained the importance of including

social workers in the bill, and today and yesterday, through the Minister of Health, we got a great answer. He acknowledged the need for including those social workers in the bill and acknowledged the role of the social worker in our community, how much they play a role in preventing so many different things from happening in our community, a preventive measure which is important to all of us in order to lower the pressure on health care and free many acute beds and services and give them to the people who need them badly.

I think this bill is a great bill. It plays a pivotal role in our community, our government and our society because in the end we have one goal: to serve the people, to make sure that all the people who seek health care can get it. I know we have difficulties, but we have made improvements in many different areas and many different procedures: cataract surgery, hip and knee replacement, cardiac surgery, and many different things coming up very soon. I know the opposition doesn't like to hear that, but this is progress. We are open. We're talking about all these elements. We're not afraid to tackle the issues. We know we haven't finished yet. That's why we're going to keep working hard to achieve the goals which all of us are looking forward to in the future, but our goal is to maintain health care in the public domain, to continue

working alongside the good people of Ontario to maintain public health care and keep it accessible for all.

We're talking also about accessibility. In part of Bill 171, we're talking about the importance of linking people, the patients from the north and the west and the east, to the institutions where they can be treated. That's why we've put in a mechanism, a strategy, to link air and land ambulance all together, to answer the member for Beaches–East York's concerns. It's not just his concern but so many people's in Ontario. That's why the Minister of Health answered that question. Hopefully it will be addressed and the mechanism and strategy that we put in place will be good, not just for a certain area of the province but for all Ontarians. As he said, Toronto is not the centre of the universe; not even London, not even any location. It should be all of us working together, all these communities working together, from the north to the west, from the east to the south.

Thank you very much for allowing me to speak. Hopefully, in the end, all the members of the House will support this bill, because it's a great bill.

**The Deputy Speaker:** It being 9:30 of the clock, this House is adjourned until 10 of the clock, Thursday morning, March 22.

*The House adjourned at 2130.*

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